

2020/2021



# Annual Report



**HealthServe  
Australia**

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*The blind receive sight,  
the lame walk,  
those who have leprosy are cleansed,  
the deaf hear,  
the dead are raised,  
and the good news  
is proclaimed to the poor.*

**LUKE 7:22**







TARIME,  
TANZANIA

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## ACKNOWLEDGEMENT OF COUNTRY

We acknowledge the traditional owners of the lands on which we work and live, and pay our respects to First Nations people, and their Elders past and present.

## OUR VISION

To see global health transformed by accessible, compassionate and high quality health care for all.

## OUR MISSION

To empower individuals and communities to transform health outcomes for people in resource poor settings.

### We do this by:

1. Delivering, coaching and facilitating targeted education to health workers and communities
2. Implementing affordable and sustainable solutions to health needs
3. Advocating for improvement in access to health care
4. Collaborating with decision makers and stakeholders to implement evidence based practice.

## OUR CORE VALUES

- Health
- Service
- Equipping
- Compassion
- Wholeness



## OUR CONSTITUTION

Visit [healthserve.org.au/constitution](http://healthserve.org.au/constitution) to read a copy.



ACFID  
MEMBER

HealthServe Australia is a compliant signatory to the Australian Council for International Development's (ACFID) Code of Conduct. A copy of the Code of Conduct can be obtained from [www.acfid.asn.au](http://www.acfid.asn.au).  
If you believe that HealthServe Australia has breached the Code of Conduct, you can lodge a complaint with ACFID either on their website or to the Code Manager, ACFID Code of Conduct Committee, C/- ACFID, Private Bag 3, Deakin ACT 2600.  
If you wish to lodge a complaint with HealthServe Australia, please do so via the website [www.healthserve.org.au](http://www.healthserve.org.au) and the complaint will be forwarded to the Healthserve Complaints Officer.  
Mrs Jane Noller c/o P.O. Box 247, Cherrybrook NSW 2126 Ph +61 2 8911 1970 Email [office@healthserve.org.au](mailto:office@healthserve.org.au)



## ABOUT US

**HEALTHSERVE AUSTRALIA (HSA)** is an incorporated charity and an independent overseas health aid agency, recognised by the Australian Government for tax-deductible donations. HSA seeks to help meet health care needs in our neighbouring countries of Asia, the Pacific and Africa where there are scarce health resources or there is poor access to health facilities.

It aims to develop sustainable health programmes that will improve the total health and wellbeing of communities. HSA aims to help build a community's capacity for meeting its own health needs through partnership with community groups in projects that involve;

- Primary health education for health workers and community members,;
- Post graduate training and professional development of health graduates through in-service courses, and
- Strategic training opportunities outside of the country;
- Partnerships in medical education through visiting teams;
- Production of education materials and resources for health workers;
- Community development and resourcing of rural health units.

As an independent Christian charity it also works in partnership with other international organisations, complementing their strengths with health resources. It has a special relationship with the largest group of Christian health professionals in Australia, the Christian Medical and Dental Fellowship of Australia (CMDFA), which established it in 2004. Many of the CMDFA members have worked for a number of years overseas in health work.

HSA is a full member of the ACFID Council (Australian Council for International Development) and as such seeks to follow its code of conduct. ACFID is the peak Council for Australian not-for-profit aid and development organisations, working to attain a world where gross inequality and extreme poverty are eradicated.

The Australian Tax Office granted HSA Tax-Deductible Gift Recipient ("DGR") status, and the Australian government through the Department of Foreign Affairs and the Treasury gazetted it under the Australian Government's Overseas Aid Gift Deduction Scheme in 2011.

All money designated to overseas aid work is used for development and is not used for any political purpose or religious proselytising.

Our motto is: "Bringing health, hope and wholeness"

## BOARD MEMBERS



### EXECUTIVE OFFICER (EO)

#### Dr Michael Burke

MBBS, PhD, MA, MSc (Clin Epi), MPH&TM, FRACGP, FACTM, DRANZCOG, DCH, Dip Biblical Studies.

Michael has over twenty five years of experience in international health programs. He values a whole person medicine approach to health that recognises the importance of social determinants, relationships and equity. He is an associate professor at Western Sydney University and is a senior lecturer at Sydney University. He works in general practice in western Sydney. He is married to Jean and has three sons. He enjoys writing and research, and good company.



### CHAIR

#### Dr Paul Mercer

Paul grew up in Aboriginal communities in north Australia. He has trained as a medical general practitioner and works in Brisbane. He has served on many boards, including TEAR Australia. He is a deep thinker, writer and speaker and has served for over a decade as the publisher of Luke's Journal, the publication of the Christian Medical and Dental Fellowship of Australia. Paul is married to Katrina.



### SECRETARY

#### Dr Richard Wong

MB BS BSc(Med) FRACGP DCH DRANZCOG, Diploma of Biblical Studies

After graduating from UNSW medical school in 1996, Richard spent three years in the hospitals and then three years in GP training before working as a full time GP in Sydney for ten years. Following this, he explored the option of mission work which took him into areas of need around Australia and overseas. He has a keen interest in helping resource poor countries in the area of health through working, helping to educate and think through sustainable ways of improvement in areas of need nationally and internationally.

