



Annual Report 2020-2021

Mala'la Health Service Aboriginal Corporation

Snapshot 2020-2021



Aged Care and Community Services

We currently have 46 Aged Care clients

(7 in-house residents and 39 community clients)



Community Wellness Support Services

We have received **130 referrals** across the three funded programs this year from a range of different agencies.



Corporate Services

Employment Prestart Checklists have been developed for all new staff commencing their employment with Mala'la.



GREATS Youth Services

Nightly attendance of youth centre
activities ranges between 30 – 120 young people, aged 10 to 21



Health & Community Services

Achieved APGAL accreditation for the Manayingkarirra Primary Health Care Centre within 6 months of being community controlled.

Medicare Services

We reached our target of \$1,000,000.00 in the 10th month.



NDIS Support Services

We currently have **39 NDIS clients** who have care plans developed under NDIS guidelines.



Regional Eye Health

The Visiting Optometry Service (VOS) **funding has been extended** until June 2023.



Transition to Community Control

The 1st of February 2021 marked the first day of **Community Controlled Primary Health Care Services** for Maningrida and surrounding homelands.



Covid-19 vaccine rollout

2920 vaccines administered in the community during three vaccination drives in partnership with NT Health.

900
Conversation
hours



Orange Sky

1554 (23,310kg's)
Washing cycles

264 Shifts



Stronger Communities for Children

secured funding for an additional two years



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Chairperson's Report

The 2020/2021 financial year has been very busy, particularly with the transition work associated with bringing Mala'la and the clinic together as the one entity. It was, indeed, a wonderful day when community control finally became a reality on the 1st February, with the clinic coming under the banner of Mala'la and the health centre being rebranded the Manayingkarírra Primary Health Care Centre. I would take this opportunity to thank my fellow board members and staff for their support throughout the year; the following is provided for your information:

- I would like to acknowledge the support of the Commonwealth Department of Health, NT Top End Health Service and AMSANT in relation to working with Mala'la to enable full community control of the Maningrida Health Centre to take place; the process took eight years to achieve with countless meetings taking place to ensure that we were adequately equipped to take on the added responsibility
- Lowry's Accountants: I would like to thank Lowry's for their continued support throughout the financial year, I am pleased that we continue our association with them; the board has endorsed a working arrangement with them through to 2023. The increase in funding opportunities for Mala'la means that Lowry's have an ever increasing responsibility to ensure our reporting and compliance requirements meet the funding bodies requirements
- The board governance training was curtailed during 2021 because of COVID restrictions, I would anticipate that training will occur once things settle down in relation to COVID
- Our organizational Strategic Plan 2018/2022 has been reviewed to ensure we remain on track to achieve our goals; the plan provides a clear pathway into the future concerning our vision and goals; we were anticipating reviewing and upgrading the plan in 2021 to reflect the clinic coming under our control, unfortunately this did not occur because of COVID restrictions. The plan will be revisited over the next 12 months
- Operational Plans have been developed; Managers are responsible for monitoring the key performance indicators within the plan and they report to the board on a monthly basis re progress against the plan; plans have been developed for the 2021 / 2022 year.



“We are delighted that services are now being provided to homelands consistently three days per week. This is possible because of the medical consultancy van that we have acquired.”

- There were concerns that funding for Rheumatic Heart Disease was going to end, however the Commonwealth government made available an additional \$200,000 for the 2021/2022 year, whilst we have had to modify the program we will continue to provide a viable service in this important area of health. The Syphilis program continues with funding being made available for a further two years
- The financial position of the organization is strong and this is highlighted in the audit report. Medicare fees have increased significantly due to the support received from the clinic in relation to accessing back claiming processes and the close monitoring by our Manager, Medicare Services; the fee's generated for the financial year was \$1.4m. We are also eligible to claim additional funding under the Medicare Practice Incentive Program, this program enhances service delivery to those patients with a chronic disease and the additional funds enable a broader suite of services to be provided
- We are delighted that services are now being provided to homelands consistently three days per week. This is possible because of the medical consultancy van that we have acquired. On a weekly basis a mixture of nursing staff, community workers, doctor and allied health staff travel to provide much needed support to our homelands community;
- We have been fortunate to secure the employment of additional General Practitioners on a permanent part time basis and another on a full time basis, this means we have a full complement of doctors which ensures that community members are being provided with continuity of care by the same doctor. The busyness of the Mananyingkarirra Primary Health Care Centre warrants a good number of doctors being employed, particularly as they are dealing with extensive chronic disease cases. There is a requirement for a doctor to spend more time with our client group because of the chronic disease factor, that would not necessarily be the case in a mainstream clinical setting
- The visiting services provided by the NT Primary Health Care network have brought significant benefit to the community; additional services in the areas of Physiotherapy, Nutrition, Diabetes Education, Podiatry and Cardiac Education are being provided. The board has also secured additional services in Nutrition,

Physiotherapy and Podiatry. We continue to support an additional twenty weeks of adult dental care; the CEO works closely with a workforce team from NT Primary Health Network to ensure that visiting services are being provided equitably across the Arnhem region. We are also negotiating with the NT Primary Health Care network to share resources in the nutrition and diabetes education area with the Red Lily Aboriginal Health Service (Jabiru)

- Mala'la continues to provide funding for a full time Pharmacist. We also provide 20kg of fruit each week to be handed out to patients who visit the clinic. We are also funding the position of a Community Nurse who is assisting in the area of women's health and school support at the Maningrida College
- The development of the Mala'la Community Wellness Support Service continues; a stronger working relationship has been developed with the clinic, Team Health (Darwin) and Top End Mental Health over the past 12 months; in addition, we have assumed responsibilities for a Alcohol and Drug program which is funded by the NT Government; The Youth Diversion program has secured additional funding and the program is now more robust than in previous years
- Mala'la Aged Care had a major review to ensure we are compliant with the new standards set by the Commonwealth in relation to Aged Care; we are now fully compliant with all standards; in addition, a significant upgrade in power and water facilities has been completed at the Aged Care facility
- We are now a registered provider for the National Disability Insurance Scheme with approximately 38 clients on our books. Our Coordinator works closely with clients to ensure they receive the services that they have requested in their respective care plans
- We are pleased that a Men's shed arrangement has been put in place with access to a building near the swimming pool; we have access to this building two and half days per week; a part time Co-ordinator has been appointed to run the program, which will ensure that men's needs are being met through a diverse range of program services

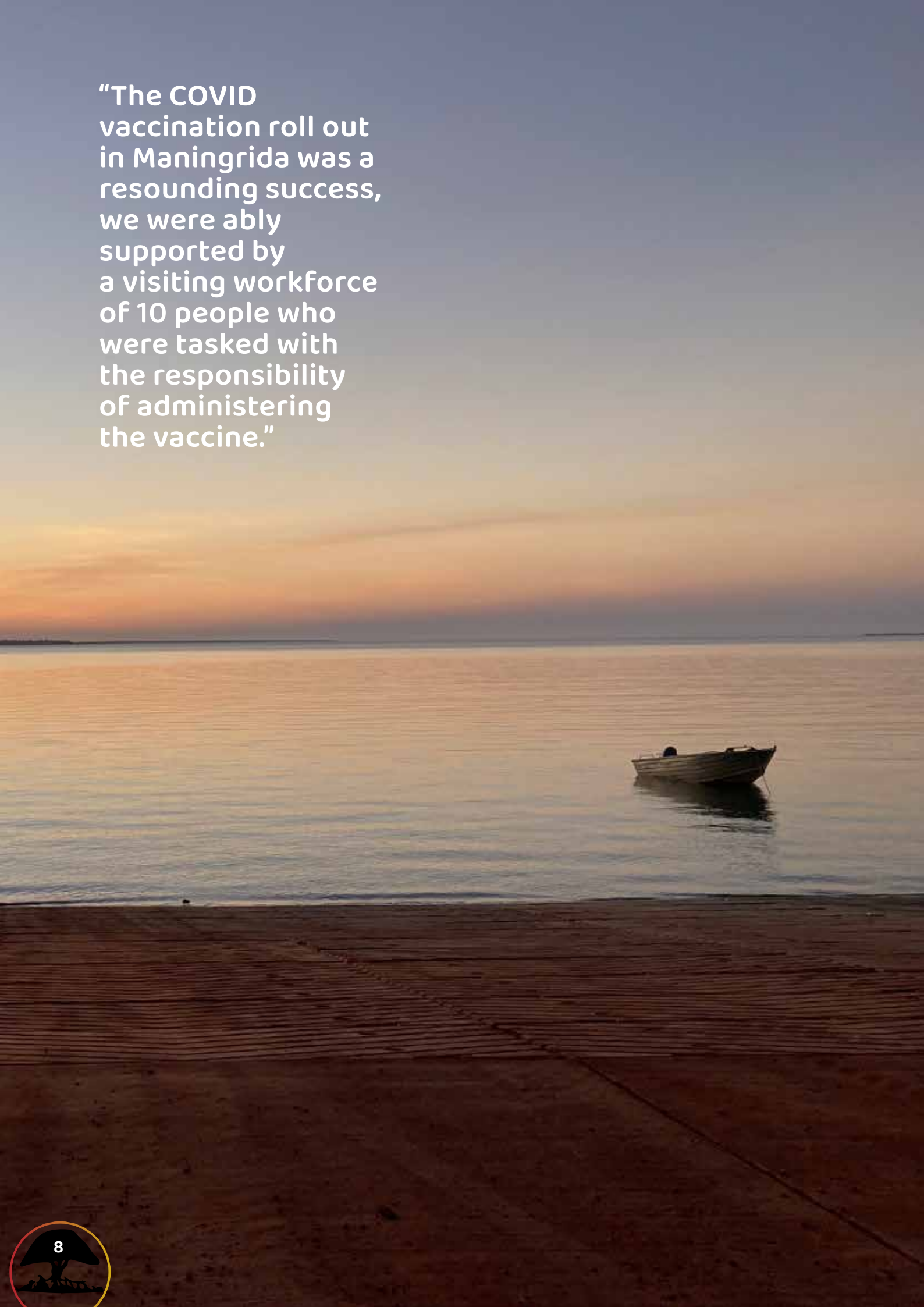
- The community morgue is under Mala'la control, we are keen to have a refrigeration option added to the morgue, we have secured support from the NT government for this purpose and the Commonwealth government have indicated support in funding the transition to four refrigerated pods within the morgue; we would anticipate that this upgrade will occur over the next six months
- Orange Sky continues to provide a free mobile washing service to community members, this has been well received and the uptake from the community has been encouraging, we have one of the busiest units in Australia and this is testament to this much needed service being required in Maningrida
- To enhance our corporate accountability, we have established a Clinical governance committee, Quality and Safety Committee and a Executive Management committee. These committee's will assist in addressing important issue's that arise, in addition they also ensure that our compliance requirements are front and centre in our daily dealings with community members and other supporting organizations
- We are seeking the support of the Northern Land Council that will enable us to lease an additional three parcels of land within Maningrida, that will enable us to provide much needed additional accommodation for Mala'la staff. We are also seeking the lease of land next to the Manayingkarirra Primary Health Care Centre which would enable us to expand the clinic buildings in the future when required
- The COVID virus has had a significant impact on the community, we are well placed to address the virus should it enter Maningrida, we have received \$140,000 in funding for resources to assist in this regard. Our vaccination drive in community was well supported. The visiting workforce were instrumental in 2920 people being vaccinated during three vaccination rounds. Local support from Mala'la staff and other community agencies proved invaluable in this important health promotion exercise.



Charlie Gunabarra
Chairperson



"The COVID vaccination roll out in Maningrida was a resounding success, we were ably supported by a visiting workforce of 10 people who were tasked with the responsibility of administering the vaccine."



Chief Executive Officer's Report

I would like to thank board members and staff for another productive year and their ongoing support; Mala'la has continued to develop its Primary Health Care service delivery over the past twelve months with a number of key initiatives pursued that have enhanced services to the Maningrida community.

It was gratifying for the board of directors to assume community control of the Maningrida Health Centre on 1st February of this year; the clinic has been renamed the Manayingkarirra Primary Health Care Centre. This was the result of eight years of working with both the Commonwealth and NT governments to demonstrate that Mala'la was well placed to assume the mantle of community control; this outcome means that the services to be provided are in the hands of the community; new initiatives can be promoted on the basis of what the community perceives as being necessary to enhance Primary Health care service delivery. I believe that the community will benefit significantly under the community control banner. I would like to thank board members and Mala'la staff who assisted and contributed to this positive outcome.

We have certainly been tested with the incursion of the COVID virus within our country. We have strategies in place to address the virus should it enter our community. We are in regular contact with the NT government and AMSANT to ensure that our planning and resources are being utilised to an optimum level. We have received approximately \$140,000 in funding to assist with COVID related activities. The COVID vaccination roll out in Maningrida was a resounding success, we were ably supported by a visiting workforce of 10 people who were tasked with the responsibility of administering the vaccine. They visited on three occasions and administered a total of 2920 COVID-19 vaccinations. As of September, well over 70% of people, aged 12 and over in Maningrida, have received their first vaccine and over 50% of the community is fully vaccinated. We will continue to monitor the virus in accordance with industry standards.

The board was unable to be involved in a governance training session facilitated by Danny Keep (consultant), because of the restrictions imposed by COVID, it is anticipated that the training will occur in early 2022.

The four year Strategic Plan (2018/2022), is to be reviewed so that it includes all facets associated with the Manayingkarirra Primary Health Care Centre; the

review was to have been done in September of this year, however because of COVID it has been postponed until a later date; the review, when it occurs, will ensure that the organization remains on track to meet established goals; there are seven key areas that underpin the plan and it will be useful in directing the corporation in achieving established key performance indicators. Managers have also developed operational plans for their respective areas of responsibility, these plans are closely aligned to the strategic plan and are reported to at the monthly board meetings.

Our ongoing association with Lowrys Accountants (Darwin) whereby they monitor our financial progress and reporting requirements to ensure that we are compliant in all aspects of financial management continues. Financially, the organization is in a sound position, all funds are acquitted on a regular basis and the respective funding bodies are satisfied with our progress. Lowry's have assumed a greater level of involvement because of the increasing number of funding streams that Mala'la is involved in, this obviously requires additional reporting and compliance activities.

The increase in services has been pronounced over the past twelve months; visiting services provided by the NT Primary Health Care Network includes Physiotherapy, Nutrition, Diabetes Education, Podiatry and Cardiac Education. Mala'la continues to provide funding for a Pharmacist who works at the clinic full time, an additional doctor and Community Nurse; all these positions are working out of the Manayingkarirra Primary Health Care Centre. In addition, we have employed staff linked to our Rheumatic Heart and Syphilis programs. The ongoing support for adult dental services continues with an additional twenty weeks in service delivery being provided.

We now have a full complement of doctors which ensures continuity for community members in terms of the doctor they visit; having a stable doctor workforce also assists in generating Medicare fees to an optimal level.





