MIWATJ HEALTH ABORIGINAL CORPORATION

ANNUAL REPORT

2018–2019
ACNOWLEDGEMENTS

Miwatj Health acknowledges the support of the Australian Government and the Northern Territory Government in the provision of funding for a number of our primary healthcare programs.

Photo courtesy of Louise Law Jawan.

<table>
<thead>
<tr>
<th>CONTENTS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairperson’s Report</td>
<td>2</td>
</tr>
<tr>
<td>Our Board</td>
<td>3</td>
</tr>
<tr>
<td>CEO’s Report</td>
<td>6</td>
</tr>
<tr>
<td>Our Story</td>
<td>8</td>
</tr>
<tr>
<td>Our Vision, Our Mission</td>
<td>12</td>
</tr>
<tr>
<td>Our Values Our Approach</td>
<td>13</td>
</tr>
<tr>
<td>Strategic Goals</td>
<td>14</td>
</tr>
<tr>
<td>Ward Map</td>
<td>15</td>
</tr>
<tr>
<td>Organisational Charts</td>
<td>16</td>
</tr>
<tr>
<td>Director of Medical Services’ Report</td>
<td>36</td>
</tr>
<tr>
<td>Director of Clinical Services’ Report - Barra Ward</td>
<td>42</td>
</tr>
<tr>
<td>Director of Clinical Services’ Report - Bulunu Ward</td>
<td>45</td>
</tr>
<tr>
<td>Galiwin’ku Health Centre Report</td>
<td>46</td>
</tr>
<tr>
<td>Gunyangara Clinic Report</td>
<td>47</td>
</tr>
<tr>
<td>Malmaldrarra Health Centre Report</td>
<td>48</td>
</tr>
<tr>
<td>Nhulunbuy Clinic Report</td>
<td>49</td>
</tr>
<tr>
<td>Yirrkala Health Centre Report</td>
<td>50</td>
</tr>
<tr>
<td>Director of Public Health Report</td>
<td>51</td>
</tr>
<tr>
<td>Director of Social and Emotional Wellbeing Report</td>
<td>56</td>
</tr>
<tr>
<td>Miwatj Men’s health Program – Gove Peninsula</td>
<td>58</td>
</tr>
<tr>
<td>Director of NDIS Report</td>
<td>59</td>
</tr>
<tr>
<td>Director of People Strategy Report</td>
<td>61</td>
</tr>
<tr>
<td>Director of Business Services Report</td>
<td>65</td>
</tr>
<tr>
<td>Financial Statements</td>
<td>72</td>
</tr>
</tbody>
</table>
Leadership is nothing new for Miwatj Health. Throughout our 27-year history Miwatj has always taken the leading role in reshaping, driving and delivering health and wellbeing outcomes for the people and communities across East Arnhem region.

We walk the walk and talk the talk when it comes to cultural integrity. We believe in treating people with dignity and to listening with honesty.

In recent years Miwatj has undergone rapid growth as the populations of the communities it services also increase. Coupled with the increase in Government programs and associated funding, so have our staff numbers and our finances.

The pace of change in health care provision has quickened even more in recent times. Managing this rapid change has been a challenge for both the Board and the broader Miwatj team. However, we have risen to the challenge and I am proud of the fact that Miwatj currently enjoys the lowest risk rating possible for a Commonwealth-funded organisation.

Such an achievement has only been possible through the hard work of the Board and the Senior Leadership Team to embed and refine a robust governance system, strengthen clinical leadership and improve financial management and compliance. This is evidenced by Miwatj again receiving an unqualified audit opinion on our Financial Statements.

I would also like to take this opportunity to recognise the dedication and long-term commitment of Directors, both past and present, who have made a profound contribution to their communities and East Arnhem Land and helped shape Miwatj Health into the organisation that it is today. I also thank my fellow Directors whose dedication and commitment to higher standards of care and more efficient operations, will assure the successful delivery of the organisation’s services well into the future.

In addition to me celebrating the milestone of being a Director for 20 years and 12 of those years as Chairperson, I also had the pleasure of recognising the significant contribution of a number of dedicated Directors who also reached significant milestones, namely:

- **22 YEARS OF SERVICE** – Ross Mandi Wunungmurra
- **20 YEARS OF SERVICE** – Rhonda Simon
- **12 YEARS OF SERVICE** – Tony Wurraramarba
- **12 YEARS OF SERVICE** – David Yangarriny Munyarrayun
- **10 YEARS OF SERVICE** – Bernie Yates
- **10 YEARS OF SERVICE** – Djuwalpi Marika

Miwatj Health’s Strategic Plan is due for review during the next financial year. I am extremely confident that in our Directors and Independent Directors we have the right mix of skills, experience and abilities to ensure that our plan continues to further embed good corporate governance and accountability, while at the same time allowing the organisation to maximise opportunities and deliver the growth in services our communities and people need.

On behalf of the Board of Directors, I would like to thank everyone for their tireless efforts and dedication to improving the health and wellbeing outcomes for the people and communities across the East Arnhem Region.

John Morgan
CHAIRPERSON
Miwatj Health as a director for 10 years.

Outcomes, this is shown through his dedication to his people's future, to improve lifestyles and health

Arnhem Regional Council, Djuwalpi has a strong vision of Bawaka Cultural Experiences Pty Ltd.

Miwatj Health and community control of health centres.

Member. Wukun has a strong belief in the work of Miwatj Health and community control of health centres.

ANNUAL REPORT 2018-19

Timmy (Djäwa)
Burarrwanga | Board Member
YIRRKALA - BULUNU WARD

Timmy is a prominent community member and holds many positions including Director of Liinwil Holggu Tourism Aboriginal Corporation, Director of Gumatj Corporation, and Managing Director of Bawaka Cultural Experiences Pty Ltd.

Djuwalpi Marika | Board Member
YIRRKALA - BULUNU WARD

Djuwalpi is a senior member of the Rirratjingu clan, has lengthy experience in local government and is a prominent community leader. He is the vice Chairperson of East Arnhem Regional Council, Djuwalpi has a strong vision for his people's future, to improve lifestyles and health outcomes, this is shown through his dedication to Miwatj Health as a director for 10 years.

Andrea Collins | Board Member
NHULUNBUY - BULUNU WARD

Andrea is an Aboriginal woman descendant of Gunggarrji, Kuku-Yalanji, Yirrandali/Guwa nations, who has lived and worked in this region for 32 years.

Andrea has a deep interest in Aboriginal health and other issues effecting her people, and during the early 2000's Andrea was chairperson of Miwatj Health Aboriginal Corporation for 3 years.

She continues to work closely with communities in the East Arnhem region, playing a significant leadership role in linking community with Government official.

Banambuí Wunungmurra | Board Member
YIRRKALA - BULUNU WARD

Banambuí has worked tirelessly for the Residents of East Arnhem Land, he was one of the founding directors of Miwatj Health who is continually advocating for the delivery and access to services and funding essential to the ongoing growth and improved conditions for the regions communities.

Yangarriny David Munyarruryun | Board Member
MARTHAKAL - BARRA WARD

David is a prominent community member and a Cultural Mentor of Marthakal Homelands Association. David has been a director of Miwatj Health for 12 years, his vision is to work with all Miwatj people for better health outcomes and a sustainable future for communities.

Lanyipi Gordon Ranymalpuy | Board Member
MILINGIMBI - BARRA WARD

As a respected community member who worked as a Health Worker at Milingimbi Health Centre, Gordon is committed to the Men’s Health programmes and better community controlled health services for communities in the East Arnhem Region.

Serena Yirringinba Wunungmurra | Board Member
MILINGIMBI - BARRA WARD

Serena Wunungmurra is a supporter of community control health; she works within the community at Milingimbi School and is a valued community member.

Tony Wurraramarba | Board Member
GROOTE EYLANDT - MAMARIKA WARD

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

Tony works closely with numerous organisations and government departments to secure a sustainable future for his community of Groote Eylandt and the region.

Rhonda Simon | Board Member
NUMBULWAR - MAMARIKA WARD

Rhonda is a dedicated Aboriginal Health Practitioner working in Numbulwar Clinic. Rhonda advocates for a strong Yolŋu workforce and is a prominent member of Numbulwar community. This year Rhonda celebrated 20 years as a director with Miwatj Health.

Wukun Dennis Wanambi | Board Member
YIRRKALA - BULUNU WARD

Wukun works at the Mulka Projects in the Buku Larrnggay Arts Centre, he has established a high profile career as an artist and plays a crucial role in his family and as a community member. Wukun has a strong belief in the work of Miwatj Health and community control of health centres.

Andrea has a distinguished career as a public servant and was awarded the Public Service Medal on Australia Day 2019 for her commitment to Indigenous Affairs and outstanding public service through the improvement of outcomes for Indigenous people.

Banambuí has worked tirelessly for the Residents of East Arnhem Land, he was one of the founding directors of Miwatj Health who is continually advocating for the delivery and access to services and funding essential to the ongoing growth and improved conditions for the regions communities.

Mandi Ross Wunungmurra | Board Member
GALWIN’KU - BARRA WARD

Ross is a prominent Etcho Island community member. This year Ross celebrated 22 years as a director of Miwatj Health, during this time Ross has been an advocate for better and sustainable health services for the East Arnhem Region.

Nesman Bara | Board Member
UMBAKUMBA - MAMARIKA WARD

Nesman is a respected member of Umbakumba Community, he advocates strongly for people of East Arnhem.

Bernie Yates | Independent (non-voting) Member

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

Bernie is a strong advocate for community control health care, he has been a member of the Miwatj Health Board for 10 years.

Bruce Morris | Independent (non-voting) Member

Bruce has extensive experience in the real estate investment sector including asset and investment management. He has held senior management roles with large listed property managers including Lend Lease, GPT Group and Mirvac Group.
There have been so many achievements and successes to recognise and celebrate over the past year. The 2018-19 financial year has seen Miwatj Health continue to build on its record of success and solid foundations. The organisation has continued to grow in terms of its operations, the teams of people we employ, and most importantly, the quality of the comprehensive primary health care we deliver to the communities throughout East Arnhem Land. After all this is at the core of what we do and why we do it, it is all about Yolngu self determination and community-led healthcare.

Financially Miwatj is in a strong position. Our total revenue increased by 5.1% over last year to reach $27.3M. Grant funding was our largest source of revenue coming in at $22.8M. The grant funding received during the year was fully utilised in providing comprehensive primary health services throughout East Arnhem Land. During the past year we have provided 75,964 episodes of care and had 110,407 client contacts.

I am also pleased to report that revenue from Medicare and our National Disability Insurance Scheme (NDIS) program both increased significantly from the previous years. This is due to vastly improved billing practices and the growth in NDIS clients choosing Miwatj as their service provider. Income from our NDIS Program rose by 27.4%.

Looking forward, Miwatj is exploring strategies to expand our NDIS and Fee for Service revenue streams, as this will provide opportunities for Miwatj to enhance our service delivery and expand our range of services, including new programs, which are not currently funded by Government.

To ensure that we remained focussed on delivering not only for the current needs of the community but those out into the future we continue to deliver on our Strategic Plan and continuing to lay the foundations for the years ahead. The plan highlights the future vision for Miwatj Health and provide direction for the team in our efforts to achieve these goals.

During the year we finalised arrangements for the transition of the Ramingining and Gapuwiyak clinics to Miwatj. These clinics are the latest community clinics to come under our umbrella and will be fully operated by us from 1 July 2019. These clinics will provide 24 hours emergency health services, as well as ongoing primary health care.

We also moved into new office space in Darwin. Having an office in Darwin’s CBD allows Miwatj to attract the services of highly skilled staff that would not relocate with their families to East Arnhem Land. The office also serves as a great spot for visiting staff work while in Darwin and is close to Government agencies.

The last year has been full of community engagement and the delivery of new services. Miwatj again ran a very successful “Bush Clinic”, as well as other activities, at Garma. The Bush Clinic had both clinicians and administrative staff from right across the Peninsula and Ramingining helping out over the weekend.

At the end of 2018 Miwatj re-established its Public Health division to better coordinate and deliver our public health programs, including the existing oral health program, and new programs aimed at addressing sexual health and environment health issues.

This is also the second year of our NDIS Program and it continues to grow and is providing a greater number of services within the East Arnhem region. We increased our participant numbers to 85, which means we have welcomed 18 new participants into the scheme.

A key to our continued success is the work we undertake with our existing partners, particularly Western Desert (WDNWPT) and ALC. These partnerships are the cornerstone to the successful delivery and expansion of our renal program throughout East Arnhem. Now while we continue to work with our existing partners to deliver key services, we are also seeking out and forging new partnerships.

This year saw us finalise the details around two new significant partnerships with the Menzies School of Health Research.

The first of these is a national study into the dialysis treatment of indigenous patients. We know that compared to the rest of society our people are 6 times more likely to require dialysis, only have a 25% chance of receiving a kidney transplant and a 33% chance of receiving treatment which allows for a return home to country. This national study has a chance of changing the whole approach to kidney care and improving the quality and access to appropriate services for our people.

In past years I have reported on the significant rise in locum and agency fees and the difficulties of getting medical staff to work permanently within our communities. Well I am pleased to report that we now have 12 permanent GP’s, which has seen our reliance in locum and agency fees decrease significantly. However we are still experiencing some challenges in respect to nursing staff. This is where our second partnership with Menzies School of Health Research could provide some solutions. This national study is being conducted in partnership with Miwatj and 11 other Aboriginal Community Controlled Health Services and AMSANT and will attempt to understand and provide some responses to the cost and health impact of short-term health staffing in Aboriginal community controlled health services.

A crucial part of the care and support that Miwatj provides to our communities is the people we will employ. In my opinion the team that I am fortunate enough to lead are the best at what they do. This is demonstrated daily in the way they go about delivering the care, support and services to the people of East Arnhem Land.

This past year saw us receive yet another strong response to our Employee Engagement Survey and secure approval from the Fair Work Commission for the Miwatj Health Enterprise Agreement, which came into effect on 1 May 2019.

In recent years Miwatj has grown rapidly and this has required a lot of attention and a high level of professionalism from all involved to ensure sound business administration, robust financial management and strong governance continued to be at the forefront of what we do. At the same time, with the support of my entire team, we have ensured that the values at the heart of Miwatj Health have been embedded throughout the organisation as we extend our service coverage across the region.

It has been a fantastic year and I would like to extend a big “Thank You” to everyone involved.

Eddie Mulholland
CHIEF EXECUTIVE OFFICER

"with the support of my entire team, we have ensured that the values at the heart of Miwatj Health have been embedded throughout the organisation as we extend our service coverage across the region."
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 a representative from each Community/Association within the East Arnhem Region.

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

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

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

The Prospectus of the organisation at the time stated:

Miwatj Health has been established under the auspices of the Miwatj Regional Council, to promote the extension of health and related services to the residents of homeland centres in the East Arnhem Region. In line with the recommendations of the National Aboriginal Health Strategy, The need to extend health service provision to homeland centres (also known as outstations) is apparent in the fact that Miwatj Health was initially established under the Laynhapuy Homelands Association, prior to being established as a separate body in 1992.

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

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, Galwiwin’ku and Gapuwiyak, and immediately commenced loading patient data onto them (as early as 2,500 patient files had been established on the system). At the time Miwatj took the lead in computerised patient information systems with the early installation of Healthplanner in the region (adapted to carry ‘live’ data).

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

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

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.

