



Mala'la Annual Report 2024/2025



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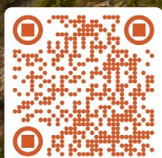


Acknowledgment of Country

We acknowledge the Traditional Owners of the land of Manayingkarirra, the Dukurrdji clan of the Ndjébbana speaking Kunibidji people. We pay our respects to their Elders past, present, and emerging. We recognise their continuing connection to land, waters, and culture. We extend this acknowledgment to all Aboriginal and Torres Strait Islander peoples across Country where Mala'la Health Service Aboriginal Corporation operates. We acknowledge that sovereignty was never ceded. We are committed to working together to create a better future for all.

Cultural warning

Aboriginal and Torres Strait Islander readers are advised that this document may contain names and images of people who have died. We acknowledge the cultural sensitivities surrounding the depiction of deceased people and have made every effort to respect these traditions. If any content causes distress, we apologise and encourage you to reach out to us for further assistance.



Learn about
Ndjébbana kinship

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Our Name

The name Mala'la relates to the mangrove tree of the Maningrida region, of which the Ndjébbana speaking Kunibídjí people are the Traditional Owners and Custodians. Mala'la is the Ndjébbana word for mangrove. Our logo represents the significance of the mangrove tree and what it means to our people.

The mud in which the mangrove tree grows represents culture and law. The trunk of the tree represents the Maningrida community, and the roots represent the many homelands that are important to the community. The crown of the mangrove tree represents healthy people, growing well and strong in a culturally secure environment.

Our Vision

To improve the health and well-being of our people in the Maningrida community and surrounding outstations.

Our Community

The name Maningrida comes from the Kunibídjí peoples name Manayingkarírra, which comes from the sentence mane djang karríra (the place where the totemic ancestor changed shape). Traditional Owners of Country are the Kunibídjí people whose language is Ndjébbana, and there are more than 13 different languages spoken in Maningrida region and many more dialects and clan specific dialects.

Community members are multi-lingual and can speak three or four languages. Burarra (46%), Ndjébbana (12%), Kuninjku, Na-Kara and Wurlaki are also widely spoken. Maningrida has a population of approximately 3000 people, including those who live on the 30 surrounding homeland outstations. The community is located approximately 520 km east of Darwin and 300 km northeast of Jabiru.

Languages Spoken in North-east and West Arnhem Land

- | | |
|---|---------------------|
| 1. Kunwinjku | 4. Burarra |
| 2. Kuninjku | 5. Na-kara |
| 3. Yolŋu Matha: group of languages spoken throughout East Arnhem Land including the dialects <ul style="list-style-type: none">- Djambarrpuyŋu- Gumatj- Gupapuyŋu- Rirratjingu- Dhuwaya- Djinang | 6. Ndjébbana |
| | 7. Kune |
| | 8. Wurlaki |
| | 9. Gun-nartpa |
| | 10. Rembarrnga |
| | 11. Gurr-goni |
| | 12. Kunbarlang |
| | 13. Dangbon Dalabon |



Scan to listen. Maningrida languages on ICTV Play.

Our Board



**Charlie
Gunabarra OAM**
Chairperson



**Kevin
Juwugurra**
Deputy Chairperson



**Camilla
Hayes**



**Marissa
Stewart**



**Valda
Bokmakkaray**



**Samara
Hayes**



**Reggie
Wuridjal**



**James
Woods**



**Penelope
Steele**
Independent Board Member

Leadership Team



Ray Matthews
Chief Executive
Officer



Denise Ashworth
Accountant



Lesley Woolf OAM
Executive Manager
Health, Aged Care and
Community Services



Aileen Bell
Manager,
Corporate Services



Jessica Gatti
Manager,
Primary Health Care



Felicity Douglas
Manager,
Family and Community
Wellness

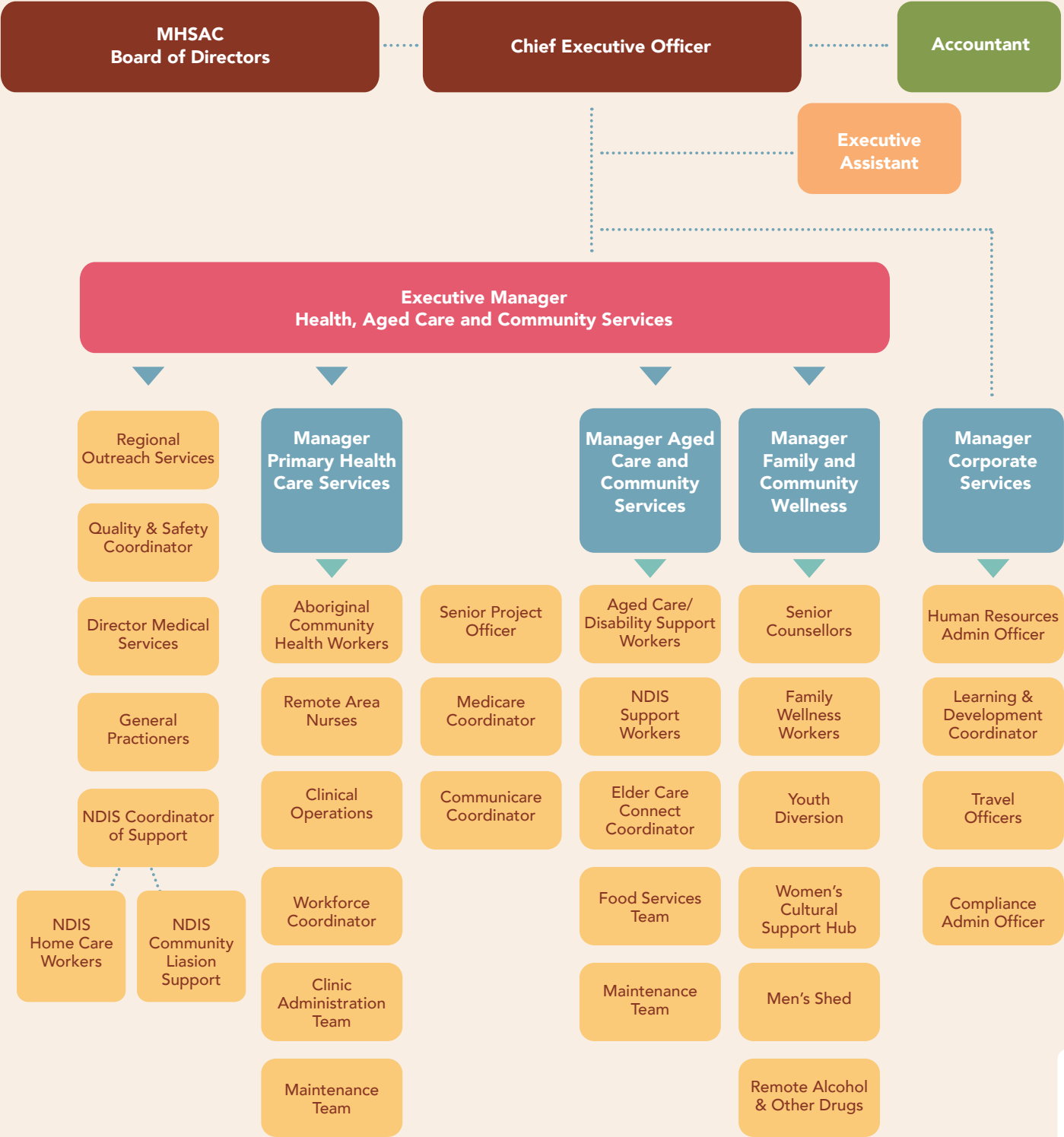


Karen Yarnold
Manager,
Aged Care and
Community Services



Lorraine Harry
Coordinator,
Quality and Safety

Organisational Chart





Chairperson's Report

The 2024/2025 financial year has seen several new developments for the Corporation, this is primarily because of the sound working relationship between the Board of Directors, the Management team and external agencies.

The commencement of the building extension to the Maningkarirra Primary Health Care Centre is an exciting development for the Corporation and the community. The new building is to incorporate additional consultation rooms, a board/training room and staffing accommodation at a cost of approximately \$15M. The building will enhance service delivery and provide much needed working space for our programs to be delivered, with current projections are that the building should be completed by March 2026.

The After-hours service provided by the clinic has been well received by the community and is proving a viable asset, with community members accessing the service as required. The cost savings to the community and government is significant given that the evacuation of patients to Darwin has been reduced, and staffing of the After-hours Program is relatively stable. Nursing staff and drivers are present at the Clinic overnight to support those requiring medical advice and attention, and funding has been extended to a third year which is encouraging. We are optimistic that following the initial three-year trial period that ongoing funding will be made available.

Securing a \$4M grant to build a new four chair Renal unit is significant. The unit is to be developed in collaboration with Purple House which provides culturally safe dialysis and support across remote Australia. The building will replace the current Primary Health Care Office building which will be demolished. We would expect that building will commence in mid-2026. Having the Renal unit will enable many community members currently staying in Darwin for dialysis services to return to Maningrida where their dialysis needs will be met.

Lowry's Accountants continued their support to Mala'la throughout the financial year ensuring we were compliant in our reporting of financial matters to the various funding bodies.

The Board Governance Training was held in August. The training provided an opportunity for board members to discuss issues of concern and to consider opportunities for enhancement of service delivery in the future. Our facilitator, Danny Keep, has an excellent working relationship with the board members where his personal

insight and leadership are greatly valued by the Board.

Operational Plans were developed for 2024/2025, where the Managers were responsible for monitoring the Key Performance Indicators within the plan and they reported to the Board monthly regarding progress against Key Performance Indicators.

Whilst the upgrading of the Morgue has been finalised, there are significant drainage problems associated with the surrounding outlying area. We have had the land surveyed and drainage plans prepared for the installation of new drainage, so that the area does not become flooded during the wet season. Once the drainage has been upgraded, the roadway and entrance to the Morgue will be concreted. It is anticipated that this work will be completed prior to the wet season in 2025.

The financial position of the organization is stable, and this is highlighted in the audit report. Medicare fees have been constant and there has been a marked increase in revenue when compared with the previous financial year. The costs associated with running the Clinic remain high and this obviously has an immediate impact on what we can do in relation to increased service delivery or staffing. The funding associated with our After-hours Project has assisted in defraying costs linked to After-hours care provided to the community. A positive is that our Primary Health Care funding was increased by a further \$1M per year by the Commonwealth Government as from July, and the increased funding will assist us in achieving service delivery within projected budgets.

Services continue to be provided to Homelands consistently on a weekly basis, despite the limited resources we have to support these visits. A mixture of nursing staff, community workers, doctor and allied health staff travel to provide much needed support to our Homeland's community. We are also flying to the more distant Homeland areas on a monthly basis.

The Visiting Services provided by the NT Primary Health 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. These services have been complimented by additional services in Nutrition, Physiotherapy and

Podiatry with funding being transferred from the Northern Territory Primary Health Network to Mala'la. We have also negotiated with the NT Primary Health Network to share Allied Health resources with the Red Lily Aboriginal Health Service (Jabiru).

Mala'la continues to provide funding for a full time Pharmacist, and we are one of the few AMS's in Australia who has a permanent Pharmacist.

We have concerns about the lack of accommodation available for staff from Visiting Services. Our Dental Program has been seriously compromised over the past twelve months because visiting staff do not consider the accommodation on offer to be satisfactory or safe. Lack of available accommodation will persist because accommodation at the Dhukurrdji Lodge and MPA Motel are full because of the many builders and visiting tradesman in the community linked to the various building projects. Unfortunately, this reduces accommodation options for us when considering visiting staff.

The development of the Family and Community Wellness Service continues. A stronger working relationship has been developed with the Clinic and Top End Mental Health over the past 12 months. In addition, we have assumed responsibilities for an 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. With the acquisition of \$2.5M in funding over five years, a new Community Program is being developed in Children and Family Services. The program focuses on local governance decision making and encourages the involvement of various community groups in developing new initiatives for family support that embrace a closer link to culture and community expectations.

We have received \$12.8M in government funding to extend the Aged Care facility. The new building will include an additional four bedrooms, a Palliative Care area, commercial kitchen refurbishment, new laundry, additional storage areas, additional car parking areas and a new sensory dementia garden. It is anticipated that this building project will be completed in late 2027.

We are pleased that a Men's Shed arrangement has been put in place with access to a building near the swimming pool. We now have full access to this building seven days per week, and there are several recreational resources that have been placed at the Shed. Team Health and Balcor are providing services on a regular basis. There is obviously the scope to develop a wider range of services. We have appointed a Coordinator to run a Strong Young Fathers Program, where the men are being supported to develop skills in parenting and employment with a focus on literacy. In addition, the men have been involved in obtaining certification for rural operations and maritime skills. These certification courses have been supported financially by Charles Darwin University and have been instrumental in making the men better equipped and resourceful with the skills they have acquired.

Orange Sky continues to provide a much-needed free mobile washing service to community members. In addition, a permanent laundry pod has been placed at the RHD building for clients, and this is assisting in addressing the scabies issue in a positive manner.

The Telehealth service delivery model has gained momentum, where we have three doctors from interstate, working from their homes, who provide consultation to patients via a television monitor. This requires the patient to make an appointment prior to meeting the doctor via Telehealth and they are supported by a nurse during the consultation. This method of consultation is working well and supports the work being done by the Clinic. Telehealth is linked to the new age of service delivery, and it will continue to be an integral part of our service moving forward.

A new Employment Bargaining Agreement (EBA) has been implemented and has been well received by staff; the agreement will be in place for a period of three years.

We have implemented a new Human Resources/ Payroll system that is cutting edge. It was much needed, as we have approximately 160 staff who need to be supported on a variety of employment matters on a regular basis, where the new system ensures that we are complying with Fair Work Australia guidelines.

We have been voted on to the AMSANT board. The board meets bimonthly and I represent the corporation in the bimonthly meetings.

I would thank everyone for their support during the 2024/2025 financial year, in particular, the support of my fellow board members has been greatly appreciated.

Charlie Gunabarra OAM
Chairperson





Chief Executive Officer's Report

It has been another very busy year for Mala'la with a number of new initiatives being put in place to enhance our service delivery to the community. The board of directors have had a very open mind when considering service delivery options and they always give a great deal of thought to their decisions prior to committing to change.

I continue to monitor our Strategic and Operational Plan 2023/2026 to ensure targets are being realised. The plan was developed by both board members and staff, and it is our blueprint for achieving set targets that will add value to service delivery. An important adjunct to the strategic plan was the board governance training that took place in September. This training enabled the board to refresh their memories in relation to good governance practice that benefits the Corporation.

A capital grant of \$15M from the Commonwealth Government has enabled work to commence on the extension to the Manayingkarirra Primary Health Care Centre. Additional consulting rooms, training/board room and staff accommodation will assist in overcoming a shortage of space that is currently being experienced. All planning has been finalised and it is anticipated that the building will be completed by March 2026. The After-hours service delivery which sees the Clinic open overnight is being well utilised. Our Primary Health Care services are being enhanced by having nursing staff and drivers working at the Clinic overnight, which enables patients to be triaged more readily and assessed in a timelier manner. It also assists in not overburdening the Darwin Hospital system with patients being transported via Care Flight for assessment. Following the trial period, we hope that our model of care will have been so successful that we will receive ongoing funding for the After-hours service to continue as an integral part of our Primary Health Care service delivery. It should be noted that our model of service delivery is being implemented by other services who provide after-hours care.

Our commitment to Pharmacy services continues as does our working relationship with Orange Sky. The laundry services provided by Orange Sky has been a resounding success and has been complimented by a washing pod being installed at the Rheumatic Heart Disease building. Additional services in Diabetes Education, Physiotherapy and Podiatry have also been implemented with funding transferring from the Northern Territory Primary Health Network to Mala'la, to run these important Allied Health

services. We are sharing these roles with the Red Lilly Health Service.