## BOARD MEMBERS (CONT.)



### TREASURER

#### Andrew Messer

B Inf Tech, Grad Dip Management, CMgr AFIML, MAICD

Andrew is a Chartered Manager and IT professional and has worked in private sector startups as well as the public sector and various NFPs. He is currently serving as Treasurer for New Beith Baptist Church for the last 5 years, and as a member of Queensland Baptists Finance and Investment Committee for the last 3 years. Andrew has a keen interest in management and leadership development, as well as improving governance standards.



#### Dr Owen Lewis

Dr Owen Lewis has been national secretary of CMDFA before the national office was established, and was a missionary in Nepal for about 14 years with breaks in between as a rural GP in South Australia. He has been involved in teaching for a long time including establishing GP and Emergency Medicine in a teaching hospital in Nepal, teaching GPs in India through CMC Vellore and teaching South Sudanese health workers in Kampala. He has a continuing role as international adviser to a disabled people's organisation in Nepal. A man of passionate faith, he is an ardent follower of Jesus' way of love and the fullness of the gospel as good news for people now, in a practical way. Eternal salvation is also no less important. He longs for the next generations to take up the challenges of those who have gone before.



#### Rachel Gijsbers-Hayman

Rachel has a degree in Bachelor of Arts (Outdoor Education) and a Diploma of Education (Secondary) and has been an outdoor education and Social Sciences teacher for over 10 years. Rachel has been a volunteer for HealthServe Australia, supporting the marketing and administration tasks of the Administration team. She is passionate about improving health care needs for all, particularly women and children in developing nations. She has experience training and leading in Childsafe and risk management practices.

### MEETINGS ATTENDED

Rachel Gijsbers-Hayman	4
Michael Burke	4
Nicole Hughes	3
Shane Merrick	2
Andrew Messer	4
Paul Mercer	4
Rebekah Young	1
Owen Lewis	4
Richard Wong	4

# CHAIR REPORT 2021



**2021 has been and almost gone.** As the Chair of HSA's Board, I want to report to members and supporters of Health Serve Australia with optimism. Covid-19 has been with us for almost two years. It has stopped the world in its tracks for a time.

Globally, millions of people have died. Individual families and communities struggled and, often, suffered with mental health issues, other health matters, economic and social pressures. Injustices, such as recognised in the Black Lives Matter movement, have been laid bare. We prayed for quick access to safe vaccines and then became sceptical when our prayers were answered. Lockdowns have kept many isolated, and families disconnected, for long periods.

Why am I optimistic? I offer two clear responses.

1. For approaching 650 days, our CEO, Michael Burke, together with HSA friends, have gathered to faithfully pray for our pandemic world, its needs, and the people and projects connected with HSA. In such a time as this, being humble, and waiting in prayer, is a recurring call from scripture. We have discovered that God is faithful. Partners connected with the COVID peak in India have emerged during 2021 allowing significant funds to be raised to help the response there. An emerging partnership with Vision Radio in Australia has been established.

An opportunity to work with two excellent program officers, Virginia Keng and now Tamara Espinet, HSA opened up, and a new honorary treasurer, Pui Cheung, is about to join our Board team. Patrina Caldwell is also a welcome Board appointee.

During 2021, Shane Merrick (treasurer) and Nicole Hughes stood aside from very significant Board role terms. We have thanked them on your behalf. In January of this year, Kaitrin Cameron relinquished her role as our program officer to pursue academic studies. Kaitrin's replacement, Virginia Keng, also gave excellent service prior to changes in her circumstances, and now we are blessed with the enthusiastic involvement of Tamara Espinet in the program manager role.

As a Board, we are aware of God's blessing in the steady and generous giving of supporters during this pandemic season.

2. At times during the year, our prayers have become cries of lament. "How long, Lord?" we have asked. The questions which emerge from the place of suffering are important expressions of faith. Our life is in the hands of the One who gave himself for the life of the world. The Old Testament story, told in the book of Ruth, is of a particular crisis. Famine, and the untimely deaths of husbands, left Naomi and Ruth very vulnerable. The story moves along and reaches the point these women can celebrate. Their friends recognise the outcome this way, "May the Lord be blessed, who today has not left you without a redeemer."

Today, in Papua New Guinea, Indonesia, India, Kyrgyzstan, South Sudan, and more, our project partners report good work completed, work which bears witness to a redeemer.

Because 'our redeemer lives,' the optimism of Christian hope waits with eagerness. I am grateful for our staff and, in particular, for our CEO, Michael Burke, whose service through HSA is tireless. I honour my fellow Board members for their commitment to good governance during this pandemic crisis. We are constantly learning from the grace and wisdom of our partners.

This report concludes with an open invitation to continue the journey with HSA. Our structural reforms through ACNC are almost complete. We are ready to grow into the vision which unites us: *Global health transformed by accessible, compassionate, and high quality health care for all.*

In Christ  
Paul Mercer  
23 November 2021





# EO REPORT 2021



## Dear Healthserve Australia Members, Friends, Supporters and Partners,

This year of 2021 brings many challenges to our families, communities and partners. The year continued with the fear and restrictions of Covid-19, and also the opportunities and challenges of Covid-19. HealthServe Australia is grateful for the opportunities and support to engage and partner in these challenges. Thank you to all people of good heart for joining us in responding with generosity, compassion and courage. I also acknowledge the generous financial assistance from the Australian government via several Covid-19 support programs.