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

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

At that time there was almost no primary care provision by doctors in the bush in the region. If someone needed to see a doctor, they would be evacuated out to a hospital in a city, treated briefly, and then sent back to the environment which had often been the cause of their illness. There was little emphasis on prevention or education.

In this situation the need for an organisation such as Miwatj to represent the needs of Aboriginal people from the bush – to advocate for the right of Aboriginal people to access highly-skilled medical care close to where they live – was clear. For many years Miwatj was the driving force in the provision of doctors at bush communities across the region.
RECENT TIMES

The major change to which Miwatj has had to adapt since 2008 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.

Miwatj continues to answer the calls of communities in need. Since 2008, when the local councils were abolished, Miwatj has taken on full management of the health centres at Gunyahara and Galbiwin’ku. The newly formed Shire councils changed the model of service for local government to the exclusion of primary health care and NT Government did not want to take on service delivery due to insufficient resourcing. Specifically, NT Government had been providing a grant in aid to the health centre at Gunyahara, and in July 2012 Miwatj assumed management of the health centre at Yirrkala, and in July 2016 the clinic at Yurrwi transitioned to community control.

Since 2008 Miwatj has been advocating for the regionalisation of Aboriginal health services in the NT. Initial support from the Commonwealth created a number of regions in the NT for health planning purposes, and with an aim to move towards a single service provider in each region. Miwatj sees this as implementing the original vision of the founders of Miwatj: one health board to represent all Aboriginal people in the region. In 2012 members of the NT Aboriginal Health Forum initiated Pathways to Community Control, but this has not been embedded in policy. In July 2012 Miwatj assumed management of the health centre at Yirrkala; and in July 2016 the clinic at Yurrwi transitioned to community control.

Despite slow progress, Miwatj continues to realise the Board’s vision, and is the only Aboriginal health organisation in Australia that has taken control of their region without official government policy.

Developments in Government policy in the past decade have also had a big impact on the current operations of Miwatj. Developed by successive Federal Governments in the past decade, 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. In dollar terms, before the NTER, we were roughly spending $400 per person on primary healthcare. However, as a consequence of the additional Commonwealth funding through the NTER, and Miwatj’s strong advocacy for a greater share of that funding, the expenditure on primary health care by Miwatj has increased to roughly $3,500 per person.

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 area:
• eliminate the gap between the life expectancies of Indigenous and non-Indigenous people by 2030; and
• 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 funding is that they encompass preventive programs such education about tobacco use and encouraging physical exercise, in addition to clinical programs.

THE FUTURE

The pace of change in healthcare provision continues to quicken. Input from community members, developments in Government policy and changes in the region’s health all mean that Miwatj Health will have to continue to change and adapt.

Miwatj anticipates that the next decade will see great progress. Of course we will continue to provide primary health services at all our health centres. This will be balanced by an increased emphasis on educational/preventive programs to tackle the most important risk factors for Aboriginal health in this region.
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 Marjang), Galiwin’ku, Yirrkala and Yarrw, 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, Gunyangara, Yirrkala, and within the Galiwin’ku community. These services are Men’s Health, Chronic disease and Complex Care Coordinators. Our Eye Health coordinator visits the whole region. Sites include: Alyangula, Angunugu, Gapuwiyak, Gunyangara, Marthakal, Galiwin’ku, Milingimbi, Nhulunbuy, Yirrkala, Numbulwar, Ramingining and Umbakamba.

OUR VISION

Building the capabilities of Miwatj mala so they can take control of their lives, and direct their own futures.

OUR MISSION

Ensure and expand Aboriginal community control of quality healthcare services and public health programs across the East Arnhem region.

OUR VALUES

Miwatj Health implements its core functions using our organisational Values. These Values are:

- showing compassion, care and respect for our clients and staff;
- taking pride in the results of our work;
- ensuring cultural integrity and safety, while recognising cultural and individual differences;
- being fair, accountable and transparent in all our dealings, both internally and externally; and
- recognising the importance of building both the capacity of our organisation and the capabilities of our people and their communities.

OUR APPROACH

The underlying philosophy of Miwatj Health is the fundamental right of Aboriginal people to control their own health services. This supports the Alma Ata Declaration of the World Health Organisation, which emphasised people’s right to participate in the planning and implementation of primary healthcare services, and supports the long-accepted principle of self-determination for Indigenous peoples.

Effective Health Care for Aboriginal People in the Miwatj Region should involve:

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

Miwatj Health sees primary health care as an interlinked system, not just a series of unconnected events. In the East Arnhem Land region culture and tradition are important considerations for delivering comprehensive primary health care. The role of cultural leadership, traditional kinship structures, and the connection between land and health which is embedded in the world view of the people of this region provide challenges which impart a unique identity to Miwatj Health.
From our external and internal analyses, and taking into account our Mission, Vision and Values, we have identified a number of priorities and have brought these together in our strategic goals.

The Strategic Goals for Miwatj Health for 2018-2020 are:

1. We will continue to deliver best practice, evidence-based services following a comprehensive, population health and rights-based approach.

2. We will extend our service coverage across the region, responding to community needs and strengthening capabilities, consistent with our Mission.

3. We will respect and engage with Aboriginal forms of authority and decision-making in all our activities and extend community involvement to empower Miwatj mala to guide how healthcare is provided.

4. Further develop and demonstrate organisational culture and systems to drive efficient performance.

5. Become an employer-of-choice to attract and retain quality staff.

6. Support the empowerment of the local Aboriginal workforce with meaningful career pathways and progression.
My first year as Director of Medical Services at Miwatj Health has finished and what an exciting, challenging and rewarding year it has been. We have seen some great changes, and this is a direct result of the hard work of a number of new permanent GP's whom have started (or stayed) at Miwatj over this period. Of course, it's just as much the result of the fantastic nurses, Aboriginal Health practitioner's, community workers, allied health, Leadership team and support staff whom contribute to making Miwatj great.

Having previously worked in health as a Government employee it has been a huge eye-opener to see how things differ in an Aboriginal Community Controlled Health Organisation. In summary, I am a convert. Everything is better. But above all, working under Aboriginal Governance is a much more important concept than I ever really understood. Now I feel strongly that Yolŋu bukmak are my boss, and wish to extend deep gratitude to my Yolŋu friends, family and staff whom have provided advice and support over the past 12 months.

Under the new organisational structure my program areas are:
1. Medical Workforce, including education and training
2. Mental Health and Alcohol & other Drugs (ADD) for Children, youth and Adults.
3. Renal Program
4. Allied Health
5. Clinical Governance and Key Performance Indicators

In this report I will provide a brief summary of the challenges and successes/achievements over the past year.

Dr Molly Shorthouse
DIRECTOR OF MEDICAL SERVICES

1. Medical Workforce, including education and training

Being a remote GP (or Rural Generalist) is one of the hardest jobs in medicine, so it takes a certain special kind of doctor to recruit and retain. Here at Miwatj we need doctors who are willing to work hard for our communities, work well as a team member and especially to be culturally safe and responsive clinicians. I am pleased to report that we now have 12 permanent GP's who are just those special kind. Consequently the reliance on locum doctors has significantly decreased, which has translated into lots of saved dollars, improved KPI's and clinical indicators and more cohesive and supportive teams within each clinic.

In addition to the regular GP roles, we created 1.5 FTE Chronic Disease GP roles on Gove Peninsular as a pilot program. Of course, all GP's manage both acute and chronic conditions, but resources normally go to covering acute care presentations first, and chronic disease after (see fig. 1 below).

Chronic disease management is essential in helping prevent people from getting sicker or passing away, and with a good GP Management Plan we can plan a year ahead for what the patient requires to stay healthy. On arriving at Miwatj I noted that the GP Management Plan KPIs for chronic disease were well below average for 4 of 5 clinics, so focussed initially on improving those.

Fortunately we have seen a considerable improvement in the KPIs that reflect GP Management of chronic disease (see in KPI report below) but also staff and patient satisfaction. Clinic staff have also noticed a reduction in presentations of acute illness in these patients, most likely because their chronic diseases are now being better managed. Now it is time to roll the same program out to Galiwin’ku and Yurrwi. We have recently secured a very experienced female GP to support our full-time male GP's in both Galiwin’ku and Yurrwi, so we expect to see ongoing improvements in not only the KPI's, but in the overall healthcare and satisfaction of these community residents.

In addition, each Doctor has been allocated a CQI Portfolio and are developing PDSA’s (Plan, Do, Study, Act) cycles in their areas of interest and these are a standing item on our Doctor’s Meeting Agenda. We have a fortnightly Doctors meeting in which the above is discussed, plus education sessions, clinical governance and general debrief and collegial support.
2. Mental Health and Alcohol & other Drugs (AOD) for Children, Youth and Adults.

There is a saying that ‘there is no health without mental health’. When a person’s mind is feeling healthy their physical health is better too. This is because people who feel mentally strong are more likely to exercise, work hard, have good strong family relationships and choose healthy lifestyles.

Traditionally in rural and remote areas there are services for people with mental illness (ie psychiatry services) but not for those with mood disorders, trauma, distress and stress. Over the past year we have been developing a new Miwatj Mental Health and Social Emotional Well-being program which is called ‘Stepped Care’. This is a model recommended by the 5th National Mental Health Plan and essentially means that the best results occur when we match the right kind and level of treatment to the right level of illness. Under the Stepped Care Model, as applied to Miwatj: our Raypirri Rom team cover steps 1 & 2, our Therapeutic Psychiatrists and our Mental Health Nurses and Doctors. Of course, many of us cross a few of the steps and certainly a patient may travel up and down the pyramid. But if we are doing a good job then we should start to see a reduction in the number of people becoming more unwell.

To do this well we have doubled our mental health staffing and our Stepped Care Plan requires even further new positions. We are trying to create as many new Yolŋu identified positions as we can and provide training and education for people interested in this field of health.

We are also creating a youth-specific mental health and SEWB program, so that djajamaluli from 4 to 12 and youth from 12 to 25 are also able to access the kind of supports and care they need to thrive. Funding for this has been a challenge, however we continue to advocate for our communities and the support is increasing.

3. Miwatj Regional Renal Program

Vision: To contribute to reducing the burden of chronic kidney disease (CKD) in the East Arnhem Land population and to enable Miwatj mala to stay on country and access quality renal care.

Goals
- To play a part in addressing the social determinants of health that contribute to CKD.
- To contribute to reduced rates of CKD and CKD progression to end stage renal disease.
- To establish renal hubs in East Arnhem Land that provide training, education, support and renal replacement therapies for Miwatj mala to stay on country.

The Renal Program has developed a five year plan of action that will work towards implementation of the program vision and goals. It will be a holistic program that encompasses the spectrum of renal disease from preventative education, screening for risk factors, management of CKD and preparation for and delivery of renal replacement therapies such as dialysis.

We continue to work in partnership with the Purple House to deliver nurse assisted haemodialysis in Yirrkala, Angurugu and Galiwin’ku. To establish renal hubs in East Arnhem Land that provide training, education, support and renal replacement therapies for Miwatj mala to stay on country.

The Renal Program has developed a five year plan of action that will work towards implementation of the program vision and goals. It will be a holistic program that encompasses the spectrum of renal disease from preventative education, screening for risk factors, management of CKD and preparation for and delivery of renal replacement therapies such as dialysis.

The MBS item for nurse assisted dialysis was initiated in November 2018 and provides a rebate of $567.45 for every haemodialysis treatment provided in a remote area by a Registered Nurse or Aboriginal Health Practitioner. These funds help to offset the costs of providing dialysis in MHAC communities.

The Renal Program engaged 77 patients with renal disease in the health care homes trial across 3 sites, Yirrkala, Yurrwi and Galiwin’ku. This trial, developed by the Australian Government will run until 2020 and is designed to better manage and coordinate clients chronic disease care. The funds from this trial are being used for community activities and expanding our Indigenous workforce.

The Territory Kidney Care Project was rolled out this year across all Miwatj clinics. This project is an integrated clinical information system for all clients with renal disease or risk factors for renal disease. It is anticipated that Miwatj mala will benefit from this project through earlier detection of renal disease and its associated complications and from having kidney specialist management recommendations coming direct to Miwatj clinicians.

4. Allied Health

After a series of meetings with NTPHN, clinicians, our Board and community members last year it was identified that the FIFO model of Darwin-based Physiotherapy and Exercise Physiologists was not working, and things could be improved by contracting to the local services instead. This has been a huge success and we look forward to an ongoing partnership with Arnhem Allied Physiotherapists and Everybodies Journey over the next years.
5. Clinical Governance and Key Performance Indicators

Clinical Governance is the framework of systems and processes that support safe, best-practice, evidence-based care. It is a core function of contemporary health services and protects organisations, staff, and clients alike.

The ACCHO sector is often driven to rapid expansion by unplanned government funding opportunities. These funding opportunities are often service-specific and don’t account for the required change-management in terms of growth-planning or systems change, with all government emphasis on financial risk management (government risk) and no consideration of clinical risk management (organisational/staff/client risk).

This leaves many ACCHOs in the position of having clinical governance systems that are no-longer fit-for purpose in terms of protecting clients, staff, or the organisation.

Good clinical governance underlies and enables
- Safe care
- Quality care
- Appropriate care
- Community control

Under the new organisational structure at Miwatj we have developed a Clinical Governance team and implementation plan. This process, which is likely to take 1-2 years will ‘future-proof’ Miwatj in terms of workforce planning and improving health outcomes.

**GRAPH 1 NHULUNBUY COMMUNITY**
Trend of resident Aboriginal clients managed on chronic disease management plan by disease group by reporting year

**GRAPH 2 GALIWIN’KU COMMUNITY**
Trend of resident Aboriginal clients managed on chronic disease management plan by disease group by reporting year

As discussed above, the KPI’s on GP Chronic Disease management have improved considerably over the past year on the Gove Peninsular due to a focus in this area and new GP positions (see below). This is great evidence for rolling out the same program to our other clinics.

Nhulunbuy (Graph 1) GPMP KPI has improved by more than 50% as compared to last year. This has improved the Miwatj overall GPMP as demonstrated in the Graph 3, but looking at the Graph 2 for Galwin’ku, we need to consider the same strategies to improve as we have implemented in Gove Peninsula. Miwatj GPMP KPI had been continuously deteriorating, but last year was the first time since FY16 that the KPI has improved (by 6% this financial year as compared to last year’s statistics), which is the result of appropriate GP staffing and focus in this area on Gove Peninsula. We are most proud that our GP Management Plans are a genuine and robust plan for each patient’s year ahead. We focus on creating a plan that all staff can regularly review and contribute too, and that the patient remains the central focus and an active participant in that plan.

In addition there has been a considerable increase in our NT KPI’s, with 17 of the total 22KPIs improving from this time last year, out of these 7 KPI’s improved by more than 5%. Nevertheless, we still have work to do, as we specifically want to see an improvement in annual Health Checks for everyone.

6. Medicare and Communicare

Medicare income is Health Care Revenue that is paid to Miwatj Health for providing bulk billing services to our patients. This revenue is separate from other funding that Miwatj Health receives and allows us the flexibility to spend on the areas that the Board has deemed a priority. With the great effort from all staff we have seen an increase in the overall Medicare income. With ongoing training, monitoring and continually looking to improve processes, we could see steady growth in the Medicare income into the future.