Chief Executive Officer's Report

With the support of our Manager, Medicare Services there has been a significant increase in our claiming of Medicare fees, realizing \$1.3M in the 2020/2021 financial year; this has an obvious flow on affect which enables additional staff to be employed and new program options to be considered. We have also registered for an additional funding stream through the Practice Incentive Program, which enables a more comprehensive service to be provided to our patients with chronic disease, the additional funds generated through this program will enable us to develop new programs and engage additional staff as required.

Having received ongoing Commonwealth funding for Rheumatic Heart Disease and Syphilis we have developed services that enable us to be proactive in addressing these diseases within the community. We also received funding to address nurse safety in the community with a suite of new security measures implemented.

The Mala'la Community Wellness Support Service has been developed over the past twelve months; services are more expansive and community based. Receiving funding from the NT Government for a specific Alcohol and Other Drugs program is a good outcome for the community. The Youth Diversion program has received a funding boost and is now under the auspice of Community Wellness. Our working relationship with TEMHS and mental health at the clinic continues to develop. We have also submitted a funding application, that if successful, will enable us to provide a more comprehensive and supportive program to families within the community.

Our Aged Care services have been reviewed comprehensively over the past twelve months to ensure we adhere to the compliance standards set by the Commonwealth in relation to specific Aged Care standards, we are now at the cutting edge of service delivery given that we satisfy compliance in this regard. The \$300,000 redevelopment on the upgrade of power and water services at the Aged care facility has been completed and this has enabled the kitchen to be refurbished with excellent cooking facilities.

Our services in the NDIS space have developed over the past twelve months, we have approximately 38 clients on our books and the Coordinator has been very active in supporting clients to ensure their individual needs are being met; good working relationships with external agencies have also been developed.

Youth Services continues to provide a range of programs for young people; the kids have been actively involved in painting the internal walls of the centre with community / cultural themes; a working relationship with both Aged Care and Community Wellness is also being developed which has included bush trips; a music theme has also been developed whereby a number of budding musicians are plying their skill on a variety of musical instruments.

We have applied to the Northern Land Council for the leasing of three additional parcels of land, that if successful, will enable us to provide additional accommodation options for both staff and clients.

We have been advised by the Commonwealth government that we have been successful in our bid for funding to upgrade the Maningrida morgue, this will enable four freezers to be placed in the morgue. This development will mean that deceased persons will be able to remain in the morgue for up to 35 days, whilst family members make funeral arrangements.

I look forward to another productive year working with board members and staff to ensure we continue to provide optimal quality Primary Health Care support to the Maningrida community.



Ray Matthews
Chief Executive Officer





Aged Care and Community Services

We continue to provide much needed services to the community and requests for our support have been constant. There have been a number of staff changes and recruiting new staff can be difficult.

Our maintenance team continue to maintain our Aged Care facility and other Mala'la sites.

We have had a new generator installed that will ensure that both power and water will be maintained should there be any major disruption to these services in Maningrida. A new fence line has also been installed around the perimeter of the centre which has enhanced the appearance of our facility.

A range of services is provided to the community under the Home Care Packages and the Community Home Support Program. These services encompass support with medications, transport, meals and laundry. We have five permanent residents and also provide services to people in the community under NATSIFLEXI Home Care funding. Palliative and end of life support is also at the facility or in the home.

We currently have 39 NDIS clients who have care plans developed under NDIS guidelines; activities provided include: cooking, art, fishing, wood carving, swimming and bike riding

Our facility has been impacted by the COVID pandemic; strict guidelines have been put in place in relation to visitors entering the grounds; nearly all staff and clients have received the vaccine.

Staff training has continued with modules offered including: manual handling, food safety, CPR, first aid and infection control.

I would like to thank staff for their continued support in the Aged Care area.

Toni Roberts

Manager, Aged Care and Community Services



**“Each team member
honours the trust
that people place
in our relationships
with them.”**



Community Wellness Support Services

This year the Community Wellness Support Service has embarked on a journey in asking some rigorous questions of the way our wellbeing services have been provided and received by community members. This exploration has resulted in a significant shift in our approach and now, with the confirmation of a substantial increase in funding from the NT Government, it has opened up possibilities for Bininj families to step more fully into their preferred territories of wellbeing and healing.

The Community Wellness team has worked diligently throughout this year to provide an integrated Social & Emotional Wellbeing (SEWB), Remote Alcohol & Other Drugs (RAOD) and Youth Diversion Y(D) program to the community. The work of this small team, with limited resources, has been phenomenal. Scott Williams, our Bininj Wellbeing Worker, has continued to bring his social and cultural expertise to our service delivery and has been particularly focused on supporting young people to engage with culturally nourishing experiences in his country. His knowledge and increasing sense of agency in the wellbeing space has been profoundly important in shaping the new direction of our service. So too has that of Stephanie Ali, whose care and support for young people and their families has illuminated the necessary culturally resonant path we must now take as a service. Whilst Steph has not worked a great deal for us this year, her collaboration with us has been invaluable. Jayde Preston, our Senior Counsellor, has worked hard in professionally and gently holding the individual counselling space for those who express a preference for this and, as a result of finding herself more often than not immersed in family support work, has been dedicated to making visible service gaps in Maningrida.

Maddy Mackey, our Youth Worker, has been wholeheartedly committed to her work with young people, in groups and individually with their families. Her approach is one that many young people have confidence in and this is evident in their rich and connected therapeutic conversations. Barrie Peattie, whilst only able to work with us two days a week, has continued his valuable and insightful case management work with young people on police referred youth diversion.

Each team member honours the trust that people place in our relationships with them.

We are deeply committed to working in ways that acknowledge that all those who consult with us are

experts in their own lives and do not need to be tested, treated and told what to do. Our role as de-centred but influential practitioners is to support people to uncover their skills and knowledges in responding to problems, to connect these to hopes and values and to incorporate these into steps for future action.

An example of this approach is in our work with young people and their families. It is difficult to 'silo' this into the separate SEWB, RAOD and YD programs, hence our integrated approach and collaboration with other agencies in Maningrida.

We have supported over 50 young people throughout what has been a fairly turbulent year for them and their families.

Much of our work has involved creating contexts for social action so that local knowledge about responding to the needs of young people can be rejuvenated.





“We are deeply committed to working in ways that acknowledge that all those who consult with us are experts in their own lives and do not need to be tested, treated and told what to do.”

Conversations occur regularly with a broad range of community agencies, groups, families, individuals and of course young people themselves to encourage a focus on the problem being the problem, not the individual young people being the problem. It is a non-pathologising approach that attempts to generate an alternative story of the lived experience of youth here, one that honours their skills, survival knowledges and hopes for their future. The fruits of this can be seen in the positive engagement throughout the year of 12 young people in the regular dance groups. With Maddy and Stephanie's skilful coaching, the groups worked hard to choreograph and practice their routines which culminated in a trip to Darwin for 8 of them to compete in the Evolution Dance Competition. One of the girls competed in the solo category and won second place out of nine competitors. The girls group came second in their category and the boys group came third in theirs. Their families and the community were so very proud of them, and they in turn discovered pride in themselves.

We have received 130 referrals across the three funded programs this year from a range of different agencies including the Mala'la Primary Health Care Centre, Maningrida Police, the Police Youth Diversion Unit, the Volatile Substance Use Team, Territory Families, Community Corrections and NAAJA. This is a reasonably good number to report, however it does little to measure the value of our service offering to the people of Maningrida and herein lies the problem. Investigations into service provision and consultations with families over the last 8 months have revealed an urgent need to realign the Community Wellness Service with the community's vision for it.

Whilst all efforts are made to connect with the individual on receipt of a referral, we estimate that only about a third of these result in rich initial therapeutic conversations. Of this, half of those people will continue meeting with us for the duration of the acute situation they are responding to. A great deal of this work with the person involves assisting with more practical supports, or 'social work' type interventions. Sometimes this is daily or regularly over a period of weeks. Invariably, this need for therapeutic support tapers off as other life requirements take priority. As balanda therapeutic practitioners, we often feel like we are 'humbugging' the person in continuing to check in on them. What we do find though is that, due to the important initial work in connecting

with that small portion of people, these family members will actively reach out to us when they are requiring support again. Sometimes this may be months later. This year there has been 25 people who self-referred or were encouraged to access the service by a concerned family member and this is the number we hope to see increase with changes to the way we provide our service.

The clinical process of individual referral, intake, assessment, standardised treatment and timely exit of clients is simply not resonating here and people have been respectfully demonstrating this all along by largely not engaging with it. Many conversations with service providers have taken place over recent months to highlight what happens to their referrals once they hit our inbox. Referrals have consequently, and somewhat fortunately, subsided a little. This has provided a much-needed opportunity for us to do some important consulting with families, community members and groups on what wellbeing means to them and what they would like to see in their Community Wellness Service. These consultations have been facilitated utilising collective narrative practice approaches to therapy and community work, approaches that are commonly used across Indigenous community controlled social health organisations in Australia and around the world. Many people have asked for a more community embedded wellbeing service, one that is in line with Bininj landscapes of meaning and identity so that what is important to families can be seen, celebrated and actioned.

These community voices were centred in a comprehensive proposal to the NT Government for a Family Support Service as none of this can be possible without a substantial increase in funding. We've recently been advised that we have been successful in our submission. Now the hard work starts in recruiting a team of local Bininj Wellbeing Workers, identifying the existing collective skills and knowledges and family wellbeing practices that the service can support, co-designing the practice and data collection tools and collaborating with other emerging community led initiatives. Next year will be a busy one.

Felicity Douglas
Manager, Community Wellness Support Services



Corporate Services

It has been a very busy year at Corporate Services with the transition of the Health Centre from Top End Health Service to Mala'la Health Service, and the ongoing staff recruitment to our Health Service.

Transition of the Health Centre staff to Mala'la Health Service

The Workforce staff of the Health Centre all transitioned on the 1st July 2020, where contracts and transfer conditions were negotiated through individual meetings between each of the Workforce staff and Mala'la Health Service. With the final stage of the transition on 1st February 2021, Mala'la also facilitated the transfer of the TEHS Nurse for the Acute and Emergency Program.

Staff Recruitment and Onboarding Process

We have created a systematic process with the recruitment of our new staff, where we assist each staff with their compliance applications (i.e. Working with Children Clearance Ochre cards, Working with Children Clearance Exemption and Police Check Certificates). Assistance has also been provided with new staff requiring to respond to formal queries from the Working with Children Screening Authority.

Employment Prestart Checklists have been developed for all new staff commencing their employment with Mala'la. This is to ensure that all employment forms are completed, licences and compliance checks are current and the employees are set up properly in the Mala'la system.

New HR Forms have been developed by our external HR Consultant to ensure proper processes are being followed with the recruitment of new staff and their retention. Existing forms have also been updated with the new Mala'la branding for consistency across the organisation.

All staff who are new to Maningrida are also required to provide their NLC Permits upon commencement. We created a step-by-step document of the permit application process to aid staff in their permit applications. Assistance is also provided with the actual application whenever required.

With the LOGIQC Quality Management System being implemented organisation wide, all staff permits, licences and compliance checks have been entered, where reminders are sent out in advance for any licences or checks that are due for renewal. This process has allowed Mala'la and our staff to ensure that all of their licences and checks are current and up-to-date.





COVID-19 Impact on Staff Recruitment and Retention

There was a period of time during this last year, where with the effect of COVID-19 and the Job Seeker Payments, Mala'la faced challenges in our local staff recruitment and retention. However, now that the Job Seeker Payments have concluded, all the positions have been filled again.

Nevertheless, with the ongoing COVID-19 restrictions and interstate lockdowns, Mala'la is still facing challenges in the recruitment of Medical Staff and Support Workers from interstate. Currently, the NTG is requiring each staff from declared hotspots to apply for an exemption to enter the NT and once the exemption is granted, the staff will have to undergo 2 weeks quarantine at Howard Springs. Mala'la assists any new staff who has to undergo this process to enable them to come to Maningrida to join our team.

Staff Training

With the recruitment of our Training Coordinator, we have been able to focus on ensuring that our staff are fulfilling their training compliance and requirements. Staff training plans have also been created to ensure ongoing compliance.

New Policies for Staff Retention

New Policies have been developed and implemented this year to support our staff retention strategy. One of the new policies that we have implemented included the provision of Travel Allowance for all permanent staff, where staff can utilise this allowance for air travel to and from Maningrida, and for accommodation expenses. Needless to say, this Travel Allowance Policy has been well received and is highly popular with our staff.

Aileen Bell,
Manager, Corporate Services



Mala'la Health Service Employees Profile

As at 30th June 2021, Mala'la employed 121 staff members across our various Departments:

75 staff

Primary Health Care,
Clinic & Wellness Centre

33 staff

Aged Care

13 staff

Youth Centre

Mala'la staff profile information have been illustrated in the following charts:

Mala'la Staff Profile as at 30/06/2021



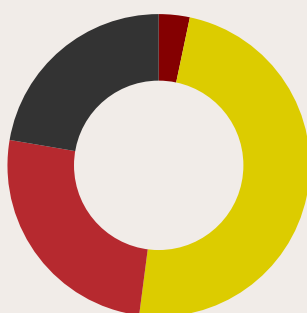
■ ATSI ■ Non ATSI

Mala'la Staff Profile as at 30/06/2021



■ Female ■ Male

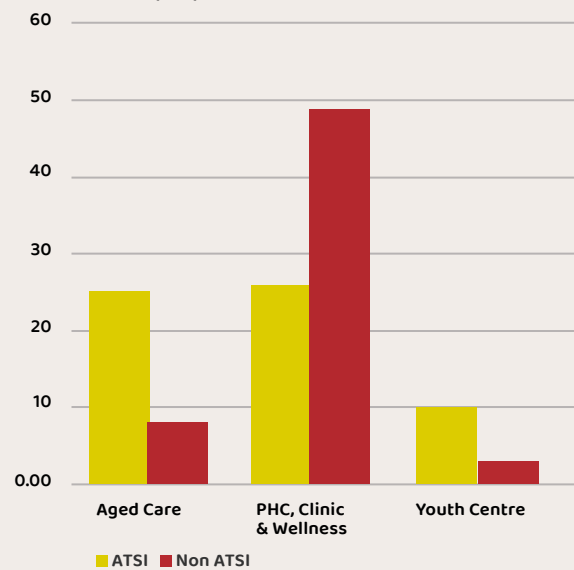
Mala'la Staff Profile as at 30/06/2021



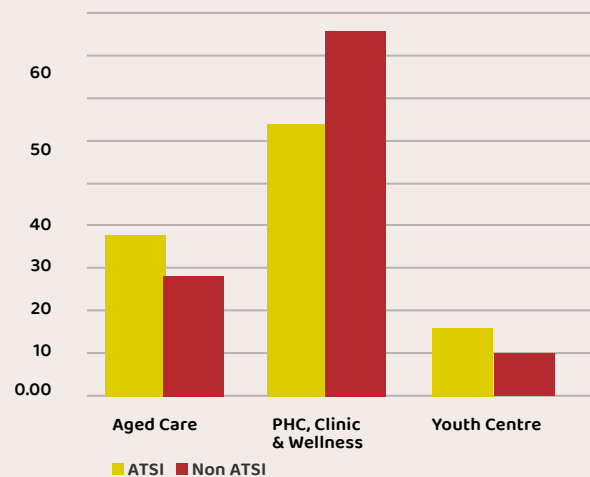
■ 18-20 ■ 20-40 ■ 40-50 ■ 50 and over

Corporate Services

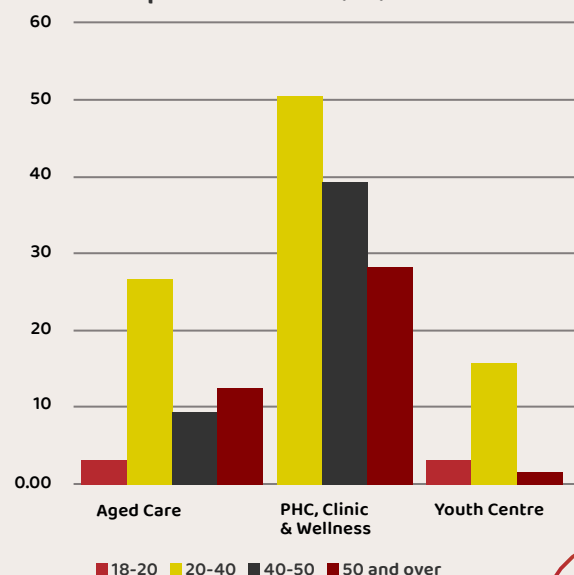
HSAC Staff Profile by Department as at 30/06/2021



Mala'la Staff Profile by Gender and Department as at 30/06/2021



Mala'la Staff Profile by Age Group and Department as at 30/06/2021





GREATS Youth Services

The Mala'la GREATS Youth Services team has continued to experience a very busy year at the youth centre, with considerable progress being made, ensuring Maningrida youth get as many benefits and enjoyment from our programs as possible.