Financially the corporation is stable, although there have been pressure points associated with the myriad of services provided by the Clinic that impact significantly on available funding. Doctor and nursing shortages has also meant that we have had to rely on Agencies to provide staff and with this there is a high incidence in agency fees that need to be paid. Not having several permanent appointed doctors and nurses also impacts directly on how much Medicare is generated, although our Medicare for the 24/25 financial year has seen a promising increase to \$2M. The implementation of the Telehealth model of care has enabled us to meet the busy demands of patient requests, whilst the involved doctors are off-site, they are making a significant contribution to service delivery. Telehealth is a part of the brave new world in relation to service delivery and it certainly assists given that we have difficulty in luring permanent doctors to Maningrida.

Lowry's Accountants who monitor our budgets have continued to provide a much-valued service in ensuring that we are judicious in our expenditure and that we are meeting set reporting and compliance requirements for all government funding. We received a significant increase in funding from the Commonwealth Department of Health Ageing for Primary Health Care service delivery amounting to \$3.3M from July 2024 and a further \$1M has been added to this amount as from July 2025. The additional funding is recurrent, and the increased funding acknowledges the significant underfunding we have received in the past. We have received ongoing funding to continue our much-needed service delivery in the Rheumatic Heart and Syphilis areas. The completion of the Morgue upgrade has been gratifying, although a significant upgrade to drainage systems around the Morgue complex and concreting of driveways is required as a matter of priority because of flooding that hampers the area during the wet season. It is anticipated that this work will be completed prior to the looming wet season in December of this year.

The Mala'la Family Community Wellness Support Service has been developing and consolidating well over the past twelve months. We have acquired approximately \$2.5M in funding over the next five years from the Commonwealth and NT Governments to provide new community programs in the Children and Family services area. The program has a strong focus on culture and local governance decision making and is breaking new ground in service delivery. The Murnun Men's Shed is progressing with a range of activities being provided on a weekly basis including a Strong Young Fathers Program that focusses on parenting, literacy and employment issues.

Our Aged Care and NDIS Services have been reviewed comprehensively over the past twelve months to ensure we adhere to the compliance standards set by the Commonwealth. Shortfalls that were identified have been addressed and we are deemed to be compliant. We have received \$12.8M in funding to extend and upgrade the Aged Care facility. We are in the planning process at present and it envisaged that building will commence in later 2026. The upgrade is to include four additional bedrooms with ensuites, and a dedicated area for palliative care, new laundry, commercial kitchen refurbishment, landscaping, additional car parking and storage areas.

Securing \$4M from the Commonwealth Government for a new four chair Renal Unit has been gratifying. Provision of this service from Maningrida will mean that many patients currently residing in Darwin may be able to return to Maningrida to live because they will receive the Renal service in their own community. The new building will replace the current Primary Health Care Office which is situated directly across the road from the Clinic. The new unit will be commencing in the early months of 2026.

There have been positive developments in the Human Resources area with a new Employment Bargaining Agreement (EBA) being implemented for the next three years. The agreement gives surety to the employment conditions available to staff, and it complies with Fair Work Australia expectations. We are also in the process of implementing a new comprehensive Human Resource/ Payroll system that supports our 160 staff in relation to employment matters.

Overall, it has been a very busy and positive year for the Corporation. Thank you to the Board of Directors and all staff for their support. Their ongoing contribution ensures that Mala'la continues to make a significant contribution to the Maningrida community and the surrounding Homelands.

Ray Matthews
Chief Executive Officer



Mala'la Health Service Aboriginal Corporation takes home Northern Territory General Practice of the Year award.

Mala'la Health Service Aboriginal Corporation is honoured to be named the Northern Territory General Practice of the Year by the Royal Australian College of General Practitioners (RACGP).

Charlie Gunabarra and Aileen Bell accepted the award at Parliament House in Darwin on behalf of Mala'la.

Health, Aged Care and Community Services

Mala'la Health Service continues to grow and develop with additional opportunities for program funding and service development.

We have built on the Tackling Indigenous Smoking program in appointing a coordinator in David Freier, who is now leading the program. He is ensuring the word is spread in terms of smoking cessation, working with the AMSANT team in the development of social media posts as well as through signage and tshirt messages. He has worked closely with the Sydney Swans and the 'Kick the Habit' program, supporting the footy festival for the region.

The Orange Sky Laundry service is now in its fifth year and the demand continues to grow not only through the Orange Sky Laundry Van which visits all areas of the community, but also through the Laundry Pod which provides easy access to the Rheumatic Heart Disease clients.

The team at Aged Care and Community Services have delivered another year of great service with greater demand for services for both the residents and the community clients. Upgrades were completed to the security and nurse call systems as well as a new cool room and upgrade of the sewerage system. Mala'la was also successful in securing funding for the addition of six additional beds, a new laundry and a dementia garden. This will mean greater capacity particularly for 'end of life' clients.

Our Family and Community Wellness Service has continued to grow with greater demand at the Men's Shed where various training opportunities have been provided to the young men. The Women's Cultural Support Hub has also continued to grow in service.

Furthermore, Mala'la has continued to provide quality Primary Health Care through the Manayingkarirra Primary Health Care Centre as well as working towards strengthening Regional Outreach Services.

During the year we saw the departure of Dr Keith Forrest our Senior Medical Officer and we were excited to welcome Dr Melanie Matthews into the role of Director of Medical Services. Melanie has worked in Maningrida since 2019 and completed her Master of Public Health in London in 2024.

Overall, it has been another successful year for growth and development with the demand for services increasing and patient numbers and program attendance continuing to grow.

Lesley Woolf OAM

Executive Manager, Health, Aged Care and Community Services



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Regional Outreach Services



During the 2024 - 2025 year, Mala'la successfully negotiated with the NT Primary Health Network for the transfer of funding to fund Podiatry Services. The transition of this service has provided the opportunity for a more coordinated approach to visiting allied health services across the West Arnhem Region.

We have also reviewed visits so that Podiatry visits are in conjunction with the Diabetes Educator, with Podiatry visits for the 2025 - 2026 years being increased to meet the needs of the communities. The coordination of Allied Health services, including the Diabetic Nurse Educator, Dietitian, Podiatrist and Physiotherapist, have enhanced services to the West Arnhem region, servicing the communities of Maningrida, Jabiru, Gunbalanya, Minjilang and Warruwi in an arrangement with Red Lily Health Service.

COMMUMNITY	DIABETES EDUCATOR	PHYSIOTHERAPIST	NUTRITIONIST	PODIATRY
Maningrida	10 visits = 35days	13 visits = 45.5 days	5 visits = 24 days	7 visits = 21 days
Jabiru	3 visits = 6	5 visits = 10 days	4 visits = 16 days	6 visits = 24 days
Gunbalanya	8 visits = 28 days	9 visits = 27days	4 visits = 16 days	5 visits = 20 days
Warruwi	3 visits = 7.5 days	6 visits = 12 days	3 visits = 9 days	7 visits = 7 days
Minjilang	2 visits = 4 days	6 visits = 12 days	2 visits = 6 days	5 visits = 5 days

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Diabetes Educator

Collaboration is the crucial;

"If you have come here to help me you are wasting your time, but if you have come because your liberation is bound up with mine, then let us work together." Lilla Watson

All Clinic Health services have provided exceptional support for the visiting Diabetes services and I am grateful to the wonderful Clinic Managers, Doctors, Nurses, AHP's, Reception/Admin, Community/Drivers. Mala'la 'Travel' deserves a mention for booking the visiting Diabetes services to five Communities; including flights, vehicles and accommodation.

Over the past 12 months, the Diabetes Educator at Mala'la has continued to provide a regular community visits providing Diabetes education, management and supportive care to Maningrida and Red Lily Health services including Gunbalanya, Jabiru, Waruwi & Minjilang.

****Red Lily health services have transitioned both Jabiru health services and Gunbalanya from Northern Territory Government to Red Lily.**

The Diabetes educator services has continued seamlessly and health centre staff and the community are provided with ongoing Diabetes specialist services, support and education.

Pregnancy and Midwifery support

Diabetes education to support Pregnancy planning and 'Diabetes in Pregnancy' remains a priority. Working collaboratively with Midwifery services in Maningrida and Red Lily Health and Royal Darwin Hospital (RADS) Remote Antenatal Diabetes Services continues to strengthen to ensure a healthy pregnancy, birth and prevention of complications.

Podiatry Collaboration

This year Darwin Podiatry has been travelling to all the remote sites in collaboration with Diabetes educator services. This has enabled a great opportunity for the Community to receive both Diabetes education and a Podiatry diabetes foot examination.

Nutrition and Dietitian support

Diabetes education services continue to work in collaboration with Mala'la's Nutritionist to provide education and support for healthy food choices when living with Diabetes including pregnancy, weight management support and group work with improved understanding of glucose control.

Specialist Endocrinology services

Darwin Endocrinology services continue to visit Maningrida clinic twice a year. Endocrinology services also attend Waruwi health clinic yearly. Specialist Endocrinology services are supported by Diabetes education service.

Maningrida Menzies healthy women's project

Participated in education sessions at Women's Wellbeing Groups for better understanding of Diabetes and how to prevent Diabetes. This was supported by Menzies and in collaboration with Nutritionist Tara and Physiotherapist Hamish.

National Australasian Diabetes Congress 2025

The Diabetes Educator attended the 2025 National Australasian Diabetes Congress and the Australasian Diabetes Advancements and Technologies Summit to learn about the latest developments in diabetes research, education, clinical care, and technology such as continuous glucose monitoring.

Cheryl Sanderson
Diabetes Educator



Physiotherapy

Over the past 12 months, the Physiotherapy Service at Mala'la has continued to grow and strengthen its connection with community, providing culturally safe and accessible care across the lifespan. This year has been marked by several key initiatives and achievements:

Maningrida Healthy Women's Pool Project

A new initiative aimed at supporting women's health and wellbeing through regular pool-based exercise and education sessions. These sessions have been well received, offering a culturally safe space for women to engage in physical activity while building confidence and strength. We aim to continue this project over the coming months as the heat and humidity rise.

Aged Care Exercise Sessions

Regular group exercise sessions were delivered for aged care participants living in Maningrida, focusing on strength, balance, mobility, fun, and social connection. These sessions support healthy ageing and aim to reduce the risk of falls, while creating opportunities for yarning and sharing knowledge.

Community Engagement

A highlight of the year has been meeting and working alongside community mob, listening to their stories and health needs, and tailoring physiotherapy programs that reflect community priorities.

Sydney Swans' Tackling Indigenous Smoking Visit

Participation in this event provided an opportunity to support broader health promotion in the community. Physiotherapy contributes to ongoing conversations about the role of physical activity in overall health and the importance of smoking cessation for healthy lungs and hearts.

We continue to advocate for the importance of physiotherapy as part of a holistic model of care. The programs delivered have strengthened partnerships, supported preventative health care, and promoted wellbeing for all people across all stages of life.

Looking ahead, we aim to continue building sustainable programs in collaboration with the community, ensuring that all activities remain inclusive and responsive to local needs.

Hamish Peberdy
Physiotherapist

Nutritionist

The program provides nutrition services to the West Arnhem region, including clinical one-on-one consultations and public health nutrition in the community. In the past year, we have completed 18 trips throughout the five West Arnhem communities and surrounding homelands.

In a clinical capacity, we see high priority patients requiring medical nutrition therapy. This includes growth faltering in paediatric cohorts, malnutrition and diabetes in pregnancy, three over-represented conditions in Aboriginal populations. These preventable diseases are often a by-product of the environment, including the food landscape and food insecurity. We also help manage people with a gastrostomy requiring enteral feeding regimes.

In the community, you will find us working with schools, stores and other stakeholders to strengthen nutrition knowledge and increase cooking skills across the lifespan. We are also on a committee based in Maningrida; Nutrition for Children to decrease the prevalence of growth faltering and iron deficiency anemia through a population health approach. This committee has created six-month introduction to solid packs for the Healthy Under 5 Program, nutrition resources and a soon-to-be social media campaign.

We have engaged with stores to assist with the onboarding of the NIAA Store Subsidy Scheme, aimed at addressing food security in remote Aboriginal communities. This Scheme will provide participating stores with access to 30 subsidized food and essential items with the agreement the store abides by a Code of Conduct including health promoting principles. This Scheme will hopefully decrease the cost of living for families living in community and allow greater accessibility to healthy, shelf-stable food.

The main goal of dietetic coverage in community is to empower and encourage knowledge of nutrition to children, families and adults. Engaging in two-way learning such as understanding a person's or families food story enables a more tailored and culturally appropriate approach to nutrition education that has a learning opportunity for all parties involved.

The dietetics service looks forward to continuing to provide nutrition advice and services to West Arnhem.

Tara Fraser
Nutritionist

Tackling Indigenous *smoking*



Kick The Habit Festival

The Kick the Habit Festival is collaboration between the Sydney Swans, Mala'la Health Service Aboriginal Corporation, the Maningrida Community and the Australian Defence Force. It is funded by the federal government's Tackling Indigenous Smoking Program. The main aim of the project is to enhance the message that smoking is bad for your health and it is possible to quit.

The 2024 year was the first year of the three-year program, where the Sydney Swans brought AFL players, AFLW players along with support staff to engage the community with footy workshops, community food events and culminating in a two-day footy carnival. All activities were infused with anti-smoking messaging.

The Swans team visited Mala'la Aged Care, Maningrida College and the Youth Centre. A highlight for all involved was the interactions with community members as part of a Learning on Country excursion to Ji-balbal Outstation. Their efforts were extended by fourteen Australian Defence Force staff who worked tirelessly on logistics and operations of events.

The community was engaged and involved in all aspects of the week exchanging valuable life experiences and learning about culture through their common love of footy. A major outcome of the project was the recording and production of a Television Commercial that was shown during AFL games throughout the Northern Territory.

The festival culminated in a two-day footy carnival where both male and female teams from Maningrida, Millingimbi, and Gunbalanya played games, showing great sportsmanship and highlighting the skills of local players. The incidence of smoking at the carnival was near zero, showing that smoking can be removed from the day to day lives of the community members. The project will continue into 2025 and 2026.

David Freier
Coordinator, Tackling Indigenous Smoking



Orange Sky Laundry



Our Orange Sky Laundry service, in partnership with Orange Sky Australia, continues to be of great value to our community.

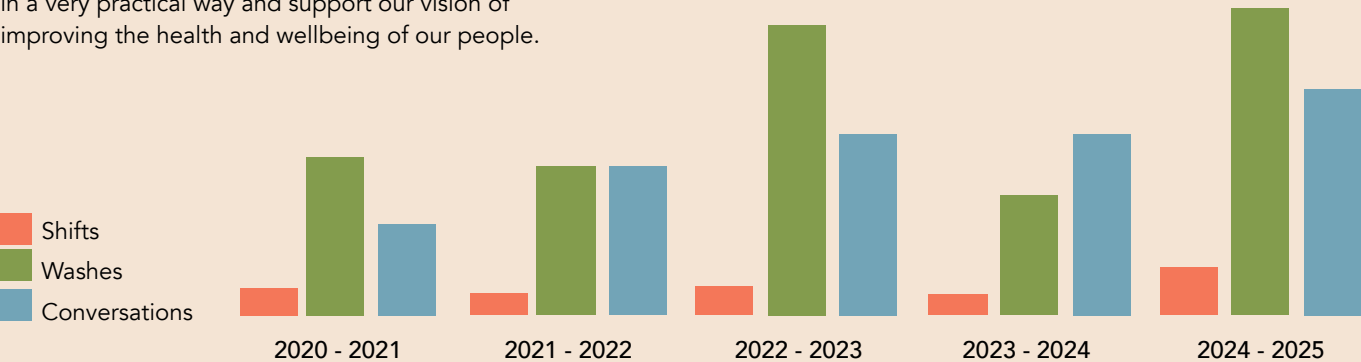
The service has seen substantial growth over the years and what began in January 2020 with the launch of the Remote Laundry Van, was expanded in February 2024 with the installation of an additional Laundry Pod, located at our Rheumatic Heart Disease building.



These services are free of charge, assist the community in a very practical way and support our vision of improving the health and wellbeing of our people.