I would like to especially thank our board team led by chair, Dr Paul Mercer, for their leadership, commitment and support. I acknowledge the work of our dedicated executive team lead by John Gumbley (office manager) and Matt Albertus (media officer) now joined by Tamara Espinet (program officer). They are highly skilled and enthusiastic team members, further strengthening the capacity of HealthServe Australia. Our Australian volunteers have contributed over one thousand hours of voluntary service. Our overseas partners have added further countless hours of volunteer service. We meet the standards of excellence of the Australian Council for International Development (ACFID). We continue to seek to improve.

We have strengthened our constitution, our policy and procedures, our media work, promotion and advocacy. We look forward to further growth in these areas.

We have commenced programs in Health and Creation Care, and First Nations health. We are well placed to gain registration as an entity that can provide tax deductibility for Australian based activities.

Our international program work continues to bring health, hope and wholeness to individuals, families and partner communities. We run over fifteen programs in eight countries. A major highlight of the year has been the support of partner Covid-19 programs in India.

These partnerships will bring health, hope and wholeness to many communities. Our Living Wholeness program partners, with a mental health initiative, are bringing hope to many of our northern neighbours. We are continuing to be inspired and encouraged by our partnerships in Papua New Guinea, Indonesia, South Sudan, Uganda and Kyrgyzstan.

I thank you for your practical support, prayers and partnership in helping your HealthServe Australia to continue to bring health, hope and wholeness to many.

Michael Burke  
Executive Officer  
HealthServe Australia  
11 November 2021

***“Our international program work continues to bring health, hope and wholeness to individuals, families and partner communities”***

# PROGRAMS

## COVID-19 RESPONSE

Covid-19 continues as a global health emergency and is likely to continue for some time longer. Healthserve responded quickly to Covid-19, assessing the situation with our partners, and launching a Covid-19 specific funding appeal. We now continue with our Covid-19 global health appeal.

This year we have continued to support partners in various settings. We have especially supported partners in India via the Friends of CMC Vellore Australia network and the Emmanuel Hospital Association. We are supporting Christian Health Services in Papua New Guinea in their Covid-19 work.

Healthserve has been able to respond through both ongoing and new partnerships in Indonesia, Nepal, and South Sudan, with a range of activities including provision of personal protective equipment (PPE), safe hand washing, Covid safe community messaging, psychosocial support and essential medical supplies.

Healthserve also worked locally in Australia, actively engaging with the Western Sydney Covid-19 faith-based flattening the curve group. A highlight of this activity was our Community Voices forum.

## ANGUGANAK HEALTHY MOTHERHOOD PROJECT— PNG

### Program Convenor: Debbie Butters

In November 2019, HealthServe began a new partnership in Papua New Guinea with the Anguganak Healthy Motherhood Project. Anguganak is the main health care centre for over 18000 people living in villages throughout Nuku district and has needed a reliable year-round water supply for the health centre. Despite delays related to Covid, the program has been continuing to work hard to implement activities. The water tank project is now well underway and almost complete. This guarantee of water as a result of this project will significantly increase the quality of health care provided and be a huge benefit to the people of Anguganak.

## GERASA BALI — INDONESIA

The Gerasa Bali has continued in 2021 in spite of all the challenges faced by the Covid pandemic. The health issues of street youth and trafficked people are being addressed in a four-tiered program by the Gerasa Bali centre. The tiers are support groups, health and hygiene education, outreach into hospitals and prisons, and treatment and referral facilities. Many additional activities specifically supporting the most vulnerable through the pandemic have been implemented including providing personal protective equipment and educational packages.



## HEALTHY PEOPLE, HEALTHY PLANET — INDONESIA

### Program Convenor: Dr Hotlin Ompusunggu

Healthy People, Healthy Environment (HeLP) is one of HSAs newest partners which exists to provide an integrating conservation, dentistry and health care through community-based projects, with a mission to break the cycle between poverty and illegal logging in Indonesia. The HePI approach will aim to give health care incentives to the community and empower local communities to be the guardian of the forest through livelihood training.

## CLIMATE AND CREATION CARE

Climate change is having numerous health impacts, including increased rates of strokes, heart attacks, and heat-related deaths. Climate change is one of the greatest threats to health and also the greatest health opportunity for humanity. Thus, climate change mitigation, adaptation resilience measures are fundamental to public health.

Planetary health is the achievement of the highest attainable standard of health, wellbeing, and equity worldwide through judicious attention to the human systems - political, economic, and social - that shape the future of humanity and the Earth's natural systems that define the safe environmental limits within which humanity can flourish.

HealthServe Australia seeks equity in health. We seek to be engaged more in these opportunities.

## PARTNERSHIPS IN MEDICAL EDUCATION (PRIME)

PRIME is a health educator training program that uses a whole person medicine approach. The health of patients and practitioners is seen as equally important. There is an emphasis on understanding the physical, emotional, social and existential issues in the patient consultation. The patient is seen in her relational and historical context. The program during Covid-19 has been delivered virtually. A highlight this year has a palliative care program in southeast Asia, continued growth in PRIME Indonesia work and whole person medicine training in the region. A virtual train the trainers program was held. Ongoing collaboration with UK and other international partners is highly valued.