With children being at the heart of what we do, our attention is always focussed on maintaining a safe, welcoming environment for young people and providing plenty of opportunities to participate in a variety of activities. We continue to work in collaboration with various organisations in the community from West Arnhem Regional Council's Youth Sport & Recreation division to Community Wellness and Maningrida Community Education Centre.

Throughout 2020, Mala'la GREATS Youth Services also worked with Northern Territory Gymnastics, Tennis and Netball teams, providing various opportunities for young kids to participate in team sports, reaping the health benefits of playing sport whilst having fun with friends.

During NAIDOC Week we held a basketball competition in collaboration with Youth Sport & Recreation and the local police. It was hugely popular and the turnout was fantastic with young kids all very eager to play. We received great support from the community, with many offering up their time to assist umpire the games. We will definitely make this an annual NAIDOC event!

We rang in the New Year with snacks and live music, enjoying performances by a number of local bands, including some young, up and coming musicians. It was a fantastic evening and allowed us to reflect on the year that had been and look forward to the year ahead.

The Easter holiday saw many young people join the annual GREATS Youth Services Easter Egg Hunt. It continues to be a very popular activity, searching high and low for the hidden treats. The Easter Egg Hunt also highlights some of the positive behaviours amongst young people as they help each other search, share what they find and show excitement for others.

Our Bush Alcohol and Other Drugs programs remains popular and we are finding that the number of young people who wish to attend continues to grow significantly. We will keep working with traditional owners, elders and other organisations to ensure that these programs are available to young people who need it and we will continue to run these Bush trips regularly throughout the year.

Our other regular holiday bush trips never fail to disappoint either, providing a high level of enjoyment with activities such as fishing and collecting and cooking of foods such as mud mussels. Not only does it allow young kids to connect with elders and their culture, it assists in growing their confidence and developing self-reliance.







“The Disco Nights have increased in popularity even more since a young local DJ has come on board, providing music from their own culture and local artists which is deemed the most popular.”

The Cooking Program is still strongly supported by parents and families which is great to see.

The program assist young people in developing life skills such as learning how to make good choices, learning how to cook a healthy meal that they can share with their families and friends and how good food relates to their wellbeing and fitness.

Movie and Disco Nights continue to be hugely successful and are always well attended. Kids enjoy some relaxing time watching movies and documentaries whilst being with their friends. The Disco Nights have increased in popularity even more since a young local DJ has come on board, providing music from their own culture and local artists which is deemed the most popular.

Last but not least, our daily Evening Drop-In activities remain busy, with many young people enjoying the opportunities to sit around the fire with elders and listen to the stories they share. The elders share their own life experiences, encourage the kids to keep working to achieve their goals and provide a great connection to culture and land.

Many thanks to those who have volunteered their time with us again this past year. It is greatly appreciated by not only us, but by the young people you share your time with.

Thank you to all of our Youth Centre staff who continue to run all our programs and provide so many opportunities for the kids in Maningrida!

Melisango Dube
Manager, GREATS Youth Services



ATIONAL
DAY

• STRONGER
COMMUNITIES
FOR CHILDREN

• STRONGER
COMMUNITIES
FOR CHILDREN

INTERNATIONAL
WOMEN

Health and Community Services

The past 12 months have been challenging during the pandemic and working through transition. It meant limited access to the community through meetings to keep them updated with the changes that were either taking place or would take place in the future and being unable to hold meetings for much of the time.

Despite this Mala'la continued to undergo significant changes with the transition of health services from Top End Health Service to Mala'la Health Service. Following the Transition of all programs and the local workforce in July 2020, the clinic transitioned in total on 1st February 2021. This was a wonderful achievement for the Board of Directors and the staff who worked closely with the community to ensure they were well informed.

The transition provided the opportunity to move to a program-based approach with a proactive approach to care for our Primary Health Care services.

Other improvements that have been made are the employment of a Quality & Safety Coordinator who assisted in the preparation for both organisational accreditation which realised three-year accreditation with the Australian Service Excellence Standards, and the achievement of AGPAL accreditation of the Manayingkarírra Primary Health Care Centre.

The creation of the Training Coordinator position has provided opportunities for the local workforce to undertake additional training such as Hand Hygiene and First Aid with other training planned.

The Stronger Communities for Children program has secured an additional two years funding, allowing us to continue to work with stakeholders and community members to support and provide various activities that benefit the health and wellbeing of children and their families in Maningrida.

Lesley Woolf
Manager, Health and Community Services



Quality & Safety

At Mala'la Health Service the aim of our Quality and Safety plan is to create an environment where excellence in care flourishes, working continuously to improve the quality of services and patient care. Our safety and quality systems are integrated with governance processes to actively manage and improve the safety and quality of health care and services for our patients and clients.

A noteworthy accomplishment of Mala'la Health Service was the achievement of AGPAL Accreditation by the Manayingkarirra Primary Health Clinic within 6 months of transitioning from NT government control to community control. This certification provides independent recognition the organisation is committed to safety and quality through meeting the requirements of the RACGP standards, as well as providing quality and performance assurance for funding bodies and consumers.

The robust and rigorous processes required to achieve and maintain accreditation guides the organisation in identifying gaps, implementing standards and improving services which contribute to better health outcomes and experiences for all patients and consumers by



Fostering
a culture of quality
within the organisation



Providing
consumers with confidence
in the standard of our service



Building
a more efficient organisation
using a systematic approach
to quality and performance



Increasing
capability



Acknowledging
actively managing
and reducing risk.

Another significant achievement was the organisation attaining Certificate level in the Australian Service Excellence Standards (ASES) where the organisation's commitment to quality and continuous system improvement was commended.

These accomplishments are a culmination of the hard work and dedication by individuals and teams within our health service to create a quality organisation.

Lorraine Harry
Quality and Safety Officer





Primary Health Care Services

February 2021 saw the final stage of transition for clinical services from TEHS to Mala'la, officially commemorated in March with a celebration held at the Health Centre.

Since then Mala'la has invested considerable time and resources into developing a service delivery model that is reflective of community control and AMS services throughout the Territory. Manyingkarirra Primary Health Care Centre (MPHCC) now offers the same high level of clinical service provision while extending program development to provide gender, demographic and condition focussed care.

Post-transition, Mala'la also went through AGPAL accreditation in May of this year, achieving registration for a period of three years. This was an enormous undertaking as it is the first AGPAL accreditation taken on by Mala'la and occurred very close to the transition date, not allowing for the usual timeframe for preparation leading into an accreditation process.

PROGRAM UPDATES

Visiting Services

MPHCC hosts several specialist and allied health clinics including outreach clinics for respiratory; cardiac; paediatric, ultrasound and liver. There are also regular half-day case conferences with relevant specialists and daily telehealth appointments. In order to ensure timely access to such services, a dedicated Remote Area Nurse and Admin position have been allocated.

Patient Travel

Patient Travel has assisted residents with more than 850 essential health appointments since January, 2021 with patients often having multiple appointments in Darwin.

Appointments are also being trialled at Gove District Hospital (GDH) along with transport methods that support individual patient needs.

The introduction of an appointment card system has seen attendance rates increase.

Chronic conditions

The Chronic Conditions (CC) Program has a team of three Remote Area Nurses, one dedicated GP and an Aboriginal Health Worker. The CC Program aims to provide community members with a locally based team specific to CC clients' needs, such as diabetes; heart conditions; infectious diseases; respiratory conditions; wound care; aged care and palliative care. The CC Program also liaises with Patient Travel and Visiting Services to maximise the care provided in Maningrida, avoiding unnecessary travel out of community.

Mental Health

Improving the mental health and wellbeing of the Maningrida community has been a key priority for MPHCC. In September 2020, a dedicated Mental Health Nurse was allocated to support clients under the Mental Health Program. This program is also supported by the Darwin Remote Mental Health Team (DRMHT) which consists of an accredited Mental Health Case Manager and a Clinical Psychiatry Consultant from Royal Darwin Hospital (RDH). The Case Manager visits community every second week. The role is mixed with consultation, liaison and case management. Mala'la's case management for mental health clients has increased access to NDIS support, increased awareness of the social and emotional wellbeing services, youth services and future programs through the Men's Shed. Confidence in the service has increased according to positive reports from tertiary services and the community.

Men's Health

To support increased engagement of men with health services and education programs, a Men's Health Nurse position was created. The Men's Health Program will focus on health and wellbeing strategies that encourage conversations about men's health, regular check-ups and family relationships. This program will work in partnership with various local agencies and will utilise the Men's Shed as a culturally appropriate meeting place.

Women's and Midwifery

The midwife provides holistic care to the women in Maningrida that is both woman and family centred with education preventative care at the core of midwifery and women's health.





FEELING LUCKY? NOT SO FAST.

Buying condoms is a great start. Carrying condoms is even better. But using them is the best way to avoid getting or spreading infections like chlamydia, syphilis, gonorrhoea and HIV.

And if you've had unprotected sex, talk to your doctor about getting tested.

David proudly inserts this card to support the Australian Government's sexual health campaign.

IT IS Help Desk
0099 2855

Computer / Printer Problems
1800 000 254

Govt. Switch
95511

Health and Community Services

Midwifery care can extend from preconception to 6 weeks into the postnatal period and is then handed over to Women's Health Nurse/Child Health Nurse. On average, there are 30 births annually for Maningrida.

Due to the high incidence of chronic disease in Maningrida, most women require complex care that is shared with Maternity/Midwifery Group Practice. In preparation for delivery at RDH, women are expected to travel to Darwin at 36 – 37 weeks gestation for ongoing care and planning birth. Due to the Darwin lockdown women were able to birth at Gove Hospital (GDH). Planning is underway for low-risk pregnant women to have the option of birthing at GDH in the future.

A monthly visiting sonographer allows for most women in early pregnancy to have a dating scan; foetal growth and wellbeing scans locally to minimise travel to Darwin.

We are delighted to host outreach obstetric and gynaecological clinics twice a year for follow up care.

Child Health

Child Health is made up of three core teams responsible for various folios including Healthy Under 5s, School Nurse and clinic-based Nurses. A coordinated effort by the Child Health team has seen successful completion of DOTs for latent TB, management of the Volatile Substance Misuse portfolio, regular immunisations and outreach. The visiting Paediatrics clinic is also hosted every six weeks with close to 50 children being reviewed.

Healthy Under 5 Program

The Healthy under 5's (HU5) program focuses on providing immunisations, routine health checks and developmental checks to all children in Maningrida from 0-5 years of age (around 200 children).

The clinic is staffed by two Child Health Nurses and is based at the Child and Family Centre (CFC) at the school. A GP attends the clinic weekly to provide routine GP reviews.

The CFC provides childcare, Families as First Teachers, Mumma Kikka (young Mothers learning program) and at times the pre-schoolers join in on the programs. Having the HU5's nurses based at the CFC allows families to have easy access to medical services in a comfortable and familiar environment.

The HU5 program also provides home visits for immunisations, health and developmental checks. This allows the nurse to provide holistic care and engage with families in their home environment.

The program also provides follow-up care for acute illnesses. If children present acutely unwell, they can be reviewed at the main clinic.

An open-door policy enables families to self-present when needed without a scheduled appointment.

School Nurse

The school-based Child Health Nurse is responsible for child health checks and immunisation as well as managing the RHD cohort of children aged under 17. The school-based service provides an ideal environment for engagement, education and peer-based learning. Regular outreach visits are provided to administer Bicillin for RHD, and weekly Azithromycins for treating infections.

Clinic-based Nurses

The Child Health Nurses based at the clinic are responsible for numerous folios, including the ongoing support and care for children.

The Clinic engages with children and their parents/carers to support the ongoing health and wellbeing through a holistic and culturally safe approach.

Workforce Development

A key strategic priority for Mala'la Health Service is to attract, retain and develop a skilled local Aboriginal workforce across all areas of Primary Health Care. A Training Coordinator position was established to focus on further professional development.