Remote Laundry Van		Laundry Pod	
372	Shifts	92	Shifts
2668	Washes	355	Washes
2018	Conversation hours	210	Conversation hours

Year	Shifts	Washes	Conversation hours
2020 - 2021	264	1554	900
2021 - 2022	210	1458	1470
2022 - 2023	283	2861	1787
2023 - 2024	195	1179	1787
2024 - 2025 (van + pod)	464	3023	2228



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Quality and Safety

Quality refers to how well healthcare services achieve desired health outcomes that align with current professional knowledge and standards. It involves various dimensions, including effectiveness, efficiency, equity, and patient-centeredness.

Safety is to provide care without harm. Like all things, health, quality and safety are dynamic and are never considered separate from the everyday business of the service.

Quality and safety are critical for several reasons:

- High-quality care leads to better health outcomes, reducing the risk of complications and improving overall client (and community) satisfaction.
- Ensuring safety and quality fosters trust between our clients and the health service, which is vital for effective medical and complementary treatments to ensure best outcomes for our client.
- As an accredited Health Care Service we must adhere to standards and regulations that mandate quality and safety measures to protect our clients and ensure effective care delivery.

Key performance indicators

Are a specific and quantifiable measure used to evaluate the performance of services. These indicators help us to assess our efficiency, quality of care, and overall performance. Analysis of our KPIs, helps us to identify areas for improvement, enhance patient outcomes, and ensure optimal resource allocation.

Some of the key achievements in our overall performance that strengthen the primary health of our community include:

Healthy under 5-year-old children

Birth Weight

83%

of children born had a normal birthweight



Anaemia (6mths - 5yrs)

82%

of children were checked for anaemia



51%

were found to be anaemic, with treatment this was reduced to 9% when last checked.



Immunisation (0-5yrs)

99%

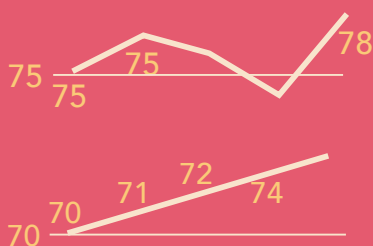
of all children recieved their immunisations



Diabetes Management

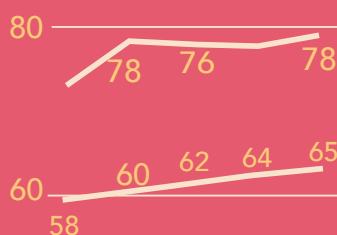
77.8%

HbA1c recorded
Goal: 74% (+5.14%)



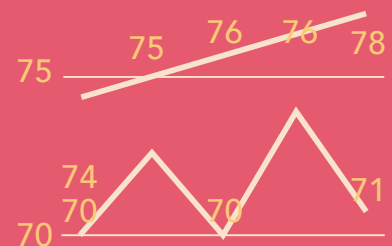
78.6%

Kidney function test
Goal: 54% (+45.56%)



74.5%

Blood pressure recorded
Goal: 70% (+6.43%)



RHD management

In the past year **78%** of all clients (167) have an adherence rate of greater than **80%** in receiving their prophylaxis on time. Prophylaxis refers to the preventative care given (3 weekly antibiotic injection) to prevent further episodes of Rheumatic fever and the worsening of their condition. Timely delivery of prophylaxis decreases the risk of clients developing acute rheumatic fever which can cause more damage to the heart.

Quality Improvement Activities

Over the past 12 months the Primary Health clinic has embarked on several quality improvement activities to enhance and improve our service.

56,216
Episodes of care



84,527
Client contacts



Medicare UCC

17 evacuations avoided in March - May 2025

Quality improvement

INR/Warfarin Management Sepsis recognition
Anti microbial stewardship

These include:

Management of Warfarin and INR testing

Warfarin is used in the treatment of some of our RHD clients that have heart valve replacements. The drug can have some significant adverse effects, and an INR blood test is completed regularly to manage dosing. An audit of our testing and prescribing processes demonstrated that improvements could be made to help reduce the risk of adverse side effects for our clients. Changes to the management of INR testing have been implemented to strengthen the safe and effective use of this high-risk drug in the community.

Recognition of Sepsis

Sepsis is when your body has an extreme response to an infection. It is a life-threatening condition which needs immediate medical attention. Sepsis always begins with an infection, so early recognition of the potential for sepsis is an important aspect of care. Ongoing promotion and use of our sepsis pathway enhances early recognition and management of sepsis to prevent deterioration. Our aim is to reduce the risk of severe illness that would require medical evacuation.

Urgent Care Service:

With additional funding as a Medicare Urgent Care Clinic we have been able to expand our service to provide 24-hour nurse coverage in the Clinic. This has also allowed us to monitor and treat clients for longer periods of time, at times preventing the need for treatment in Darwin hospital. In the period from March to May 2025, 17 medical evacuations were avoided.

Antimicrobial Stewardship (AMS):

I was privileged to be part of the NACCHO AMS Academy in 2025. The academy was a 6-month program to enhance knowledge, develop skills, and implement changes within the health service related to upskilling in antibiotic use, audit, stewardship, surveillance, and resistance. Being equipped with these skills is vital for safe prescribing, improved antibiotic stewardship and advocacy to ensure that we are included in national efforts to address antimicrobial use and resistance in the Aboriginal and Torres Strait Islander health sector and improve outcomes for our community.

The health service has a strong commitment to providing a quality environment and safe care evidenced by our ongoing improvements in benchmarking and key performance indicators. The best indicator, however, is the increased engagement with the community and the trust they place in us to deliver quality care.

Lorraine Harry
Coordinator, Quality & Safety

Primary Health *Care*



During the last 12 months, the Mananyingkarirra Primary Health Care Centre has continued to strengthen and enhance service delivery and staffing.

The clinical program areas are well established and remain fully staffed. This is no small achievement in the current remote staffing landscape. The stable staffing has allowed programs increased focus on providing tailored care and expansion through novel initiatives.

Each area within the Health Care Centre is supported and guided by local workforce staff. While we work towards delivering formalised clinical qualifications, our local staff are supported and encouraged to work within their areas of interest and passion. We are very excited to announce the commencement of placed-based delivery of Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care in the second half of 2025. It has been a long-term goal to empower local community members to develop the skills and gain the qualifications needed to work as registered health professionals. Mala'la Health Service is hopeful that the successful staff will move on to higher levels of qualifications.

Our highly valued administrative staff remain the backbone of day-to-day operations ensuring clients can navigate visits to the health service, attend specialist appointments in community and travel into Darwin to receive specialist care. Patient travel and visiting services are some of our busiest areas with two to five specialist services being hosted each week, and over 30 clients and escorts travelling each week out of community for further care.

Our KPI data shows client contacts continue to increase which we interpret as a positive reflection on our accessibility as a health service and an increase in community outreach initiatives.

We have completed a full annual cycle of running our Medicare Urgent Care Clinic and have seen very positive impacts through community feedback, staff recruitment and retention and the ability to monitor clients for longer periods of time before making the decision to evacuate into a tertiary institution. The addition and uninterrupted delivery of this program have allowed us to focus on enhancing our service delivery during regular opening hours with a full complement of staff available.



We continue to be very selective with the research projects that we engage with, ensuring they are reflective of current and future community needs and, where possible, provide ongoing employment. Most projects have long-term funding and tangible goals attached to them.

One of our major achievements since our transition to community control has been the integration of public health roles and initiatives in day-to-day practice. This insures we can deliver excellent emergency responses, demographic and condition specific care whilst also remaining focused on big picture objectives such as vaccine coverage and tackling previously unmet needs.

We eagerly anticipate the completion of the Health Care Centre expansion in 2026 which aims to:

- provide a base of operations for our outreach events
- add clinical spaces to grow into areas of previously unmet needs like cancer support and infectious diseases
- provide a training room for staff and the place-based Cert III Aboriginal Health Practitioner training.

This upgrade will include a dedicated, fit for purpose space to continue delivery of care and education to Rheumatic Heart Disease clients and their families. It will also provide much needed accommodation to house the staff delivering these services.

It has been very rewarding to welcome medical and nursing students back into Maningrida this year. We have been fortunate enough to have RMOs, registrars and nursing students undertaking placements to experience remote healthcare delivery in the hopes that they choose this path on completion of their training.

The value of our on-site pharmacist cannot be overstated. In such a large and dynamic clinical space, they have been invaluable in providing direct access to medications for clients as well as helping navigate all the unforeseen and anticipated shortages that the healthcare world has faced.

We are very proud of our staff, workplace culture and dynamic approaches to remote health service delivery.

Jessica Gatti
Manager, Primary Health Care

Manayingkarírra Primary Health Care *Centre*

Mala'la Health Service offers a wide range of primary health care services designed to meet the diverse health needs of the Maningrida community and surrounding homelands.





These services include general medical consultations, chronic disease management, maternal and children health, men's health, women's health and mental health support. Our clinic operates with a combination of permanent and visiting healthcare professionals ensuring continuity of care and access to specialised services.

We also collaborate with local stakeholders, government and education bodies to run several programs, events and research projects that tackle the unique health challenges of the community.

Mala'la Health Service have also begun the expansion of our primary health care clinic to create appropriate spaces for delivery of care and continue to invest in unmet health needs. The new building will include dedicated spaces for Rheumatic Heart Disease clients, more consultation rooms for visiting specialists and a training and outreach coordination centre. The expansion is due for completion in early 2026.

Introduction to primary health care facilities and services at Mala'la Health Service.

In the 2024-2025 period, Mala'la Health Service has continued to provide comprehensive and high-quality primary health care to the community. Our dedicated team of health care professionals including doctors, nurses, community workers and allied health staff work tirelessly to ensure that all residents have access to essential services.



Our service areas:

- Acute and emergency care
- Urgent Care Clinic
- Chronic conditions and palliative care
- Child health which include:
 - Healthy Under 5's
 - walk-in children's clinic
 - School aged kids nurse
- Women's health
- Men's health
- Mental health
- Midwifery
- Rheumatic Heart Disease program
- Visiting services including:
 - Telehealth
 - Case conferencing
 - Outreach specialists
- On-site pharmacist
- Patient travel
- Tuberculosis nurse
- Outstation health

Our health services are supported by regular visiting allied health teams such as physiotherapy, podiatry, diabetes education, dietitian and occupational therapy. We also provide 24-hour access to our health services through our programs run through business hours, afternoon shift and overnight Urgent Care Clinic program. This facilitates patients seeking medical assistance any time of the day or night.

Primary Health Care Centre

NT Aboriginal Health Key Performance Indicators (AHKPI) 2024-2025

AHKPI 1.1 - Episodes of Health Care and Client Contacts



56,000
84,500

AHKPI 1.2.1 - First Antenatal Visit



50% < 13 weeks
34% < 20 weeks
8% 20+ weeks

AHKPI 1.3 - Birth Weight



0% High
17% Low
83% Normal

AHKPI 1.2.2 - Anaemia in Pregnancy



6% Anaemic at last test during pregnancy
33% Anaemic at last test during pregnancy
95% Women who gave birth to Indigenous babies and measured for anaemia

AHKPI 1.4.2 - Timeliness of Immunisations



83% 4mths
84% 18mths
76% 12mths
71% 4yrs

AHKPI 1.4.1 - Fully Immunised Children



100% 6-11 months
100% 12-23 months
96% 24-71 months

AHKPI 1.6 - Anaemic Children



82% Measured
51% Anaemic at any examination
9% Anaemic at any examination

AHKPI 1.8.1 - HbA1c Tests



81% HbA1c Test

AHKPI 1.5 - Underweight Children



95% Measured
5% Underweight

AHKPI 1.7 - Chronic Disease (CHD) Management Plan



58% Clients with diabetes & CHD on GPMP/ALT GPMP
70% Clients with CHD on GPMP/ALT GPMPs
61% Clients with diabetes on GPMP/ALT GPMP

AHKPI 1.8.2 - HbA1c Measurements



41% Clients with HbA1c ≤ 7% (≤ 53 mmol/mol)
15% Clients with HbA1c > 7% and ≤ 8% (54 to 64 mmol/mol)
19% Clients with HbA1c > 8% and < 10% (65 to 85 mmol/mol)
19% Clients with HbA1c > 10% (≥ 86 mmol/mol)

AHKPI 1.10 - Health Check



38% Completed health check
0% Completed ALT health check

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AHKPI 1.9 - ACE Inhibitor and/or ARB



78% ACE and /or ARB
67% ACE
13% ARB

AHKPI 1.12 - Cervical Screening



66% Recorded
34% Unrecorded

AHKPI 1.13 - Blood Pressure Control



72% Blood pressure recorded
47% Blood pressure less than or equal to 130/80 mmHg

AHKPI 1.14 - eGFR/ACR Test Recorded



67% Both eGFR and ACR recorded

44% eGFR/ACR Test Normal Risks

2% eGFR/ACR Test High Risk

12% eGFR or AR Test recorded

25% eGFR/ACR Test Mild Risk

2% eGFR/ACR Test Severe Risk

21% Not screened

12% eGFR/ACR Test Moderate Risk

15% eGFR or ACR Test recorded

AHKPI 1.15 - Rheumatic Heart Disease



26% Clients with ARF/RHD receiving 50% to 80% prescribed BPG

64% Clients with ARF/RHD receiving 80% prescribed BPG

10% Clients with ARF/RHD receiving less than 50% prescribed BPG

AHKPI 1.16 - Smoking Status Recorded



75% Smoking status recorded

70% Smoker

20% Non smoker

5% Ex-Smoker less than 12 Months

5% Ex-Smoker greater than or equal to 12 Months

AHKPI 1.17 - STI Test Recorded



46% All STI test recorded

47% HIV test recorded

AHKPI 1.18 - Cardiovascular Risk Assessment



46% CVD assessment recorded

36% High

55% Low

9% Moderate

51% Chlamydia and Gonorrhoea test recorded

49% Syphilis test recorded

AHKPI 1.20 - Ear Disease in Children



20% Ear discharge at any examination

5% Ear discharge at last examination

55% Ear discharge test recorded

AHKPI 1.19 - Retinal Screening

17% Retinal eye exam



Community Outreach



We continue to strengthen community engagement through health projects, strategic research participation, outreach programs and community events. Each year we deliver activities that respond to community needs from regular health checks to large-scale mobilised community-based events.

Wherever possible, we work closely with external staff from partners such as Aboriginal Medical Services Alliance Northern Territory (AMSANT) and Menzies School of Health Research. Visiting clinicians often join Mala'la staff to ensure we have uninterrupted service provision while allowing our clinic-based staff to spend more time out in the community.

Healthy Skin Week

Now well established and in its sixth iteration, our Healthy Skin Week (HSW) program continues to grow and deliver positive health outcomes for the Maningrida community.

We held HSW in August 2024 and March 2025. Each event mobilised between 3 to 5 health teams over 5 days, screening nearly 1300 people in total. Teams went house-to-house providing education, skin assessments and treatment. Everyone screened was entered into a daily prize draw.

Community awareness was supported through bilingual workshops led by community workers with sessions delivered at Maningrida College, Families as First Teachers, Nja-marléya Cultural Leaders and Justice Group and within Mala'la Health Service for our staff.

HSW is supported through strong partnerships with health, government and education organisations. Doctors from Menzies School of Health Research volunteered their time, the NEARER SCAN team joined both events and completed more than 140 heart scans, Orange Sky provided laundry services and the Captain Starlight's returned to engage young children.

We look forward to strengthening these partnerships into the future.





Vaccination drives

We run regular immunisation weeks with targeted vaccinations to protect the community against common illnesses such as influenza and COVID-19, as well as delivering vaccines for school aged children and those under 5. These campaigns follow our successful model of community engagement to deliver the vaccines.

With such a large population to reach, we supplement vaccines available in the clinic with mobilised outreach teams. These teams move house to house, set up in common areas such as shops and visit workplaces at preorganised times and days.



Maningrida Youth Week

Maningrida Youth Week is one of our newest outreach initiatives aimed at connecting young people with education and health care.

In May, we hosted Maningrida's first full Youth Week, building on a smaller trial run the year before. The 5-day program celebrated young people and provided new opportunities for them to access health care.

Health screening and education was a major focus for Youth Week as a response to concerns about a syphilis outbreak in the Northern Territory and to build relationships with the youth of Maningrida. Young people are often less likely to present at the clinic so the program created a way for our health teams to meet them within their own spaces.