## DIGNITY AND RIGHT TO HEALTH AWARD

The "Dignity and Right to Health Award" is an activity of the International Christian Medical and Dental Association Leadership in Christian Health and Development Initiative. The award provides an essential opportunity to recognise, support and publicise the most outstanding role models and champions acting to address health and development issues including the HIV global epidemic and Covid-19.

The "Dignity and Right to Health Award" is an international award acknowledging the importance of the contributions of Christian doctors, dentists, nurses and other health workers to address health and development issues including HIV.

It is well positioned to continue as an important symbol for ensuring that voices from diverse communities and countries are acknowledged and championed. The Dignity and Right to Health Award aims to model, mobilise and encourage creative and sustainable ways that enhance the dignity and human rights of people, all made in the image of God, and communities living with a range of health and development challenges including the Covid-19 epidemic.

The award will be given to individuals and/or community based and national organizations for excellence, outstanding leadership and compassion in responding to various health challenges.

The winner of the 2020 Dignity and Right to Health Award was **Dr Editha C. Miguel**, FPCP from Agape Rural Health Program, Philippines.







HEALTH WORKER TRAINING  
JONGLEI, SOUTH SUDAN

## HEALTH WORKER TRAINING – JONGLEI, SOUTH SUDAN

### Program Convenor: Dr Owen Lewis

This program primarily focuses on developing the healthcare capacity in South Sudan. One of the main issues is the significant shortage of qualified health workers, especially in state and rural countries, as a result of doctors leaving their positions during years of conflict. South Sudan now has less than 100 doctors working in a country of 12 million people and training of health care workers is critical. This program has supported ongoing support for medical trainers, supporting the ongoing training of health workers. With the impact of Covid, activities have continued with some adaptations however there is now a greater need than ever to increase the capacity of the healthcare system within this region.

## LIGHTS FOR LIFE: DISABILITY CARE – KYRGYZSTAN

### Program Convenor: Dr Nick Woolfield

HSA partners with Lights for Life to produce phototherapy units, which are vital in the treatment of children with Jaundice. This incidence of this condition in Kyrgyzstan is significantly higher than Australia and can result in irreversible brain damage and a lifelong movement disorder if left untreated. Phototherapy units are a low cost, highly effective treatment for children with this condition. Throughout the Covid period, 70 phototherapy units have been distributed locally and to neighbouring provinces, with more in construction. The feedback being that they are highly effective and easy to use.



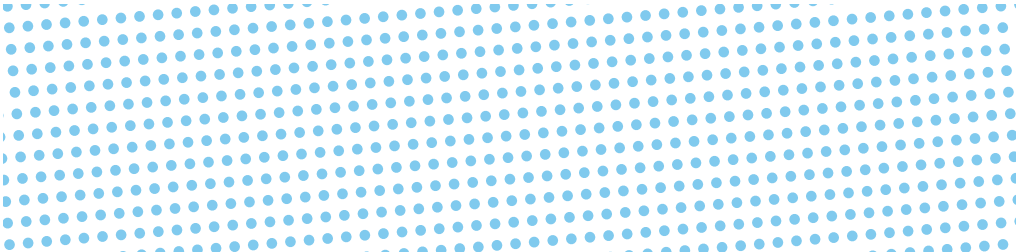
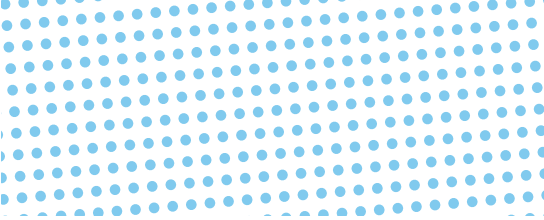
LIGHTS FOR LIFE  
KYRGYZSTAN  
IMAGE COURTESY ©UNICEF KYRGYZSTAN 2017 SVEN G. SIMONSEN

## LIVING WHOLENESS - MENTAL HEALTH IN ASIA

### Program Convenor: Dr David Nikles

Mental Health in Asia continues to be a significant issue with minimal resources and help available. As such this project has commenced training 150 lay counsellors across Cambodia, Nepal, Pakistan, Bangladesh, India (Tamil language) and Mongolia. Many of the students are qualified pastors and teachers and are on the frontline of the mental health pandemic. They are resourced through translated training manuals, text books and ongoing training and support as they develop and refine their skills. Training is being delivered by local graduates from our previous programs, in the local language, by local people, for local people.

# MAP OF PROGRAMS



# FINANCIAL STATEMENTS

## **HEALTHSERVE AUSTRALIA INC.**

ABN 42 958 367 110

Consolidated  
Financial Statements

For the Year Ended  
30 June 2021



**HealthServe Australia Inc.  
Board Report  
For the Financial Year Ended 30 June 2021**

Your Board members submit the financial report of HealthServe Australia Inc. (HSA) for the financial year ended 30 June 2021.

**Board Members**

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

Dr Michael Burke	Andrew Messer
Shane Merrick	Dr Paul Mercer
Nicole Hughes – Resigned 20 May 2021	Rachel Hayman
Dr Richard Wong	Dr Owen Lewis
Rebekah Young – Resigned 30 April 2021	

**Principal activities**

The principal activities of HSA are to help meet the healthcare needs in Australia and in our neighbouring countries in Asia, the Pacific and Africa; wherever there are scarce health resources or poor access to health facilities.

HSA aims to develop sustainable health programmes that will improve the total health and wellbeing of communities.