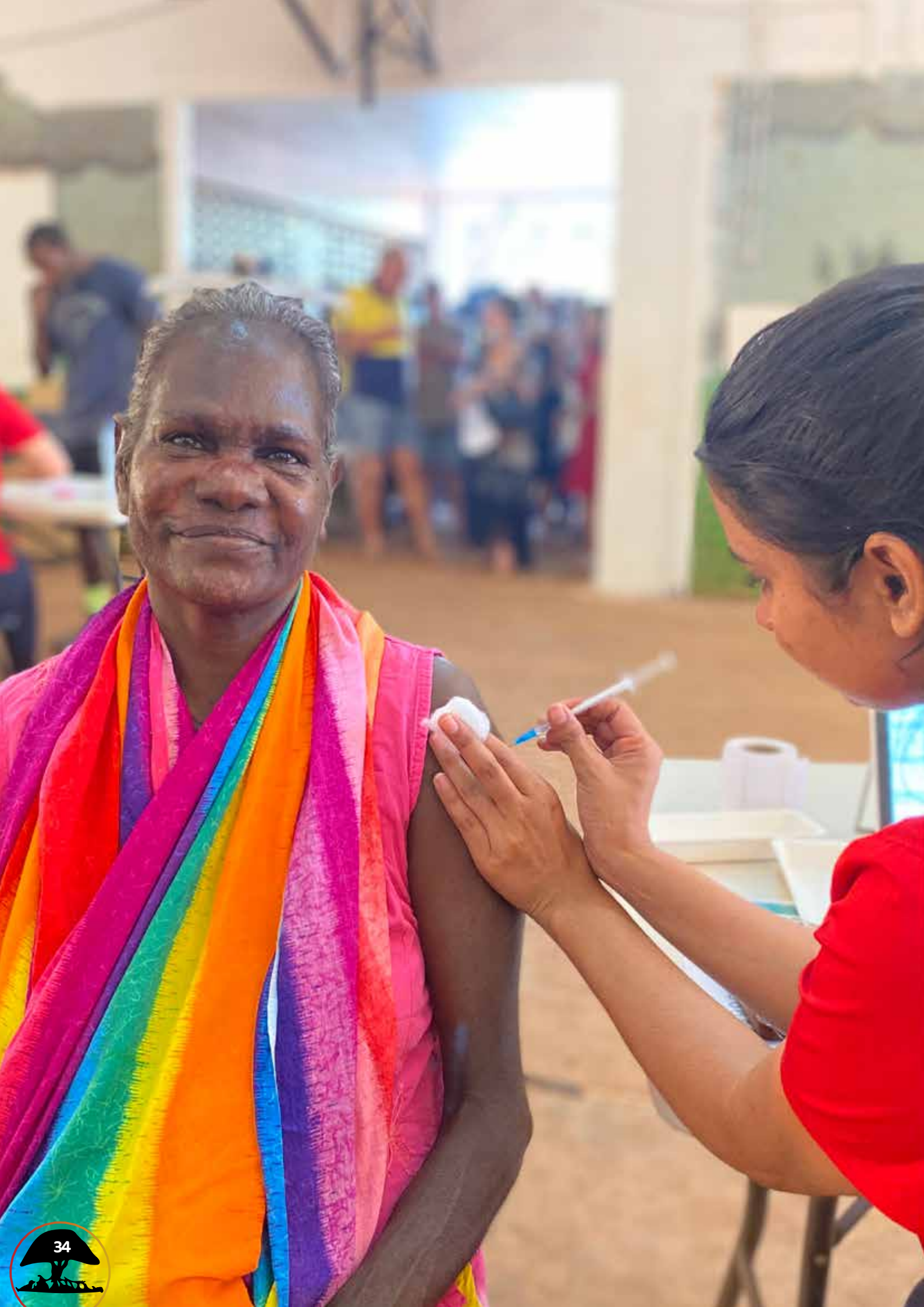
A Workforce Development Strategy has been developed with pathways from essential training towards formal health work qualifications.

Learning opportunities have involved formal and informal training, workshops, on-the-job skills and capacity building with the key highlights being:

- First Aid and Remote Area Skills Training
- Coordination of the COVID-19 Vaccine Maningrida campaign:
 - delivering information sessions
 - developing locally meaningful campaign messages
 - involvement in video ads to promote vaccine take up
 - raising health awareness during patient interactions
- Scabies Information sessions in the lead up to Healthy Skin Week
- Training in Hand Hygiene, Infection Control and CPR
- Information Sessions with NAAJA and The Jimmy Little Foundation's Good Tucker initiative
- Suicide prevention training
- "CRTIC" Trauma Awareness training planning
- Cultural awareness training (for non-indigenous employees)







COVID-19 Pfizer vaccine rollout

The Covid-19 vaccine rollout in Maningrida saw 2920 vaccines administered in the community during three vaccination drives in partnership with NT Health. Statistically, 70% of the population aged 12 and over in Maningrida having received their first vaccine and almost 50% are fully vaccinated as at September 2021.

In the lead up to the vaccination drives, Mala'la Health Service coordinated a rigorous community campaign together with Aboriginal Health Workers, Traditional Owners, community leaders and multiple agencies including BAC, MPA and NLC to increase community awareness and confidence about the vaccine.

Community leaders made it clear that the local campaign needed to 'talk straight' and 'our way', by developing a local campaign strategy. This involved the development and dissemination of information that focused on the cultural values-based messages and scientifically-evidenced information (focus on further education and myth busting).

Local community messages were broadcast in multiple languages online, and on large screens around the community. Community workers also went door to door to talk with families. Roadshows and multiple information sessions were held addressing community concerns. On the vaccination days, the community leaders were among the first to get the vaccines including the local Mayor, Traditional Owners and Aboriginal health workers.

The Chairperson of Mala'la Health Service, Charlie Gunabarra was the very first in line to get the vaccine to huge cheers from the community. "This is a serious thing all over the world. We've got more than eight language groups here and we have culture and family to look after. It's important to get that vaccine to protect our songlines".

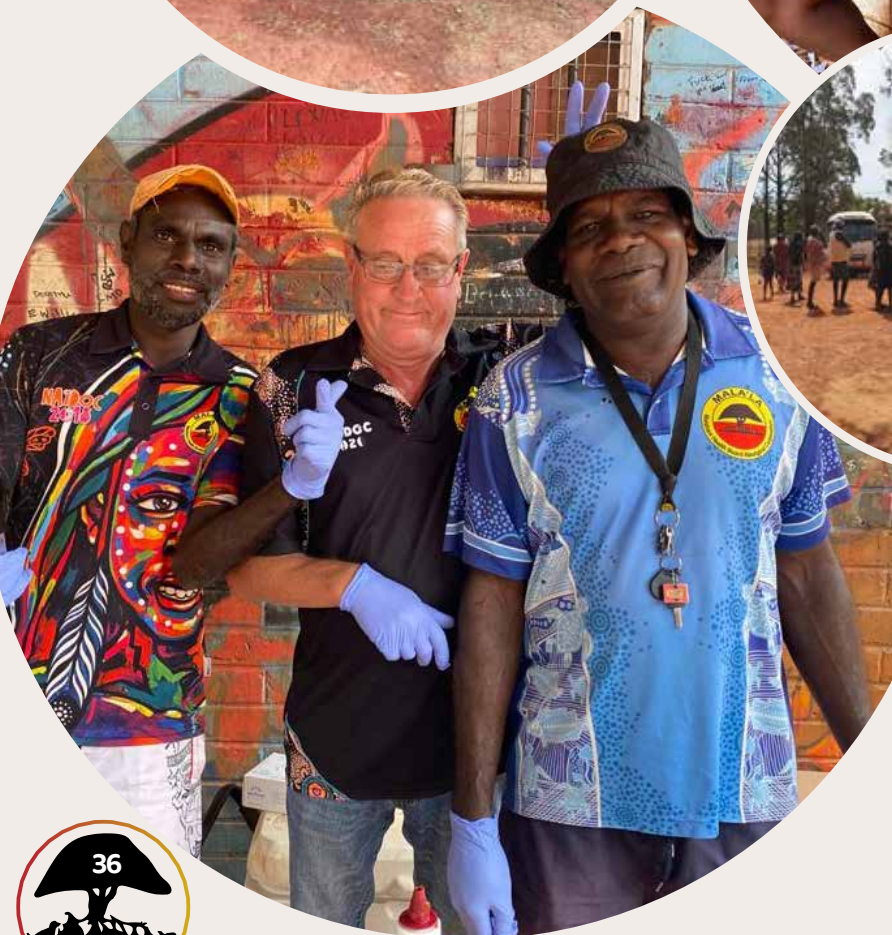
The COVID-19 vaccine is now available at the clinic, with trained Nurses able to administer the vaccine. The clinic is also equipped with GenEx testing and has made it mandatory for staff and close contacts to complete a COVID-19 test prior to entering community.

Jessica Gatti
Manager, Primary Health Care Services

"This is a serious thing all over the world. We've got more than eight language groups here and we have culture and family to look after. It's important to get that vaccine to protect our songlines".



COVID-19 Pfizer vaccine rollout





Ndjébbana



bábba father, father's brother
ngánja auntie (father's sister)
várra child (man's or brother's)



djabbe older brother or sister
kariamára younger brother or sister
máwa grandparent (father's father's side); grandchild



kikka mother, mother's sister
djádja uncle (mother's brother)
balúbbala great-granny (mother's
mother's mother and siblings)



nga-ngákarda child (woman's or sister's)
balúbbala great-granny, great-
grandchild (man's sister's daughter's
daughter's child)



kūdjala granny (mother's mother and her siblings); grandchild (woman's or sister's daughter's child)



mámam grandparent (mother's father's side); cross-cousin
mákka grandparent (father's mother's side); cross-cousin



- 'bábba' cross-cousin
- 'ngánja' cross-cousin
- *actual cross-cousins may be called 'father' or 'auntie'



kalikali husband, wife
kanjok brother-in-law, sister-in-law



djôngok 'poison cousin'



diónggok 'poison cousin'



diônggok 'poison cousin'



djôngok 'poison cousin'
(hold forearm when diving)



Stronger Communities for Children

The year 2020 marked the end of our long-term three-year funding agreement for the Stronger Communities for Children program, funded by the National Indigenous Australians Agency (NIAA).

For the past six years, Stronger Communities for Children, together with our stakeholders, have aimed to give children and young people the best possible start in life by:



Making
families and
communities safer



Nurturing
young children



Provide
children, young people and
families opportunities to
participate in cultural events



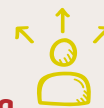
Supporting
children to be
school-ready



Supporting
young people to attend
school and gain an education



Building
community capacity to lead,
plan and prioritise services
that children and families need



Building
the capacity of Indigenous
organisations to deliver
these services

Compared to previous short-term agreements, the three-year funding agreement provided greater stability of activities, consistency of employment and allowed activities to be evaluated and improve, making a real impact.

The Preconception Health & Education Program initially grew from concerns expressed by the local community board about the number of teenage pregnancies which resulted in young girls leaving school early. School Health nurse Roz, women's GP Dr. Penny and committed, well-known local community workers provided sexual health education to a cohort of young girls aged 12 to 18, supported them to make good choices, supported good relationships with parents and encouraged young girls to attend regular health checks. Since the program commenced in 2017, teenage pregnancies have continually decreased and there have been no teenage pregnancies in Maningrida since February 2019.

The local community board is very proud of this program and the change it has brought to Maningrida.





Health and Community Services

Another concern that had been voiced for many years was that children and young people are losing their knowledge of the many local languages spoken in Maningrida, ultimately resulting in a loss of connection to their culture.

Additionally, there were concerns that learning in a second, third or even a fourth language is extremely difficult and there is a need for various educational material to be available in local languages.

With Maningrida having one of the highest rates of Rheumatic Heart Disease in the world, the Lurra Language and Culture Resource Production program started with an program in 2018 that translated Rheumatic Heart Disease educational resources, in the hope to create greater understanding of RHD and its prevention amongst Aboriginal people in Maningrida and surrounding areas, leading to a significant reduction of cases in the future. This activity was very successful and showed the importance of learning in native language.

During the past year, the Lurra Language and Culture Team Resource Production Program worked on the translation of other health resources as well as curriculum materials, providing young children in school the opportunity to learn in their first languages by creating a number of published texts, as well as 60 posters, in four local languages.

Whilst COVID-19 impacted some of our activities significantly due to travel restrictions, others were able to continue as planned and provided a welcome distraction from the global pandemic.

We supported a Men's Wellbeing Day in November 2020 which saw men from all ages and backgrounds coming together, talk about a variety of issues including health, enjoying a nice meal and participate in some sporting activities.

In March 2021 we celebrated the annual International Women's Day which brought women from the community together to listen to a number of local guest speakers and enjoy a lunch, as well a performance by the ladies from Ripple Effect Band.

Overall, the three years provided a series of steady activities which provided support for young children and families, made significant improvements in terms of health and provided employment to many. The last 6 months alone saw 1897 participants across all the activities and provided employment to 15.

Although the three-year funding agreement came to an end, the National Indigenous Australians Agency committed to another two-year funding agreement, allowing us to continue to improve the health and wellbeing of children and families through a variety of ways.

Over the next two years, we will be focusing on increasing local employment opportunities and work towards increasing community capacity to deliver the services that will benefit the community and its people in the future.

In pursuance of this, we will be supporting a local governance group to work towards becoming an incorporated Aboriginal corporation and allowing them to provide cultural guidance and justice support to organisations and individuals in the community.

Furthermore we will be supporting AFL NT to provide employment pathways in Maningrida and we will be providing and supporting a series of cultural and sporting events for Maningrida residents, creating a sense of pride and belonging, inviting opportunities for collaboration between agencies and strengthening community cohesion.