Mobile and fixed clinics were set up at the Youth Centre, Maningrida College, the Men's Shed and other community hubs. Each team included community workers and nurses.

AMSANT partnered with us by providing several health workers to support the screenings.

Alongside health checks, the week featured a wide range of activities to engage young people and promote learning.

This included basketball, breakdancing, boxercise, modelling, damper making and spear making. Workshops also explored respect, boundaries, gender roles, communication and conflict management.

We hope to make this an annual event.



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Outstation health

Maningrida has approximately 32 surrounding outstations that have fixed and seasonal occupancy. During the dry season, the roads reopen, and many Maningrida residents return to their homelands and outstations as well as host ceremony and funerals. These communities can be as small as a few people or as large as 50 and are often hours away from regular health services.

To support residents to live on Country, we provide weekly outreach health care.

A team including a Registered Area Nurse, Doctor and Community Worker travels to a different region of West Arnhem Land each week. Services include health checks, wellness screenings, vaccinations, education workshops and support with managing personal health.

Our local workforce provides cultural and language support, drawing on knowledge of the language groups in each region.



TB Warriors

With ongoing tuberculosis (TB) cases in Maningrida, we have continued to strengthen TB Warriors, our program to tackle the disease.

Over the past year, we improved our clinical systems, delivered TB training to both clinical staff and community health workers, and worked closely with Maningrida residents to raise awareness and support better management of the disease.

Key achievements include assigning a TB status for all clients in Communicare as well as building TB-related clinical items to support ongoing care from Mala'la Health Service.



Community engagement and capacity building are also important focuses of the program. We ran several workshops throughout the year with local health workers and residents to help shape our TB messaging so they can connect better with the community. Several of local community workers attended a 4-day TB workshop in Darwin to better understand the disease process and preventative treatment. Three community health workers have also completed the 'Assist Clients with Medication' course.

Lastly, we successfully delivered a new latent TB therapy to 10 residents living in Maningrida.



Women's Week

Our Women's Week celebration was held in April as part of the Maningrida Healthy Women's Project, a 3-year collaboration between Mala'la Health Services, Mala'la Family and community wellness (Women's Cultural Support Hub) and Menzies School of Health Research.

Across three days, women of all ages and language groups attended a range of activities at the Women's Cultural Support Hub. Workshops included stress management and healthy decision making. Women also enjoyed lino print demonstrations with Bábbarra Women's Centre, dance sessions, jewellery making and crafts. The celebrations closed with a splash at a community pool party.

Health screening was a key part of the program with two nurses providing checks throughout the week. The Menzies Diabetes in Pregnancy team also tested sugar levels in expectant mothers living with diabetes as part of the research.



Watch this Space



This year, we began the design of new projects aimed at improving long-term health outcomes in Maningrida. These initiatives focus on new treatment methods and strengthening support for people affected by serious illness.

Subcutaneous Injection of Penicillin

We are working with The Kids Research Institute Australia on a new research trial called Subcutaneous Injection of Penicillin (SCIP). This is a method of delivering medication for people living with acute rheumatic fever and rheumatic heart disease, conditions that require penicillin injections every 21-28 days to keep their hearts healthy.

A SCIP injection can last up to 10 weeks, reducing the number of injections needed. It is designed to be more comfortable and easier to maintain than the current treatment. SCIP has been successfully trialled overseas and is widely used in New Zealand.

Our trial will help us learn if SCIP is a good fit for our community. Due to a global penicillin shortage, the trial is currently paused and will resume once supply is restored.

Cancer team

We received funding to employ a cancer nurse and two community workers to work with Maningrida residents in building a stronger understanding of cancer screening. The cancer nurse will work towards increasing participation in screening and improving early diagnosis for common cancers.

Additionally, the team will work closely with individuals and families who are currently or have previously been affected by cancer. This support extends across local health systems and when people travel to Darwin for appointments and treatment. The focus is on improving participation in screening and treatment, helping people to complete their care, and ensuring they feel supported and informed about their options and procedures.

Innovation

We're always looking for new ways to deliver health care that also meets the needs of our community. This includes adapting services to be more accessible, responsive and culturally safe and ensuring people can get the right care at the right time.



Medicare Urgent Care Clinic

Based in geographically isolated locations and often the sole provision of all health care needs, remote health centres are responsible for 24-hour service provision.

This widespread remote model contributes to interrupted regular program service provision, staff fatigue and difficulties in retention.

In early 2024, Mala'la Health Service was selected as one of three remote sites in the Northern Territory to trial bespoke after-hours service models. In July 2024 this was transitioned into the Medicare Urgent Care Clinic (Medicare UCC), with three additional remote sites announced.

Our Medicare UCC model employs 4 Remote Area Nurses on a FIFO roster. These nurses begin work at night and are based overnight at the health clinic. The aims of the program are to provide access to health advice, health care and emergency responses through the night. Flow on affects for the overall service provision are continued program access in clinic opening hours, less fatigue, higher staff and community satisfaction. It is a challenging and unique space that we are constantly reviewing and improving.

Since its roll out, we have maintained seven night a week staffing throughout.



Workforce Development



Our Aboriginal Health Workers and Community Workers bridge the gap between the Bininj world and Western medicine. They play an important part in supporting better community health outcomes in Maningrida. We continue to look for opportunities to build and upskill our staff.

Community worker medicine management

As part of our TB Warriors program, three of our Community Workers completed the 'Assisting with Administration of Medication' course. Training was sourced from Smarter Skills, a health registered training organisation, and the delivery was facilitated by our Learning and Development Coordinator, Quality and Safety Coordinator and clinicians. This course equips our Community Workers with the skills and qualifications needed to safely assist with administering medications to clients in the community.

Congratulations to Will Martin, Damaris Murphy and Juan Darwin for successfully finishing their training.



NEARER Scan training

This year, six of our staff (Crystal Milliken, Joseph Rood, Megan Sivic, Ana Malupo, Kurt Brown and Krystle Lomas) completed NEARER Scan training in Maningrida.

The NEARER Scan program is designed for the early diagnosis of Rheumatic Heart Disease in young people aged 5–20 years as well as for antenatal care.

Each participant was required to complete 100 ultrasound heart scans as part of the practical component of the training.

Working closely with Mala'la Health Service nurses, the training has allowed our staff to identify previously undiagnosed cases of Rheumatic Heart Disease, in people ranging from children to adults.



Certificate III in Aboriginal and Torres Strait Islander Primary Health Care

We have secured funding from AMSANT to deliver the Certificate III in Aboriginal and Torres Strait Islander Primary Health Care.

This program builds on the success of our earlier training, where 6 of our Mala'la Health Service community workers became the first cohort to graduate with a Certificate II in Aboriginal and Torres Strait Islander Primary Health Care.

One of the biggest obstacles for our community workers has been studying off site. This course will be delivered on Country ensuring students can continue their family, cultural, work and community responsibilities while completing their studies.

We are now working to engage an external training provider to deliver the program in Maningrida.

Medical triaging

Mala'la Health Service continues to strengthen emergency response skills for our clinicians and community workers through regular Advanced Life Support (ALS) and Basic Life Support (BLS) training.

BLS training equips staff with essential skills in recognising and responding to life-threatening emergencies including CPR and safe use of defibrillators. This ensures that all staff working in our clinic and outreach programs are confident to provide immediate support in an emergency.

CRANAPlus provided ALS training for our clinical staff. This program builds on BLS preparing clinicians to respond to more complex emergencies. Staff are trained in advanced airway management, use of emergency medications and coordinated team responses.

Ausmed

Mala'la Health Service staff continue to use the Ausmed platform to complete ongoing professional development and mandatory training. Ausmed provides access to a wide range of accredited modules that can be completed online and tracked for Continuing Professional Development hours.



Medicare Services

Medicare revenue
\$1,525,132.90

Practice Incentive
Program revenue
\$294,168.00

Workforce Incentive
Program revenue
\$172,641.12

Private invoices
\$5,984.50

Combined Medicare income 2024-2025
\$1,997,926.52
which is the highest that Mala'la has seen to date.

Medicare Income Growth

During the 2024–2025 financial year, Mala'la Health Service recorded a significant increase in combined Medicare income, totalling \$79,071.20 above the previous year's earnings. This growth is attributed to a comprehensive audit conducted from March 2025, which identified missed and hidden billing opportunities from the prior two years. Additionally, delayed claims were processed following the renewal of expired Medicare cards, contributing to the revenue uplift.

Strategic Engagement and Sector Collaboration

Since March 2025, the Mala'la Medicare Coordinator has strategically focused on strengthening relationships with the local Medicare Liaison Officer and sector-wide Medicare Coordinators. This engagement has significantly improved the clinic's ability to:

- Identify missed billing opportunities
- Liaise proactively with Services Australia regarding upcoming Medicare policy changes
- Recover outstanding claims that were previously unprocessed due to card expiry issues

Renewing expired Medicare cards has proven to be a complex and time-consuming process for many clients, often requiring direct intervention and support from Services Australia. These administrative barriers have contributed to delays in billing and reduced revenue capture at the time.

By fostering strong partnerships across the Medicare network, Mala'la has enhanced its operational efficiency and improved financial sustainability. Continued collaboration with Services Australia remains critical to resolving card renewal challenges, enrolment of newborns and ensuring timely access to Medicare reimbursements.

Community Health Initiatives

In April 2025, targeted efforts were made to ensure that all eligible community members received timely 715 Health Assessments. Patients with chronic conditions were supported through valid General Practitioner Management Plans (GPMP) and Team Care Arrangements (TCA), facilitating access to multidisciplinary care and improving health outcomes within the community.

Staff Training and Capacity Building

Ongoing Medicare training and education has been delivered to nursing staff and newly appointed locum General Practitioners through regular site visits, online training and structured in-service training. These sessions have fostered a culture of accountability and confidence in accurate billing practices. Staff reported increased understanding of when to offer additional services and how to better support the community through informed care delivery.

MyMedicare Pilot Program

In June 2025, Mala'la commenced patient enrolment in the MyMedicare program. Staff were encouraged to register patients who reside permanently in Maningrida and attend the clinic regularly. The pilot phase focuses on patients in Rheumatic Heart Disease (RHD), Aged Care, and the Healthy Under 5's, who typically require extended consultation with Mala'la's Telehealth doctors. Enrolled patients can now benefit from access to longer Telehealth appointments, enhancing continuity of care and service accessibility. The program will be rolled out across the rest of the clinic community from the new financial year.

Natasha Sealey
Coordinator, Medicare Services

41,585
Total episodes of care

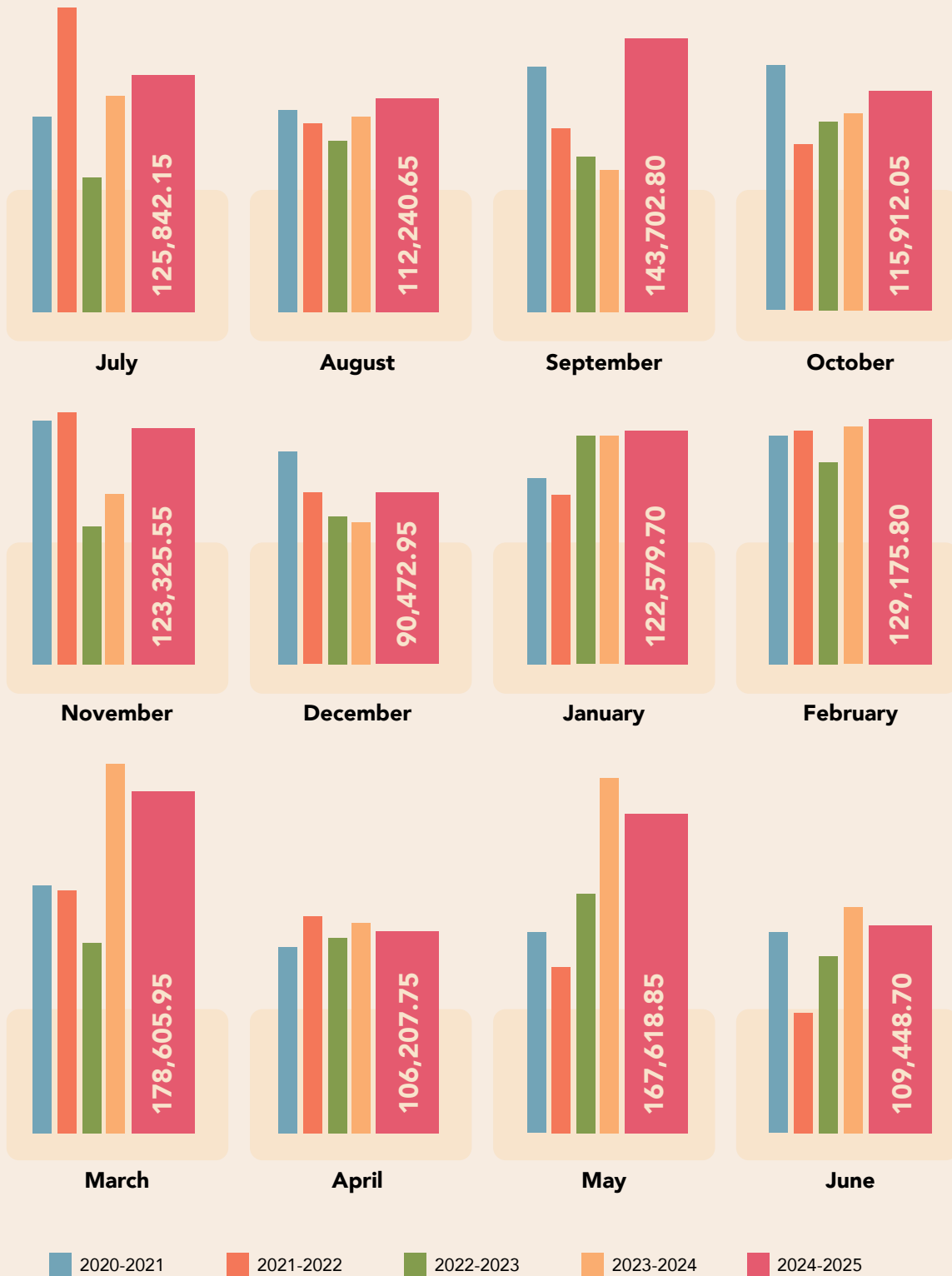
8278
After hours episodes of care

2854
Client home episodes of care

579
Mobile clinic episodes of care

1954
Telehealth provider episodes of care

MEDICARE REVENUE 2024-2025



The Ngarndúma Family and Community Wellness *Service*



The Ngarndúma Family and Community Wellness Service has continued to make quiet and important progress, weaving durable social and cultural threads into the complex and ever-growing service system of Maningrida. The community's service environment can often be fragmented, confusing and driven by dominant system priorities however the Ngarndúma leadership team has remained resolute and clear in its objective to provide wellbeing support options for families that centre local Bininj knowledges and insights.

Underpinned by narrative practice, we strive to offer an alternative, culturally resonant way of engaging with individuals and families in assisting them to identify safer ways to nurture and support each other through hard times. Problems are named plainly however pathways to attending to these are formed based on in depth understandings of what will realistically help with bringing about change.

We are constantly innovating and listening to ideas that might seem on the surface unrelated to directly addressing safety goals or medically diagnosed mental health issues but there is honestly nothing more on point than following our

team into their way of responding to this. It encompasses a complex range of cultural considerations that are not often visible to the clinical mental health or statutory child protection systems. An example of this is one of our Workers finding a way to bring peace to a conflict situation between a number of girls residing in the one house by taking them out to their homeland to explore where their shared grandmother walked and hunted as a girl. Another example is of the Men, who consistently took a teenager out fishing until he expressed to them that he feels pressure to break in but finds life when he is out bush so much more fulfilling.

The Mala'la Board of Directors continues to encourage the Wellness Service to stay on track with this clan and kinship-centred wellbeing approach. It aligns with priority areas in the MHSAC Strategic Plan and provides valuable opportunities for the organisation to fulfill its objectives in strengthening culturally responsive services to individuals and families in the region.

Our partnerships with other stakeholders, both within and external to Maningrida, have been a key feature this year with genuine collaborations flourishing and shared meaning in the work remaining a solid fixture in guiding us.