In addition we focus on continually improving our Communicare system and have initiated a project by which we aim to standardise the more commonly used clinical items across the database. Evidence shows that the more complex a system the more likely medical errors entail – and patient safety is affected. By reducing choices in the Communicare system of how notes and assessments are recorded we hope to both reduce medical error and also to ensure we have the capacity to run audits and clinical reports to further plan and improve our health care delivery. Our Clinical Governance Team has grown substantially and we have recruited some really high quality clinicians and data experts. In 2018 we attended the AMSANT CQI Collaborative and the sharing of novel approaches and the enthusiasm of the broader ACCHS collective was fantastic, and we look forward to continued quality improvement in this area.

**GRAPH 3 MIWATJ ALL COMMUNITIES**
Trend of resident Aboriginal clients managed on chronic disease management plan by disease group by reporting year

**GRAPH KEY (ALL GRAPHS)**
- Clients with Diabetes & CHD on GPMP/ALT GPMP
- Clients with CHD on GPMP/ALT GPMP
- Clients with Diabetes on GPMP/ALT GPMP

**TABLE**

<table>
<thead>
<tr>
<th>Year</th>
<th>Medicare Income</th>
<th>Medicare Claims Income Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016-17</td>
<td>$1,880,262.50</td>
<td>$1,974,012.95</td>
</tr>
<tr>
<td>2017-18</td>
<td><strong>$2,077,133.50</strong></td>
<td><strong>$2,077,133.50</strong></td>
</tr>
<tr>
<td>2018-19</td>
<td><strong>$2,077,133.50</strong></td>
<td><strong>$2,077,133.50</strong></td>
</tr>
</tbody>
</table>

**MEDICARE CLAIMS INCOME TOTALS**
The report of the Barra Ward health services encompasses the following health Services: Galiwin’ku and Ngalkanbuy Wellness Centre (where the latter provides all the public health programs), Malmalharr (Milingimbi), Gapuwiyak and Ramingining clinics. Ramingining and Gapuwiyak clinics are the latest communities to transition under Miwatj umbrella on July 1 this year. These clinics provide 24 hours emergency health for emergencies and medical conditions as well as the provision of primary health care as the core business.

In Galiwin’ku, we are currently running with a number of funded projects that need a mention in this report. Some of these projects are not delivered in the other sites as yet, but we hope to look for further funding in order to implement those activities in those communities as well.

Another highlight in Galiwin’ku is that the Mortuary is about to be operational with the official opening on Wednesday 28th August. This has been long in coming and it will be a first in the region.

Regional Eye Health Coordinator: Jodie Silverton

Vision and eye health problems are the most commonly reported problems for Aboriginal and Torres Strait Islander people. The risk of developing Diabetic Retinopathy (DR) – which causes vision loss and blindness – is also greater, however up to 98% of DR can be prevented by early detection and treatment, at the right time.

The Eye Health Program is proud to deliver eye health services to 12 communities across the East Arnhem region. The program’s primary objective is to provide support and assistance in the delivery of eye health care services. It also enables access to low cost spectacles, as the inability to afford these is recognised as one of the main barriers to improved vision.

In April 2016 the Australian Government allocated $4.8 million over three years, from the Indigenous Australians’ Health Programme, to provide eye health testing equipment (retinal cameras and slit lamps) and training for their use across the Aboriginal and Torres Strait Islander Health Sector/communities.

Nine communities in East Arnhem were approved to receive retinal cameras and training (Nhulunbuy, Galiwin’ku, Yirrkala, Yurrwi, Gapuwiyak, Ramingining, Numbulwar, Angurugu, Umbakumba). Once the rollout is complete, the next phase will be to ‘embed’ this service into sustainable clinical practices to maximise outcomes in eye health care.

Galiwin’ku Health Service is also involved in the following projects:

**Health Care Homes**

The Miwatj Health take on the Health Care Homes project was to enrol clients with renal diseases and complications as opposed to enrolling clients with chronic and complex conditions, as was the original intention. Galiwin’ku community was one of the communities (others being Milingimbi and Yirrkala) running with this project. The clients enrolled in the Health Care Homes in Galiwin’ku have an advantage over Milingimbi clients in that Galiwin’ku has an on-site Pharmacist through the IPAC project that educates the same clients on medications and thus compliance with this is enabled.

Integrating Pharmacists within Aboriginal Community Controlled Health Services (ACCHSs) to improve Chronic Diseases (IPAC):

The IPAC project is an initiative project run by James Cook University, The Pharmaceutical Society of Australia and NACCHO. Miwatj Health allowed both Galiwin’ku and Yirrkala communities to participate in this study. The whole idea of this study was to see if there was a benefit to the communities having an on-site pharmacist. This Australia wide study is endeavouring to develop better ways to deliver medication information and services to Aboriginal controlled communities. The on-site pharmacists are working with the community people enrolled in the study and are discussing the best medication options for them.
This was originally a 15-month project/study but is now extended to another year. The project is one that will enable improvement in quality care received by ATSI peoples for the whole period.

Maternal Early Childhood Sustained Home Visiting Program (MECSH)

The MECSH Intervention is a structured program of sustained nurse home visiting for families needing extra support. This program draws together the best available evidence on the importance of early years, children’s health and development, the type of support parents need, parent infant interaction and holistic ecological approaches to supporting families to establish the foundations of a positive life trajectory for their children. The evidence of effectiveness is in supporting mother and child wellbeing, supporting mothers to be future oriented and an aspiration for themselves, their child and family, supporting family and social relationships within extended family and the structured child development and parent education.

We have rolled out this program to Galiwin’ku and Milingimbi and are recruiting for similar positions in Ramingining and Gapuwiyak in view of implementing MECSH in those two communities.

Leveraging Effective Ambulatory Services (LEAP) – Galiwin’ku Health Centre

As reported by Ana and Rrapa, Miwatj clinic Galiwin’ku has joined James Cook University in a research study project to find ways to deliver better health services and boost child and maternal health for Indigenous people living in northern Australia.

The goal is to find out what Continuous Quality Improvement (CQI) activities may help to enhance the care they provide.

The eight Services, including Galiwin’ku Health Service, who participate in this project met in Darwin last week to discuss our experiences of phase 1 (Improvement stories) and update on what has happened in the services in the last months including sharing of ideas and resources.

The next step is for each service to discuss with their team about developing an improvement plan. The LEAP team will follow up with a monthly meeting.

Galiwin’ku clinic chose to focus on anaemia & growth faltering and engage the community to help support healthy children and reduce anaemia by doing:

- regular screening and baby health checks in addition to opportunistic screening
- more outreach to increase knowledge of anaemia in community
- Community led meetings on how to do things better (enabling care to be tailored for families).

Changes would be measured by collecting anaemia data from Communicare, the number of attendees to community activities, and asking about the community’s experiences. This would lead to a better understanding from community and support culturally appropriate resources and learn more about what families have as well as collating ideas from other participants in the study.

Please note that the report from the Director of Clinical services (DCS) this year is on activities in Barra Ward as the incumbent was assigned to work in Barra Ward for approximately 6 months and Bulunu Ward had another DCS position.

Jeni Stubbs
DIRECTOR CLINICAL SERVICES, BARRA WARD

BULUNU WARD

In the latter half of this financial year Bulunu Ward and Barra Ward were again divided into two separate service areas due to their increasing size and complexity. I was seconded to be the Director of Clinical Services for Bulunu Ward while Jeni Stubbs continued as the Director of Clinical Services for Barra Ward. One of the main focuses during this period was the transition of two clinics from the Top End Health Service to Miwatj Health. These clinics, Ramingining and Gapuwiyak, will be joining us in the new financial year but a lot of work needed to be done before then to ensure a smooth transition.

This year Clinical Services have again been working towards AGPAL accreditation, which will be undertaken in the second quarter of the next financial year. This time around we will be bringing all five of our current clinics into line for our first whole of organisation accreditation. This has also been our first introduction to the new AGPAL 5th Edition standards and our CQI Coordinator has been working with the clinic managers across both wards to ensure that we meet any new requirements.

We have continued to be a part of the Integrating Pharmacists within Aboriginal Community Controlled Health Services to Improve Chronic Disease Management (IPAC) project and in Bulunu Ward it is the Yirrkala Health Centre that has been involved in this. With their consent, the Community Pharmacist has enrolled several clients into the program and has received very positive feedback from them about the medicine reviews that she has undertaken. This project will run until next year and the data generated will determine whether this model of care improves the prescription and uptake of medications within participating communities.

Other projects that we have participated in include the Maternal Early Childhood Sustained Home-visiting program (MECSH) which has not yet been rolled out in Bulunu Ward but continues to be a success in the two Barra Ward Clinics. Training was held in Nhulunbuy for staff who are, or will be, participating in the MECSH program and this training will be completed in the next financial year. We have also continued to be a part of the Health Care Homes project and have enrolled clients with a renal focus. We continue to manage our more complex clients under the Integrated Team Care program in the Yirrkala, Nhulunbuy and Gunyangara clinics which ensures that these clients receive the extra support that they need in terms of managing their own health.

This year has also seen an increase and improvement in our dental services with more visits from both the dental therapist and the dentist. We continue to receive Specialist and Allied Health visits to all of our clinics with very good attendance. Internally the programs that we run including Men’s Health and Women’s Health have introduced some innovative activities to improve the engagement within these programs including women’s health days and the men’s health walks. The child health team have been working with other stakeholders including the schools, FaT, Clontarf and Stars to ensure the good health of the children in the Communities.

Linda Harrison
DIRECTOR OF CLINICAL SERVICES, BULUNU WARD
Galiwin’ku Health Centre and Ngalkanbuy Wellness Centre are both in the town of Galiwin’ku, on Elcho Island. The service administers a multidisciplinary approach in providing the health care services for over 3,000 community residents.

The primary health care programs include Maternal and Child Health programs, Antenatal and Women’s health, Men’s health, Chronic Disease, Complex Care, Rheumatic Heart, Mental health and Sexual health programs.

Telehealth is another activity the team is involved in. This activity enables their clients to have consultation with the specialists via a video link thus reducing the need for those clients to leave the Island and their support networks for routine or extensive follow up care.

As mentioned earlier, the Ngalkanbuy Wellness Centre operates a number of Public Health Initiatives and wellness programs including Tackling Indigenous Smoking (TIS), the National Disability Insurance Service (NDIS), Maternal Early Childhood Sustained Home visiting (MECSH), Connected Beginnings, and Volatile Substance Abuse/Alcohol and Other drugs (VSA/AOD) programs. Other stakeholders such as FAFT, Red Cross baby hub and the strong women, strong babies, strong culture workers support some of those program workers.

Ana Malupo and the Galiwin’ku team.

Gunyangara (also known as Marngarr or Ski Beach) is a Yolŋu Community with a population of 370 people situated on Drimmie Peninsula adjacent to Melville Bay, 13km west of Nhulunbuy.

We deliver a high standard of care to our people in our Community of Gunyangara/Ski Beach.

We celebrated Naidoc with a BBQ at the clinic.

This year we have a few staff changes and have increased the number of staff enabling us to provide extra health services. This has been required as the clinic has been busier with increasing numbers of people and the number of new houses built in the past year at Gunyangara Community.

We have seen 749 individual clients pass through our Clinic in the past year across other communities.

Our full time staff now includes a Team Leader, Doctor, Registered Nurse and Child Health Nurse

Our clinic provides a daily recall system, walk-in acute care service, emergency and home visits.

Clinic Hours are Monday to Friday 8:30am - 4:00pm

Clinic bus service for clients includes daily pick up for the clinic or appointments to hospital, airport and visiting specialist appointments at Nhulunbuy Clinic.

Gunyangara has increased services in our Outreach Teams such as Child & Maternal Health, Complex Care, Chronic Disease, Eye Health, Naaja Civil Lawyers, Physiotherapy and Men’s Health Team

Other Medical Specialists Teams visits our clinic: Teleology, Australian Hearing, Cardiac & diabetic Educator, Podiatry, Optometrist and Physiotherapist.

This is an AGPAL-Accredited clinic and a teaching practice for medical students of the Northern Territory Clinic School, Nursing Students final year placement and Aboriginal Health Practitioner. We also support the NTGPE program by offering positions to Medical Registrars to assist with their ongoing training.

Faye Alvoen and the Gunyangara team.
MALMALDHARRA HEALTH CENTRE REPORT

The health service in Milingimbi has recently taken possession of a brand new Toyota Hi Ace Ambulance as a significant upgrade to the Toyota Troop Carrier Ambulance, which has allowed safer and more efficient care of clients in a more spacious environment. The spacious environment as opposed to the Troop Carrier prior is also a big improvement in fulfilling the WH&S matters, as staff will deliver care more comfortably due to the excellent space. (Galiwin’ku is also expecting to receive the same kind of Ambulance before the end of August 2019).

The staffing issue in Malmaldharra has improved dramatically with the appointment of permanent staff however, a couple of positions that have been filled with casual Miwatj employees remain vacant. Also due to the lack of AHPs in this community, (we only have one qualified AHP) the health service is currently employing local Community workers to support the RANs with huge programs such as the Chronic Disease and Child Health program. This appears to be working well.

There are additional programs in Milingimbi such as the MECSH program, which works out of a new childcare centre building on the other side of the community. Although this is not a health centre based program, it is an excellent resource to team care. The program is nurse led and it looks after the family of antenatal women and those of children up to 3 years of age, which helps the health centre team in proving care to those enrolled in MECSH.

Challenges in fulfilling Programs activities as in the large Chronic Disease and Child Health programs due to the lack of AHPs, has the health centre trying to find alternative or improved ways to improve client outcomes. Specialists and Allied Health visits in the last twelve months continue with good attendance by the clients.

Don Blackman and the Milingimbi team.

NHULUNBUY CLINIC REPORT

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 Nhulunbuy clinic continues to be busy with our clients receiving a high standard of care. This year has seen a few staff changes for varying reasons. We are now back to our full complement of permanent staff.

The medical specialists and allied health visits hosted by the Nhulunbuy clinic have been running very well with a good attendance rate. This has ensured this very valuable service is viable and will continue into the future.

Specialists that now visit the Nhulunbuy clinic are renal, dermatology, cardiology, paediatric cardiology, gynaecology, oncology, ophthalmology, pain and rehab, respiratory, infectious diseases, physician, ophthalmology, podiatry, physiotherapist, Australian Hearing, optometrist, exercise physiologist and diabetic and cardiac educators.

The Miwatj outreach team consists of chronic disease, complex care, men’s health, eye health, sexual health, child and maternal health and mental health. These teams are based in the Nhulunbuy clinic but service the entire peninsula.

Garma 2019 was again very successful with Miwatj running the “Bush Clinic” as well as other activities at the Garma site. The bush clinic had both clinicians and administrative staff from across the Peninsula and Ramingining helping out over the weekend. Feedback from the organizers was very positive. We all look forward to Garma 2020.

This is an AGPAL-accredited clinic and a teaching practice for medical students of the Northern Territory Clinical School. We also support the NTGPE program by offering positions to medical registrars to assist with their ongoing training.

It has been a busy 12 months for all the Nhulunbuy Clinic staff. Your hard work and dedication has not gone unnoticed. Thank you to each and every one of you.

Brett Parfitt and the Nhulunbuy team.
We’ve had another busy and productive year in Yirrkala with several programs running as well as continuing to provide quality acute care to patients presenting to the clinic.