Moreover, HSA aims to help build a community's capacity for meeting its own health needs through partnership with community groups in projects that involve:

- Primary health education for health workers and community members,
- Post-graduate training and professional development of local health graduates through Inservice courses,
- Strategic external training opportunities
- Partnerships in medical education through visiting teams,
- Production of training materials and resources for health workers, and
- Community development and resourcing of rural health units.

**Significant changes**

There have been no significant changes to the nature of the operations of HSA over the last twelve months to reporting date and to signing date.

**Operating Result**

The operating surplus for the year ended 30 June 2021 was \$83,287 (2020: \$30,892 deficit).

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

Dr Michael Burke  
Chief Executive Officer  
14 November 2021  
Sydney, New South Wales





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**HealthServe Australia Inc.**

**Auditor's Independence Declaration to the Board of HealthServe Australia Inc.**

**For the Financial Year Ended 30 June 2021**

In accordance with the requirements of section 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012* and the ACFID Code of Conduct, as lead auditor for the audit of HealthServe Australia Inc. for the year ended 30 June 2021, I declare that, to the best of my knowledge and belief, there have been:

- a) No contraventions of the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* and the ACFID Code of Conduct in relation to the audit; and
- b) No contraventions of any applicable code of professional conduct in relation to the audit.

SDJA

SDJA

A handwritten signature in black ink that reads "Simon Joyce".

**Simon Joyce**

Director

14 November 2021

Sydney, New South Wales

HealthServe Australia Inc.

Consolidated Statement of Profit or Loss and Other Comprehensive Income  
For the Financial Year Ended 30 June 2021

	Notes	2021 \$	2020 \$
<b>Revenue</b>			
Donations and gifts			
Monetary		191,262	191,672
Grants			
Government grants		-	54,000
Commercial activities income		-	52
Other income	4	38,447	11,448
<b>Total revenue</b>		<b>229,709</b>	<b>257,172</b>
<b>Expenses</b>			
International programs		(70,803)	(229,824)
Fundraising costs		(3,467)	(11,700)
Accountability and administration		(38,029)	(34,216)
Employee benefits		(34,123)	(12,324)
<b>Total expenses</b>		<b>(146,422)</b>	<b>(288,064)</b>
<b>Surplus/(deficit) for the year</b>		<b>83,287</b>	<b>(30,892)</b>
Income tax expense		-	-
<b>Surplus/(deficit) after income tax</b>		<b>83,287</b>	<b>(30,892)</b>
Other comprehensive income		-	-
<b>Total comprehensive income/(loss)</b>		<b>83,287</b>	<b>(30,892)</b>

The accompanying notes form part of these financial statements.



HealthServe Australia Inc.  
**Consolidated Statement of Financial Position**  
As at 30 June 2021

	Notes	2021 \$	2020 \$
<b>Assets</b>			
<b>Current</b>			
Cash and cash equivalents	5	170,885	79,396
Trade and other receivables	6	572	4,432
<b>Current assets</b>		<b>171,457</b>	<b>83,828</b>
<b>Non-current</b>			
<b>Non-current assets</b>		-	-
<b>Total assets</b>		<b>171,457</b>	<b>83,828</b>
<b>Liabilities</b>			
<b>Current</b>			
Trade and other payables	7	7,615	3,763
Provisions	8	490	-
<b>Current liabilities</b>		<b>8,105</b>	<b>3,763</b>
<b>Non-current</b>			
Borrowings	9	6,000	6,000
<b>Non-current liabilities</b>		<b>6,000</b>	<b>6,000</b>
<b>Total liabilities</b>		<b>14,105</b>	<b>9,763</b>
<b>Net assets</b>		<b>157,352</b>	<b>74,065</b>
<b>Equity</b>			
Accumulated funds		157,352	74,065
<b>Total equity</b>		<b>157,352</b>	<b>74,065</b>

The accompanying notes form part of these financial statements.

**HealthServe Australia Inc.**  
**Consolidated Statement of Changes in Equity**  
**For the Financial Year Ended 30 June 2021**

	<b>Accumulated Funds \$</b>	<b>Total Equity \$</b>
Balance at 1 July 2019	104,957	<b>104,957</b>
Deficit for the year	(30,892)	<b>(30,892)</b>
Other comprehensive income	-	-
Total comprehensive loss	<u>(30,892)</u>	<u><b>(30,892)</b></u>
Balance at 30 June 2020	<u>74,065</u>	<u><b>74,065</b></u>
Balance at 1 July 2020	74,065	<b>74,065</b>
Surplus for the year	83,287	<b>83,287</b>
Other comprehensive income	-	-
Total comprehensive income	<u>83,287</u>	<u><b>83,287</b></u>
Balance at 30 June 2021	<u>157,352</u>	<u><b>157,352</b></u>

The accompanying notes form part of these financial statements.