We have further refined our work alongside the Nja-marléya Cultural Leaders & Justice Group. This collaboration has been an important element of the Ngarndúma vision since our launch into an integrated, community led, family support service landscape close to five years ago. We've partnered with them as they have taken up their important role in assessing Bush Court referrals. As the Nja-marléya builds its capacity to respond to these referrals directly, the work of the Ngarndúma has been made visible as a most tangible support option for alternative sentencing.

We've attended all Child Wellbeing & Safety Partnership (CWASP) meetings that have taken place this year, alongside Nja-marléya and facilitated by DCF. Whilst the Partnership appears to still be finding its way in the complex terrain that is Maningrida, we remain committed to helping sustain momentum and encouraging local leaders to steer it.

In the shared service environment with regards to children and youth, the Ngarndúma successfully submitted for funding through the NT DoCs new Youth Diversion Program. This was supported by Nja-marléya and includes a sub-contracting component for the community's Leaders to participate in restorative justice approaches, cultural mentorship and teaching.

As with all of our grants, this one too will be integrated as seamlessly as possible into the family support landscape. In doing this we honour the vision of the Leaders to eliminate siloed service delivery. This blended approach emphasises that all referrals, regardless of the specifically referred problem or targeted program that is funded to fix it, are ultimately connected via the same root causes. And so, from the ground up we focus on strengthening holistic, family and kin-based service responses. We are governed by the aspirations of the Cultural Leaders in doing so and it takes time and care to build this with the integrity it requires.

In terms of our own governance, the Biniñ Family Wellness Workers have been consistent in coming along to important stakeholder and care team meetings. The input, insight and guidance of our local Workers is valued by all service providers and acknowledgement of this in turn helps our team members to sustain their commitments in supporting their families.



Regular reflective practice meetings in the bi-cultural nature of the work ensures the team has a felt experience of this positive feedback and is therefore inspired to continue working collaboratively. This respectful and supportive work environment strengthens courage, confidence and an important sense of personal and collective agency. It's not easy for any local person to enter the realm of family support and mental health service provision, where hardened problems thrive and solutions seem impossibly out of reach however slowly but surely, with attention to the most nuanced of gains, we are making progress.

We are currently a team of 26. This includes 17 Bininj Family Wellness Workers (representing a range of language groups and areas of expertise), the Women's Cultural Support Hub Coordinator (a visionary Burarra woman), a Strong Young Fathers Educator (registered teacher), a Program Support Worker, a Young Men's Support Worker, a Senior Counsellor (registered practicing counsellor), a Family Support Practitioner (registered social worker), a Therapeutic Youth and Family Worker (on maternity leave), a Youth Diversion Case Worker and a Manager (registered clinical counsellor). These positions have once again been resourced via nine funding streams into the Family & Community Wellness Service.

Training and professional development remains a high priority for us as we build the capacity of our wellbeing workforce. We have long been focussed on facilitating training options for our team that are connected to their preferences for ways that they want to help families. For the men this is around safeguarding fishing and hunting trips. For the women this is around promoting a sense of agency and efficacy in child development, nutrition and health focussed realms. More nuanced, whole team training opportunities that relate to wellbeing work and family support practice are woven into this schedule as they become available and have good enough cultural resonance.





Bush time with families

Family bush/camping trips have been happening most weekends throughout this period. These trips are mostly led by a married couple in the team who represent a valuable union of the Ndjebbana/Burarra language groups. As experienced wellbeing workers who hold profoundly important knowledge with respect to the culturally nuanced approaches needed to support families to strengthen, they have once again traversed this complex landscape with courage and intention. They provide their 'report' following each trip, giving particular attention to the types of conversations held with family members and the impacts of these discussions on 'the problem story' – very organic and exquisite narrative practice.

For all of our Bininj team members, the environment in which they do their work means everything and there is nothing more conducive to establishing therapeutic safety than being in the bush and in country that is connected to their ancestors. Lots of fish are caught, crabs speared, cockles and mud mussels collected, yams dug, bush fruits gathered, pandanus stripped and dyed, and importantly, skills and knowledges shared and stories told.

Murnun Men's Space (aka Men's Shed)

With the thorough and steady mentoring of our Men's Team Leader/Strong Young Dad's Educator, the team at the Men's Shed has been powering along. We've enjoyed the valuable contribution of the Young Men's Support Worker for most of this period also. The men have demonstrated outstanding growth in their skills, knowledge and commitments to the job, with the implementation of a fixed weekly work plan to guide them.

They have divided themselves into two teams, one representing the Ndjébbana/Kuninjku side and one the Burarra side. Each week the two troopies have gone out bush to their preferred areas taking men, young men and boys who have been referred from a range of agencies including Corrections, Nja-marléya Justice Group, DCF, Clinic, Police, Police Youth Diversion and the VSA team. Each group comes together based on kinship relationships and language group, rather than being grouped by the problems or worries they are referred with.

The problem stories for each referred person are discussed with the Men's Team at intake and ways to listen, help and guide are worked out. The manager and practitioners have important input to these conversations. The men are becoming more confident in having these harder talks with their clients whilst out fishing and hunting and this is evident from the increasing depth of the stories they bring back following each trip. The men's report from each trip is documented in a session record and review of these over the previous twelve months reveals progressively richer descriptions of ways they've been working with their kin. Many fish are coming back for families. Many important conversations are happening amongst the men.





The Men's Shed itself remains a fluid space that is in some ways still finding its way in best meeting the needs of men and boys in the community. It is used for community events such as the Sydney Swans visit to promote the Tackling Indigenous Smoking Project and Mala'la Youth Week events; targeted Clinic & health messaging sessions such as the that hosted by the TB nurse; weekly men's psychosocial support/NDIS sessions run by Balcor and Team Health; and the BAC hosted Strong Bro Program.

Whilst this type of use is welcomed at the Men's Shed, we've found that having it open all day everyday has been problematic in terms of the human resources needed to clean it up constantly throughout the day and keep track of assets. A steady flow of gear purchased for the men's service has been rolling out the front gate and not finding its way back again, regardless of any system implemented to stem this. We are currently waiting on some lockable cages to be built so that the men can keep these important resources secure. It is hoped that we can gradually overcome these issues so that the Men's Shed can be more of a drop-in space into the future. For now, opening times are targeted to specific purposes.

One such purpose is for the delivery of VET training for our Men's Team and the Strong Young Dad's cohort. Our Men's Educator has been negotiating with CDU in the delivery of units towards both the Maritime and Conservation and Ecosystems Management Certificates. There has also been a focus on assisting young men and fathers with obtaining their drivers licenses, attending to 'life admin' and supporting them into employment pathways.

The Men's Shed recently welcomed the arrival of our new Maritime Training boat, the Murnun, funded by the NIAA to support local delivery of the Certificate I in Maritime Operations. The vessel has the capacity to train 4-5 men together at a time, particularly in the core deckhand units, and will provide a pathway towards gaining a Coxswain Licence. The Men see this as more than formal training – it also supports mental health, cultural connection to saltwater country, and their role as "water ambassadors" for community.





Women's Cultural Support Hub (aka WCSH Kikka/Muma program)

The Women's Team has been busy as always during this reporting period, supporting mothers and children referred to us, as well as actively promoting the women's collective as point of social, emotional and cultural wellbeing support for women, young women and girls throughout the community. The women provide focussed family support to mothers, particularly those referred by DCF. This often involves assisting with laundry, shopping, Centrelink, banking and working towards obtaining a driver's license.

The two-year partnership with Menzies in the co-design and co-delivery of the Manayingkarirra Healthy Women's Project officially ended in June. The women identified three priority areas for this project - access to healthy food, access to physical activity and health education. Over the 12-month implementation phase, 151 women engaged with the activities offered. Thirteen health education sessions were delivered focusing on women's health; diabetes education with the Mala'la Diabetes Educator; healthy cook ups with the Mala'la Dietitian; and bush medicine, healthy skin and social emotional wellbeing sessions. Fourteen physical activity sessions were delivered including water fun and stretching exercise sessions at the pool with the Mala'la Physiotherapist.



Menzies are now in an evaluation phase with the Project and the research team has recently submitted for funding through the Global Alliance for Chronic Diseases so that we can continue to support women and mothers in their health journeys. This important partnership has been valuable with regards to providing a schedule for consistent and structured activities delivered by the WCSH and we have greatly appreciated this support and opportunity to collaborate. The Menzies Project Officer and the WCSH Coordinator co-presented their paper, "This isn't a joke anymore – Maningrida women taking charge" at the Lowitja Conference in June. They shared the inspiring story of the Maningrida Healthy Women's Project and were inundated with positive feedback following their presentation.

The Women's Team have made significant contributions to wider community endeavours during this period such as hosting a pamper session for girls, young women and young mums. during Mala'la Youth Week. This was enormously successful with the 20 girls enjoying styling their hair, having face and foot massages, doing make-up, practicing modelling and starring in the filming of the Maningrida Standing Proud video.

The WCSH hosted a 'Celebrating Healthy Women's Week' with a total of 45 women and young girls attending across 3 days of wellness activities in April. These activities included story sharing, wellbeing and stress management sessions, targeted young women's health checks with Mala'la nurses and a day dedicated to art & craft.

The WCSH room, like the Men's Shed, is far from an ideal space to be providing such a dynamic and important service to women and children in the community, however the Women's Team do what they can to make it work. There is a steady stream of women, mums and bubs coming in each week and the particular cohort on any given day often determines the nature of the activity facilitated. Sometimes this is a massage and relaxation session; a conversation about baby and toddler growth and brain development; a talk about children's learning and emotional needs; air fryer cooking sessions; healthy foods discussions; meal planning; outdoor cook ups (kangaroo tail & damper); jewellery making; sewing; photography and photo frame making; preparing and planning for ceremony and funerals; and conversations about ways to manage stress. Women and mothers are invited into a safe space to talk about worries relating to their relationship, their children's school attendance, kids walking around and finding trouble at night, and concerns for sick family members.





Young People - Early Intervention and Prevention

Our Therapeutic Youth & Family Workers have continued their important work facilitating spaces of empowerment and skill building for young people in Maningrida. Maningrida Dance, led by our youngest casual employees, has been delivering weekly dance classes after school at the Youth Centre. This initiative has been made possible once again through strong partnership with the Nja-marléya. The Youth Centre has become a vibrant service hub with a diverse range of activities on offer. Our referred children and young people have been encouraged to come along and be part of this pro-social scene.

The Therapeutic Youth & Family Workers have again maintained a caseload of young women at risk this year, engaging in focussed 1:1 and small group therapeutic sessions. Pamper/spa sessions were a popular activity, as was the preparation of healthy meals and snacks.

We remain grateful for our partnership with Nja-marléya in supporting the youth early intervention space and look forward to strengthening this collaboration even further as we launch into the new Northern Territory Department of Corrections Youth Diversion Program.



Individual counselling

The individual counselling component of the Ngarndúma service provision is shaped according to the way people wish to engage with it. This results in more of a hybrid approach that contains elements of case management with individuals and families and/or group work, as well as more traditional 1:1 counselling.

The Senior Women's Counsellor has continued to respond to a constant stream of referrals from a range of different agencies. Whilst not all referred people chose to pursue 1:1 counselling as their referring agencies often envisage, it remains an important service offering for those who do, even if just for a short time.

For most of this year the role of the Men's Counsellor was operational, working alongside one of our Men's Wellness Workers in providing focussed therapeutic support for referred men and young men. The Men's Counsellor responded to referrals through the Nja-marléya Justice Group, NT Corrections and the Clinic and collaborated with BAC CDP to mentor job seekers. Through this work we were able to catch a glimpse of the importance of this role as a part of the diverse suite of Ngarndúma service offerings. Unfortunately, due to a lack of ongoing funding and stable housing, this position was necessarily made redundant in April.

Capturing the story and the data

The need to co-investigate the impact and outcomes of this approach to family and community wellbeing and support with our Bininj Leaders is pressing. As a collective passionate about this cause, we know we've been making a difference to the lives of individuals and families because we bear witness to their journeys every day. We therefore have a strong obligation to document the story of change and contribute to the growing body of evidence that supports community led, culturally resonant and integrated approaches. Next steps for achieving this are in motion. The essence of what we are trying to capture is encapsulated in the following words collected from two of our Men's Family Wellness Workers:

"Bininj people have had connections to the bush and land for tens of thousands of years and this has been hurt by too much balanda way. When these young men who are struggling with the law, relationships and violence can reach back to their connection to the bush, you can see how this helps. You can see how important it is. You can see their minds slow down. You can see pride in hunting techniques and knowledge of the area. You can see strength in each step. Taking these young men back to their Homelands and bush areas is not the only answer in the modern world but it gives these fellas, and each of us helping them, reassurance of our strengths and knowledge. The connection that Bininj have with the bush is being tested but it isn't broken. Our work here can help that connection stay alive."

Felicity Douglas
Manager, Family and Community Wellness



17

Aboriginal Family Wellness Workers representing a range of language groups are employed across the Ngarndúma Family & Community Wellness Service

28



Ngalakóra Governance meetings have been facilitated

177



identified men, women and children were supported through our service in July to December

191



identified men, women and children were supported through our service in January to June

119



individuals and family groups have been referred to the service this year

Many more access the Ngarndúma Family & Community Wellness Service informally and do not come through formal intake



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Aged Care and Community Services



This year, Mala'la Aged Care and Community Services continued to expand its impact and reach in improving the health and wellbeing of the people in the Maningrida community.

It has also been a challenging year, as we mourned the loss of one of our dedicated staff members. Their passing was deeply felt, not only within our organisation but also across the broader community they served so faithfully. We honour their legacy through the many lives touched during their years of service. In response to staff changes, we welcomed three new team members, ensuring we continue to deliver high-quality, consistent services to our residents and clients.

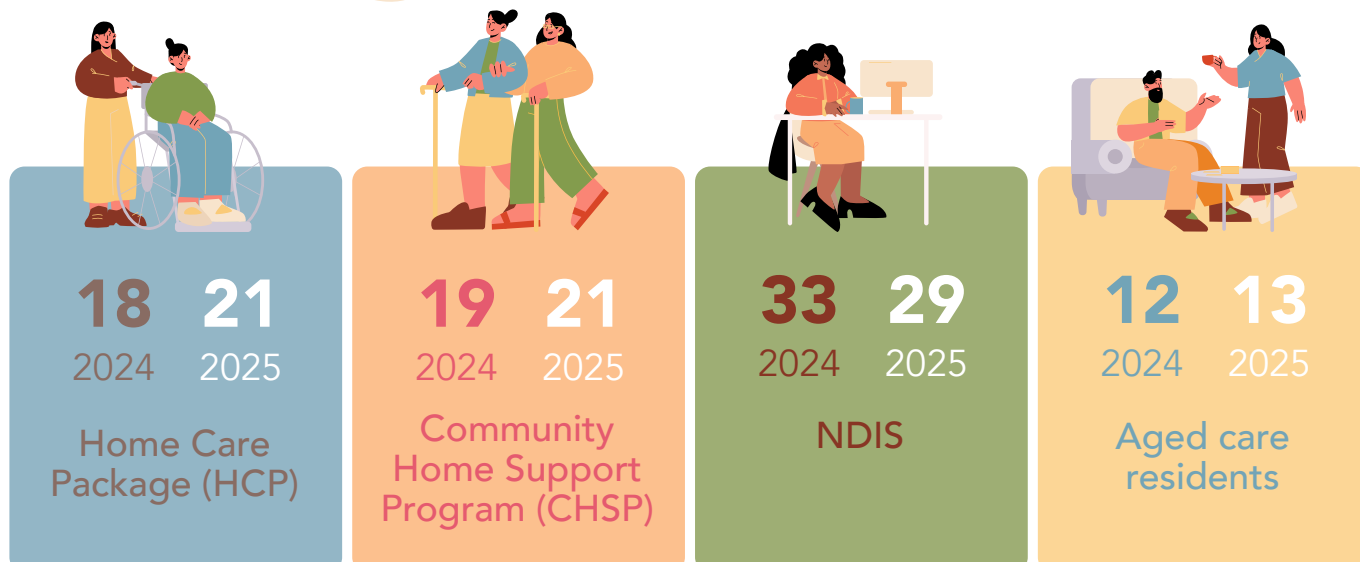
Our daily activities for clients in the facility continue to be popular with everyone.