Petra van den Berg
Coordinator, Stronger Communities for Children



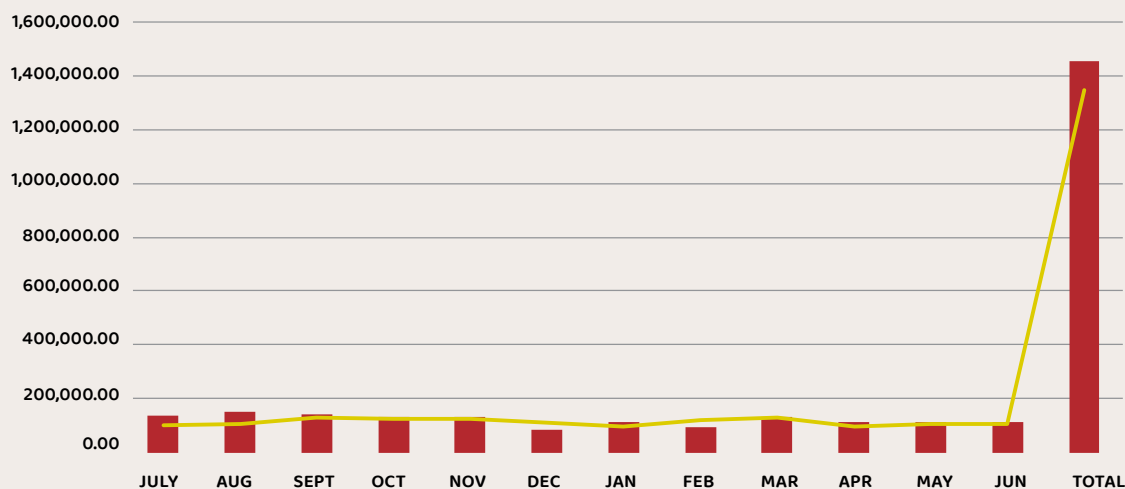


Medicare Services

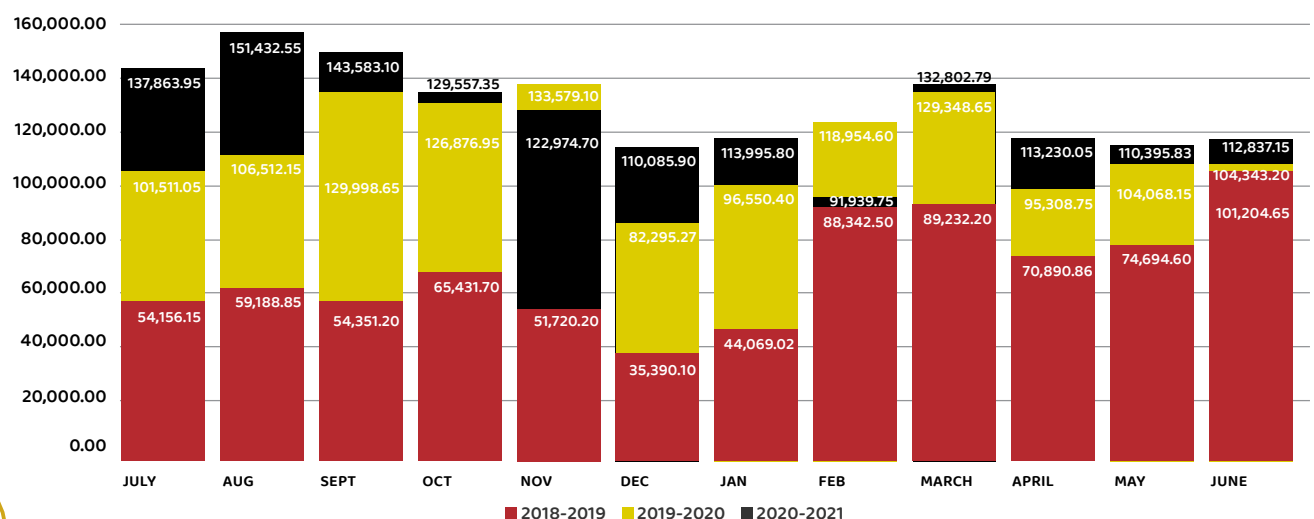
The financial year of 2020-2021 was a successful year for the Medicare Revenue as we reached our target of \$1,000,000.00 in the 10th month. Out total for the year was \$1,346,533.15. A fine effort indeed. The revenue is made up of straight forward Medicare claiming from the doctors and nurses, pre-employment assessments, non-Medicare clients who pay by an invoice, workers compensation claims and work cover insurance claims. These are all managed by the Medicare team, who liaise with the different entities to ensure payments are received.

Running Total

JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MARCH	APRIL	MAY	JUNE	TOTAL
137,863.95	151,432.55	143,583.10	129,557.35	133,579.10	82,295.27	113,995.80	91,939.75	132,802.79	113,230.05	110,395.83	113,497.15	1,454,172.69
101,511.05	106,512.15	129,998.65	126,876.95	122,974.70	110,085.90	96,550.40	118,954.60	129,348.65	95,308.75	104,068.15	104,343.20	1,346,533.15



Monthly Total Medicare Revenue for Mala'la Health Service



In June we applied for and were accepted into the Practice Incentive Program (PIP) and the Workforce Incentive Program (WIP). These are programs run by the federal government and are designed to assist Aboriginal Health Services fund the staff they need. It also provides extra money for chronic disease programs for which the services are required to sign up and then register their chronic disease clients to show the federal government their true client numbers. This in itself is a huge undertaking and a very challenging process. The payments for these two programs are paid quarterly and the first payment to be received was in July 2021.

One of the consistent challenges for the Medicare team is the amount of expired Medicare cards that are in the community. Medicare do not renew Medicare cards that are returned to them via the post office or not being delivered or picked up. It is really important that people are aware of their Medicare cards and how precious they are. To receive free health care because we have a Medicare card is an avenue that other countries do not have. Yes, we pay for them in our taxes but if we don't keep our addresses right or we don't pick up our cards and let our Medicare cards expire, then Mala'la cannot claim back the cost of consultations from Medicare Australia.

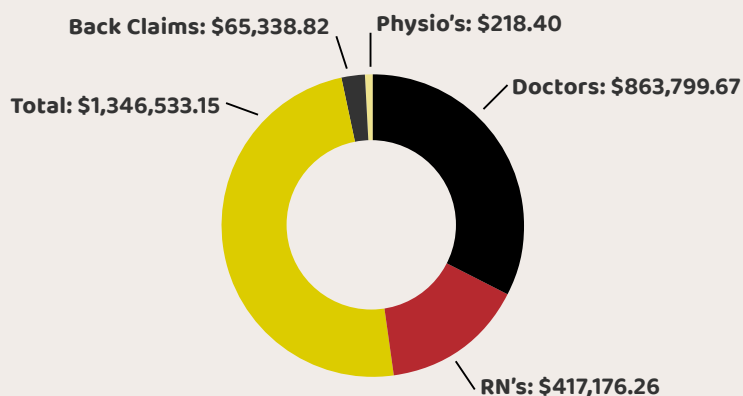
Our doctors and nurses work extremely hard for the Maningrida community. These dedicated people are knowledgeable and highly skilled. They are helped in their work by the drivers, community workers and reception staff who together form the health team for Maningrida.

We also have some allied health staff, physiotherapists and podiatrists who come to Maningrida and subcontract to Mala'la for a couple of days during their regular stay. This extends the services provided by Mala'la to the community.

The Covid 19 virus gave an extra challenge to the NT as well as Maningrida. The NT has kept the virus out so far and the free vaccines start in July. Please have your 2 free vaccines when they come.

Rosalie Gale
Manager, Medicare Services.

Breakdown of Claiming for 2020-2021





NDIS Support Services

Mala'la NDIS Services have continued to provide support throughout this last year, which has been challenging at times.

Mala'la, with their Coordination of Support, continue to provide support to both adults and children in the Maningrida area and now outside the area with two participants in the greater Darwin area and another in Central Australia getting the continued Services with Mala'la. The families outside the Maningrida area have opted to stay with Mala'la as they know and trust the Coordinator and Allied Health Professionals that support them.

This year has seen changes in how the NDIA have approved plans and the changes that have occurred in the second and third year of NDIS planning. I feel that they make these plans with city folk in mind and not those in a very Remote community as Maningrida is classed.

So there have been lots of Reviews put in, or Change of Circumstance to enlighten those in Darwin about the challenges of Remote community living. Some work and some don't, but at least we try to make that difference.

At present NDIA are very slow with renewing plans and getting our most vulnerable in the community on the NDIS. I can't see this changing much in the future, as they need to train more skilled workers.

We need to make sure as community that those who are eligible for the scheme are supported to find out what NDIS can offer them.

This can be done by a medical professional filling out an NDIS Access Request form. Then NDIA once they have enough information will come and talk to you and your family about what is reasonable and necessary to expect. Sometimes it may be the little things like help to go to Centrelink or CDP and for others it can be lots of Allied Health Professionals helping you to reach your goals, and equipment supports to make life that little bit easier for you and family.

We are fortunate in this community to have two NDIS Providers that offer supports to the participants. Team Health and Mala'la offer some really exciting programs to help the participants to engage in the community.

Maningrida receives good support from Carpentaria Speech & Occupational therapy, Bodyfit for Physiotherapy and Felicity Pidgeon-Fong from Territory Therapy Solutions for Occupational Therapy. When you have such good supports from the others around you it really helps making the challenges of living remote, getting equipment here, and just thinking how can we do this better for the people that need it most much easier.

Many have had Respite in Darwin to give families a break and to have that support to go shopping, or intensive blocks of therapy.

It is an absolute pleasure to help the Mala'la participants get the best from their plans, and I see many happy faces.

Dianne Soloman
Coordinator, NDIS Support Services





Regional Eye Health

For the last 7 years Mala'la has supported my role as Darwin Regional Eye Health Manager, with no funding for the position. The Board has been committed to Indigenous Eye Health, and Closing the Gap for Vision across 13 Remote Communities besides Maningrida, which shows true dedication to the greater primary health picture. I continue to take great pleasure in my role, finding it both stimulating and rewarding.



The Visiting Optometry Service (VOS) funding has been extended until June 2023 and continues to be overseen by NT Health, with current Service Providers continuing to that date also. Although the last 12 months have been somewhat disrupted with Covid – 19, the Darwin region only lost one week of outreach Optometry which was most fortunate.

We continue our successful relationship with Brien Holden Foundation, who now deliver services to eight Communities in the Darwin Region. The Darwin office of BHF who are responsible for the delivery of the Top End Outreach Optometry Service are an especially dedicated team, it is a pleasure to work alongside them to support "closing the gap in Indigenous Eye Health";

We maintain our association with North Australia Health provider for the Katherine region which includes Borroloola and Robinson River. We are pleased to announce that Optical Super Store West Daly Region (Wadeye, Palumpa, Peppimenarti & Nauiyu) is now using Deadly Enterprises a new Indigenous Optical service based in Darwin for their outreach support.

I would like to acknowledge the support and assistance of the RDH Outreach Ophthalmology (Eye Specialist) team. In conjunction with VOS coordination team, we continually liaise to ensure smooth transition and follow-up of referrals, hospital visits and ongoing treatment plans.

We remain a member of the Top End Integrated Eye Health Strategy Committee (TEIEHS), meeting bi-monthly, being formed with the vision:

To support comprehensive and integrated eye health and vision support services for all people living in the Top End of the Northern Territory (NT), with a particular emphasis on achieving equity in eye health for Aboriginal and Torres Strait Islander people.

Nadia Clements,
Manager Regional Eye Health

Activities

National Eye Health conference (virtual)

Brien Holden Vision program review meetings

Top End Integrated Eye Health Strategy Committee meetings

Regional Eye Health Coordinator meetings with Miwatj

Retinal Camera training

Advocacy for Community members re changes in NT concessions



Brien Holden
FOUNDATION



North Australia Health



Regional Eye Health

Clients

July 2020 – June 2021
1167
8.98 per day average
July 2019 – June 2020
1098
8.5 per day average

Days of Optometry service

July 2020 – June 2021
134
-4 travel & closure
July 2019 – June 2020
131
-2.5 travel & closures

Aboriginal & TSI

July 2020 – June 2021
1069
92%
July 2019 – June 2020
970
88%

Never had eye exam

July 2020 – June 2021
236
20%
July 2019 – June 2020
222
20%

Glasses

July 2020 – June 2021
834
71%
July 2019 – June 2020
766
70%

Diabetic clients seen

July 2020 – June 2021
490
42%
July 2019 – June 2020
407
37%

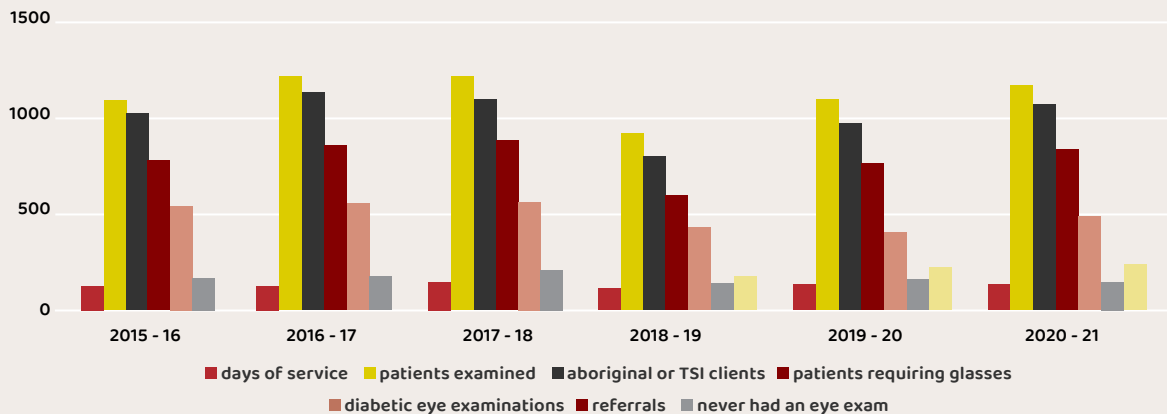
Diagnosed Retinopathy

July 2020 – June 2021
109
9%
July 2019 – June 2020
93
8%

Referred to Specialist

July 2020 – June 2021
146
13%
July 2019 – June 2020
158
14%

Darwin regional visiting optometry services data



Circuit locations 2021 / 2022		Frequency per year	Client recall numbers	VOS provider
5 day trip	Belyuen (1d), Gunbalanya (4d)	4	43/320	BHVI
5 day trip	Waruwi (3)	3	63	BHVI
5 day trip	Minjilang (1)	4	50	BHVI
5 day trip	Milikapiti (3d), Pirlangimpi (2)	3	93/96	BHVI
5 day trip	Maningrida (5d)	6	360	BHVI
5 day trip	Nguiu (5d)	4	440	BHVI
5 day trip	Groote Eylandt (5d)	2		BHVI
5 day trip	Borrooloola (4d)	6	254	NAH
	Robinson River (1d)	4	56	NAH
Totals		28 Wks		





Transition to Community Control

The 1st of February 2021 marked the first day of Community Controlled Primary Health Care Services for Maningrida and surrounding homelands.