Our Healthy Skin program continues to be run by Helena Badham, AHP, who secured a $5000 grant to assist with the program. She visits the community weekly and provides ongoing care in the clinic on other days. The RHD program run by Patricia Nundhirribala, AHP, also includes a weekly community visit. Our Complex Care RN, Vesna Balaban, now has 26 patients under her care and much of her time is spent in daily community visits. The Men’s Health Team have organised informal community men’s days throughout the year, involving walks, fishing, food and yarning and have found these an excellent way to engage with some of the local men. Room space continues to be a problem in Yirrkala, particularly with Mens Health and Child Health, so outreach programs assist with this as well as the benefits to the community of clinicians visiting in their homes. The child health team has added Jessica Bowron, RN, working with 5-15 year olds and holding weekly school clinics. The midwife position has been maintained by locum staff most of this year and we look forward to this being filled by a permanent midwife at the end of October. The Chronic Disease role has also been mostly held by locum staff this year as the regular RN in the position has been working as Acting Clinic Manager. Our permanent GP, Prashant, continues to provide comprehensive care alongside all the programs. We’ve been fortunate to also have Dr Maria, registrar with us most of the year and other locum GPs who’ve provided medical support. We have a new Acute RN, Mark Howgate, a welcome addition to the team from Cairns, and Henrietta Ofa, business support officer. We had a successful sign on day in the clinic for Health Care Homes with lunch provided and a great team effort by all.

We’re in the final stages of the pilot project (IPAC) to assess the need for a community pharmacist working from the clinic. The staff have valued having Pharmacist Emma as a resource and many patients have been assisted to understand their medications or have better options for them offered.

Accreditation time is just around the corner and a lot of work is going on towards making this successful.

We have a great team in Yirrkala working together to provide the best care we can to the community here and look forward to continuing this. We even provided care for a well known actor visiting for Garma.

The Public Health function was re-established at the end of 2018 to include the oral health program and new programs focusing on sexual health and environmental health. As of 1 July 2019, Tackling Indigenous Smoking will also come under the public health umbrella. We are excited about the opportunity to develop cross-program population health strategies to increase health literacy and provide health promotion and education in our communities.

Environmental health
The Environmental health program is another new program this year and has been funded through the Commonwealth Government’s Rheumatic Fever Strategy, to address the increasingly high prevalence of Acute Rheumatic Fever (ARF) and Rheumatic Heart Disease (RHD) in our region. Miwatj Health’s Environmental Health Program Manager, Michael Spry, started in May 2019 and the program is still in the initiation phase.

The aim of the program is to reduce the burden of disease through a range of environmental health initiatives whilst also raising awareness of the importance of addressing scabies, skin sores, sore throat and educating communities on the links to ARF/RHD.

An all ages approach to addressing RHD will occur by working and educating alongside the Maternal Early Childhood Sustained Home visiting (MECHS) program, Strong Women Workers and Families as First Teachers (FAFT). The program will work with individual households through clinic referrals, and provide group information sessions and education in schools to foster improved understanding of the potential illness caused by and causing skin sores and sore throats.

The team has been accepted to present a poster outlining the Miwatj Environmental Health program at the National Indigenous Environmental Health Conference in Perth in September 2019 and is gearing up to employ 3 Indigenous Environmental Health Workers, an Indigenous Environmental Health Technician and a Project Officer by September 2019.

Oral health
Work has been underway to re-establish the Oral Health program this year which has been challenging, with both internal and external changes affecting the program.

While we haven’t yet been able to provide clinical services, Miwatj Health’s Oral Health Coordinator, Karl Grace, has been out in community providing oral health promotion sessions on top of program coordination and all of the work it takes to start up a program and prepare for clinics.

Sexual health
The Sexual Health program is funded through the Commonwealth Government’s Enhanced Syphilis Response strategy which is aimed at reducing the prevalence of sexually transmitted infection (STI). Miwatj Health’s program commenced in late 2018 and employed its first clinician at Galiwin’ku in March 2019. The focus of the program is on education, and prevention and treatment of STIs.

A key part of the strategy is to implement syphilis point of care testing (PoCT) which can give a new diagnosis of syphilis within 15 minutes. Miwatj has developed an algorithm to aid clinical decision making and we are working to provide training to all relevant clinicians.

Miwatj is also participating in a trial at Galiwin’ku for the test-treat-and-go (TTANGO2) PoCT for chlamydia, gonorrhoea and trichomonas. This system provides a result in 90 minutes, with the aim of reducing time-to-treatment to the same day.

Our Galiwin’ku team, Frank Mante and Kenisha Garrawurra, have been working closely with the AFL Development Officer, Danyon, and Men’s Health nurse, Gregory, to provide men’s health checks to football teams and have been able to screen many of the local football players.

To assist in prevention, an additional four condom dispensers have been installed in Yurrwi and an additional six in Galiwin’ku over the past few months. Strategic placement of educational posters within the community has lead to a greater awareness on the importance of sexual health.
In the meantime, Miwatj has been part of multi-agency working group for oral health for the past two years and this year we were pleased to finalise the East Arnhem Oral Health Plan 2018-2028 which sets the intention for collaborative oral health services in our region.

Targeted screening
Working closely with the AFL development officer Danyon and Men’s health nurse Gregory in providing men’s health checks on football players. We have managed to screen many local football players.

More interagency team work with the ALPA Youth Services team, sharing the STI story to the youth.

Prevention through education
AHP and Senior man within the Garrawurra clan Nathan shared the syphilis story to the senior boys at Shepherdson College.

Advances in testing
Flinders University has introduced two more point of care testing systems. TTANGO2 geneXpert machine which can test for chlamydia, gonorrhoea and trichomonas and give a result in 90 minutes. Syphilis POC testing strips, which can give a new diagnosis of syphilis within 15 minutes.

Kenisha and Frank hosted Galiwin’ku’s first ever Transgender Clinic. The clinic had a great turn out and the clients now feel more supported as a group within the community.

Juliette Mundy
DIRECTOR PUBLIC HEALTH

TIS
Our Tackling Indigenous Smoking (TIS) continues to deliver against the following National Indicators:

Performance Indicator 1: Implementation of evidence-based population health promotion activities aimed at preventing uptake of smoking and supporting the promotion of cessation

Performance Indicator 2: Partnerships and collaborations facilitate support for tobacco control

Performance Indicator 3: Increased access to Quit support through capacity building

Performance Indicator 4: Reduced exposure to second hand smoke

Performance Indicator 5: Increased focus on priority groups e.g. pregnant women & youth

Performance Indicator 6: Increased reach into communities, e.g. isolated homelands

One of the many highlights from the year was the TIS team celebrating World No Tobacco day on May 31st in Gapuwiyak, June 1st in Yirrkala and on June 20th in Yurrwi with communities raising awareness on tobacco associated health issues and advocating for smoke free spaces.

Smoking unfortunately continues to be one of the most preventable causes of poor-health, disease and premature death in our communities and the world. The average number of daily smokers within our communities’ remains unacceptably high (60-80%) when compared to the national average of approximately 16% for all Australians.

The TIS program provided free community concerts in Yirrkala and Yurrwi in order to promote health and well-being, and importantly raise aware on the issue of smoking tobacco within our communities. These events were supported by Yolngu Radio/ARDS, East Arnhem Regional Council and local community members, who stood up for the cause.

As always, our TIS team had a strong presence at the 2018 Garma Festival. Our Dhapirrk Yolngu t-shirt rally and health promotion stall was a great success and well-received by the public. We used the opportunity to have some in-depth conversations with both Indigenous and non-Indigenous Australians, in particular around children’s health, passive smoking, causes of smoking behavior and available tobacco cessation support.

Our TIS team recognises how important Learning on Country activities are and organise day trips and camping trips to embrace and promote cultural learning.

Targeted screening
Working closely with the AFL development officer Danyon and Men’s health nurse Gregory in providing men’s health checks on football players. We have managed to screen many local football players.

More interagency team work with the ALPA Youth Services team, sharing the STI story to the youth.

Prevention through education
AHP and Senior man within the Garrawurra clan Nathan shared the syphilis story to the senior boys at Shepherdson College.

Advances in testing
Flinders University has introduced two more point of care testing systems. TTANGO2 geneXpert machine which can test for chlamydia, gonorrhoea and trichomonas and give a result in 90 minutes. Syphilis POC testing strips, which can give a new diagnosis of syphilis within 15 minutes.

Kenisha and Frank hosted Galiwin’ku’s first ever Transgender Clinic. The clinic had a great turn out and the clients now feel more supported as a group within the community.

Juliette Mundy
DIRECTOR PUBLIC HEALTH

TIS
Our Tackling Indigenous Smoking (TIS) continues to deliver against the following National Indicators:

Performance Indicator 1: Implementation of evidence-based population health promotion activities aimed at preventing uptake of smoking and supporting the promotion of cessation

Performance Indicator 2: Partnerships and collaborations facilitate support for tobacco control

Performance Indicator 3: Increased access to Quit support through capacity building

Performance Indicator 4: Reduced exposure to second hand smoke

Performance Indicator 5: Increased focus on priority groups e.g. pregnant women & youth

Performance Indicator 6: Increased reach into communities, e.g. isolated homelands

One of the many highlights from the year was the TIS team celebrating World No Tobacco day on May 31st in Gapuwiyak, June 1st in Yirrkala and on June 20th in Yurrwi with communities raising awareness on tobacco associated health issues and advocating for smoke free spaces.

Smoking unfortunately continues to be one of the most preventable causes of poor-health, disease and premature death in our communities and the world. The average number of daily smokers within our communities’ remains unacceptably high (60-80%) when compared to the national average of approximately 16% for all Australians.

The TIS program provided free community concerts in Yirrkala and Yurrwi in order to promote health and well-being, and importantly raise aware on the issue of smoking tobacco within our communities. These events were supported by Yolngu Radio/ARDS, East Arnhem Regional Council and local community members, who stood up for the cause.

As always, our TIS team had a strong presence at the 2018 Garma Festival. Our Dhapirrk Yolngu t-shirt rally and health promotion stall was a great success and well-received by the public. We used the opportunity to have some in-depth conversations with both Indigenous and non-Indigenous Australians, in particular around children’s health, passive smoking, causes of smoking behavior and available tobacco cessation support.

Our TIS team recognises how important Learning on Country activities are and organise day trips and camping trips to embrace and promote cultural learning.
connection to land and gurruthu, health literacy, and emotional wellbeing. In September our miyalk from Yurrwi went to a homeland for three nights to support and educate a group of 11 clients. Our TIS men have supported numerous day trips and a total of five camps which were facilitated by Top End Health Service, Clontarf Foundation and the East Arnhem Regional Council’s sport and recreation program. On these trips our team provides group education sessions on the issue of smoking tobacco in local Yolngu languages and uses visual displays and other resources to guide conversations.

The TIS team are also working to support and advocate for community members to create smoke-free homes. The team have been visiting homes in the community to collect data and provide education on the harmful effects of passive smoking inside the home. Over the year we engaged with 197 homes and did 60 follow-ups. In our follow-ups, we identified 25 homes (13%) where people living within these have positively changed in both sentiment and behaviors around smoking inside their homes.

The TIS team has a strong focus on youth education: preventing the uptake of smoking behaviors in particular and addressing peer-pressure, and working with pregnant women and young mothers.

In April 2019, Wayne Dhurrkay, Glen Gurruwiwi and Gordon Boot presented our Smoke Free Home initiative at the Annual TIS National Best Practice Unit Conference, which was held in Alice Springs. In June some of our TIS team were also fortunate to attend the International Indigenous Health and Wellbeing Conference in Darwin which was facilitated by the Lowitja Institute. Participating and presenting at these conferences continues to be a great opportunity for professional development, stakeholder engagement and networking, and showcasing the work our TIS teams do within their communities.

Over the last year, the TIS team has spent time promoting health and tobacco awareness during local football games and major carnivals, such as sponsoring and presenting the trophies at the Gapuwiyak Grand Final, and having a strong presence at the Chief Ministers Cup, Gove vs Big Rivers competition, as well as other league games across the region. On this note the TIS program at Miwatj Health is excited to announce a new partnership with Gove AFL NT with Miwatj now considered a major sponsor for the coming year.

2019 Miwatj TIS Team

TIS Manager: Justine White
TIS Regional Project Officer: Gordon Boot
TIS Community Workers:

Gove Peninsula:
Burkitj Ngurruwuthun
Shikera Baxter

Galiwin’ku:
Glen Dharlirri Gurruwiwi
Oscar Datjarranga
Tarlisa Roberts

Gapuwiyak:
Thomas Guyula
Michael Guyula
Trudy Wunungmurra

Yurrwi:
Julie Gapalathana
Revonna Ganygulpa
Chris Wangaypuma
Social & Emotional Wellbeing Programs

Social and Emotional Wellbeing programs consists of the following non-clinical programs that provide early intervention, education and awareness and culturally safe and holistic service delivery to Yolngu individuals and families across the region:

- **Raypirri Rom - Recruitment of another Team Leader** (we now have a male and female TL) has proven to be quite successful with managing, supporting and identifying the needs for our Yolngu workforce. This program works closely with other MHAC programs to provide support and services to identified Yolngu across the region in steps 1 and 2 of the Stepped Care Model. Raypirri Rom Program continue support individuals and families across the Gove Peninsular with a range of issues including:
  - Domestic/Family violence
  - Self harm
  - AOD
  - Clan conflict
  - Advocacy and support etc

- **Discussions with relevant parties and key stakeholders including the Elders Leadership Group** will take place to discuss community requests for Raypirri Rom programs (or similar) to expand across the region.

- **AOD/VSA Program** Regional Coordinator AOD/VSM position will be responsible for supporting and managing the VSM Community workers including AOD/VSM referrals, early intervention, education and awareness and support groups. This position will also work within the Stepped Care approach and refer complex situations to the MHAC Mental Health Therapeutic Stream and clinicians for those identified as needing clinical intervention and support.

- **Healthy Lifestyle for Next Yolngu Generation** This program will offer support and services to 5-14 year olds, including health promotion and literacy, activities to encourage regular/routine exercise and community engagement, promote healthy eating and living options. Activities will be delivered across the region in collaboration with other SEWB programs, including members from the Elders Leadership Group.

- **Elders Leadership Group - A Regional Coordinator for this group will be based in Nhulunbuy and coordinate meetings and regular link-ups. This position will also be responsible for facilitating the promotion of the Elders Leadership Group and recruitment of members.**

- **This group will have oversight and advocate for the Yolngu workforce/programs and play a large part in giving recommendations and participating in activities relating to steps 1 and 2 of the Stepped Care Model.**

- **Raypirri Rom** facilitated the official opening of 2019 NAIDOC Week activities relating to steps 1 and 2 of the Stepped Care Model.

Service Delivery

The new Stepped Care model (see pg. 38) is a new approach that can be used across the organisation, with programs responsible for identifying where they best fit within the model. Programs can then create and implement frameworks within their own respective teams to reflect their responsibilities reflected in the each step of the model.

SEWB programs are responsible for Steps 1 and 2 within the Stepped Care model below, providing Yolngu specific early intervention and promotion of SEWB, including healthy and respectful living.

Workforce

All SEWB Programs are made up of Coordinators or Team Leaders to support, mentor and provide guidance to the Yolngu Community Workers. These positions are essential in sustaining a Yolngu workforce and ensuring individuals feel safe and comfortable working within their environments and understand their obligations to the organisation also.

It is expected that all managers and team leaders have sound knowledge, understanding and respect for the Yolngu culture and protocols, which will assist with supporting, upskilling and mentoring the Yolngu workforce, including respectful negotiations around balancing community and workplace obligations.