**HealthServe Australia Inc.**  
**Consolidated Statement of Cash Flows**  
**For the Financial Year Ended 30 June 2021**

	<b>Notes</b>	<b>2021</b>	<b>2020</b>
		<b>\$</b>	<b>\$</b>
<b>Cash flows from operating activities</b>			
Receipts from donors		191,532	191,672
Receipts from government stimulus		36,500	6,000
Receipts from members and others		5,414	2,236
Payments to suppliers and employees		(141,982)	(302,121)
Interest received		25	109
<b>Net cash provided by/(used in) operating activities</b>		<b>91,489</b>	<b>(102,104)</b>
<b>Cash flows from investing activities</b>			
<b>Net cash provided by investing activities</b>		<b>-</b>	<b>-</b>
<b>Cash flows from financing activities</b>			
<b>Net cash provided by financing activities</b>		<b>-</b>	<b>-</b>
Net change in cash and cash equivalents		91,489	(102,104)
Cash and cash equivalents at beginning of financial year	5	79,396	181,500
<b>Cash and cash equivalents at end of financial year</b>	<b>5</b>	<b>170,885</b>	<b>79,396</b>

The accompanying notes form part of these financial statements.



**HealthServe Australia Inc.**  
**Notes to the Consolidated Financial Statements**  
**For the Financial Year Ended 30 June 2021**

**1. General information**

The consolidated financial statements cover HealthServe Australia Inc. ("the entity") and its wholly owned subsidiary, HealthServe Australia Overseas Aid Fund, (collectively, the "Group"). Both entities within the Group are incorporated and domiciled in Australia. The entity is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards and a registered charity under the *Australian Charities and Not-for-profits Commission Act 2012* and the Australian Council for International Development (ACFID) Code of Conduct.

The consolidated financial report was authorised for issue by the Board on 14 November 2021.

**2. Changes in accounting policies**

**New and revised standards that are effective for these consolidated financial statements**

A number of revised standards became effective for the first time to annual periods beginning on or after 1 January 2020. The adoption of these revised accounting standards has not had a material impact on the Group's consolidated financial statements.

**Accounting Standards issued but not yet effective and not been adopted early by the Group**

A number of new and revised standards have been issued but are not yet effective and have not been adopted early by the Group. The Board is currently assessing the impact such standards will have on the Group.

**3. Summary of significant accounting policies**

**Financial reporting framework**

The general purpose financial statements of the Group have been prepared in accordance with the requirements of the *Australian Charities and Not-for-profits Commission Act 2012* and the ACFID Code of Conduct.

**Statement of compliance**

The general purpose financial statements of the Group have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and other authoritative pronouncements of the Australian Accounting Standards Board.

**Basis of preparation**

The consolidated financial statements have been prepared on an accruals basis and are based on historical costs modified by the revaluation of selected non-current assets and financial instruments for which the fair value basis of accounting has been applied.

The consolidated financial statements are presented in Australian Dollars (\$AUD), which is also the functional currency of the Group.

The significant accounting policies that have been used in the preparation of these consolidated financial statements are summarised below.

**HealthServe Australia Inc.**  
**Notes to the Consolidated Financial Statements**  
**For the Financial Year Ended 30 June 2021**

**Basis of consolidation**

The consolidated financial statements comprise the financial statements of the entity and its subsidiaries as at 30 June 2021. Control is achieved when the Group is exposed, or has rights, to variable returns from its involvement with the investee and has the ability to affect those returns through its power over the investee. Specifically, the Group controls an investee if, and only if, the Group has:

- Power over the investee (i.e., existing rights that give it the current ability to direct the relevant activities of the investee)
- Exposure, or rights, to variable returns from its involvement with the investee
- The ability to use its power over the investee to affect its returns

Generally, there is a presumption that a majority of voting rights results in control. To support this presumption and when the Group has less than a majority of the voting or similar rights of an investee, the Group considers all relevant facts and circumstances in assessing whether it has power over an investee, including:

- The contractual arrangement(s) with the other vote holders of the investee
- Rights arising from other contractual arrangements
- The Group's voting rights and potential voting rights

The Group re-assesses whether or not it controls an investee if facts and circumstances indicate that there are changes to one or more of the three elements of control. Consolidation of a subsidiary begins when the Group obtains control over the subsidiary and ceases when the Group loses control of the subsidiary.

Assets, liabilities, income and expenses of a subsidiary acquired or disposed of during the year are included in the consolidated financial statements from the date the Group gains control until the date the Group ceases to control the subsidiary. Profit or loss and each component of other comprehensive income ("OCI") are attributed to the equity holders of the parent of the Group and to the non-controlling interests, even if this results in the non-controlling interests having a deficit balance. When necessary, adjustments are made to the financial statements of subsidiaries to bring their accounting policies in line with the Group's accounting policies. All intra-group assets and liabilities, equity, income, expenses and cash flows relating to transactions between members of the Group are eliminated in full on consolidation.

If the Group loses control over a subsidiary, it derecognises the related assets (including goodwill), liabilities, non-controlling interest and other components of equity, while any resultant gain or loss is recognised in profit or loss. Any investment retained is recognised at fair value.

**Revenue**

Revenue from contracts with customers

Revenue is recognised on a basis that reflects the transfer of promised goods or services to customers at an amount that reflects the consideration the Group expects to receive in exchange for those goods or services.

**HealthServe Australia Inc.**  
**Notes to the Consolidated Financial Statements**  
**For the Financial Year Ended 30 June 2021**

Revenue is recognised by applying a five-step model as follows:

1. Identify the contract with the customer
2. Identify the performance obligations
3. Determine the transaction price
4. Allocate the transaction price to the performance obligations
5. Recognise revenue as and when control of the performance obligations is transferred

Other revenue

For any revenue streams that are not defined as contracts with customers, then the revenue is recognised when the Group gains control, economic benefits are probable and the amount of the revenue can be measured reliably.