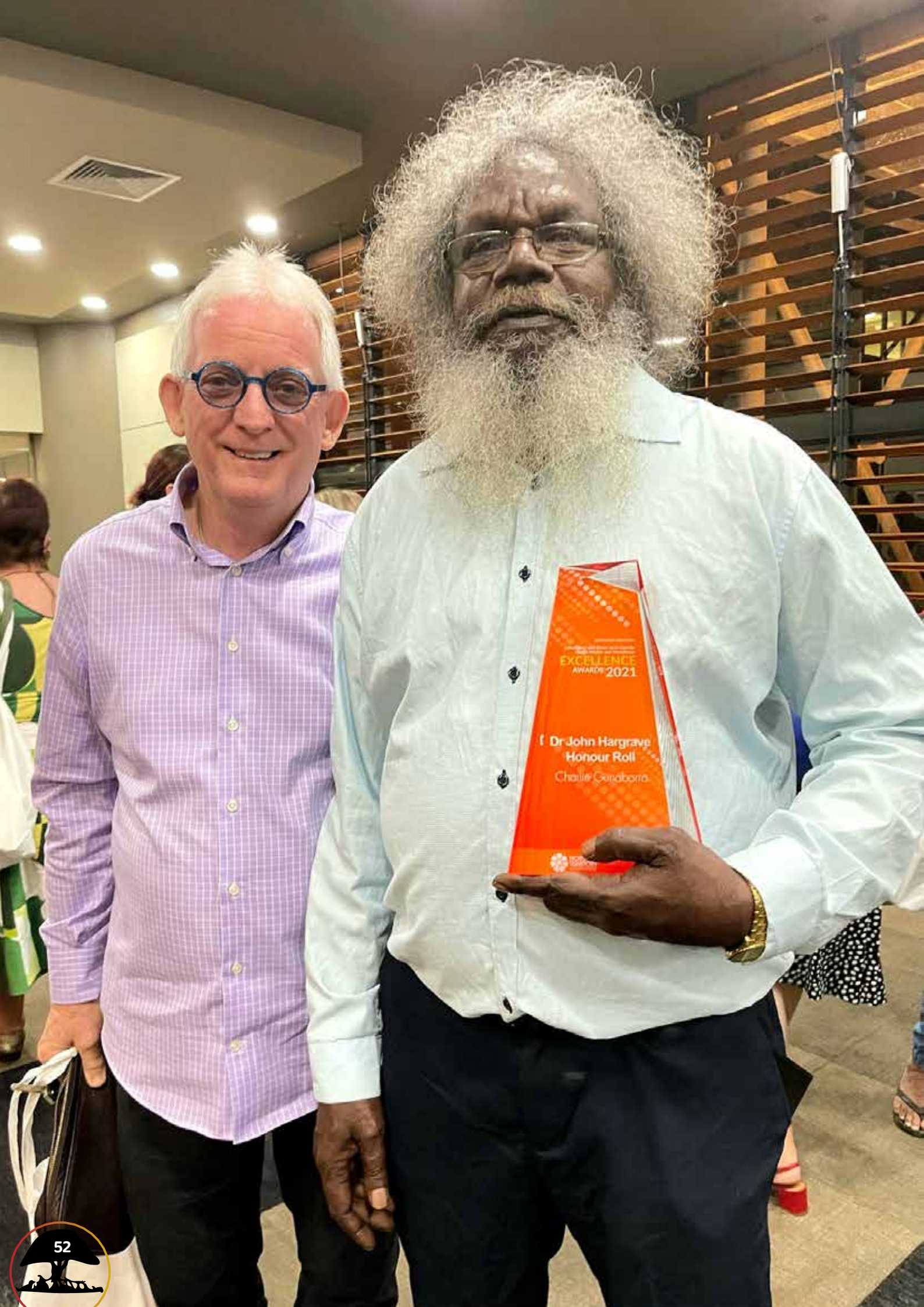
An idea, which was first talked about in the early 2000's, was put in motion in 2017 when the Mala'la Board of Directors decided that Community Control was the way forward.

The transition was a staged process over 16 months, starting the transitions of the first programs in October 2019 and fully transitioning to become the Manayingkarírra Primary Health Care Centre on the 1st of February 2021.

The transition to community control and the official opening of the newly named health centre by Health Minister Natasha Fyles MLA, was celebrated with a community lunch, speeches and cultural performances.

Mala'la chairperson Charlie Gunabarra acknowledged the good work done by NT Health in running the Maningrida clinic for the past 45 years and is grateful for the support that the board, Mala'la and Maningrida have been given throughout the transition process over the past four years.





Dr John Hargrave Honour Roll

Mala'la chairperson, and long-term Aboriginal health worker, Charlie Gunabarra has been recognized on the Dr. John Hargrave Honour Roll at the Aboriginal and Torres Strait Islander Health Worker and Practitioner Excellence Awards in Darwin.

The Dr. John Hargrave Honour Roll is a prestigious award, recognizing and celebrating lifetime career achievements and role-modelling behavior that is inspiring to others.

Charlie has been working as an Aboriginal health worker for more than 40 years, in which he has been advocating for, and working towards, culturally appropriate and community controlled health services.

Congratulations Charlie, a well-deserved recognition for your commitment and hard work.

Dr John Hargrave MBE, AO was a doctor, surgeon, humanitarian and strong advocate for Indigenous people and their overall health and wellbeing and is remembered as a humble man, a pioneer in his field and someone who had a profound impact on the development of the Aboriginal and Torres Strait Islander Health Worker and Practitioner professions.





GREATS
Youth Service
MANINGRIDY

COUNSELLING AND
TAKING THE CHAIR

Financial Report

MALA'LA HEALTH SERVICE ABORIGINAL CORPORATION
ABN 89 357 836 457

ICN 3228

GENERAL PURPOSE FINANCIAL REPORT - REDUCED DISCLOSURE REQUIREMENTS
FOR THE YEAR ENDED 30 JUNE 2021

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Statement of Changes in Equity

Statement of Cash Flows

Notes to and Forming Part of the Financial Statements

Independent Auditor's Report

Directors' report

The Directors present their report together with the general purpose financial statements of Mala'la Health Service Aboriginal Corporation (the Corporation) for the financial year ended 30 June 2021 and the auditor's report thereon.

Operating and financial review

The surplus from ordinary activities of the Corporation amounted to \$147,711 (2020: \$897,393).

Principal activities

The principal activities of the Corporation are primarily aimed at eliminating poverty, sickness, destitution, helplessness, distress, suffering and misfortune among Aboriginal residents of the Maningrida community.

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

Events subsequent to reporting date

There has not arisen in the interval between the end of the 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 Corporation will continue to focus on increasing services available to the Maningrida Community.

Environmental Regulation

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

Distributions

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

Directors

The Directors of the Corporation at any time during or since the end of the financial year are:

Directors Meetings

The number of directors' meetings and the number of meetings attended by each of the directors of the Corporation during the financial year are:

Name	Position	Community/ Outstation	Local Descent Group
Charlie Gunabarra	Chairperson	Miewunbi	Djinang
Reggie Wuridjal	Director	Maningrida	Ndjebbana
Kevin Juwugurra	Director	Yilan	Martay/Burarra
Norman Winter	Director	Maningrida	Nakkara
Valda Bokamarray	Director	Djinang	Ndjebbana
Camila Hayes	Director	Maningrida	Nakkarra
Marissa Stewart	Director	Maningrida	Yilan/Burarra
Matthew Ryan	Director	Khorlibidahdah	Kun'ae
Maria Scarlett	Independent Director		
Kathleen Cole	Independent Director		



Directors' report (continued)

Name	No of meetings held	No of meetings attended
Charlie Gunabarra	7	7
Reggie Wuridjal	7	4
Kevin Juwugurra	7	7
Norman Winter	7	7
Valda Bokamarray	7	7
Camila Hayes	7	6
Marissa Stewart	7	6
Matthew Ryan	7	6
Maria Scarlett	7	5
Kathleen Cole	7	5

Auditor's independence declaration

At no time during the financial year ended 30 June 2021 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.

The lead auditor's independence declaration forms part of the directors' report for the financial year ended 30 June 2021.

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).

This report is made in accordance with a resolution of the directors and is signed for and on behalf of the Board of Directors by:

CGunabarra

Director

Date: 4/11/21

MARISSA STEWART

Director

Date: 4/11/21



MALA'LA HEALTH SERVICE ABORIGINAL CORPORATION
ABN: 89 357 836 457

**DECLARATION OF INDEPENDENCE BY CLIVE GARLAND TO THE DIRECTORS OF MALA'LA
HEALTH SERVICE ABORIGINAL CORPORATION**

As auditor of Mala'la Health Service Aboriginal Corporation For the year ended 30 June 2021, I declare that, to the best of my knowledge and belief, there have been:

1. no contraventions of the auditor independence requirements of the Corporations (Aboriginal and Torres Strait Islander) Act 2006 and the Australian Charities and Not-for-profits Commission Act 2012 in relation to the audit; and; and
2. no contraventions of any applicable code of professional conduct in relation to the audit.



Clive Garland
Partner

BDO

BDO Audit (NT)
72 Cavenagh Street, Darwin NT 0800

Darwin, 05th November 2021


DIRECTORS' DECLARATION


In accordance with a resolution of the directors of Mala'la Health Service Aboriginal Corporation, the Directors declare that:

1. The Financial statements and notes, as set out on pages 5-29, are in accordance with the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*, the *Australian Charities and Not-for-profits Commission Act 2012* and:
 - a. comply with Australian Accounting Standards; and
 - b. give a true and fair view of the financial position of the Corporation as at 30 June 2021 and of its performance for the year ended on that date.
2. In the Directors' opinion 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 Directors and is signed for and on the behalf of the Board of Directors

by:


Director
Date: 4/11/21


Director
Date: 4/11/21

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2021

	Notes	2021 \$	2020 \$
Income			
Revenue from grants and contributions	2A	12,002,602	7,743,377
Interest received	2B	6,526	28,180
Other revenue	2C	2,835,999	3,559,921
Total Contribution		14,845,127	11,331,478
Expenses			
Employee benefits expense	3A	9,089,708	6,112,512
Depreciation and amortisation	3B	637,709	667,154
Interest expense on lease liabilities	3C	47,551	42,280
Other expenses	3D	4,922,448	3,612,139
Total Expenses		14,697,416	10,434,085
Net surplus for the year		147,711	897,393
Other Comprehensive Income			
Other comprehensive income for the year			
Total comprehensive income for the year		147,711	897,393

The accompanying notes form part of these financial statements.



STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2021

	Notes	2021 \$	2020 \$
ASSETS			
Current assets			
Cash and cash equivalents	4	7,648,673	7,454,604
Trade and other receivables	5	149,190	337,816
Other current assets	6	161,038	153,291
Total current assets		7,958,901	7,945,711
Non-current assets			
Property, plant and equipment	7	1,904,425	1,823,475
Right of use assets	8	1,123,712	974,831
Total non-current assets		3,028,137	2,798,306
Total assets		10,987,038	10,744,017
LIABILITIES			
Current liabilities			
Trade and other payables	9	1,342,009	1,555,211
Lease liabilities	10	342,234	255,384
Provisions	11	615,832	495,009
Total current liabilities		2,300,075	2,305,604
Non-current liabilities			
Lease liabilities	10	818,569	730,692
Provisions	11	45,218	35,756
Deposits	12	10,813	7,313
Total non-current liabilities		874,600	773,761
Total liabilities		3,174,675	3,079,365
Net Assets		7,812,363	7,812,363
ACCUMULATED FUNDS			
Retained surplus		7,812,363	7,664,652
Total accumulated funds		7,812,363	7,664,652

The accompanying notes form part of these financial statements.

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2021

ACCUMULATED FUNDS	Accumulated Surplus \$
Balance at 1 July 2019	5,413,589
Cumulative adjustment upon adoption of new accounting standard AASB 16	(7,116)
Cumulative adjustment upon adoption of new accounting standard AASB 1058	1,360,786
Balance at 1 July 2019 restated	6,767,259
Surplus for the year	897,393
Closing Balance at 30 June 2020	7,664,652
Balance at 1 July 2020	7,664,652
Surplus for the year	147,711
Closing Balance at 30 June 2021	7,812,363



STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2021

	Notes	2021 \$	2020 \$
Cash flows from operating activities			
Grants and contributions received		11,866,225	7,743,377
Other receipts		3,049,370	3,633,699
Interest received		6,526	28,180
Payments to suppliers and employees		(13,926,341)	(9,072,655)
Finance charges		(47,551)	(42,280)
Net cash flows from operating activities	18	948,229	2,290,321
Cash flows used in investing activities			
Acquisition of property, plant and equipment	7	(405,953)	(913,162)
Net cash flows used in investing activities		(405,953)	(913,162)
Cash flows used in financing activities			
Payment of lease liabilities		(348,207)	(308,783)
Net cash flows used in financing activities		(348,207)	(308,783)
Net increase in cash and cash equivalents		194,069	1,068,376
Cash and cash equivalents at the beginning of the year		7,454,604	6,386,228
Cash and cash equivalents at the end of the year	4	7,648,673	7,454,604

The accompanying notes form part of these financial statements.



NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

Name	No of meetings held	Page Number
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NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

The financial statements cover Mala'la Health Service Aboriginal Corporation as an individual entity, incorporated and domiciled in Australia. Mala'la Health Service Aboriginal Corporation is a Corporation registered under the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* and the *Australian Charities and Not-for-profits Commission Act 2012* (the Acts).

Principal place of business and registered office

Lot 480
Maningrida NT 0822

Note 1: Summary of Significant Accounting Policies

Basis of Preparation

The financial statements are required by the Acts and are general purpose financial statements - Reduced Disclosure Requirements as set out in AASB 1053: *Application of Tiers of Australian Accounting Standards*. The financial statements have been prepared in accordance with:

- *Corporations (Aboriginal and Torres Strait Islander) Regulations 2017 and the Australian Charities and Not-for-profits Commission Regulations 2013*; and
- Australian Accounting Standards and Interpretations issued by the Australian Accounting Standards Board (AASB) that apply for the reporting period.

Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accrual basis and are based on historical costs, modified where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

Accounting Policies

(a) Revenue

Operating Grants, Donations and Bequests

When the entity receives operating grant revenue, donations or bequests, it assesses whether the contract is enforceable and has sufficiently specific performance obligations in accordance with AASB 15.

When both these conditions are satisfied, the Corporation:

- identifies each performance obligation relating to the grant;
- recognises a contract liability for its obligations under the agreement; and
- recognises revenue as it satisfies its performance obligations.

Where the contract is not enforceable or does not have sufficiently specific performance obligations, the Corporation:

- recognises the asset received in accordance with the recognition requirements of other applicable accounting standards (for example AASB 9, AASB 16, AASB 116 and AASB 138);
- recognises related amounts (being contributions, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer); and
- recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount.

If a contract liability is recognised as a related amount above, the Corporation recognises income in profit or loss when or as it satisfies its obligations under the contract.

Capital Grant

When the Corporation receives a capital grant, it recognises a liability for the excess of the initial carrying amount of the financial asset received over any related amounts (being contributions, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer) recognised under other Australian Accounting Standards.

The Corporation recognises income in profit or loss when or as the Corporation satisfies its obligations under terms of the grant.

Interest Income

Interest income is recognised using the effective interest method.

All revenue is stated net of the amount of goods and services tax.



(b) Property, Plant and Equipment

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

Buildings, plant and equipment

Buildings, plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than the estimated recoverable amount, the carrying amount is written down immediately to the estimated recoverable amount and impairment losses are recognised either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset. A formal assessment of recoverable amount is made when impairment indicators are present (refer Note 1(e) for details of impairment).

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

Depreciation

The depreciable amount of all fixed assets, including buildings and capitalised lease assets, is depreciated on a straight-line basis over the asset's useful life to the Corporation commencing from the time the asset is held ready for use.

The depreciation rates used for each class of depreciable assets are:

Class	Rate
Buildings and improvements	2.5% - 25%
Plant and equipment	8-33⅓%
Furniture and fittings	8-40%
Motor vehicles	8-50%
Information technology	10-50%

The assets' residual values and useful lives are reviewed and adjusted, if appropriate, at the end of each reporting period.

Gains and losses on disposals are determined by comparing the proceeds with the carrying amount. These gains and losses are recognised in profit or loss in the period in which they arise. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained surplus.

(c) Leases

The Corporation as lessee

At inception of a contract, the Corporation assesses if the contract is, or contains, a lease. If there is a lease present, a right-of-use asset and a corresponding lease liability is recognised by the Corporation where the Corporation is a lessee. However all contracts that are classified as short-term leases (lease with remaining lease term of 12 months or less) and leases of low value assets are recognised as an operating expense on a straight-line basis over the term of the lease.