Training

SEWB encourage all staff to undergo training opportunities relevant to their roles, including short courses and education and awareness sessions delivered by services and/or clinicians who can provide resources and knowledge to upskill the SEWB teams around a variety of different issues. This also ensures our Yolngu workforce are able to make informed decisions and assist both internal and external stakeholders with service delivery and providing support, advocacy, education and follow up for individuals and families across the region.

SEWB Program staff are also encouraged to present at Conferences and forums on culturally safe practices and the importance of identifying and including Yolngu in community initiatives to ensure ownership, sustainability and accountability.

Fiona Djerrkura
DIRECTOR OF SOCIAL AND EMOTIONAL WELLBEING

Top right. Wellness Camp at Buymarr Homeland to support young men impacted by a variety of community issues.

Right. Raypirri Rom facilitated a Fishbone activity with the Homelands kids visiting Employers in Nhulunbuy, as part of their school holiday program.
A year of engagement

The Program

Engagement with our services is/has been a recurrent issue. We are continually working on this. Since October 2018 we have been recurringly engaging with our clients at Yirrkala (Garriri Walk) and Gunyangara/Birritjimi/Nhulunbuy. It is a simple exercise of engagement and it was an idea suggested by Stuart. The walks happen every 4 weeks at each site and bring clinicians/Miwatj employees together. We are doing this together, getting to know, and building trust with each other. Around that same time we managed to secure funding to support the walks. They have proven rather successful amongst our Yirrkala clients and from our walk to Garriri a suggestion from our clients lead to us securing funding to have a men’s health camp that is under planning and we hope to have in October/November.

We will continue to work closely with our clients on our walks to Butjumurru and hope that engagement there will improve. We have also secured funding for a men’s health camp with our clients there.

The Program – clinical services delivery

RN Paul van Polanen has been a fantastic asset and is making headways with health checks, vaccination, overall support of clinical services and facilitating access to services by our male clients at Gunyangara/Birritjimi/Nhulunbuy.

Space limitations at Yirrkala make our work there more difficult. Fortunately over the last few months the men’s health camp that is under planning and we hope to have in October/November.

The Program and the future

We will continue focusing on engagement and trust building. Ongoing Men’s Health walks and the incoming men’s health camp will be supportive of that. The recruitment of a male driver/CHW in the immediate future will bring once again a native Yolngu speaker to our team and also an informal cultural adviser to support us in improving the service we deliver.

Some other exciting advances in our program include the ordering and distributing of specialised equipment and items for Participants; such as:

- Contience aids and products
- Low cost, low risk equipment - shower chairs, toilet chairs, bedside commodes, day chairs
- Home Modifications – shower rails, toilet rails, ramps, lighting and general maintenance
- Assistive Technology – communication devices, wheelchairs, electric scooters, 4 Wheel Walkers

NDIS Access Requests

The NDIS team currently provide Coordination of Support (CoS) service to 84 NDIS Participants over North East Arnhem Land.

One of those Participants is Milingimbi resident Kenny Didimurrk Dhurrkay. Didimurrk, 51, suffered from a stroke in 2014, which left him with a physical disability that affects his ability to perform activities of daily living. Didimurrk received an Occupational Therapy and Physiotherapy assessment, funded through his NDIS Plan, where recommendations were made for additional supports, including Assistive Technology (specialised equipment) such as a motorised scooter and manual wheelchair. The NDIS team then proceeded with implementing these recommendations and arranging for the purchase of these items through Didimurrk’s NDIS Plan. In April 2019, Didimurrk received his motorised scooter and the affect of this Assistive Technology was instantaneous. Prior to the NDIS, Didimurrk sat on the corner of Garden Camp and Rulku Lodge, under a tree, waiting for family or friends to push him down the long hill so he could go to the shops, visit family or go to Aged Care. Now, with his new found independence, Didimurrk is able to drive himself around his community, without the restrictions of waiting for help from carers or utilising paid transport. Didimurrk provided us with a statement to share with you all:

NDIS is latju! I am very happy getting more support. I can ask for help, especially with equipment, and I can get that help quickly and I have the choice in that type of equipment. With my new scooter I have a lot of freedom and I can make my own decisions. I didn’t think I would ever get an electric scooter. I thought I would always have to use my small wheelchair and it was very hard for me to use all the time. When I had my stroke, I was very sad because I couldn’t do everything I used to do when I was strong. It helped a little bit when I got my wheelchair, but now I have my new scooter, which is better. I get lots of therapy like OT and physio too, I like doing my exercises.

We would like to showcase the increase in Allied Health Services provided to NDIS Participants in East Arnhem, through the utilisation of NDIS funds, coordinated by Miwatj CoS staff. These visits would not be possible, without teamwork across the board and we would like to give a special mention to Miwatj Clinic Staff for your ongoing facilitation and support in ensuring these visits...
can occur – from clinical input and supporting evidence to providing transport and office space, your assistance is appreciated immensely.

A snippet from Allied Health Services provided to NDIS Participants over the last year include:

Galiwin’ku
- Totem Health – Physiotherapy
- Territory Therapy Solutions – Occupational Therapy
- BodyFit – Exercise Physiotherapy
- Carpentaria Disability Services – Speech Pathology and Occupational Therapy
- Patches Paediatric Service – Psychology
- Darwin Dietitians – Dietitians
- Eunoia Lane – Occupational Therapy
- Everybodies Journey – Physiotherapy

Nhulunbuy, Yirrkala and Gunyangara
- Carpentaria Disability Services – Speech Pathology and Occupational Therapy
- Eunoia Lane – Occupational Therapy
- Everybodies Journey – Occupational Therapy
- Brain Solutions – Psychology, Neuropsychology
- Arnhem Nutrition – Dietitian / Nutrition
- Arnhem Health – Physiotherapy
- Outlook Psychology - Psychology

Respite
Collectively, the NDIS team have supported 20 clients to access Respite both in Darwin and in Nhulunbuy. This much needed break allows the carers to focus on their wellbeing, while their loved ones get to enjoy some time away from their communities, accessing individualised services in the big smoke!

NDIS Community Access Program Galiwin’ku
Miwatj NDIS have begun delivering Capacity Building Community Access services in Galiwin’ku. A second hand 4x4 HiAce Bus was purchased and then modified by Darwin based company Keep Moving to add a wheelchair lift. This Specialised Disability Transport will allow NDIS Participants to have greater access to community based activities and increase independence. The 4x4 Bus includes a snorkel and lift kit, which allows the bus access to more secluded areas in and around Elcho Island, ideal for hunting and fishing!

NDIS clients have been able to participate in activities such as exercise programs, tailored to their individual needs through Physiotherapy and Occupational Therapy intervention and recommendation.

Our Art Program is also very popular, with Participants able to utilise a quiet, relaxing space and enjoy the therapeutic and engaging activity.

Miwatj NDIS are still in the early days of program development so please be patient as we grow in order to provide the best possible service for Galiwin’ku Participants.

Mark Kelly
DIRECTOR NDIS

DIRECTOR OF PEOPLE STRATEGY REPORT

I have the privilege of leading the People Strategy team and I have to say that it is a team made up of professionals who work to support our people. I would like to take this opportunity to thank them for all their hard work and dedication. They often go above and beyond to ensure that Miwatj Health continues to deliver to and for the communities of East Arnhem Land.

The team is comprised of:
- Michael Maymuru - Manager of Human Resources
- Tracey Billot - HR Advisor-Projects
- Ting Charles - Senior HR Officer
- Andy Rozutski - HR On-boarding/Projects Officer
- Sarika Khatri - Recruitment Officer
- Silvia Huang - HR Filing Officer
- Kitty Connor and Alex Buggisser our Learning and Development Coordinators.

It is an incredible team and I think that it is best to hear directly from them, so I have asked my team leaders to provide individual reports, which you can read below.

Ariana Tutini
DIRECTOR OF PEOPLE STRATEGY

I am proud to say that Miwatj Health’s Human Resources department is made up of staff from different cultural backgrounds, bringing their own professionalism and experience to enhance the proficiency of Miwatj Health Human Resources and the work we do within Miwatj Health.

Miwatj Health Human Resources department have been working tirelessly to make sure recruitment, on-boarding, grievances and complaints and the transitioning of staff from NTG with our transitioning Clinics Gapuwiyak and Ramangining to Miwatj Health has been performed thoroughly and professionally. Human Resources at Miwatj Health will continue to endeavor working on providing our processes and procedures as efficiently and effectively for all existing staff and future potential employees.

As mentioned before, earlier this year Miwatj Health transitioned Gapuwiyak Clinic and Ramangining Clinic to community control. Miwatj Health Human Resources went into overdrive as did many other Miwatj Health programs to ensure the transition was successful.
and that the staff who were transitioning were kept informed throughout the process. Human Resources officers travelled to both communities to assist with on-boarding and the welcoming of Miwatj Health’s new staff members.

I find my role within Miwatj Health Human Resources very rewarding as among other things it gives me the opportunity to travel to other communities and meet up with family members I haven’t seen for a long time but also have the great pleasure of being introduced to the younger generations I haven’t met before.

Michael Maymuru
HUMAN RESOURCES MANAGER

An amazing year for our team in People Strategy and Development with a lot of goals being kicked!

The Miwatj Health Enterprise Agreement was approved by the Fair Work Commission and came into effect on 1 May 2019. I was privileged to work amongst and with the Miwatj Health EA negotiation team who effectively negotiated an amazing Enterprise Agreement for our workforce.

A look around our Clinics and workplaces this year you would notice a suite of Our Values posters which tell our story, define our values and our mission and promote the recognition of our cultural and individual differences. The development of the Our Value posters was aimed at building a positive workplace culture.

We received a strong response yet again to our employee engagement survey, Our Voice, this year. Demonstrating a willingness for engagement and improvement to Miwatj Health employee relations our work environment and our workplace culture, we greatly value our employee’s contribution in this regard.

A refresh of our corporate logo and corporate documents this year have us looking pretty snazzy!

The Work Health and Safety Committee have been meeting quarterly and participation is strong. This year Fire Warden Training was held with 20 of our employees receiving Fire Warden training.

Pictured on the next page are two of our new Fire Wardens Luke Maymuru and Aaron Burarrwanga

This year we are looking at the implementation of a Human Capital Management system which will improve system performance and engagement of our new employees and include a Performance Management component as we continuing to work toward becoming the Employer of Choice in our region. Best of all it removes the manual headache of managing our manual onboarding documentation.

Finally huge team effort across the board with the transition of the health services at Ramingining and Gapuwiyak.

Again I was privileged to be involved in the letter of offer and contract preparation, such an exciting time for Miwatj Health!

Miwatj Health is a great organisation to work for, where our core business is to improve the health and wellbeing of residents of North East Arnhem Land and to promote the training and development of a Yolngu workforce and an organisation where suggestions are heard and effort and compassion as well as skills are recognised.

Oh, by the way – thanks to all our contributors to the Miwatj Dh^wu, our newsletter is published regularly because of YOU.

Tracey Billot
HR ADVISOR - PROJECTS

Above right. Ramangining Clinic Staff. Right. Gapuwiyak Clinic Staff.

the training we got was manymak it was really good learning. Safety for everyone in our offices and buildings. The part where we learned about the different kinds of fire extinguishers for putting out the different fuels was manymak and fun

MIWATJ HEALTH ABORIGINAL CORPORATION
ANNUAL REPORT 2018-19

62 MIWATJ HEALTH ABORIGINAL CORPORATION ANNUAL REPORT 2018-19

MIWATJ HEALTH ABORIGINAL CORPORATION ANNUAL REPORT 2018-19

63
Learning and Development

A busy year for the AHP students transitioning back to Batchelor College but they are enjoying it and the hands on face to face learning. Connor has nearly caught up to the others who hope to finish their Cert IV in ATSI Primary Health Care by the end of the year. Have also been to Katherine for a remote health experience weekend with students from all over Australia.

I completed my Training and assessment certificate and am about to commence CPR and First Aid Training for all of Miwatj.

Care flight are also running courses for us at our sites over the next few months and we just ran a very successful cannulation course on Elcho Island where 12 people achieved their certificates.

Mandatory training has been brought in for all of our clinic staff both clinical and non-clinical which everyone is enjoying. It also allows clinical staff to record any other course they do to keep a up to date record for their CPD points which they need to do for to maintain registration.

I won 6k grant for student equipment and first aid training equipment to train everyone.

Kitty Connor
LEARNING AND DEVELOPMENT COORDINATOR

In our business of health and taking care of patients, it is easy to forget about our organisation’s biggest asset, our people.

Miwatj’s goal is to be 100% staffed by a Yolngu workforce. While we are working towards this goal, Yolngu and Balanda staff work together for the best way to provide effective health services. The People and Strategy team devote their time to analysing ways in which we can attract and retain quality staff. As part of this, our Aboriginal Health Practitioner team continues to build each year as new graduates from our trainee programs join the ranks. These new recruits are welcomed into the clinical workplace by their colleagues in a number of different ways as are the new nurses and GPs.

Around the time of the publication of the book Yothu Yindi Mari Guthara in Yurrwi, I had a personal example of feeling particularly warmly welcomed into the team. My family were visiting and the process of joining together with the community was made very obvious to me. I was given a copy of the book to read about the benefits of collaboration and knowledge sharing between local staff and nurses. I felt as if my Yolngu colleagues were taking me under their wings to teach me “how it is”. The book explains the traditional practice around the earliest stages of child development and the role of mothers and grandmothers. It was a beautiful way to begin to understand “how it is” and enrich my working life which in turn helps me to work with Yolngu colleagues.

Alex Bruggisser
LEARNING AND DEVELOPMENT COORDINATOR

The Financial Year 2019 ("FY19") year saw 5.1% growth in Revenue compared to Financial Year 2018 ("FY18"). This is before the contribution of clinics at Galiwin’ku and Ramingining which will be seen in Financial Year 2020 ("FY20"). Many important milestones were achieved in the year across Assets, ICT and Business Services for the year. The following report outlines many of these as well as providing an analysis of the Revenue and Expenses of the Corporation.

Finance

Total Revenue increased by 5.1% over last year. In dollar terms Grants provided the largest increase of $1,572m or 7.4%. Other changes represented a net $0.280m reduction. While NDIS income rose by a strong 27.4% there was a 10.3% reduction in Healthcare and fee for service income. This reduction is attributed to personnel changes which reduced focus on ensuring these revenue streams were achieving their targets.

Miwatj continues to be majority funded by Grants (81%), although this has reduced by 2% from FY18. Looking forward, the Miwatj is exploring strategies to expand the fee for service and NDIS revenue streams that provide opportunity for Miwatj to enhance service delivery and achieve the vision.