**Operating expenses**

Operating expenses are recognised in profit or loss upon utilisation of the service or at the date of their origin.

**Income tax**

No provision for income tax has been raised as the Group is exempt from income tax as a registered charity under the *Australian Charities and Not-for-profits Commission Act 2012*.

**Cash and cash equivalents**

Cash on hand 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.

**Trade and other receivables**

Trade receivables are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any allowance for expected losses. Trade receivables are generally due for settlement within 30 days.

**Impairment of assets**

At the end of each reporting period the Group determines whether there is evidence of an impairment indicator for non-financial assets.

Where an indicator exists and regardless for indefinite life intangible assets and intangible assets not yet available for use, the recoverable amount of the asset is estimated.

Where assets do not operate independently of other assets, the recoverable amount of the relevant cash generating unit (CGU) is estimated.

The recoverable amount of an asset or CGU is the higher of the fair value less costs of disposal and the value in use. Value in use is the present value of the future cash flows expected to be derived from an asset or CGU.

Where the recoverable amount is less than the carrying amount, an impairment loss is recognised in profit or loss.

Reversal indicators are considered in subsequent periods for all assets which have suffered an impairment loss.



**HealthServe Australia Inc.**  
**Notes to the Consolidated Financial Statements**  
**For the Financial Year Ended 30 June 2021**

**Financial instruments**

Financial assets and financial liabilities are recognised when the Group becomes a party to the contractual provisions of the instrument.

**Financial assets**

Contract assets and receivables

A contract asset is recognised when the Group's right to consideration in exchange goods or services that has transferred to the customer when that right is conditioned on the Group's future performance or some other condition.

A receivable is recognised if an amount of consideration that is unconditional is due from the customer (i.e. only the passage of time is required before payment of the consideration is due).

Contract assets and receivables are subject to impairment assessment.

Initial recognition and measurement

Financial assets are classified, at initial recognition, and subsequently measured at amortised cost, fair value through other comprehensive income (OCI), or fair value through profit or loss.

Financial assets at amortised cost

Financial assets at amortised cost are subsequently measured using the effective interest (EIR) method and are subject to impairment. Gains and losses are recognised in profit or loss when the asset is derecognised, modified or impaired.

The Group's financial assets at amortised cost includes trade and other receivables.

**Financial liabilities**

Initial recognition and measurement

Financial liabilities are classified, at initial recognition, at amortised cost unless or at fair value through profit or loss.

All financial liabilities are recognised initially at fair value and, in the case of financial liabilities at amortised cost, net of directly attributable transaction costs.

The Group's financial liabilities include trade and other payables, and borrowings.

Financial liabilities at amortised cost

After initial recognition, financial liabilities at amortised cost are subsequently measured at amortised cost using the EIR method. Gains and losses are recognised in profit or loss when the liabilities are derecognised as well as through the EIR amortisation process.

**Trade and other payables**

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

**Goods and services tax (GST)**

Revenue, 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).

**HealthServe Australia Inc.**  
**Notes to the Consolidated Financial Statements**  
**For the Financial Year Ended 30 June 2021**

Receivables and payable are stated inclusive of GST.

The net amount of GST recoverable from, or payable to, the ATO is included as part of receivables or payables in the consolidated statement of financial position.

Cash flows in the consolidated statement of cash flows are included on a gross basis and 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.

**Comparative figures**

Where required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year. With the exception of minor reclassifications between certain financial statement line items, comparatives are consistent with prior years, unless otherwise stated.

**Significant management judgement in applying accounting policies**

When preparing the consolidated financial statements, the Committee undertakes a number of judgements, estimates and assumptions about the recognition and measurement of assets, liabilities, income and expenses.

Estimation uncertainty

Information about estimates and assumptions that have the most significant effect on recognition and measurement of assets, liabilities, income and expenses is provided below. Actual results may be substantially different.

Impairment

In assessing impairment, management estimates the recoverable amount of each asset or cash-generating units, based on expected future cash flows and uses an interest rate to discount them. Estimation uncertainty relates to assumptions about future operating results and the determination of a suitable discount rate.

**HealthServe Australia Inc.**  
**Notes to the Consolidated Financial Statements**  
**For the Financial Year Ended 30 June 2021**

	<b>2021</b>	<b>2020</b>
	<b>\$</b>	<b>\$</b>
<b>4. Other income</b>		
Cash Flow Boost	20,000	-
JobKeeper	13,500	9,000
Member fees	2,088	1,899
Interest income	25	109
Other income	2,834	440
	<b>38,447</b>	<b>11,448</b>
<b>5. Cash and cash equivalents</b>		
Cash at bank	170,885	79,396
	<b>170,885</b>	<b>79,396</b>
<b>6. Trade and other receivables</b>		
<b>Current</b>		
Trade receivables	-	270
Accrued income	-	3,000
Net GST receivable	572	1,162
	<b>572</b>	<b>4,432</b>
<b>7. Trade and other payables</b>		
<b>Current</b>		
Trade payables	4,160	2,021
Accrued expenses	3,455	1,742
	<b>7,615</b>	<b>3,763</b>
<b>8. Provisions</b>		
<b>Current</b>		
Provision for employee benefits	490	-
	<b>490</b>	<b>-</b>
<b>9. Borrowings</b>		
<b>Non-current</b>		
Loan from related party	6,000	6,000
	<b>6,000</b>	<b>6,000</b>

**10. Related parties**

The entity's related parties include its key management personnel and related entities. Transactions between related parties are on normal commercial terms and conditions no more favourable than those available to other parties.