Initially the lease liability is measured at the present value of the lease payments still to be paid at commencement date. The lease payments are discounted at the interest rate implicit in the lease. If this rate cannot be readily determined, the Corporation uses the incremental borrowing rate.

Lease payments included in the measurement of the lease liability are as follows:

- fixed lease payments less any lease incentives;
- variable lease payments that depend on an index or rate, initially measured using the index or rate at the commencement date;
- the amount expected to be payable by the lessee under residual value guarantees;
- lease payments under extension options of lessee is reasonably certain to exercise the options; and
- payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

The right-of-use assets comprise the initial measurement of the corresponding lease liability as mentioned above, any lease payments made at or before the commencement date as well as any initial direct costs. The subsequent measurement of the right-of-use assets is at cost less accumulated depreciation and impairment losses.

Right-of-use assets are depreciated over the lease term or useful life of the underlying asset whichever is the shortest. Where a lease transfers ownership of the underlying asset or the cost of the right-of-use asset reflects that the Corporation anticipates to exercise a purchase option, the specific asset is depreciated over the useful life of the underlying asset.

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the Corporation becomes a party to the contractual provisions to the instrument. For financial assets, this is equivalent to the date that the Corporation commits itself to either purchase or sell the asset.

Financial instruments (except for trade receivables) are initially measured at fair value plus transaction costs except where the instrument is classified 'at fair value through profit and loss' in which case transaction costs are recognised as expenses in profit or loss immediately.

Trade receivables are initially measured at the transaction price if the trade receivables do not contain significant financing component or if the practical expedient was applied as specified in AAST 15: Revenue from Contracts with Customers

Classification and subsequent measurement*Financial Liabilities*

Financial liabilities are subsequently measured at:

- amortised cost; or
- fair value through profit or loss.

A financial liability is measured at fair value through profit or loss if the financial liability is:

- a contingent consideration of an acquirer in business combination to which AASB 3: Business Combinations applies;
- held for trading; or
- initially designed as at fair value through profit or loss.

All other financial liabilities are subsequently measured at amortised cost using the effective interest method.

The effective interest method is a method of calculating the amortised cost of a debt instrument and of allocating interest expense in profit or loss over the relevant period.

The effective interest rate is the internal rate of return of the financial asset or liability. That is, it is the rate that exactly discounts the estimated future cash flows through the expected life of the instrument to the net carrying amount at initial recognition.

Any gains or losses arising on changes in fair value are recognised in profit or loss to the extent that they are not part of a designated hedging relationship.

A financial liability cannot be reclassified.

Financial Assets

Financial assets are subsequently measured at:

- amortised cost;
- fair value through other comprehensive income; or
- fair value through profit or loss.

Measurement is on the basis of two primary criteria:

- the contractual cash flow characteristics of the financial asset; and
- the business model for managing the financial assets.

A financial asset that meets the following conditions is subsequently measured at amortised cost:

- the financial asset is managed solely to collect contractual cash flows; and
- the contractual terms within the financial asset give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specified dates.

A financial asset that meets the following conditions is subsequently measured at fair value through other comprehensive income:

- the contractual terms within the financial asset give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specified dates; and
- the business model for managing the financial asset comprises both contractual cash flows collection and the selling of the financial asset.

By default, all other financial assets that do not meet the measurement conditions of amortised cost and fair value through other comprehensive income are subsequently measured at fair value through profit or loss.

The Corporation initially designates a financial instrument as measured at fair value through profit or loss if:

- it eliminates or significantly reduces a measurement or recognition inconsistency (often referred to as an "accounting mismatch") that would otherwise arise from measuring assets or liabilities or recognising the gains and losses on them on different bases;
- it is in accordance with the documented risk management and information about the groupings is documented appropriately, so the performance of the financial liability that is part of a group of financial liabilities or financial assets can be managed and evaluated consistently on a fair value basis; and
- it is a hybrid contract that contains an embedded derivative that significantly modifies the cash flows otherwise required by the contract.

The initial designation of financial instruments to measure at fair value through profit or loss is a one-time option on initial classification and is irrevocable until the financial asset is derecognised.

Derecognition

Derecognition refers to the removal of a previously recognised financial asset or financial liability from the statement of financial position.

Derecognition of financial liabilities

A liability is derecognised when it is extinguished (i.e. when the obligation in the contract is discharged, cancelled or expires). An exchange of an existing financial liability for a new one with substantially modified terms, or a substantial modification to the terms of a financial liability, is treated as an extinguishment of the existing liability and recognition of a new financial liability.

The difference between the carrying amount of the financial liability derecognised and the consideration paid and payable, including any non-cash assets transferred or liabilities assumed, is recognised in profit or loss.

Derecognition of financial assets

A financial asset is derecognised when the holder's contractual rights to its cash flows expires, or the asset is transferred in such a way that all the risks and rewards of ownership are substantially transferred.

All the following criteria need to be satisfied for the derecognition of a financial asset:

- the right to receive cash flows from the asset has expired or been transferred;
- all risk and rewards of ownership of the asset have been substantially transferred; and
- the entity no longer controls the asset (ie has no practical ability to make unilateral decision to sell the asset to a third party).

On derecognition of a financial asset measured at amortised cost, the difference between the asset's carrying amount and the sum of the consideration received and receivable is recognised in profit or loss.

The Corporation recognises a loss allowance for expected credit losses on:

- financial assets that are measured at amortised cost or fair value through other comprehensive income; and
- lease receivables.

Loss allowance is not recognised for:

- financial assets measured at fair value through profit or loss; or
- equity instruments measured at fair value through other comprehensive income.

Expected credit losses are the probability-weighted estimate of credit losses over the expected life of a financial instrument. A credit loss is the difference between all contractual cash flows that are due and all cash flows expected to be received, all discounted at the original effective interest rate of the financial instrument.

The Corporation uses the simplified approach to impairment, as applicable under AASB 9.

The simplified approach does not require tracking of changes in credit risk at every reporting period, but instead requires the recognition of lifetime expected credit loss at all times. This approach is applicable to trade receivables and lease receivables.

In measuring the expected credit loss, a provision matrix for trade receivables is used, taking into consideration various data to get to an expected credit loss (i.e. diversity of its customer base, appropriate groupings of its historical loss experience, etc).

Recognition of expected credit losses in financial statements

At each reporting date, the Corporation recognises the movement in the loss allowance as an impairment gain or loss in the statement of profit or loss and other comprehensive income.

The carrying amount of financial assets measured at amortised cost includes the loss allowance relating to the asset.

Assets measured at fair value through other comprehensive income are recognised at fair value with changes in fair value recognised in other comprehensive income. The amount in relation to change in credit risk is transferred from other comprehensive income to profit or loss at every reporting period.



(e) Impairment of Non Financial Assets

At the end of each reporting period, the Corporation reviews the carrying amounts of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs of disposal and value in use, is compared to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised in profit or loss.

Where the assets are not held primarily for their ability to generate net cash inflows the recoverable amounts are expected to be materially the same as fair value.

Where it is not possible to estimate the recoverable amount of an individual asset, the entity estimates the recoverable amount of the cash-generating unit to which the asset belongs.

Where an impairment loss on a revalued asset is identified, this is recognised against the revaluation surplus in respect of the same class of asset to the extent that the impairment loss does not exceed the amount in the revaluation surplus for that class of asset.

(f) Employee Benefits

Short-term employee benefits

Provision is made for the Corporation's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service, including wages, salaries and annual leave. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

The Corporation's obligations for short-term benefits such as wages, salaries and sick leave are recognised as part of current trade and other payables in the statement of financial position.

Other long-term employee provisions

Provision is made for employees' long service leave and annual leave entitlements not expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service. Other long-term employee benefits are measured at the present value of the expected future payments to be made to employees. Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to market yields at the end of the reporting period on government bonds that have maturity dates that approximate the terms of the obligations. Upon the remeasurement of obligations for other long-term employee benefits, the net change in the obligation is recognised in profit or loss as a part of employee benefits expense.

The Corporation's obligations for long-term employee benefits are presented as non-current employee provisions in its statement of financial position, except where the Corporation does not have an unconditional right to defer settlement for at least 12 months after the end of the reporting period, in which case the obligations are presented as current provisions.

(g) Cash and Cash Equivalents

Cash and cash equivalents includes cash on hand, deposits held at-call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. The Corporation did not have an overdraft during the year.

(h) Trade and Other Receivables

Trade and other receivables include amounts receivable from clients for accommodation and food provided in the ordinary course of business. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

Accounts receivable are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for impairment. Refer to Note 1(d) for further discussion of impairment of financial assets.

(i) Goods and Services Tax

Revenues, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

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

Cash flows are included in the cash flow statement on a net basis. The GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the taxation authority is classified as operating cash flows.



(j) Income tax

The Corporation is a Public Benevolent Institution and is endorsed by the Australian Taxation Office to access income tax exemption under Subdivision 50-A of the Income Tax Assessment Act 1997.

(k) Fringe Benefits Tax

The Corporation, as a Public Benevolent Institution, is also endorsed by the Australian Taxation Office to access the FBT exemption.

(l) Provisions

Provisions are recognised when the Corporation has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of the reporting period.

(m) Comparative Figures

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

(n) Critical Accounting Estimates and Judgements

The directors evaluate estimates and judgements incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the Corporation.

Key estimates

Impairment of property, plant and equipment

The Corporation assesses impairment of property, plant and equipment at each reporting date by evaluating conditions specific to the Corporation and to the particular asset that may lead to impairment. If an impairment trigger exists, the recoverable amount of the asset is determined. This involves fair value less costs to sell or value-in-use calculations, which incorporate a number of key estimates and assumptions. There was no provision for impairment of property, plant and equipment at 30 June 2021 (2020: \$Nil).

Impairment of accounts receivable

The Corporation uses the simplified approach to assess impairment as applicable under AASB 9. This approach does not require tracking of changes in credit risk in every reporting period, but instead requires the recognition of lifetime expected credit loss at all times. In measuring the expected credit loss a provision matrix for trade receivables has been used, taking into consideration various data to get to an expected credit loss (eg diversity of its debtor base, appropriate groupings of its historical loss experience, etc). Impairment at 30 June 2021 \$2,832 (2020: \$6,580).

Useful lives of property, plant and equipment

As described in Note 1(b), the Corporation reviews the estimated useful lives of property, plant and equipment at the end of each annual reporting period.

Key judgements

Employee benefits

For the purpose of measurement, AASB 119: Employee Benefits defines obligations for short-term employee benefits as obligations expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service. As the Corporation expects that most employees will use all of their annual leave entitlements in the same year in which they are earned or during the 12-month period that follows the directors believe that obligations for annual leave entitlements satisfy the definition of short-term employee benefits.

(o) Economic Dependency

The continued operation of the Mala'la Health Service Aboriginal Corporation is dependent on funding from the Commonwealth and Northern Territory Governments. At the date of this report, the Board of Directors has no reason to believe the support will not continue.

The Corporation measures some of its assets and liabilities at fair value on either a recurring or non-recurring basis, depending on the requirements of the applicable Accounting Standard.

Fair value is the price the Corporation would receive to sell an asset or would have to pay to transfer a liability in an orderly (i.e. unforced) transaction between independent, knowledgeable and willing market participants at the measurement date.

As fair value is a market-based measure, the closest equivalent observable market pricing information is used to determine fair value. Adjustments to market value may be made having regard to the characteristics of the specific asset or liability. The fair values of assets and liabilities that are not traded in an active market are determined using one or more valuation techniques. These valuation techniques maximise, to the extent possible, the use of observable market data.

For non-financial assets, the fair value measurement also takes into account a market participant's ability to use the asset in its highest and best use or to sell it to another market participant that would use the asset in its highest and best use.

	Notes	2021 \$	2020 \$
Note 2:	Revenue and Other Income		
Note 2A	Revenue from government and other grants and contributions		
	<i>Commonwealth government grants - recurrent</i>		
	Primary Health Care	4,391,651	3,847,463
	National Indigenous Australians Agency	1,029,620	1,148,059
	Department of Health	2,070,904	1,576,112
	Primary Health Network	177,735	177,735
		<u>7,669,910</u>	<u>6,749,369</u>
	<i>Commonwealth government grants - non-recurrent</i>		
	Primary Health Care	-	150,000
	Department of Health	-	165,489
			<u>315,489</u>
	<i>Territory government grants - recurrent</i>		
	Department of Health	152,513	164,513
	Department of Chief Minister	260,000	-
	Department of Education	51,000	-
	Territory Families	180,000	129,132
	Top End Health Service	3,561,840	384,874
		<u>4,205,353</u>	<u>678,519</u>
	Total government grants	11,875,263	7,743,377
	Other grants	132,084	-
	Total grants received	<u>12,007,347</u>	<u>7,743,377</u>
	Grant surplus returned	<u>(4,745)</u>	
	Total revenue from grants and contributions	<u>12,002,602</u>	<u>7,743,377</u>
Note 2B	Interest		
	Interest received from financial institutions	<u>6,526</u>	<u>28,180</u>
Note 2C	Other revenue		
	Medicare fees	1,344,234	1,454,792
	Aged care disability client service fees	889,230	1,115,029
	Home care service fees	157,638	427,222
	Aged care client service fees	50,790	42,610



NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

	Notes	2021 \$	2020 \$
Other service fees		52,577	60,244
Vehicle hire		2,550	15,933
Other income		338,980	444,091
Total other revenue		2,835,999	3,559,921

Note 3: Expenses

Note 3A Employee benefits expense

Salaries and wages		8,072,324	5,354,510
Superannuation contributions		689,467	450,690
Leave entitlements		130,286	183,550
Workers compensation insurance		21,295	22,121
Other employee benefits		176,336	101,641
Total employee benefits expense		9,089,708	6,112,512

Note 3B Depreciation and amortisation

Depreciation

Buildings and improvements		109,969	99,308
Plant and equipment		135,507	108,209
Furniture and fittings		22,558	22,581
Motor vehicles		15,712	18,972
Information technology		41,257	105,172
	7	325,003	354,242

Amortisation

Property		99,364	94,142
Motor Vehicles		213,342	218,770
	8	312,706	312,912
Total depreciation and amortisation		637,709	667,154

Note 3C Interest Expense on Lease Liabilities

Properties		16,655	18,591
Motor Vehicles		30,896	23,689
		47,551	42,280

Note 3D Other expenses

Accounting and bookkeeping fees		420,091	305,925
Accreditation		4,914	4,914
Audit fees		29,106	23,254
Aged Care expenses		184,673	156,924
Board meeting costs		35,138	18,138
Conferences and training		39,089	85,379
Consultants and contractors		123,646	227,841
Bad and doubtful debts expense		68,271	10,219
Electricity, water, sewerage and gas		200,912	157,259
Fees and registrations		39,911	16,610
Freight		56,160	41,904
Furniture, fittings and small equipment		104,448	95,639
Information technology costs		189,351	117,258
Insurance expense		285,753	210,774
Lease - short term and low value	8	83,357	71,460

	Notes	2021 \$	2020 \$
Legal fees		13,833	22,926
Medical services and supplies		1,565,314	670,624
Motor vehicle expenses		233,266	100,439
Postage, printing and stationery		43,540	43,673
Program expenses		418,149	505,387
Rates and taxes		21,864	15,954
Recruitment and relocation costs		102,348	32,001

Note 3E Other expenses (continued)

Repairs and maintenance		164,551	148,610
Sponsorships		6,500	6,205
Staff amenities		50,057	50,018
Subscriptions		6,408	8,469
Telephone		120,048	80,622
Travel and accommodation		285,965	357,891
Uniforms		14,525	19,941
Other expenses		11,260	5,881
Total other expenses		4,922,448	3,612,139

Note 4: Cash and Cash Equivalents

Cash at bank		7,642,723	7,454,604
Cash on hand		5,950	—
Total cash and cash equivalents		127,277	7,454,604

Of the amounts stated above, \$1,984,222 is restricted (2020: \$1,397,630) as funding bodies may make a claim against the Funds should the terms and conditions of the funding agreements not be satisfied.