FIGURE 1: REVENUE FY18-FY19

<table>
<thead>
<tr>
<th></th>
<th>FY18 ($)</th>
<th>FY19 ($)</th>
<th>Variance ($)</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants</td>
<td>21,198,675</td>
<td>22,771,018</td>
<td>1,572,343</td>
<td>7.4%</td>
</tr>
<tr>
<td>Other revenue (Healthcare Income and fee for service)</td>
<td>4,004,020</td>
<td>3,591,638</td>
<td>-412,382</td>
<td>-10.3%</td>
</tr>
<tr>
<td>NDIS Client Income</td>
<td>536,658</td>
<td>685,798</td>
<td>149,140</td>
<td>27.4%</td>
</tr>
<tr>
<td>Rental Income</td>
<td>262,708</td>
<td>262,314</td>
<td>-394</td>
<td>-0.1%</td>
</tr>
<tr>
<td>Interest</td>
<td>75,192</td>
<td>86,937</td>
<td>11,745</td>
<td>15.6%</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>26,077,253</td>
<td>27,395,705</td>
<td>1,318,452</td>
<td>5.1%</td>
</tr>
</tbody>
</table>

FIGURE 2: PERCENTAGE CONTRIBUTION FY18-FY19

<table>
<thead>
<tr>
<th></th>
<th>FY18 (%)</th>
<th>FY19 (%)</th>
<th>Variance (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants</td>
<td>81%</td>
<td>81%</td>
<td>0%</td>
</tr>
<tr>
<td>Other revenue (Healthcare Income and fee for service)</td>
<td>16%</td>
<td>16%</td>
<td>0%</td>
</tr>
<tr>
<td>NDIS Client Income</td>
<td>16%</td>
<td>16%</td>
<td>0%</td>
</tr>
<tr>
<td>Rental Income</td>
<td>3%</td>
<td>3%</td>
<td>0%</td>
</tr>
<tr>
<td>Interest</td>
<td>2%</td>
<td>2%</td>
<td>0%</td>
</tr>
</tbody>
</table>

In our business of health and taking care of patients, it is easy to forget about our organisation’s biggest asset, our people.

Miwatj’s goal is to be 100% staffed by a Yolngu workforce. While we are working towards this goal, Yolngu and Balanda staff work together for the best way to provide effective health services. The People and Strategy team devote their time to analysing ways in which we can attract and retain quality staff. As part of this, our Aboriginal Health Practitioner team continues to build each year as new graduates from our trainee programs join the ranks. These new recruits are welcomed into the clinical workplace by their colleagues in a number of different ways as are the new nurses and GPs.

Around the time of the publication of the book Yothu Yindi Mari Guthara in Yurrwi, I had a personal example of feeling particularly warmly welcomed into the team. My family were visiting and the process of joining together with the community was made very obvious to me. I was given a copy of the book to read about the benefits of collaboration and knowledge sharing between local staff and nurses. I felt as if my Yolngu colleagues were taking me under their wings to teach me “how it is”. The book explains the traditional practice around the earliest stages of child development and the role of mothers and grandmothers. It was a beautiful way to begin to understand “how it is” and enrich my working life which in turn helps me to work with Yolngu colleagues.
Grant Revenue by funding body
Grant revenue increased by 7.4% or $1.572m over FY18. Similar dollar increases in funding were received from the Australian Government ($0.712m) and Northern Territory Government (NTG) ($0.649m). Because the NTG provides lower overall funding the percentage increase of 9.3% was almost double that of the Australian Government. Overall the Australian Government share of Revenue declined from 65% FY18 to 64% FY19 and the NTG increased from 33% to 34%.

<table>
<thead>
<tr>
<th>FY18 ($)</th>
<th>FY19 ($)</th>
<th>Variance ($)</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australian Government</td>
<td>15,871,778</td>
<td>14,584,138</td>
<td>712,360</td>
</tr>
<tr>
<td>Department of Health</td>
<td>12,330,385</td>
<td>13,204,791</td>
<td>874,406</td>
</tr>
<tr>
<td>DOH - Prime Minister &amp; the Cabinet</td>
<td>1,113,902</td>
<td>1,119,426</td>
<td>5,524</td>
</tr>
<tr>
<td>DOH - National Disability Insurance Agency</td>
<td>427,491</td>
<td>259,921</td>
<td>(167,570)</td>
</tr>
<tr>
<td>Northern Territory Government</td>
<td>7,020,355</td>
<td>7,669,738</td>
<td>649,383</td>
</tr>
<tr>
<td>NT - Department of Health</td>
<td>5,330,746</td>
<td>5,770,195</td>
<td>439,449</td>
</tr>
<tr>
<td>NT - Northern Territory Primary Health Network</td>
<td>1,689,609</td>
<td>1,899,543</td>
<td>209,934</td>
</tr>
<tr>
<td>Other</td>
<td>306,542</td>
<td>517,142</td>
<td>210,600</td>
</tr>
</tbody>
</table>

Revenue | 21,198,675 | 22,771,018 | 1,572,343 | 7.4% |

Employee and Operating Expense Trends
i) Operating expenses
Operating expenses were almost the same for FY19 compared to FY18. Key movements for the year include:
- Increases in property related expenses (Staff housing cost - $0.163m / 13.5%, cleaning $0.042m / 21.0%). This was driven by the overall increase in housing stock (owned and rented). Overall Housing expenses ($1.372m) are a nearly one-fifth (19.1%) of total Operating expenses. This is expected to grow in FY20 with new clinics and increasing workforce to support service delivery.
- Travel increased ($0.109m / 13.6%) with growth in employee numbers, more staff located in Darwin and costs of program related travel.
- Favourable variances include reductions in Computer / IT expenses, Other Employee expenses and Client / program support costs.

The top 5 expense items as a proportion of total expenses are Client / Program support (11.1%), Consulting fees (10.4%), Office expenses (11.1%) and Travel (12.7%) which together account for 64.4% of all Operating Expenditure. These are highlighted in Figure 5 below.

<table>
<thead>
<tr>
<th>FY18 ($)</th>
<th>FY19 ($)</th>
<th>(Incr) / Decr ($)</th>
<th>% Var.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bad debts</td>
<td>556</td>
<td>0</td>
<td>556</td>
</tr>
<tr>
<td>Board</td>
<td>215,753</td>
<td>177,665</td>
<td>38,088</td>
</tr>
<tr>
<td>Cleaning</td>
<td>200,937</td>
<td>243,097</td>
<td>(42,160)</td>
</tr>
<tr>
<td>Client / Program support costs</td>
<td>896,641</td>
<td>797,765</td>
<td>98,876</td>
</tr>
<tr>
<td>Computer / IT Expenses</td>
<td>647,331</td>
<td>556,782</td>
<td>90,549</td>
</tr>
<tr>
<td>Consulting Fees</td>
<td>720,835</td>
<td>752,619</td>
<td>(31,784)</td>
</tr>
<tr>
<td>Insurance</td>
<td>216,627</td>
<td>253,672</td>
<td>(37,045)</td>
</tr>
<tr>
<td>Motor Vehicle Expenses</td>
<td>375,543</td>
<td>387,314</td>
<td>(11,771)</td>
</tr>
<tr>
<td>Office Expenses</td>
<td>738,294</td>
<td>801,373</td>
<td>(63,079)</td>
</tr>
<tr>
<td>Other Employee Expenses</td>
<td>534,891</td>
<td>423,455</td>
<td>111,436</td>
</tr>
<tr>
<td>Professional Services</td>
<td>125,731</td>
<td>80,496</td>
<td>45,235</td>
</tr>
<tr>
<td>Repairs &amp; Maintenance</td>
<td>332,591</td>
<td>227,866</td>
<td>104,725</td>
</tr>
<tr>
<td>Staff Housing Costs</td>
<td>1,209,715</td>
<td>1,372,756</td>
<td>(163,041)</td>
</tr>
<tr>
<td>Loss on sale of NCA</td>
<td>16,806</td>
<td>0</td>
<td>16,806</td>
</tr>
<tr>
<td>Sundry Expenses</td>
<td>191,871</td>
<td>217,416</td>
<td>(25,545)</td>
</tr>
<tr>
<td>Travel Expenses</td>
<td>805,430</td>
<td>915,269</td>
<td>(110,839)</td>
</tr>
<tr>
<td>Total Op. Expenses</td>
<td>7,229,152</td>
<td>7,205,524</td>
<td>23,628</td>
</tr>
</tbody>
</table>

FIGURE 3: SOURCES OF GRANT REVENUE, $
ii) Employee and other operating expenses

Total expenses grew 7.0% in FY19 which was higher than Revenue growth of 5.1%. Employee expenses grew faster than total expenses, at 9.7%. The ratio of employee costs has also changed over time with Employee expenses growing from 69.7% of total expenses in FY15 to 73.8% in FY19. Employee expense has grown at 12.5% CAGR since FY15 compared to 7.0% CAGR for Other expenses.

<table>
<thead>
<tr>
<th>FY15 ($)</th>
<th>FY16 ($)</th>
<th>FY17 ($)</th>
<th>FY18 ($)</th>
<th>FY19 ($)</th>
<th>FY Chg ($)</th>
<th>% Chg.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Expenses</td>
<td>5,698,761</td>
<td>4,690,617</td>
<td>5,780,266</td>
<td>7,229,152</td>
<td>7,205,524</td>
<td>(23,628)</td>
</tr>
<tr>
<td>Employee Expenses (Inc Locum)</td>
<td>12,665,156</td>
<td>13,315,276</td>
<td>15,499,210</td>
<td>18,460,969</td>
<td>20,272,294</td>
<td>1,811,325</td>
</tr>
<tr>
<td>Total</td>
<td>18,163,917</td>
<td>18,005,893</td>
<td>21,279,476</td>
<td>25,690,121</td>
<td>27,477,818</td>
<td>1,787,697</td>
</tr>
</tbody>
</table>

Change (p.a.) (RHS) | (158,024) | 3,273,583 | 4,410,645 | 1,787,697 |
Change (cumulative) (RHS) | (158,024) | 3,115,559 | 7,526,204 | 9,313,901 |

Expense ratio:

<table>
<thead>
<tr>
<th>FY15-FY19^*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Expenses</td>
</tr>
<tr>
<td>Employee Expenses (Inc Locum)</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

^CAGR: Compound Annual Growth Rate

FIGURE 6: EMPLOYEE EXPENSES, $

**FIGURE 7: EMPLOYEE EXPENSES CHANGES FY15 - FY19**

Business Services improvement projects underway

The business services team is focussed on a number of projects in FY20 to improve the financial planning and analysis for Miwatj to support the program Directors to better understand their revenue and expenses and seek ways to optimise the use of Grant and other revenue in the delivery of programs.

i) Standard financial reporting.

Miwatj will implement standard financial reports to be produced directly from our General Ledger accounting system. This will increase the integrity and speed of reporting for management and staff and reduce dependency on Excel as the reporting solution.

ii) Budgeting tool for all new grant applications

Miwatj will develop robust planning tool for planning and budgeting for grant applications. The tool will be developed in a way that allows program leaders and managers to create an accurate budget ensuring it captures all the relevant costs associated with a planned program.

iii) Financial Planning & Analysis system for annual budgets and forecasts

To supplement the standard financial report solution above Miwatj with implement a complementary financial planning and analysis system which will tightly integrate Miwatj budgets and forecasts with the general ledger system and increase the accuracy, integrity and accountability of our budgets and forecasts.

Infrastructure and Assets

This year the major focus for the assets team was to upgrade and maintain the housing and vehicle fleet. There was a major upgrade to housing in Galiwin’ku. Miwatj housing was upgraded with Crimsafe and security lighting through to the Safer Community Project that gives our employees a greater sense of security. There was also a vehicle mechanical workshop with vehicle hoist completed at Galiwin’ku clinic. This was built as there is no qualified mechanics in Galiwin'ku and enables Miwatj to send a qualified mechanic out to do vehicle work. The groundsman also utilise this structure to do minor works on the vehicles.

Major capital works is ongoing in Nhulunbuy as part of the housing upgrade. This addresses maintenance needs and provides more comfortable accommodation for staff.

Key projects delivered for FY19

1. Safer communities housing upgrades in Galiwin’ku,
2. MECSH Milingimbi,
3. Vehicle workshop completed in Galiwin’ku,

Property and housing

Housing occupancy has consistently been at 88% capacity throughout the year. Housing is used by existing staff and accommodating Miwatj staff who travel to expand Miwatj services. The housing market is very tight and it an ongoing challenge to secure more housing at an acceptable cost. The Assets team continues to work on obtaining more properties to meet demand.
This year we are seeking to quantify the land area controlled by Miwatj and our analysis shows In FY19, Miwatj saw a 10% increase in property area on the basis of including the clinics at Ramingining and Gapuwiyak Miwatj. Miwatj managed 100 dwellings with 88 occupied (on average) across the year. However, if viewed at a room level the total capacity is 227 rooms with around 39% of these occupied. In a constrained property market the current housing situation presents opportunity to explore ways to achieve higher utilisation of existing assets.

**FIGURE 8: DWELLINGS BY OWNERSHIP**

<table>
<thead>
<tr>
<th>1 Bed</th>
<th>2 Bed</th>
<th>3 Bed</th>
<th>4 Bed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent/leased</td>
<td>7</td>
<td>23</td>
<td>24</td>
</tr>
<tr>
<td>Owned</td>
<td>11</td>
<td>15</td>
<td>15</td>
</tr>
</tbody>
</table>

**FIGURE 9: DWELLINGS BY OCCUPANCY**

<table>
<thead>
<tr>
<th>1 Bed</th>
<th>2 Bed</th>
<th>3 Bed</th>
<th>4 Bed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total dwellings</td>
<td>18</td>
<td>42</td>
<td>35</td>
</tr>
<tr>
<td>Dwellings occupied</td>
<td>13</td>
<td>37</td>
<td>33</td>
</tr>
</tbody>
</table>

Vehicles

Miwatj fleet has increased by 28% from FY18, largely due to the transition of the Gapuwiyak and Ramingining clinics. With a total vehicle fleet of more than 70 vehicles Miwatj has implemented a vehicle monitoring system. This system will improve safety of those travelling in remote locations including Ambulances and ensuring that vehicles are used and maintained to provide Miwatj services. This also assists the business with governance over vehicle use, including compliance with vehicle policies.

Two new Ambulances were purchased for Milingimbi and Galiwin’ku. These new Ambulances will have the capability to deliver a greater range of emergency medical assistance to remote communities and surrounding areas.

Miwatj vehicle policy has been updated to include child restraints and weekly vehicle inspections. Twenty-six child car seats were ordered and installed in Miwatj vehicles that transport children. This increases safety and ensures compliance with the Northern Territory road rules.

Information Technology

Following transition of clinics at Galiwin’ku and Ramingining Miwatj now operates a computer network with over 200 users. This growth is exciting and at the same time takes Miwatj into a new realm of scale and complexity and presents new challenges for the organisation. The following outlines the key events of FY19, work underway to addresses the challenges of today, and programs identified to meet those challenges.

**Major projects in FY19**

i) Transition of clinics at Ramingining and Gapuwiyak

Following agreement with the Northern Territory Government (NTG) significant work was undertaken to plan for the handover of the clinics to Miwatj on 1 July 2019.

To prepare for the handover site visits were conducted to determine the IT requirements. Equipment was ordered and set up by eMerge in Katherine ready to be installed in each clinic. The preparation of the equipment was key and involved being pre-configured for installation on site. All equipment was then packaged and shipped to Darwin for packing into containers to go to each clinic.

Technicians from eMerge arrived at the clinics on the morning of Friday 28th June. On the same day the equipment was unpacked and readied for installation. On Saturday government equipment was removed and installing new Miwatj equipment commenced. The work was finalised on Sunday. For Monday morning the staff were all ready to go with their new equipment and logins.

ii) Move to new offices at 28 Knuckey Street, Darwin

Early in 2017 Miwatj opened an office at 36 Knuckey Street in the Darwin CBD. At the time there was enough space, however, with growth of staff numbers in Darwin Miwatj had outgrown the building capacity. A new property at 28 Knuckey Street was leased with increased capacity. The staff commenced operations from that new office on Monday 8th July. The new office is well lit and airy. All staff have ergonomically adjustable desks with the monitors mounted on moveable stands. The new office now gives Miwatj space for additional staff working from Darwin.