Mala'la's ongoing investment in professional development, reflects our commitment to strengthening our workforce and improving the quality of care and support we offer the Maningrida community.

Our services under the Home Care Package (HCP), Community Home Support Program (CHSP), and NDIS have seen growth this year as the table below shows, these numbers fluctuate throughout the year due to clients moving from one program to another, to support their needs better.







This growth is largely due to effective community outreach, through the Elder Care Connect program, the high standard of care we provide, and the positive impact experienced by our current clients—many of whom have encouraged others to seek support through our programs.

In May 2025, we were honoured to host First Nations Aged Care Commissioner, Andrea Kelly. Her visit provided an opportunity to share insights into the needs, priorities, and services in our community through direct conversations with staff, residents, and community members. Following this visit, a \$12 million federal government proposal was approved to construct four additional ensuites and 2 palliative care rooms at the Aged Care facility—to be constructed next year.

We have upgraded our sewage system, installed a walk in Freezer, and cool room to increase the meals delivered in the community.

This year also marked the 20th Anniversary of our Aged Care facility — a significant milestone celebrating our journey, our achievements and the impact we've had on the community over the past two decades. We continue to share our progress with the community regularly, keeping them informed and engaged with our activities and developments.

We extend our heartfelt appreciation to everyone who has supported us throughout the year — our staff, the Mala'la Board and CEO, residents, clients, and the broader Maningrida community, not to mention the visiting Allied Health Services who visit Mala'la's Aged Care facility on a regular basis. Your contributions and trust are the foundation of our continued success.

We look forward to the year ahead and to continuing our work together serving the Maningrida community.

Karen Yarnold
 Manager, Aged Care and Community Services



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Corporate Services

Corporate Services continued to provide essential support to Mala'la Health Service, strengthening organisational systems and ensuring effective governance, workforce management, and compliance across all departments. The focus for 2024–2025 was on the rollout of the updated Mala'la Enterprise Agreement, the implementation of a new HR and payroll system, stabilising staffing across critical services, and maintaining high standards of accountability while navigating the challenges of workforce availability and community demands.

Mala'la Enterprise Agreement 2024-2027

A major milestone for Mala'la Health Service during the reporting period was the successful negotiation and ratification of the updated Mala'la Enterprise Agreement 2024–2027. The Agreement was formally endorsed by the Fair Work Commission on 6 November 2024 and took effect retrospectively from 1 July 2024.

The updated Agreement introduced a suite of benefits and entitlements designed to recognise the contributions of our staff, support retention, and enhance work–life balance. Key inclusions include Programmed Day Off, Retention Allowance, and new provisions for Professional Registration and Postgraduate Qualification Allowance for non-Nursing staff. Nursing staff are now eligible for a Short Course Allowance, acknowledging the importance of ongoing professional development.

Human Resources and Payroll

A major achievement during the year was the successful implementation of the Employment Hero HR and Payroll system. After a staged rollout and staff onboarding process, the system went live in March 2025, with concurrent payroll runs conducted to ensure a smooth transition from the previous Wage Easy platform. The change has delivered stronger compliance, more efficient administration, and improved transparency for Managers and staff alike. The pay period was also updated to run from Mondays to Sundays.

While most employees have adapted well to the new mobile-based application timesheet system, some continue to rely on paper timesheets due to a lack of phone access, requiring additional support from Managers and Coordinators. Training and system familiarisation remain ongoing, and an external Payroll audit is planned to commence from mid-2025 to verify the accuracy of pay rates, penalty rates, allowances, and entitlements.

Travel Allowance/ Fares Out of Isolated Location (FOIL) entitlement amounts have been increased for 2025 calendar year to consider the increases in airfares and travel costs across the board, while ensuring that our staff are able to utilise this entitlement effectively while living and working remotely.

Primary Health Care (PHC) and Administration

Recruitment remained a challenge in the PHC Office, with the Receptionist/ Administration Officer role vacant for much of the year. After an extended vacancy, an appointment was made in June 2025. The role has since expanded to include part-time administrative support in Aged Care and the Clinic, strengthening cross-departmental collaboration.

In addition, the appointment of an HR Administration Officer in August 2024, working remotely from the Darwin Parap Office, has provided much-needed assistance to the Corporate Services team. The position has taken on the responsibility for ensuring that HR compliance requirements, including Working with Children Clearances, Police Checks, Worker Screening Checks and Driver Licences, remain current for all employees. The role also supports the maintenance of the employee register in the LOGIQC Risk Management System, strengthening the organisation's compliance monitoring and reporting processes.

While these appointments have strengthened stability, the prolonged vacancy in the PHC Office highlighted the ongoing difficulty of attracting and retaining administrative staff in a remote context with limited housing availability.

Aged Care and NDIS

The Aged Care and NDIS teams made significant progress in building stability, with full staffing levels achieved by early 2025. Notable appointments included Aged Care Support Workers and the creation of a new role of NDIS Community Liaison Support Worker. The appointments strengthened both operational and client service delivery and ensured continuity of care across the programs. Efforts were also made to support long-term staff retention, including work visa sponsorships for valued employees.

Clinic – Medical and Administration

The Clinic experienced considerable staff turnover during the reporting period but was able to recruit several highly qualified professionals into key roles.

In March 2025, Dr Melanie Matthews was appointed as the Director Medical Services, providing clinical leadership and oversight. The Midwifery team was strengthened with the arrival of a Midwife in February 2025, and the Medicare Coordinator role was filled in March. Meanwhile, new Afterhours RAN appointments continued throughout the year to ensure continuity in the Afterhours Program coverage. The introduction of paid travel days for casual nurses has also proven to be an effective retention strategy, reducing reliance on agency staff.

Despite these achievements, challenges remain in filling permanent Remote Area Nurses positions, where locum staff continue to provide coverage. There are also challenges in filling the Administration positions in Visiting Services and Clinical Operations due to the lack of suitable accommodation and our remote location.

Staff resignations across the medical and administration programs during the year reinforced the ongoing difficulty of maintaining stability in the remote health workforce, highlighting the importance of dynamic recruitment and retention measures.

Clinic Workforce

The broader Workforce team stabilised well over the course of the year. Attendance improved compared with late 2024, and services such as Orange Sky were reinstated with the return of local staff. Additional Aboriginal Community Health Workers were recruited into Acute, Chronic Conditions, Women's Health, Child Health, and Midwifery Programs, enhancing culturally appropriate service delivery.

Family and Community Wellness

The Family and Community Wellness Service achieved full staffing across its major programs by early 2025, creating a stable platform for service delivery.

The maternity leave cover for the Therapeutic Youth Coordinator role was well received by the young people. In June 2025, a First Nations Social Worker, commenced as the Family Support Practitioner, bringing strong cultural insight and professional experience to the team. The Men's Shed Program was further supported with new Community Wellness Workers recruited earlier in the year.

Accommodation remained a major constraint for workforce sustainability, particularly in securing long-term housing for the Senior Male Counsellor position. This role is critical for addressing domestic violence and rehabilitation programs in Maningrida, and providing suitable housing remains a priority for the coming year.

Aboriginal Community Workers

Our local Aboriginal staff made significant contributions across all Programs and services, bringing invaluable cultural knowledge and connections to community. Recognising the cultural importance of sorry business time, along with family and cultural obligations, our Managers and Coordinators showed flexibility in daily rosters to ensure essential services continued uninterrupted. This adaptability reflects both the strength of Mala'la's workforce and the organisation's commitment to culturally informed employment practices. By supporting staff during these times, through cultural leave provisions and flexible work arrangements, Mala'la fosters cultural safety and ensures our services remain grounded in respect for community traditions.

Learning and Development

The 2024-2025 period marked a pivotal year for Mala'la's Learning and Development Program under the coordination of Katrina Villaflores, our Learning and Development Coordinator. The year was highlighted with the successful launch of the Ausmed Education online training portal in June 2024. This platform has become a central hub for learning and professional development across Mala'la.

In collaboration with the Managers and Coordinators, comprehensive training plans were developed for each service area, Primary Health Care, Aged Care and Family and Community Wellness, ensuring staff have access to relevant training and development opportunities. Additionally, funding for the Certificate III in Aboriginal and Torres Strait Islander Primary Health Care was secured for our community workers to pursue further studies and opening career pathways in health.

Please refer to the Learning and Development section of the report for more information on the activities and key achievements during the year.

Travel

The Mala'la Travel team has played an essential role in supporting Mala'la's operations over the past year, managing a high volume of travel requests from approximately 160 employees across all service areas. With the continued growth of services and an increase in FIFO (Fly-In Fly-Out) arrangements, the team has effectively navigated a significant rise in workload and complexity. From coordinating flights and accommodation to managing last-minute changes and amendments, the Travel team has demonstrated exceptional responsiveness, attention to detail and adaptability.

A key improvement this year was the successful implementation of Monday.com platform, which introduced an online travel booking forms that allows employees to submit their travel requests digitally. The system has enhanced efficiency by streamlining the way travel requests are received, tracked and processed. In addition, Monday.com is now used to maintain an accurate register of Staff Travel Allowance/FOIL entitlements, further supporting transparency and accountability. The team's efforts have been critical in ensuring the seamless movement of staff across regions, enabling service continuity and operational efficiency throughout the organisation.

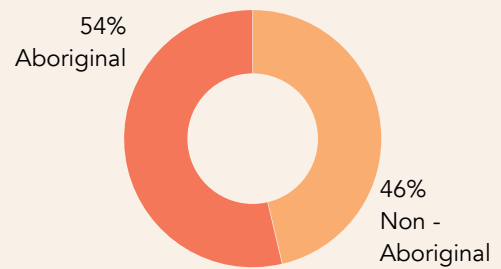
Governance and Compliance

Corporate Services continued to strengthen governance and compliance processes throughout the year, ensuring that the organisation met its obligations under NDIS, WHS, and other regulatory frameworks.

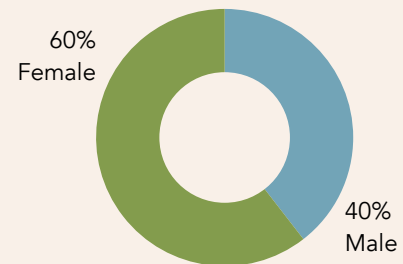
The appointment of an HR Administration Officer further enhanced compliance processes, particularly in maintaining current staff clearances, licenses and the employee register within the LOGIQC Risk Management System, providing the organisation with greater assurance that workforce compliance obligations are consistently met.

Aileen Bell
Manager, Corporate Services

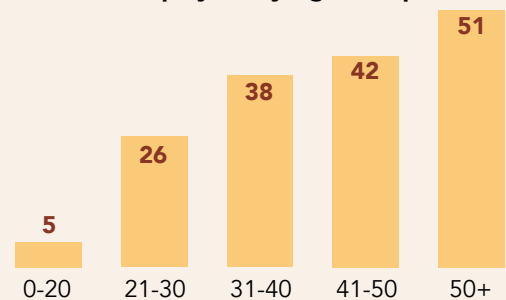
MHSAC Employees by Aboriginality



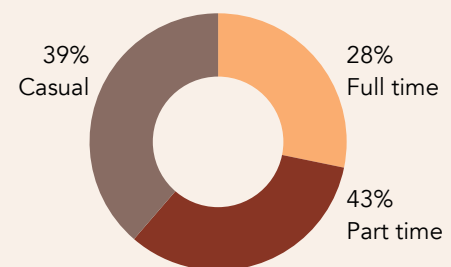
MHSAC Employees by Gender



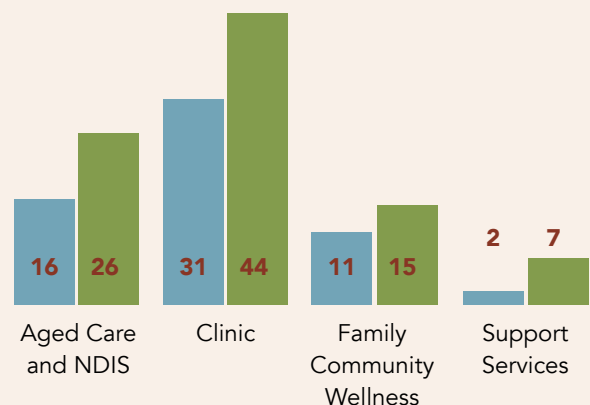
MHSAC Employees by Age Group



Employment Type



MHSAC Employees by Department and Gender



Key Achievements 2024–2025

Over the past year, the Corporate Services team has strengthened the foundation that supports all Mala’la’s services and employees. Highlights included:

Improved Workforce Systems

The successful introduction of Employment Hero, Mala’la’s new HR and Payroll system, reduced errors, improved transparency, and ensured staff were paid accurately and on time. The staged implementation and concurrent pay runs provided a smooth transition and laid the groundwork for more efficient and compliant workforce management.



Strengthened Cultural Workforce

The recruitment of additional Aboriginal Health and Community Workers, together with new support staff across Aged Care, NDIS, Clinic, and Wellness programs, enhanced cultural safety and deepened connections between services and community. These appointments ensured programs continue to reflect local knowledge, values, and traditions.



Sustained Service Continuity

Despite the challenges of remote service delivery and the impact of cultural obligations on attendance, Managers and Coordinators demonstrated flexibility and resilience. Through daily adjustments and redeployment of staff, essential services and programs, including Aged Care, NDIS, and Health Programs continued without interruption.



Investment in Staff Wellbeing and Retention

Key initiatives included the introduction of paid travel days for nurses, an increase in Travel Allowance/FOIL entitlements to offset rising airfare costs, and the expanded benefits of the Mala’la Enterprise Agreement 2024–2027. These included additional leave provisions, retention allowances, professional and postgraduate qualification allowances, and formal recognition of family and cultural responsibilities. Together, these measures strengthened morale, supported retention, and fostered a culturally responsive workplace.



Enhanced Compliance and Governance

The implementation of Employment Hero, combined with the appointment of the HR Administration Officer ensured that all mandatory clearances, registrations, and checks are monitored and recorded in the LOGIQC Risk Management System. These measures increased accountability, improved transparency, and provided the organisation with greater assurance regarding workforce and compliance obligations.



Key Challenges

While 2024–2025 was a year of strong progress, several ongoing challenges remained:

Clinical Recruitment and Retention

Filling permanent Remote Area Nurse positions continues to be challenging, with services still reliant on locum staff.

Accommodation Shortages

Limited housing availability in Maningrida remains a critical barrier to recruiting and retaining both clinical, support and administrative personnel.

Workforce Attendance

Attendance among local Aboriginal staff continues to fluctuate due to family, cultural, and sorry business obligations. Managers and Coordinators often need to adjust rosters and redeploy staff daily to ensure continuity of essential services and programs.

System Transition Pressures

The rollout of Employment Hero required significant adaptation, with some staff lacking mobile access to the system. Managers and Coordinators carried additional administrative workload to support timesheet and leave entries.

Outlook 2025–2026

Looking ahead, Corporate Services will focus on key priorities to strengthen systems and sustain workforce capacity:

Consolidating Employment Hero

Embedding the HR and Payroll system to ensure long-term efficiency, accuracy, and compliance.

Strengthening Recruitment Strategies

Developing innovative approaches to attract and retain experienced clinical staff, particularly in Remote Area Nurses positions, and reducing reliance on locum support.

Enhancing Governance and Compliance

Continuing to refine systems and processes to maintain accountability, strengthen reporting, and support sustainable organisational growth.

Embedding the Enterprise Agreement

Supporting staff to access and benefit from the entitlements and allowances introduced under the Mala'la Enterprise Agreement 2024–2027, with a focus on wellbeing, professional development, and retention.

Addressing Accommodation Barriers

Advocating for and securing housing solutions to enable the recruitment and retention of senior, specialist and support staff in Maningrida.