**HealthServe Australia Inc.**  
**Notes to the Consolidated Financial Statements**  
**For the Financial Year Ended 30 June 2021**

	<b>2021</b>	<b>2020</b>
	<b>\$</b>	<b>\$</b>
<b>10. Related parties (continued)</b>		
<u>Borrowings</u>		
Interest-free loan from related party	6,000	6,000

**11. Commitments**

The entity had no material commitments as at 30 June 2021 (2020: None).

**12. Contingent liabilities**

There are no contingent liabilities as at 30 June 2021 (2020: None).

**13. Subsequent events**

No adjusting or significant non-adjusting events have occurred between the reporting date and the date of authorisation of these accounts.

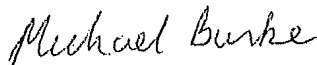
**HealthServe Australia Inc.**  
**Responsible Entities' Declaration**  
**For the Financial Year Ended 30 June 2021**

The Responsible Persons declare that in the Responsible Persons' opinion:

- a) The consolidated financial statements and notes are in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* and the ACFID Code of Conduct, including:
  - i) giving a true and fair view of the registered entity's financial position as at 30 June 2021 and of its performance for the year ended on that date; and
  - ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements and the *Australian Charities and Not-for-profits Commission Regulation 2013*; and
- b) there are reasonable grounds to believe that the registered entity is able to pay all of its debts, as and when they become due and payable.

Signed in accordance with subsection 60.15(2) of the *Australian Charities and Not-for-profit Commission Regulation 2013*.

Dr Michael Burke  
Chief Executive Officer  
14 November 2021  
Sydney, New South Wales



**HealthServe Australia Inc.**  
**Independent Auditor's Report to the Members of HealthServe Australia Inc.**  
**For the Financial Year Ended 30 June 2021**

**Qualified Opinion**

We have audited the consolidated financial report of HealthServe Australia Inc. (the registered entity), which comprises the consolidated statement of financial position as at 30 June 2021, the consolidated statement of profit or loss and other comprehensive income, consolidated statement of changes in equity and consolidated statement of cash flows for the year then ended, and notes to the consolidated financial statements, including a summary of significant accounting policies, and the responsible entities' declaration.

In our opinion, except for the possible effects of the matter described in the *Basis for Qualified Opinion* section of our report, the consolidated financial report of HealthServe Australia Inc. has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act) and the ACFID Code of Conduct, including:

- (a) giving a true and fair view of the registered entity's financial position as at 30 June 2021 and of its financial performance for the year then ended; and
- (b) complying with Australian Accounting Standards – Reduced Disclosure Requirements and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

**Basis for Qualified Opinion**

We were appointed as auditor of the registered entity on 25 May 2021 and were unable to obtain sufficient and appropriate audit evidence in relation to opening balances for the financial year ended 30 June 2021. Since opening balances enter into the determination of the financial performance and cash flows, we were unable to determine whether adjustments might have been necessary in respect of the income for the year reported in the consolidated statement of profit or loss and other comprehensive income and the net cash flows from operating activities reported in the consolidated statement of cash flows. As such, our opinion is qualified with respect to opening balances for the financial year ended 30 June 2021 and the consolidated statement of profit or loss and other comprehensive income and consolidated statement of cash flows for the financial year ended 30 June 2021.

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 registered entity in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the consolidated financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

**HealthServe Australia Inc.  
Independent Auditor's Report to the Members of HealthServe Australia Inc.  
For the Financial Year Ended 30 June 2021**

**Information Other than the Consolidated Financial Report and Auditor's Report Thereon**

The responsible entities are responsible for the other information. The other information is the board report accompanying the consolidated financial report.

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

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

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

**Responsibilities of Responsible Entities for the Consolidated Financial Report**

The responsible entities of the registered entity are responsible for the preparation and fair presentation of the consolidated financial report in accordance with Australian Accounting Standards, the ACNC Act, the ACFID Code of Conduct, and for such internal control as the responsible entities determine is necessary to enable the preparation of the consolidated financial report that is free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial report, responsible entities are responsible for assessing the registered entity'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 responsible entities either intends to liquidate the registered entity or to cease operations or has no realistic alternative but to do so. The responsible entities are also responsible for overseeing the registered entity's financial reporting process.

**Auditor's Responsibilities for the Audit of the Consolidated Financial Report**

Our objectives are to obtain reasonable assurance about whether the consolidated 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 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 the consolidated financial report.



**HealthServe Australia Inc.  
Independent Auditor's Report to the Members of HealthServe Australia Inc.  
For the Financial Year Ended 30 June 2021**

A further description of our responsibilities for audit of the consolidated financial report is located at the Auditing and Assurance Standards Board website at: <http://www.auasb.gov.au/Home.aspx>. This description forms part of our auditor's report.



**SDJA**



**Simon Joyce**

Director

Registered Company Auditor: No. 437655

14 November 2021

Sydney, New South Wales



TORCH OF LOVE  
INDONESIA

# *Bringing Health, Hope, and Wholeness*

**ANNUAL REPORT 2020/21**



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Australia**

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