Miwatj ICT landscape

Miwatj’s ICT network is now significant in terms of its size and geographic spread. The current network has grown organically, and it is appropriate that Miwatj conduct periodic reviews of the network to determine its capacity to support the operations, grow sustainably and cost to operate. This need has been identified as a major project for the FY20 year.
FINANCIAL STATEMENTS

Contents

Director's Report 74
Statement of Profit or Loss and Other Comprehensive Income 76
Statement of Financial Position 77
Statement of Changes in Equity 78
Statement of Cash Flows 79
Notes to the Financial Statements 80
Director's Declaration 89
Auditor's Independence Declaration 90
Independent Auditor's Report 91

General Information

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

Miwatj Health Aboriginal Corporation is a not-for-profit aboriginal corporation, incorporated and domiciled in Australia.

The financial statements were authorised for issue, in accordance with a resolution of the Board of Directors, on the date of signing this report. The Board of Directors have the power to amend and reissue the financial statements.

Miwatj Health Aboriginal Corporation

ABN: 96 843 428 729

Directors' Report

The directors present their report together with the financial statements of Miwatj Health Aboriginal Corporation (the "Corporation") for the financial year ended 30 June 2018 and the auditor's report thereon.

Objectives

The Corporation's mission is to ensure and expand Aboriginal community control of quality healthcare services and public health programs across the East Arnhem region.

Directors

The following persons were directors of the Corporation during the whole financial year and up to the date of the financial year unless otherwise stated.

<table>
<thead>
<tr>
<th>Name and qualification</th>
<th>Experience and special responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jon Morgan*</td>
<td>Chairperson – Barra Ward</td>
</tr>
<tr>
<td>Thomas Amagula</td>
<td>Deputy Chairperson – Mamarika Ward</td>
</tr>
<tr>
<td>Andrea Collins</td>
<td>Director – Bulunu Ward</td>
</tr>
<tr>
<td>Banamati Wurungmura</td>
<td>Director – Bulunu Ward</td>
</tr>
<tr>
<td>David Yangarniy Munyerry*</td>
<td>Director – Barra Ward</td>
</tr>
<tr>
<td>Wuken Danini Wamumbi</td>
<td>Director – Bulunu Ward</td>
</tr>
<tr>
<td>Diwurral Kalka*</td>
<td>Director – Bulunu Ward</td>
</tr>
<tr>
<td>Gordon Lanyai Rosymitipuy</td>
<td>Director – Barra Ward</td>
</tr>
<tr>
<td>Niallina Bera</td>
<td>Director – Mamarika Ward</td>
</tr>
<tr>
<td>Rhonda Simon</td>
<td>Director – Mamarika Ward</td>
</tr>
<tr>
<td>Ross Mandy Wungunmura</td>
<td>Director – Barra Ward</td>
</tr>
<tr>
<td>Serena Wurungmerrra</td>
<td>Director – Barra Ward</td>
</tr>
<tr>
<td>Timmy Burunweit*</td>
<td>Director – Bulunu Ward</td>
</tr>
<tr>
<td>Tony Wurrarmarba</td>
<td>Director – Mamarika Ward</td>
</tr>
<tr>
<td>Bernie Yates</td>
<td>Independent Director - no voting</td>
</tr>
<tr>
<td>Bruce Morris</td>
<td>Independent Director - no voting</td>
</tr>
</tbody>
</table>

*Certificate IV Business Governance

Secretary

Melanie Hardman was in the position until Ian McInlay was appointed the Company Secretary 3 October 2018, Ian McInlay resigned from Corporation 6th June 2019, the Board nominated appointment of a new Company Secretary at the Board Meeting in September 2019.

Operating and financial review

The comprehensive result for the year ended 30 June 2018 was a deficit of $662,372 (2017: deficit $171,204).

The Corporation's income ($27.4m) was $1.3m higher than 2017 ($26.1m), largely the result of additional grant funds received, particularly in the last quarter of the year.

Total expenditure was $2.0m higher principally due to Employee costs $1.7m, Travel $3.1m and Repairs & maintenance $0.3m.

State of affairs

In the opinion of the Directors, there were no significant events impacting upon the state of affairs of the Corporation that occurred during the financial year.

Principal activities

The principal activity of the Corporation during the course of the financial year was the provision of health care services to Indigenous persons in East Arnhem Land.

There were no significant changes in the nature of the activities of the Corporation during the year.

Events subsequent to reporting date
Director's Report

There has not arisen in the interval between the end of financial year and the date of this report any matter or circumstance that has significantly affected or may significantly affect the operations of the Corporation, the results of those operations, or the state of affairs of the Corporation, in future financial years.

Likely developments

The Directors envisage that the Corporation will continue its existing operations, subject to the receipt of future funding from government and other sources.

Environmental regulation

The Corporation's operations are not subject to any particular and significant environmental regulations under either Commonwealth or Northern Territory legislation. However, the Directors believe that the Corporation has adequate systems in place for the management of its environmental requirements and is not aware of any breach of those environmental requirements as they apply to the Corporation.

Distributions

The Corporation's constitution precludes it from distributing any surpluses to members. Accordingly, no distributions were paid, recommended or declared by the Corporation during the year.

Proceedings on behalf of the Corporation

During the year, no person has made application for leave in respect of the Corporation under section 169-5 of the Corporations (Aboriginal and Torres Strait Islander) Act 2006 (the "Act"). During the year, no person has brought or intervened in proceedings on behalf of the Corporation with leave under section 169-5 of the Act.

Directors' meetings

The number of Directors' meetings held and attended by each of the Directors of the Corporation during the financial year is:

<table>
<thead>
<tr>
<th>Director</th>
<th>No of meetings attended</th>
<th>No of meetings held*</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Morgan</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Thomas Amagula</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Andrea Collins*</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Benambi Wurungmurra*</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>David Yangariny Munyanryn</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Wulun Dennis Wawarni*</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Binyrupi Marika</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Gordon Lanyij Ranymalpy</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Neenaw Bara*</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Rhonda Simon</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Ross Mendi Wurungmurra*</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Serena Wurungmurra</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Timmy Burarwanga</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Tony Wurramarba</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Bernie Yates</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Bruce Noms</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

*Reflects the number of meetings held during the time the Director held office during the year.

Auditor's independence declaration

At no time during the financial year ended 30 June 2019 was an officer of the Corporation the auditor, a partner in the audit firm, or a director of the audit company that undertook the audit of the Corporation for that financial year.

Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2019

<table>
<thead>
<tr>
<th>Note</th>
<th>2019 $</th>
<th>2018 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>29,356,705</td>
<td>28,077,253</td>
</tr>
<tr>
<td>Expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee related costs</td>
<td>18,419,900</td>
<td>15,155,881</td>
</tr>
<tr>
<td>Locom Fees</td>
<td>1,852,394</td>
<td>3,350,088</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>767,013</td>
<td>554,950</td>
</tr>
<tr>
<td>Finance costs</td>
<td>3,148</td>
<td>3,366</td>
</tr>
<tr>
<td>Other expenses</td>
<td>7,205,624</td>
<td>7,229,152</td>
</tr>
<tr>
<td>Total expenses</td>
<td>28,247,679</td>
<td>26,248,667</td>
</tr>
<tr>
<td>Deficit for the year</td>
<td>(662,272)</td>
<td>(171,204)</td>
</tr>
<tr>
<td>Other comprehensive income for the year</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total comprehensive result for the year</td>
<td>(662,272)</td>
<td>(171,204)</td>
</tr>
</tbody>
</table>
### Statement of Financial Position
As at 30 June 2019

<table>
<thead>
<tr>
<th>Assets</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>4,443,570</td>
<td>4,465,659</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>460,065</td>
<td>502,411</td>
</tr>
<tr>
<td>Other assets</td>
<td>4,280,364</td>
<td>2,475,004</td>
</tr>
<tr>
<td>Total current assets</td>
<td>9,184,009</td>
<td>9,445,040</td>
</tr>
<tr>
<td>Non-Current Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>10,980,770</td>
<td>10,575,609</td>
</tr>
<tr>
<td>Other assets</td>
<td>15,051</td>
<td>28,444</td>
</tr>
<tr>
<td>Total non-current assets</td>
<td>10,995,811</td>
<td>10,604,024</td>
</tr>
<tr>
<td>Total Assets</td>
<td>20,183,919</td>
<td>20,459,463</td>
</tr>
</tbody>
</table>

### Liabilities

<table>
<thead>
<tr>
<th>Liabilities</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>2,295,963</td>
<td>2,738,203</td>
</tr>
<tr>
<td>Provisions</td>
<td>2,017,457</td>
<td>1,876,139</td>
</tr>
<tr>
<td>Other Liabilities</td>
<td>2,762,698</td>
<td>1,960,452</td>
</tr>
<tr>
<td>Total current liabilities</td>
<td>7,075,118</td>
<td>6,574,794</td>
</tr>
<tr>
<td>Non-Current Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provisions</td>
<td>318,233</td>
<td>221,757</td>
</tr>
<tr>
<td>Total non-current liabilities</td>
<td>318,233</td>
<td>221,757</td>
</tr>
<tr>
<td>Total Liabilities</td>
<td>7,394,351</td>
<td>6,796,551</td>
</tr>
</tbody>
</table>

### Net Assets

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Assets</td>
<td>12,789,606</td>
<td>13,641,880</td>
</tr>
</tbody>
</table>

### Equity

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retained earnings</td>
<td>9,564,721</td>
<td>10,910,612</td>
</tr>
<tr>
<td>Plant replacement reserve</td>
<td>3,204,887</td>
<td>2,731,288</td>
</tr>
<tr>
<td>Total Equity</td>
<td>12,789,603</td>
<td>13,641,880</td>
</tr>
</tbody>
</table>

The above statement is to be read in conjunction with the accompanying notes.
MIWATJ HEALTH ABORIGINAL CORPORATION
ABN: 96 843 428 729
Statement of Cash Flows
For the Year Ended 30 June 2019

<table>
<thead>
<tr>
<th>Note</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash flows from operating activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receipts from grants, patients, customers and other activities</td>
<td>21,654,654</td>
<td>20,808,345</td>
</tr>
<tr>
<td>Payments to employees and suppliers</td>
<td>(25,999,775)</td>
<td>(27,040,237)</td>
</tr>
<tr>
<td>Interest received</td>
<td>86,537</td>
<td>75,192</td>
</tr>
<tr>
<td>Net cash provided by operating activities</td>
<td>1,144,218</td>
<td>1,937,250</td>
</tr>
<tr>
<td>Cash flows from investing activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment in term deposits</td>
<td>(2,000,000)</td>
<td>-</td>
</tr>
<tr>
<td>Payments for property, plant and equipment</td>
<td>(1,166,879)</td>
<td>(1,360,095)</td>
</tr>
<tr>
<td>Proceeds from sale of motor vehicles</td>
<td>27,273</td>
<td>11,659</td>
</tr>
<tr>
<td>Net cash used in investing activities</td>
<td>(3,159,606)</td>
<td>(1,388,436)</td>
</tr>
<tr>
<td>Net increase/(decrease) in cash and cash equivalents held</td>
<td>(2,015,390)</td>
<td>568,814</td>
</tr>
<tr>
<td>Cash and cash equivalents at the beginning of the year</td>
<td>6,448,959</td>
<td>5,880,155</td>
</tr>
<tr>
<td>Cash and cash equivalents at the end of the year</td>
<td>$4,443,579</td>
<td>$6,428,999</td>
</tr>
</tbody>
</table>

The above statement is to be read in conjunction with the accompanying notes.

MIWATJ HEALTH ABORIGINAL CORPORATION
ABN: 96 843 428 729
Notes to the Financial Statements
For the Year Ended 30 June 2019

Note 1: Summary of Significant Accounting Policies

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

Basis of Preparation

MIWATJ Health Aboriginal Corporation is a not for profit corporation domiciled in Australia and registered under the Corporations (Aboriginal and Torres Strait Islander) Act 2005.

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

The financial report, except for the cash flow information, has been prepared on an accruals basis and is based on historical costs and does not take into account changes in money values or, except where stated, current valuations of non-current assets. The financial statements have been prepared on a going concern basis.

All amounts in the financial statements are presented in Australian dollars and have been rounded to the nearest one dollar.

Critical accounting estimates

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

(a) Cash and Cash Equivalents

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

(b) Trade and Other Receivables

Trade and other receivables are stated at cost less impairment losses.

(c) Plant and Equipment

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

The depreciation rates and method of depreciation used for each class of depreciable assets are as follows:

<table>
<thead>
<tr>
<th>Class of asset</th>
<th>2019 Useful Life</th>
<th>2018 Useful Life</th>
<th>Depreciation Basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buildings</td>
<td>34-40 years</td>
<td>34-40 years</td>
<td>Prime cost</td>
</tr>
<tr>
<td>Plant and equipment</td>
<td>3-7 years</td>
<td>3-7 years</td>
<td>Diminishing value</td>
</tr>
<tr>
<td>Motor vehicles</td>
<td>8 years</td>
<td>8 years</td>
<td>Diminishing value</td>
</tr>
</tbody>
</table>

The residual values, useful lives and depreciation methods are reviewed, and adjusted if appropriate, at each reporting date.

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

(d) Other Assets

Term deposits with a maturity of greater than 3 months have been classified as other assets.
MIWATJ HEALTH ABORIGINAL CORPORATION
ABN: 96 843 428 729
Notes to the Financial Statements
For the Year Ended 30 June 2019

Note 1: Summary of Significant Accounting Policies (continued)

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

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

(f) Trade and Other Payables
Trade and other payables represent the liability outstanding at the end of the reporting period for goods and services received by the Corporation during the reporting period, which remain unpaid. The balance is recognised as a current liability with the amount being normally paid within 30 days of recognition of the liability.

(g) Employee Benefits

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

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

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

(h) Leases
Operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses in the period in which they are incurred.

(i) Income Tax
No provision for income tax has been raised, as the Corporation is exempt from income tax under Section 50 of the Income Tax Assessment Act 1936.
**MIWATJ HEALTH ABORIGINAL CORPORATION**  
**ABN: 96 843 428 729**

**Notes to the Financial Statements**  
**For the Year Ended 30 June 2019**

---

**Note 1: Summary of Significant Accounting Policies (continued)**

(k) **Fair value measurements**

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

Fair value is measured using the assumptions that market participants would use when pricing the asset or liability, assuming they act in their economic best interest. For non-financial assets, the fair value measurement is based on its highest and best use. Valuation techniques that are appropriate in the circumstances and for which sufficient data are available to measure fair value, are used, maximising the use of relevant observable inputs and minimising the use of unobservable inputs.

(l) **New, revised or amending Accounting Standards and Interpretations adopted**

The corporation has adopted all of the new, revised or amending Accounting Standards and Interpretations issued by the Australian Accounting Standards Board (AASB) that are mandatory for the current reporting period. Any new, revised or amending Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

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

**AASB 9 Financial Instruments**

The corporation has adopted AASB 9 from 1 July 2019. The standard introduced new classification and measurement models for financial assets. A financial asset shall be measured at amortised cost if it is held within a business model whose objective is to hold assets in order to collect contractual cash flows that arise on specified dates and that are solely principal and interest.