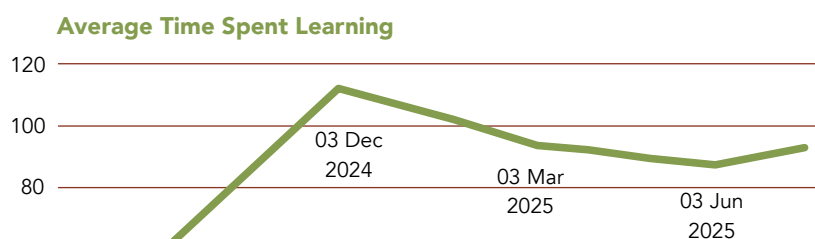
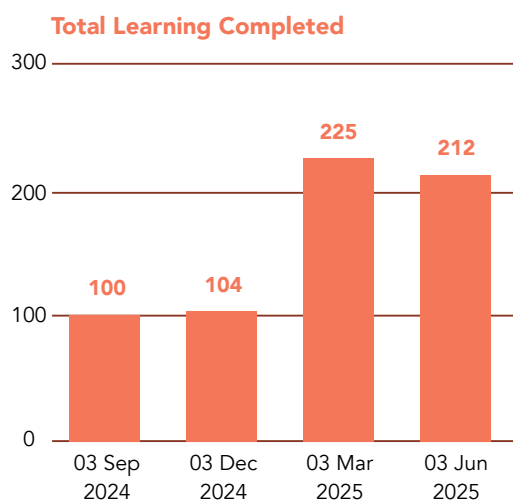
Learning and Development



It has been a successful year for the Learning and Development (L&D) program at Mala'la. A major milestone was achieved in June 2024 with the launch of our online training portal, Ausmed Education. This platform supports ongoing learning and professional development across the organisation.

In collaboration with Managers and Coordinators, comprehensive training plans were developed for each service area: Primary Health Care, Aged Care, and Family & Community Wellness. These plans ensure that staff across all services have tailored learning pathways aligned with Mala'la's strategic priorities and individual professional development needs.

Another key achievement was securing funding through AMSANT to engage an external training provider to deliver the Certificate III in Aboriginal and Torres Strait Islander Primary Health Care. This initiative reflects Mala'la's strong commitment in supporting career progression for our local community workers.





Training & Development Activities

Over the past 12 months, Mala'la has delivered a wide range of learning opportunities aimed at strengthening workforce capability, supporting compliance, enhancing staff confidence in delivering safe and culturally responsive services. Below is a summary of the trainings and workshops completed.

Technical Skills Workshop

- 4WD Training
- Safety Intervention Training
- Food Safety Course
- Driver licence assistance - through the NT Drive Safe Program
- Fire Drill – Aged Care facility

Soft Skills Development

- Conflict Resolution Workshop

In-service Workshops

- Maningrida Cultural Awareness Workshop
- Aboriginal & Torres Strait Islander Mental Health First Aid Workshop (AMSANT)
- Documentation for manager and coordinators in Aged Care setting
- Northern Australian Aboriginal Justice Agency (NAAJA) Legal Education Session
- Catholic Care "No More" Program (Prevention of Domestic and Family Violence)

Compliance and Regulatory

- First Aid and CPR Training. Delivered twice annually in partnership with Royal Life Saving NT
- Essential Training for Clinical Staff: Modules and CPD resources provided through the Ausmed Education platform
- Aged Care Strengthened Quality Standards: Training modules delivered through the Ausmed Education platform

Health Care

The 2024-2025 period marked a pivotal year for Mala'la's Learning and Development program. With the launch of the digital training platform, expanded workshop opportunities, and the coordination on the delivery and completion of nationally recognised qualifications, Mala'la has made significant progress in developing a skilled, confident, and competent workforce.

We are excited to continue this momentum and further embed a culture of continuous learning across the organisation.

Katrina Villaflores
Coordinator, Learning & Development

150

Ausmed accounts were created

11

face-to-face training sessions delivered across all service areas

58

resources tailored to employees' learning needs, were migrated to Ausmed Education platform

7

Aboriginal Community Workers were enrolled in the Certificate III in Aboriginal and Torres Strait Islander Primary

Funding partners and *friends*

- AbilOT-NT
- The Aboriginal Medical Services Alliance Northern Territory (AMSANT)
- The Australian Nursing and Midwifery Federation NT
- Australian Nurse-Family Partnership Program (ANFPP)
- Bawinanga Aboriginal Corporation
- Captain Starlight run by the Starlight Children's Foundation in Australia
- CareFlight
- Carpentaria
- Commonwealth Department of Health Ageing
- Council of Remote Area Nurses of Australia (CRANA)
- Djelk Rangers
- Families as First Teachers (FAFT)
- Keep Moving
- Laynhapuy Homelands
- Lúrra Language and Culture Team
- Maningrida Healthy Women's Project, the Diabetes in Pregnancy Project, in partnership with the Menzies School of Health Research.
- Medicare
- Medicare Urgent Care Clinics – additional funding through Australian Government Department of Health and Aged Care
- Menzies School of Health Research at Charles Darwin University
- Millie the BreastScreenNT bus
- National Disability Insurance Scheme (NDIS)
- Nja-marleya
- Northern Territory Primary Health Network
- Northern Territory Government's Community Family and Community Fund
- Northern Territory Government Department of Education's Literacy for Parents Program
- NT United Workers Union
- Office of the Registrar of Aboriginal Corporations
- Orange Sky
- Outreach Physiotherapy
- Primary Health Network's Social and Emotional Wellbeing grant
- Red Dust
- Red Lily Health Board Aboriginal Corporation – Red Lily Health
- SAL Consulting
- Secretariat of National Aboriginal and Islander Child Care (SNAICC)
- Stepping Stones
- Stronger Community for Children (SCfC) grant, National Indigenous Australians Agency (NIAA)
- Tackling Indigenous Smoking (TIS) program, Australian Government, Department of Health and Aged Care.
- Top End Mental Health
- Urgent Care clinic funding
- West Arnhem Regional Council



Selected glossary and terminology

WORD	LANGUAGE	DICTIONARY AND REFERENCE
Bábbarra / The name of the women's centre and design studio	Ndjébbana	Listen to 50 words in Ndjébbana The Bábbarra Story
Balanda / non-Aboriginal person	Yolŋu	Origin of balanda
Bininj / man	Kuninjku	Bininj Kunwok dictionary
Bunggul	Burarra	Burarra and Gun-nartpa dictionary
Co-design	Academic	Co-design for health in an Aboriginal community means working together with community members to create health programs that meet their specific needs and respect their cultural practices.
Collective impact	Academic	Collective impact for health in an Aboriginal community means different groups working together to improve health outcomes by combining their resources, knowledge, and efforts.
Daluk / woman	Kuninjku	Bininj Kunwok dictionary
Diverse	Government	Diversity in health within an Aboriginal community means recognising and respecting the unique cultural, social, and health needs of each individual.
Intergenerational trauma	Academic	Intergenerational trauma in Aboriginal communities encompasses the ongoing effects of historical injustices and family violence on the health and wellbeing of current and future generations.
Kunibídjí	Ndjébbana	People of Manayingkarirra
Mala'la	Ndjébbana	Mangrove tree
Muma / mum	Burarra	Burarra and Gun-nartpa dictionary
Ngarndúma	Ndjébbana	Palm tree or Kentia palm Belinda Kernan explains her totem
Nja-marléya	Ndjébbana	The Nja-Marleya cultural leaders and justice group Coral Swimmer Crab, Gender: njáya; Moiety: Yiriddjanga; Generic (big name): bíbbo 'crabs'. N A.
Reconfiguring anger	Academic	In a general setting, "reconfiguring anger" means transforming feelings of anger into constructive actions or behaviours that promote personal growth and positive outcomes.
Social action	Academic	Improving health in an Aboriginal community through culturally appropriate programs and support.
Trauma informed	Academic	Addressing health in an Aboriginal community with an understanding of trauma and its impacts
Yikarrakkal	Kuninjku	An outstation in the Kubumi-Ngolkwarre estates. Copyright Bininj Kunwok

Financial *Report*

MALA'LA HEALTH SERVICE ABORIGINAL CORPORATION

ABN: 89 357 836 457

ICN 3228

GENERAL PURPOSE FINANCIAL REPORT

For the Year Ended 30 June 2025

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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 2025 and the auditor's report thereon.

OPERATING AND FINANCIAL REVIEW

The surplus from ordinary activities of the Corporation amounted to \$1,766,363 (2024: deficit \$874893).

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 of its environmental requirements and is not aware of any breach of those environmental requirements as they apply to the Corporation.

DISTRIBUTIONS

The Corporation's 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:

Name	Position
Charlie Gunabarra	Chairperson, Maningrida
Kevin Juwugurra	Chairperson, Homelands
Reggie Wuridjal	Director
Mr Winter	Director, ceased 20/10/2024
Valda Bokmakarray	Director
Camilla Hayes	Director
Marissa Stewart	Director
James Wood	Director
Samara Hayes	Director, appointed 20/11/2024
Penny Steele	Independent Director



DIRECTORS' REPORT (continued) 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:

Director	No of meetings held	No of meetings attended
Charlie Gunabarra	10	9
Kevin Juwugurra	10	8
Reggie Wurldjal	10	7
Mr Winter	4	1
Valda Bokmakarray	10	8
Camilla Hayes	10	7
Marissa Stewart	10	9
James Wood	10	3
Samara Hayes	6	4
Penny Steele	10	7

AUDITOR'S INDEPENDENCE DECLARATION

At no time during the financial year ended 30 June 2025 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 2025.

PROCEEDINGS ON BEHALF OF THE CORPORATION

During the year, no person has made application for leave in respect of the Corporation under section 169-5 of the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* (the Act).

During the year, no person has brought or intervened in proceedings on behalf of the Corporation with leave under section 169-5 of the Act.

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:

Valda Bokmakarray
Director
Date: 31/10/2025

Charlie Gunabarra
Director
Date: 31/10/2025



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AUSTRALIA

DECLARATION OF INDEPENDENCE BY CASMEL TAZIWA 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 2025, I declare that, to the best of my knowledge and belief, there have been:

1. No contraventions of the auditor independence requirements of section 339-D of the *Corporation (Aboriginal and Torres Strait Islander) Act 2006* in relation to the audit; and
2. No contraventions of any applicable code of professional conduct in relation to the audit.

Casmel Taziwa

Partner

BDO Audit (NT)

Darwin, 3 November 2025

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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 5-27, 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 2025 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 behalf of the Board of Directors by:

VALMA BOKMAKARRAY
Director
Date: 31/10/2025

Charlie Gumbrose
Director
Date: 31/10/2025

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2025

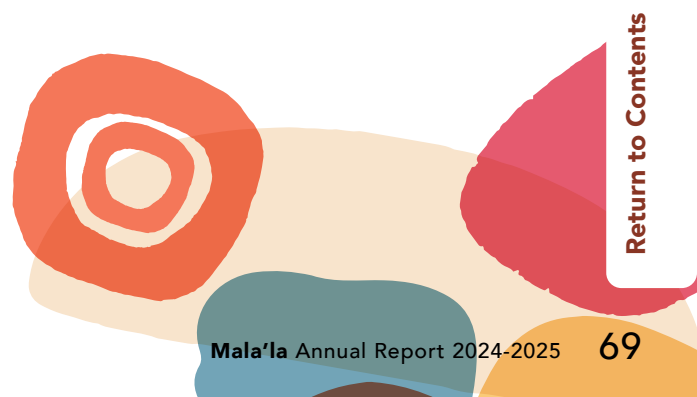
	Note	2025 \$	2024 \$
Income			
Revenue from grants and contributions	2A	23,138,291	17,573,943
Interest received	2B	4,376	4,536
Other revenue	2C	3,808,337	3,185,189
Total Contribution		<u>26,951,004</u>	<u>20,763,668</u>
Expenses			
Employee benefits expense	3A	13,391,115	11,987,287
Depreciation and amortisation	3B	831,410	703,231
Interest expense on lease liabilities	3C	115,090	85,868
Loss on disposal of property, plant and equipment	3D	-	32,305
Other expenses	3E	10,847,026	8,894,480
Total Expenses		<u>25,184,641</u>	<u>21,703,171</u>
Net surplus/(deficit) for the year		<u>1,766,363</u>	<u>(939,503)</u>
Other Comprehensive Income			
other comprehensive income for the year		-	-
Total comprehensive income/(loss) for the year		<u><u>1,766,363</u></u>	<u><u>(939,503)</u></u>

The accompanying notes form part of these financial statements.

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2025

	Note	2025 \$	2024 \$
ASSETS			
Current assets			
Cash and cash equivalents	4	21,551,740	8,516,483
Trade and other receivables	5	185,791	231,999
Other current assets	6	209,221	260,288
Total current assets		21,946,752	9,008,770
Non-current assets			
Property, plant and equipment	7	4,059,303	2,679,264
Right of use assets	8	1,378,052	1,362,992
Total non-current assets		5,437,355	4,042,256
Total assets		27,384,107	13,051,026
LIABILITIES			
Current liabilities			
Trade and other payables	9	18,681,343	6,039,631
Lease liabilities	10	415,671	345,720
Provisions	11	874,127	974,645
Total current liabilities		19,971,141	7,359,996
Non-current liabilities			
Lease liabilities	10	1,043,443	1,077,674
Provisions	11	139,759	145,955
Deposits	12	7,500	11,500
Total non-current liabilities		1,190,702	1,235,129
Total liabilities		21,161,843	8,595,125
Net Assets		6,222,264	4,455,901
ACCUMULATED FUNDS			
Retained surplus		6,222,264	4,455,901
Total accumulated funds		6,222,264	4 455 901

The accompanying notes form part of these financial statements.



STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2025

	Retained Surplus
ACCUMULATED FUNDS	\$
Balance at 1 July 2023	5,395,404
Deficit for the year	(939,503)
Other comprehensive income for the year	-
Closing Balance at 30 June 2024	<u>4,455,901</u>
Balance at 1 July 2024	4,455,901
Surplus for the year	1,766,363
Other comprehensive income for the year	-
Closing Balance at 30 June 2025	<u><u>6,222,264</u></u>

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2025

	Note	2025	2024
		\$	\$
Cash flows from operating activities			
Grants and contributions received		34,176,295	19,746,948
Other receipts		3,818,749	3,090,107
Interest received		4,376	4,536
Payments to suppliers and employees		(22,661,584)	(21,214,672)
Finance charges		(115,090)	(85,868)
Net cash flows from operating activities	18	<u>15,222,746</u>	<u>1,541,051</u>
Cash flows used in investing activities			
Proceeds from sale of property, plant and equipment	2C	-	4,068
Acquisition of property, plant and equipment	7	(1,792,618)	(819,007)
Net cash flows used in investing activities		<u>(1,792,618)</u>	<u>(814,939)</u>
Cash flows used in financing activities			
Payment of lease liabilities		(394,871)	(345,560)
Net cash flows used in financing activities		<u>(394,871)</u>	<u>(345,560)</u>
Net Increase in cash and cash equivalents		13,035,257	380,552
Cash and cash equivalents at the beginning of the year		8,516,483	8,135,931
Cash and cash equivalents at the end of the year	4	<u><u>21,551,740</u></u>	<u><u>8,516,483</u></u>

NOTES TO AND FORMING PART OF THE STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

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NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

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 Material Accounting Policy Information**Basis of Preparation**

The financial statements are required by the Acts and are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards - Simplified Disclosures of the Australian Accounting Standards Board (AASB) and the Corporations (Aboriginal and Torres Strait Islander) Act 2006. The Corporation is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. 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 and Other Income***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, AASB 138 and AASB 1058);
- 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.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

Note 1: Summary of Material Accounting Policy Information (continued)**(a) Revenue (continued)****Other Income***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 grants as appropriate relative to the stage of consultation.

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) Fair Value of Assets and Liabilities

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.

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.

(c) 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(f) for details of impairment).

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

Note 1: Summary of Material Accounting Policy Information (continued)

(c) Property, Plant and Equipment (continued)

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	5-50%
Furniture and fittings	8-40%
Motor vehicles	8-50%
Information technology	10-50%

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

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

(d) 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.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

Note 1: Summary of Material Accounting Policy Information (continued)**(d) Leases (continued)**

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 short-est. 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.