Note 5: Trade and Other Receivables

Trade receivables		127,277	341,266
Provision for impairment		(2,832)	(6,580)
Total trade receivables		124,445	334,686

Other receivables

Sundry receivables		24,745	3,130
Total other receivables		24,745	3,130
Total current trade and other receivables		149,190	337,816

The Corporation does not hold any financial assets whose terms have been renegotiated, but which would otherwise be past due or impaired.

No collateral has been pledged for any of the current or non-current trade and other receivable balances.

Net receivables are aged as follows:

	Expected loss rate		
Not overdue		61,009	205,032
Overdue:			
30 to 60 days		7,729	495
60 to 90 days		1,891	4,143
More than 90 days	5%	56,648	131,596
Total trade receivables		127,277	341,266



	Notes	2021 \$	2020 \$
a. Financial assets at amortised cost classified as accounts receivable and other debtors			
Accounts receivable and other debtors:			
- total current		149,190	337,816
- total non current		–	–
Financial assets as accounts receivable and other debtors	19	149,190	337,816

Note 6: Other Current Assets

Prepayments	161,038	153,291
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Note 7: Property, Plant and Equipment

Buildings and improvements, at cost	4,593,809	4,426,363
Less: Accumulated depreciation	(3,578,523)	(3,468,554)
	1,015,286	957,809
Plant and equipment, at cost	1,401,969	1,198,908
Less: Accumulated depreciation	(732,065)	(596,554)
	669,904	602,354
Furniture and fittings, at cost	376,439	293,189
Less: Accumulated depreciation	(278,795)	(256,237)
	97,644	36,952
Motor vehicles, at cost	282,884	231,966
Less: Accumulated depreciation	(189,020)	(173,307)
	93,864	58,659
Information technology, at cost	288,968	288,968
Less: Accumulated depreciation	(261,241)	(219,984)
	27,727	68,984
Work in progress	–	98,717
Total property, plant and equipment	1,904,425	1,823,475

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:



	Notes	2021 \$	2020 \$				
Note 7: Property, Plant and Equipment (continued)							
	Building and improvements at cost	Plant and equipment at cost	Furniture and fittings at cost	Motor vehicles at cost	Information technology at cost	Work in progress at cost	Total
As at 1 July 2019	\$	\$	\$	\$	\$	\$	\$
Gross book value	4,148,782	774,711	279,445	198,452	288,968	-	5,690,358
Accumulated depreciation	(3,372,547)	(528,264)	(233,656)	(176,524)	(114,812)	-	(4,425,803)
Net book value 1 July 2019	776,235	246,447	45,789	21,928	174,156	-	1,264,555
Additions	280,882	464,116	13,744	55,703	-	98,717	913,162
Depreciation	(99,308)	(108,209)	(22,581)	(18,972)	(105,172)	-	(354,242)
Net book value 30 June 2020	957,809	602,354	36,952	58,659	68,984	98,717	1,823,475

Net book value as of 30 June 2020 represented by:

Gross book value	4,426,363	1,198,908	293,189	231,966	288,968	98,717	6,538,111
Accumulated depreciation	(3,468,554)	(596,554)	(256,237)	(173,307)	(219,984)	-	(4,714,636)
Net book value as of 30 June 2020	957,809	602,354	36,952	58,659	68,984	98,717	1,823,475
As at 1 July 2020							
Gross book value	4,426,363	1,198,908	293,189	231,966	288,968	98,717	6,538,111
Accumulated depreciation	(3,468,554)	(596,554)	(256,237)	(173,307)	(219,984)	-	(4,714,636)
Net book value 1 July 2020	957,809	602,354	36,952	58,659	68,984	98,717	1,823,475
Reallocation	98,717	-	-	-	-	(98,717)	-
Additions	68,729	203,057	83,250	50,917	-	-	405,953
Depreciation	(109,969)	(135,507)	(22,558)	(15,712)	(41,257)	-	(325,003)
Net book value as of 30 June 2020	1,015,286	669,904	97,644	93,864	27,727	-	1,904,425

Net book value as of 30 June 2021 represented by:

Gross book value	4,593,809	1,401,969	376,439	282,884	288,968	-	6,944,069
Accumulated depreciation	(3,578,523)	(732,065)	(278,795)	(189,020)	261,241	-	(5,039,644)
Net book value 30 June 2021	1,015,286	669,904	97,644	93,864	27,727	-	1,904,425

Note 8: Right-of-Use Assets

The Corporation's lease portfolio includes property and motor vehicles. These leases have an average of 4 years as their lease term.

Options to extend or terminate

The option to extend or terminate are contained in the property leases. There were no extension options for motor vehicle leases. These clauses provide the Corporation opportunities to manage leases in order to align with its strategies. All of the extension or termination options which were probable to be exercised have been included in the calculation of the right-of-use asset.

i) Amounts recognised in the Statement of Financial Position

Carrying value of lease assets by class of underlying asset:	2021 \$	2020 \$
Land and buildings	885,028	885,028
Accumulated amortisation	(389,519)	(290,154)
	495,509	594,874



	Notes	2021 \$	2020 \$
Motor vehicles		1,426,440	975,112
Accumulated amortisation		(798,237)	(595,155)
		<u>628,203</u>	<u>379,957</u>
Total Right-of-use assets		<u>1,123,712</u>	<u>974,831</u>
Movement in carrying amount of right-of-use assets:			
<i>Leased property</i>			
Opening net carrying amount		594,874	626,356
Additions		-	62,660
Amortisation		(99,364)	(94,142)
Net carrying amount		<u>495,510</u>	<u>594,874</u>
<i>Leased motor vehicles:</i>			
Opening net carrying amount		379,957	313,408
Additions		479,544	285,319
Terminations		(28,217)	-
Amortisation		(203,082)	(218,770)
Net carrying amount		<u>628,202</u>	<u>379,957</u>
<i>Total leased assets:</i>			
Opening net carrying amount		974,831	939,764
Additions		479,544	347,979
Amortisation		(302,446)	(312,912)
Terminations		(28,217)	-
Total Right-of-use assets		<u>1,123,712</u>	<u>974,831</u>

ii) AASB 16 related amounts recognised in the statement of profit or loss

Interest expense on lease liabilities	3C	30,896	42,280
Short-term lease expense	3D	43,161	71,460
Low value lease expense	3D	40,197	-

Note 9: Trade and Other Payables

Accounts payable	545,166	680,233
Accrued expenses	144,777	404,501
Payroll liabilities	314,646	177,214
GST payable	176,191	107,618
Contract liabilities	-	136,377
Other payables	161,229	49,268
Total trade and other payables	<u>1,342,009</u>	<u>1,555,211</u>

Settlement of trade creditors is generally net 30 days.

No interest is payable on outstanding payables.

a. Financial liabilities at amortised cost classified as accounts payable and other payables

	Notes	2021 \$	2020 \$
Accounts payable and other payables:			
- total current		1,342,009	1,555,211
- total non current		-	-
		1,342,009	1,555,211
Less GST payable		(176,191)	(107,618)
Less contract liabilities		-	(136,377)
Financial liabilities as accounts payable and other payables	19	1,165,818	1,311,216

b. Contract liabilities

Balance at the beginning of the year	-	-
Additions:		
Grants for which performance obligations will only be satisfied in subsequent years	-	136,377
Closing balance at the end of the year	-	136,377

If grants are enforceable and have sufficiently specific performance obligations in accordance with AASB 15 the amount received at that point in time, is recognised as a contract liability until the performance obligations have been satisfied.

Note 10: Lease Liabilities

Lease Liabilities

Current	342,234	255,384
Non-current	818,569	730,692
Total lease liabilities	1,160,803	986,076

Note 11: Provisions

Current

Employee benefits - annual leave entitlements	615,832	495,009
Total current provisions	615,832	495,009

Non-current

Employee benefits - long service leave entitlements	45,218	35,756
Total non-current provisions	45,218	35,756
Total provisions	661,050	35,756

Note 12: Deposits

Non-current

Staff rental bonds	10,813	7,313
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Note 13: Commitments for Expenditure

(a) There were no capital commitments at 30 June 2021 (2020: \$Nil).

(b) Operating Leases:

Non-cancellable operating leases contracted for but not recognised in the financial statements.

Minimum Lease payments payable:

- Short term leases	43,161	29,900
- Low value leases	38,066	-
- CPI adjustments	2,131	-
	83,358	29,900



The property lease commitments are non-cancellable operating leases contracted for but not recognised in the financial statements with a one year term. Increases in lease commitments may occur in line with the consumer price index (CPI).

Note 14: Contingent Liabilities and Contingent Assets

A number of the Corporation's funding programs are currently under review by the funding bodies in accordance with the funding agreements. Neither the outcome or financial impact can be reliably estimated at the time these financial statements were authorised. There were no other contingent assets or liabilities at 30 June 2021 (2020: \$Nil).

Note 15: Events After the Reporting Period

The directors are not aware of any significant events that have occurred since the end of the reporting period which have an effect on the presentation or require disclosure to the Financial statements.

Note 16: Key Management Personnel Compensation

Any person(s) having authority and responsibility for planning, directing and controlling the activities of the Corporation, directly or indirectly, including any director (whether executive or otherwise) is considered key management personnel.

Key management personnel compensation:

- short-term employee benefits - current year	923,149	569,684
- post-employment benefits - current year	74,017	48,593
	<u>997,166</u>	<u>618,277</u>

Note 17: Other Related Party Transactions

No remuneration or benefits were paid to the directors during the year other than wages included in the key management personnel compensation (Note 16).
There were no loans to directors either this year or last year nor was there any outstanding balances from prior years.

Note 18: Cash Flow Information

Reconciliation of Cash Flow from Operating Activities with Current Year Surplus

Current year surplus	147,711	897,393
<i>Non-cash flows:</i>		
Depreciation and amortisation	637,709	667,154
Other	61,347	-
<i>Changes in assets and liabilities:</i>		
(Increase) / Decrease in assets:		
Trade and other receivables	188,626	152,274
Other current assets	(7,747)	(16,654)
Increase/(decrease) in liabilities:		
Trade and other payables	(213,202)	301,976
Employee provisions	130,285	283,345
Deposits	3,500	4,833
Net cash from operating activities	<u>948,229</u>	<u>2,290,321</u>

Note 19: Financial Risk Management

The Corporation's financial instruments consist mainly of deposits with banks, receivables and payables and lease liabilities.

The carrying amounts for each category of financial instruments, measured in accordance with AASB 9 as detailed in the accounting policies to these financial statements, are as follows:

	Notes	2021 \$	2020 \$
Financial assets			
Cash and cash equivalent	4	7,648,673	7,454,604
Trade and other receivables	5	149,190	337,816
Total financial assets		7,797,863	7,792,420
Financial liabilities			
Trade and other payables	9a	1,165,818	1,311,216
Lease liabilities	8	1,160,803	986,076
Total financial liabilities		2,326,621	2,297,292
Fair values			

Unless otherwise stated, the directors consider the financial assets and financial liability carrying amount to also be its fair value.

Fair value hierarchy

AASB 13: Fair Value Measurement requires the disclosure of fair value information by level of the fair value hierarchy, which categorises fair value measurements into one of three possible levels based on the lowest level that an input that is significant to the measurement can be categorised.



A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website (<http://www.auasb.gov.au/Home.aspx>) at:

http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf

This description forms part of our auditor's report.

BDO

BDO Audit (NT)

C Garland
Partner

Darwin, 05 November 2021

INDEPENDENT AUDITOR'S REPORT

To the members of Mala'la Health Service Aboriginal Corporation

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of Mala'la Health Service Aboriginal Corporation (the Corporation), which comprises the statement of financial position as at 30 June 2021, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial report, including a summary of significant accounting policies, and the Directors' declaration.

In our opinion the accompanying financial report of Mala'la Health Service Aboriginal Corporation, is in accordance with the financial reporting requirements of *Corporations (Aboriginal and Torres Strait Islander) Act 2006* and Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (i) Giving a true and fair view of the Corporation's financial position as at 30 June 2021 and of its financial performance for the year then ended; and
- (ii) Complying with Australian Accounting Standards - Reduced Disclosure Requirements and the *Corporations (Aboriginal and Torres Strait Islander) Regulations* and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

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 *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act) and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (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 believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of matter

Without modifying our opinion, we draw attention to the following matter:

Internal controls over Other Revenue

Other Revenue are a significant source of income for Mala'la Health Service Aboriginal Corporation. The Corporation has determined that it is impracticable to establish control over the collection of Other Revenue prior to entry into its financial records. Accordingly, as the evidence available to us regarding Other Revenue from this source was limited, our audit procedures with respect to Other Revenue had to be restricted to the amounts recorded in the financial records amounting to \$2,835,999. We therefore are unable to express an opinion whether Other Revenue the Corporation recorded are complete.

Other information

The Directors are responsible for the other information. The other information obtained at the date of this auditor's report is information included in the Corporation's annual report, but does not include the financial report and our auditor's report thereon.

Our opinion on the financial report does not cover the other information and accordingly 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 on the other information obtained prior to the date of this auditor's report, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of management and directors for the Financial Report

Management are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards - Reduced Disclosure Requirements and the ACNC Act, and for such internal control as management determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, management 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 management either intends to liquidate the Corporation or to cease operations, or has no realistic alternative but to do so.

The Directors are responsible for overseeing the Corporation's financial reporting process.

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.

**We acknowledge the
Traditional Owners
of the land we operate
on, the Kunibídjí
people and recognise
their continuing
connection to
country and culture.
We pay our respects
to Elders past, present
and emerging.**

A special thank you to the Manayingkarírra community for their ongoing leadership, support and guidance in the design and delivery of our Primary Health Care services.





**Mala'la Health Service
Aboriginal Corporation**

Address: PO Box 136,
Maningrida NT 0822
Phone: 08 8979 5772
Email: admin@malala.com.au

www.malala.com.au