For financial liabilities designated at fair value through profit or loss, the standard requires the portion of the change in fair value that relates to the entity’s own credit risk to be presented in OCI (unless it would create an accounting mismatch).

New impairment requirements use an ‘expected credit loss’ (ECL) model to recognise an allowance. Impairment is measured using a 12-month ECL method unless the credit risk on a financial instrument has increased significantly since initial recognition in which case the lifetime ECL method is adopted. For receivables, a simplified approach to measuring expected credit losses using a lifetime expected loss allowance is available.

**Impact of adoption**

AASB 9 was adopted using the modified retrospective approach and as such comparatives have not been restated. There was no impact on opening retained earnings as at 1 July 2018.

The following standards and interpretations have been issued but were not mandatory for the reporting period ended 30 June 2019. The company has not and does not intend to adopt these standards early.

---

### Table: AASB 16 Revenue from Contracts with Customers and AASB 105B Income for Not for Profit Entities

<table>
<thead>
<tr>
<th>Topic</th>
<th>Key requirements</th>
<th>Effective date</th>
<th>Impact on Corporation’s Financial Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>AASB 16 Revenue from Contracts with Customers and AASB 105B Income for Not for Profit Entities</td>
<td>The core principle of AASB 16 requires an entity to recognise revenue when the entity satisfies a performance obligation by transferring a promised good or service to a customer. Any items not considered to have sufficient performance obligations under AASB 16 may need to be recognised upon receipt under</td>
<td>1 January 2010</td>
<td>The changes in revenue recognition requirements are not expected to have a material impact on the corporation, however the impact of this will continue to be monitored and assessed.</td>
</tr>
</tbody>
</table>
### Note 3: Revenue

**Operating Activities**

<table>
<thead>
<tr>
<th>Description</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants</td>
<td>22,771,010</td>
<td>21,196,075</td>
</tr>
<tr>
<td>Patient Fees</td>
<td>2,839,502</td>
<td>2,998,072</td>
</tr>
<tr>
<td>Interest Income</td>
<td>85,937</td>
<td>76,182</td>
</tr>
<tr>
<td>Donations Received</td>
<td>950</td>
<td>1,260</td>
</tr>
<tr>
<td>Service Fee Income</td>
<td>1,221,745</td>
<td>1,351,025</td>
</tr>
<tr>
<td>Other Income</td>
<td>193,236</td>
<td>220,661</td>
</tr>
<tr>
<td><strong>Total operating activities revenue</strong></td>
<td><strong>27,103,391</strong></td>
<td><strong>23,014,345</strong></td>
</tr>
</tbody>
</table>

**Other Revenue**

<table>
<thead>
<tr>
<th>Description</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rental income</td>
<td>202,314</td>
<td>222,708</td>
</tr>
<tr>
<td><strong>Total other revenue</strong></td>
<td><strong>202,314</strong></td>
<td><strong>222,708</strong></td>
</tr>
</tbody>
</table>

**Total revenue**

<table>
<thead>
<tr>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>27,305,705</td>
<td>28,077,263</td>
</tr>
</tbody>
</table>

### Note 4: Other Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bad Debts</td>
<td>-</td>
<td>566</td>
</tr>
<tr>
<td>Board Expenses</td>
<td>177,865</td>
<td>216,763</td>
</tr>
<tr>
<td>Cleaning Expenses</td>
<td>243,097</td>
<td>200,537</td>
</tr>
<tr>
<td>Client/Program Support Costs</td>
<td>791,765</td>
<td>866,641</td>
</tr>
<tr>
<td>Computer/IT Expenses</td>
<td>554,782</td>
<td>647,331</td>
</tr>
<tr>
<td>Consulting Fees</td>
<td>752,819</td>
<td>720,836</td>
</tr>
<tr>
<td>Insurance</td>
<td>253,872</td>
<td>218,627</td>
</tr>
<tr>
<td>Motor Vehicle Expenses</td>
<td>387,314</td>
<td>375,343</td>
</tr>
<tr>
<td>Office Expenses</td>
<td>801,314</td>
<td>738,294</td>
</tr>
<tr>
<td>Other employee expenses</td>
<td>423,435</td>
<td>534,891</td>
</tr>
<tr>
<td>Professional Services</td>
<td>50,446</td>
<td>125,731</td>
</tr>
<tr>
<td>Repairs and Maintenance</td>
<td>227,864</td>
<td>332,391</td>
</tr>
<tr>
<td>Staff Housing Costs</td>
<td>1,372,756</td>
<td>1,209,715</td>
</tr>
<tr>
<td>Loss on sale of non-current assets</td>
<td>-</td>
<td>16,825</td>
</tr>
<tr>
<td>sundry expenses</td>
<td>217,415</td>
<td>191,871</td>
</tr>
<tr>
<td>Travel Expenses</td>
<td>915,269</td>
<td>805,430</td>
</tr>
<tr>
<td><strong>Total other expenses</strong></td>
<td><strong>7,205,524</strong></td>
<td><strong>7,229,152</strong></td>
</tr>
</tbody>
</table>

### Note 5: Cash and Cash Equivalents

<table>
<thead>
<tr>
<th>Description</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash at bank</td>
<td>4,443,579</td>
<td>6,458,993</td>
</tr>
<tr>
<td><strong>Total cash and cash equivalents</strong></td>
<td><strong>4,443,579</strong></td>
<td><strong>6,458,993</strong></td>
</tr>
</tbody>
</table>

*Cash at bank is a restricted asset in that amounts representing unexpended grants may only be applied for the purpose specific in the Program Funding Agreement. Within cash and cash equivalents at 30 June 2019 is $2,738,538 of grant funding received that remains unexpended at year end (30 June 2018: unexpended grant funding of $1,934,112).*

### Note 6: Trade and Other Receivables

<table>
<thead>
<tr>
<th>Description</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>291,464</td>
<td>370,317</td>
</tr>
<tr>
<td>Allowance for doubtful debts</td>
<td>(536)</td>
<td></td>
</tr>
<tr>
<td>Accrued income</td>
<td>553,108</td>
<td>19,542</td>
</tr>
<tr>
<td>FBT Receivable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Receivables</td>
<td>5,510</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total trade and other receivables</strong></td>
<td><strong>406,095</strong></td>
<td><strong>920,411</strong></td>
</tr>
</tbody>
</table>

### Note 7: Other Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepayments</td>
<td>247,326</td>
<td>455,461</td>
</tr>
<tr>
<td>Security deposits</td>
<td>33,066</td>
<td>10,663</td>
</tr>
<tr>
<td>Term deposits</td>
<td>4,000,000</td>
<td>2,000,000</td>
</tr>
<tr>
<td><strong>Total other assets</strong></td>
<td><strong>4,280,384</strong></td>
<td><strong>2,476,004</strong></td>
</tr>
</tbody>
</table>

### Note 8: Property, Plant and Equipment

<table>
<thead>
<tr>
<th>Description</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-current</td>
<td>19,991</td>
<td>28,144</td>
</tr>
<tr>
<td>Security deposits</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Land and buildings</strong></td>
<td>12,188,843</td>
<td>11,779,395</td>
</tr>
<tr>
<td>Land and buildings at cost (Buluru)</td>
<td>(2,917,403)</td>
<td>(2,603,169)</td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>(2,021,350)</td>
<td>(2,021,350)</td>
</tr>
<tr>
<td><strong>Total Land and buildings (Buluru)</strong></td>
<td>7,250,090</td>
<td>7,064,785</td>
</tr>
<tr>
<td>Land and buildings at cost (Barra)</td>
<td>4,700,328</td>
<td>4,591,048</td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>(523,687)</td>
<td>(454,936)</td>
</tr>
<tr>
<td><strong>Total Land and buildings (Barra)</strong></td>
<td>9,731,592</td>
<td>9,565,092</td>
</tr>
<tr>
<td><strong>Plant and equipment at cost</strong></td>
<td>1,869,851</td>
<td>1,740,870</td>
</tr>
<tr>
<td><strong>Total plant and equipment</strong></td>
<td>379,393</td>
<td>516,658</td>
</tr>
<tr>
<td>Motor vehicles</td>
<td>2,300,491</td>
<td>1,920,239</td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>(1,481,195)</td>
<td>(1,307,078)</td>
</tr>
<tr>
<td><strong>Total motor vehicles</strong></td>
<td>809,296</td>
<td>553,160</td>
</tr>
<tr>
<td><strong>Total property, plant and equipment</strong></td>
<td>10,980,770</td>
<td>10,975,506</td>
</tr>
</tbody>
</table>
MIWATJ HEALTH ABORIGINAL CORPORATION
ABN: 96 463 428 729

Notes to the Financial Statements
For the Year Ended 30 June 2019

Note 8: Property, Plant and Equipment (Continued)
Reconciliations of the written down values at the beginning and end of the financial year are set out below:

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Land and Buildings</td>
<td>9,731,591</td>
<td>10,980,770</td>
</tr>
<tr>
<td>Plant and equipment</td>
<td>379,933</td>
<td></td>
</tr>
<tr>
<td>Motor vehicles</td>
<td>869,246</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>10,991,767</td>
<td></td>
</tr>
</tbody>
</table>

Note 9: Trade and Other Payables
Current:
Trade payables 937,044 1,306,389
Accrued expenses 816,074 999,037
Corporate Card Facility - Westpac 28,568 28,499
GST payable 512,337 344,314
Total trade and other payables 2,295,963 2,738,208

Note 10: Provisions
Current:
Annual and other leave entitlements 1,446,372 1,285,293
Long service leave entitlements 571,065 590,849
Total current provisions 2,017,437 1,876,142

Non-Current:
Long service leave entitlements 316,233 221,757

Note 11: Other Liabilities
Current:
Unexpended Grants 2,738,538 1,934,112
Security Deposits 24,120 26,349
Other liabilities 20,000
Total current provisions 2,762,658 1,980,452

Note 12: Reserves
Plant Replacement Reserve
This reserve consists of funds set aside as part of a long-term plan to replace plant and equipment.
Reserves at the beginning of the financial year 2,731,268 2,450,073
Transfer to/from retained earnings 473,819 281,195
Reserves at the end of the financial year 3,204,887 2,731,268

Note 13: Key Management Personnel Disclosure
Aggregate compensation paid to key management personnel during the financial year (CEO, Principal Advisor, Director Medical Services, Director People Strategy & Development, Director Business Services, Director Clinical Services; Bululu and Bara Wards, Director NDIS and Director Public Health)
1,816,255 1,207,565

Note 14: Corporation’s Details
The registered office and principal place of business of the corporation is: 1424/1425 Anther Road, Nhulunbuy NT 0880.

Note 15: Contingent assets and liabilities
The Corporation has no contingent assets or liabilities as at 30 June 2019 (2018: nil).

Note 16: Capital and leasing commitments
The Corporation had the following commitments for expenditure:

a. Operating Lease Commitments
Non-cancellable operating leases contracted for but not capitalised on the financial statements
Payable - minimum lease payments:
- Not later than 12 months 478,978
- Between 12 months and 5 years 475,479
- Greater than 5 years 206,720
- Total lease commitments 962,199

b. Capital Expenditure Commitments
Capital expenditure commitments contracted for:

Notes to the Financial Statements
For the Year Ended 30 June 2019

Note 17: Related party transactions

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

Transactions with related parties
During the year, Edward Mulholland purchased a vehicle from the corporation. The directors are of the opinion that the transaction was conducted at arms-length, with the consideration received to be received exceeding that of the written down value of the asset.

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

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

Note 18: Events after the reporting period
There has not arisen in the interval between the end of financial year and the date of this report any matter or circumstance that has significantly affected or may significantly affect the operations of the Corporation, the results of those operations, or the state of affairs of the Corporation, in future financial years.

Director’s Declaration
In the opinion of the directors of Miwatj Health Aboriginal Corporation:

a. The financial statements and notes, as set out on page 4 to 17, are in accordance with the Corporations (Aboriginal and Torres Strait Islander) Act 2006, including:

i. Giving a true and fair view of the Corporation’s financial position as at 30 June 2019 and of the performance of the Corporation for the financial year ended on that date; and

ii. Complying with Australian Accounting Standards – Reduced Disclosure Requirements and other mandatory professional reporting requirements.

b. There are reasonable grounds to believe that the Corporation will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.

Name: Thomas Amagula
Signature: [Signature]

Dated this 23 day of October 2019

Name: Bonambi Munungamarri
Signature: [Signature]

AUDITOR’S INDEPENDENCE DECLARATION
TO THE DIRECTORS OF MIWATJ HEALTH ABORIGINAL CORPORATION

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2019 there have been:

(a) no contraventions of the auditor independence requirements of the Corporations (Aboriginal and Torres Strait Islander’s) Act 2006 in relation to the audit; and

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

DFK KIDSONS PARTNERSHIP

Robert Wernli
Partner
28 October 2019
Melbourne
INDEPENDENT AUDITORS REPORT

TO THE MEMBERS OF MIWATJ HEALTH ABORIGINAL CORPORATION

Opinion
We have audited the financial report of Miwatj Health Aboriginal Corporation which comprises the statement of financial position as at 30 June 2019, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors’ declaration.

In our opinion:

• the accompanying financial report of Miwatj Health Aboriginal Corporation, is in accordance with the Corporations (Aboriginal & Torres Strait Islander) Act 2006, including:
  (i) giving a true and fair view of the Corporation's financial position as at 30 June 2019 and of its financial performance for the year then ended; and
  (ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements and the Corporations (Aboriginal & Torres Strait Islander) Act 2006.
• the Registrar has not imposed any additional/increased reporting requirements which the corporation is required to comply with;
• we have been provided all the information, explanations and assistance necessary to conduct the audit;
• the corporation has kept sufficient financial records to enable the financial report to be prepared and audited; and
• the corporation has kept all other records and registers as required by the Corporations (Aboriginal and Torres Strait Islander) Act 2006.

Basis for Opinion
We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Report section of our report. We are independent of the corporation in accordance with the auditor independence requirements of the Corporations (Aboriginal and Torres Strait Islander) Act 2006 and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We confirm that the independence declaration required by the Corporations (Aboriginal and Torres Strait Islander) Act 2006, which has been given to the directors of the corporation, would be in the same terms if given to the directors as at the time of this auditor’s report.

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

Other Information
The directors are responsible for the other information. The other information comprises the information included in the corporation's annual report for the year ended 30 June 2019, but does not include the financial report and our auditor's report thereon. The other information is expected to be made available to us after the date of this auditor’s report.

Our opinion on the financial report does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

Responsibilities of the Directors for the Financial Report
The directors of the corporation are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the Corporations (Aboriginal and Torres Strait Islander) Act 2006 and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the corporation's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the corporation or to cease operations, or have no realistic alternative but to do so.

Auditor’s Responsibilities for the Audit of the Financial Report
Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.
As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the corporation's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.

- Conclude on the appropriateness of the directors’ use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the corporation’s ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the corporation to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

- We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit. We also provide the directors with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

DFK Kidsons Partnership

Robert Wernli
Partner

28 October 2019
Melbourne

Photo courtesy of Louise Law Jawon.
Miwatj Health Aboriginal Corporation
1424 Arnhem Road
PO Box 519
Nhulunbuy NT 0881

Ph. (08) 8939 1999
Fax. (08) 8987 1670
E. execsec@miwatj.com.au
W. www.miwatj.com.au