(e) Financial Instruments**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.

(f) 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.

(g) Employee Provisions*Short-term employee provisions*

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.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

Note 1: Summary of Material Accounting Policy Information (continued)**(h) 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.

(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*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.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

Note 1: Summary of Material Accounting Policy Information (continued)*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.

(p) New and Amended Accounting Policies Adopted

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

(q) New and Amended Accounting Policies Not Yet Adopted by the Corporation

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

	Note	2025 \$	2024 \$
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		9,308,551	5,598,100
National Indigenous Australians Agency		75,000	-
Department of Health		3,584,778	3,543,499
Department of Families, Housing and Community Services		359,046	342,215
Primary Health Network		926,199	569,515
NACCHO		773,411	1,009,156
		<u>15,026,985</u>	<u>11,062,485</u>
<i>Commonwealth government grants - non-recurrent</i>			
Department of Health		11,847,386	2,534,500
NACCHO		405,779	375,000
National Indigenous Australians Agency		84,000	165,699
Primary Health Network		9,710	50,000
		<u>12,346,875</u>	<u>3,125,199</u>

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

	Note	2025 \$	2024 \$
Note 2: Revenue and Other Income (continued)			
Note 2A Revenue from government and other grants and contributions (contributions)			
Territory government grants - recurrent		1,687,680	1,292,680
Department of Health			
Department of Chief Minister		-	56,000
Department of Education		102,000	-
Territory Families		842,085	684,810
Top End Health Service		3,792,011	3,440,425
		<u>6,423,776</u>	<u>5,473,915</u>
<i>Territory government grants - non-recurrent</i>			
Department of Health		147,000	-
Total government grants		<u>33,944,636</u>	<u>19,661,599</u>
Other grants		294,086	209,331
Total grants received		<u>34,238,722</u>	<u>19,870,930</u>
Unexpended grants -movement for the year		(10,982,330)	(2,235,679)
Grant surplus returned		(118,601)	(61,308)
		<u>23,137,791</u>	<u>17,573,943</u>
Other contributions - donations		500	-
Total revenue from grants and contributions		<u><u>23,138,291</u></u>	<u><u>17,573,943</u></u>
Note 2B Interest			
Interest received from financial institutions		<u>4,376</u>	<u>4,536</u>
Note 2C Other revenue			
Medicare fees		2,515,914	1,916,585
Aged care disability client service fees		979,426	785,072
Home care service fees		124,328	245,598
Aged care client service fees		62,590	68,126
Other service fees		9,085	93,659
Insurance recoveries		62,592	36,999
Other income		54,402	39,150
Total other revenue		<u><u>3,808,337</u></u>	<u><u>3,185,189</u></u>
Note 3: Expenses			
Note 3A Employee benefits expense			
Salaries and wages		11,596,070	10,172,888
Superannuation contributions		1,230,306	1,011,727
Leave entitlements		(106,713)	221,162
Workers compensation insurance		138,269	136,264
Other employee benefits		533,183	445,246
Total employee benefits expense		<u><u>13,391,115</u></u>	<u><u>11,987,287</u></u>

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

	Note	2025 \$	2024 \$
Note 3: Expenses (continued)			
Note 3B Depreciation and amortisation			
Depreciation			
Buildings and improvements		176,209	130,913
Plant and equipment		176,412	162,071
Furniture and fittings		32,344	37,293
Motor vehicles		12,415	12,729
Information technology		15,200	13,472
	7	412,580	356,478
Depreciation of right-of-use assets			
Property		99,595	83,060
Motor Vehicles		319,235	263,693
	8	418,830	346,753
Total depreciation and amortisation		831,410	703,231
Note 3C Interest Expense on Lease Liabilities			
Properties		41,209	30,503
Motor Vehicles		73,881	55,365
	8	115,090	85,868
Note 3D Loss on Disposal of Property, Plant and Equipment			
Furniture and fittings			
Proceeds from disposal		-	(1,341)
		-	1,341
Motor vehicles			
Proceeds from disposal		-	(2,727)
Written down value		-	36,373
		-	33,646
Total Loss on disposal of property, plant and equipment		-	32,305
Note 3E Other expenses			
Accounting and bookkeeping fees		710,037	466,828
Advertising		11,125	44,999
Audit fees		31,528	25,800
Bad and doubtful debts		3,762	6,070
Client support and program expenses		582,034	569,441
Conferences and training		156,311	48,894
Consultants and contractors		114,153	211,657
Electricity, water, sewerage and gas		342,398	338,409
Expected credit loss		(354)	1,143
Fees and registrations		26,323	41,970
Freight		74,114	103,600
Furniture, fittings and small equipment		92,806	86,832
Information technology costs		397,234	324,199
Insurance expense		206,219	243,028
Lease - short term and low value	8	28,192	24,258
Legal fees		67,893	36,453
Medical services and supplies		5,320,118	4,048,943
Motor vehicle expenses		457,099	348,243

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

	Note	2025 \$	2024 \$
Note 3: Expenses (continued)			
Note 3E Other expenses (continued)			
Postage, printing and stationery		71,575	73,881
Rates and taxes		47,558	40,311
Recruitment and relocation costs		69,416	130,065
Repairs and maintenance		492,366	427,536
Sponsorships		1,091	-
Staff amenities		64,688	53,459
Storage costs		17,552	-
Subscriptions		167,281	89,989
Telephone		114,019	114,013
Travel and accommodation		1,167,684	941,271
Uniforms		11,830	23,655
Other expenses		36,128	29,533
Total other expenses		10,882,180	8,894,148
Note 4: Cash and Cash Equivalents			
Cash at bank		21,548,240	8,512,983
Cash on hand		3,500	3,500
Total cash and cash equivalents		21,551,740	8,516,483
Note 5: Trade and Other Receivables			
Trade receivables		179,793	190,559
Provision for expected credit losses		(1,046)	(1,400)
Total trade receivables		178,747	189,159
Other receivables			
Sundry receivables		7,044	42,840
Total other receivables		7,044	42,840
Total current trade and other receivables		185,791	231,999
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		109,118	113,272
Overdue:			
30 to 60 days		47,781	39,482
60 to 90 days		1,972	9,795
More than 90 days	5%	20,922	28,010
Total trade receivables		179,793	190,559
a. Financial assets at amortised cost classified as accounts receivable and other debtors			
Accounts receivable and other debtors:			
- total current		183,270	231,999
- total non current		2,521	
Financial assets as accounts receivable and other debtors	19	185,791	231,999

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

	Note	2025 \$	2024 \$
Note 6: Other Current Assets			
Accrued income		7,000	62,674
Prepayments		202,221	197,614
Total other current assets		209,221	260,288
Note 7: Property, Plant and Equipment			
Buildings and improvements, at cost		5,144,688	4,141,371
Less: Accumulated depreciation		(3,212,338)	(3,015,402)
		1,932,350	1,125,969
Plant and equipment, at cost		1,548,400	1,503,461
Less: Accumulated depreciation		(865,542)	(722,942)
		682,858	780,519
Furniture and fittings, at cost		314,598	282,772
Less: Accumulated depreciation		(249,642)	(217,298)
		64,956	65,474
Motor vehicles, at cost		107,315	107,315
Less: Accumulated depreciation		(107,315)	(94,901)
		-	12,414
Information technology, at cost		364,782	338,968
Less: Accumulated depreciation		(307,761)	(292,561)
		57,021	46,407
Work in progress		1,322,118	648,481
Total property, plant and equipment		4,059,303	2,679,264

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

Note 7: Property, Plant and Equipment (continued)

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

	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
Net book value 30 June 2023	1,108,590	608,026	90,020	25,143	59,879	361,450	2,253,108
Reallocation	-	242,213	-	-	-	242,213	-
Additions	150,749	118,390	20,624	-	-	529,244	819,007
Depreciation	130,913	162,071	37,293	12,729	13,472	-	356,478
Disposals	2,457	26,039	7,877	-	-	-	36,373
Net book value 30 June 2024	1,125,969	780,519	65,474	12,414	46,407	648,481	2,679,264

Net book value as of 30 June 2024 represented by:

Gross book value	4,141,371	1,503,461	282,772	107,315	338,968	648,481	7,022,368
Accumulated depreciation	(3,015,402)	(722,942)	(217,298)	(94,901)	(292,561)	-	(4,343,104)
Net book value 30 June 2024	1,125,969	780,519	65,474	12,414	46,407	648,481	2,679,264
Reallocation	333,732	-	-	-	-	(333,732)	-
Additions	648,858	78,751	31,826	-	25,814	1,007,369	1,792,618
Depreciation	(176,209)	(176,412)	(32,344)	(12,414)	(15,200)	-	(412,579)
Net book value 30 June 2025	1,932,350	682,858	64,956	-	57,021	1,322,118	4,059,303

Net book value as of 30 June 2025 represented by:

Gross book value	5,144,688	1,548,400	314,598	107,315	364,782	1,322,118	8,801,901
Accumulated depreciation	(3,212,338)	(865,542)	(249,642)	(107,315)	(307,761)	-	(4,742,598)
Net book value 30 June 2025	1,932,350	682,858	64,956	-	57,021	1,322,118	4,059,303

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

Note 8: Right-of-Use Assets

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

Options to extend or terminate

The options 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

	2025 \$	2024 \$
Carrying value of lease assets by class of underlying asset:		
Land and buildings	1,040,653	973,726
Accumulated depreciation	(565,719)	(466,125)
	474,934	507,601
Motor vehicles	1,677,420	1,416,575
Accumulated depreciation	(774,302)	(561,184)
	903,118	855,391
Total Right-of-use assets	1,378,052	1,362,992
Movement in carrying amount of right-of-use assets:		
<i>Leased land and buildings</i>		
Opening net carrying amount	507,601	365,368
Additions	66,928	225,293
Depreciation	(99,595)	(83,060)
Net carrying amount	474,934	507,601
<i>Leased motor vehicles:</i>		
Opening net carrying amount	855,391	739,131
Additions	367,019	412,614
Depreciation	(319,235)	(263,693)
Terminations and adjustments	(57)	(32,661)
Net carrying amount	903,118	855,391
<i>Total leased assets:</i>		
Opening net carrying amount	1,362,992	1,104,499
Additions	433,947	637,907
Depreciation	(418,830)	(346,753)
Terminations and adjustments	(57)	(32,661)
Total Right-of-use assets	1,378,052	1,362,992

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

Interest expense on lease liabilities	3C	115,090	96,971
Short-term lease expense	3E	28,192	24,258
Low value lease expense	3E	-	589

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

	Note	2025 \$	2024 \$
Note 9: Trade and Other Payables			
Accounts payable		1,027,079	658,795
Accrued expenses		391,339	268,657
Payroll liabilities		185,431	164,660
GST payable		1,234,375	117,784
Contract liabilities		15,811,759	4,829,429
Other payables		31,360	306
Total trade and other payables		18,681,343	6,039,631
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			
Accounts payable and other payables:			
- total current		18,681,343	6,039,631
Less GST payable		(1,234,375)	(117,784)
Less contract liabilities		(15,811,759)	(14,829,429)
Financial liabilities as accounts payable and other payables	19	1,635,209	1,092,418
Note 10: Lease Liabilities			
Lease Liabilities			
Current		415,671	345,720
Non-current		1,043,443	1,077,674
Total lease liabilities		1,459,114	1,423,394
Lease commitments			
- not later than 12 months		515,562	345,720
- later than 12 months but not later than five years		999,380	871,712
- later than five years		220,261	205,962
		1,735,203	1,423,394
Note 11: Provisions			
<i>Current</i>			
Employee benefits - annual leave entitlements		692,271	867,611
Employee benefits - long service leave entitlements		181,856	107,034
Total current provisions		874,127	974,645
<i>Non-current</i>			
Employee benefits - long service leave entitlements		139,759	145,955
Total non-current provisions		139,759	145,955
Total provisions		1,013,886	1,120,600
Analysis of total provisions			
Opening balance at 1 July 2024		1,120,600	
Additional provisions raised during year		756,244	
Amounts used		(862,958)	
Closing balance		1,013,886	

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

	Note	2025 \$	2024 \$
Note 12: Deposits			
Non-current			
Staff rental bonds		7,500	11,500

Note 13: Commitments for Expenditure			
a) Capital commitments			
- Less than 1 year		17,514,873	4,839,429
- 1-5 years		-	1,450,500
		17,514,873	9,289,929
(b) Operating Leases:			
Non-cancellable operating leases contracted for but not recognised in the financial statements.			
Minimum Lease payments payable:			
- Low value leases		60,287	589
		60,287	589

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 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 2025 (2024:\$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		1,907,004	1,481,756



NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

	Note	2025 \$	2024 \$	
Note 17: Other Related Party Transactions				
No remuneration or benefits were paid to the directors during the year (2024: \$Nil) other than wages included in the key management personnel compensation (Note 16).				
During the year the Corporation provided unsecured, interest free loans to directors (and their relatives) on the same basis as that of other employees.				
The aggregate value of transactions and outstanding balances relating to key management personnel were as follows:				
	Net transaction values for the year ended 30 June	Balance outstanding as at year ended 30 June		
	2025 \$	2024 \$	2025 \$	2024 \$
Charlie Gunaburra	1,423	-	1,423	-
Eileen Gunaburra (daughter)	-	500	500	500
Reggie Wuridjal	810	3,805	2,995	3,805
Valda Bokmakarray	(1,158)	-	(1,158)	-
Camila Hayes	(86)	-	(86)	-
Marissa Stewart	(400)	-	(400)	-
James Wood	-	-	-	-
Samara Hayes	105	-	105	-
	694	4,305	3,379	4,305

Apart from the above there were no other loans to key management personnel either this year or last year nor was there any outstanding balances from prior years.

Note 18: Auditor's Remuneration		
Remuneration of the auditor: BDO Darwin		
Auditing or reviewing the financial statements	<u>31,528</u>	<u>28,300</u>



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AUSTRALIA

INDEPENDENT AUDITOR'S REPORT

To the members of Mala'la Health Services Aboriginal Corporation

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of Mala'la Health services Aboriginal Corporation (the Corporation), which comprises the statement of financial position as at 30 June 2025, 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 material accounting policy information, and the directors' declaration.

In our opinion the accompanying financial report of Mala'la Health services Aboriginal Corporation, is in accordance with the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*, including:

- (i) Giving a true and fair view of the Corporation's financial position as at 30 June 2025 and of its financial performance for the year ended on that date; and
- (ii) Complying with Australian Accounting Standards - Simplified Disclosures and the *Corporations (Aboriginal and Torres Strait Islander) Regulations 2017*.

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 *Corporations (Aboriginal and Torres Strait Islander) Act 2006* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (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 confirm that the independence declaration required by the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*, which has been given to the directors of the Corporation, would be in the same terms if given to the directors as at the time of this auditor's report.

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

Other information

The directors are responsible for the other information. The other information obtained at the date of this auditor's report is information included in the directors 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 we do not express any form of assurance conclusion thereon.

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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 the directors for the Financial Report

The directors of the Corporation are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards - Simplified Disclosures and the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the Financial Report

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

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

This description forms part of our auditor's report.

Report on Other Legal and Regulatory Requirements

Opinion

- a) There are no applicable regulations made for the purposes of section 333-10 and 333-15 of the CATSI Act and no applicable determinations made by the Registrar under section 336-1 or 226-5 of the CATSI Act;
- b) We have been given all information, explanations and assistance necessary to conduct the audit;
- c) The Corporation has kept financial records sufficient to enable the financial report to be prepared and audited; and
- d) The Corporation has kept other records and registers as required by the CATSI Act.



Responsibilities of the directors for the Other Legal and Regulatory Requirements

The directors of the Corporation are responsible for the preparation and presentation of the financial report in accordance with the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* and the *Corporations (Aboriginal and Torres Strait Islander) Regulations 2017*. Our responsibility is to express an opinion, based on our audit conducted in accordance with Australian Auditing Standards.

BDO Audit (NT)

Casmel Taziwa
Partner

Darwin, 3 November 2025



Our Values

Respect, Trust, Empathy, Care, Passionate,
Non-Judgemental, Integrity, Compassion



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Aboriginal Corporation**

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