

2021/2022




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



HEALTH WORKER TRAINING
SOUTH SUDAN

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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 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.
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 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

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. 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.



TREASURER

Pui Cheung

BBus, MBA, FCPA, GAICD, Grad Dip Divinity

Pui is a financial management executive and has worked in the private and the public sectors in a range of industries and government authorities. She is a Fellow of Certified Practising Accountant of Australia and a Graduate member of the Australian Institute of Company Directors. Since 2016 Pui has been serving on boards and committees of a number of not-for-profit community groups and Christian ministries. She joins HealthServe in 2022.

Pui has a deep faith in Christ and is active in local churches. She has served in many church ministries over the years and is passionate about doing the will of God and living out the love of Christ in our fallen world.



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



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.

BOARD SUBCOMMITTEES

Business Development Committee

- Michael Burke
- Paul Mercer
- Rachel Gijsbers-Hayman
- Pui Cheung
- Michael Gumbley

Program Committee

- Michael Burke
- Paul Mercer
- Owen Lewis
- Rachel Gijsbers-Hayman
- Doug Shaw
- Richard Wong

MEETINGS ATTENDED

Paul Mercer	4
Michael Burke	4
Owen Lewis	4
Rachel Gijsbers-Hayman	3
Richard Wong	3
Pui Cheung*	2
Andrew Messer**	1
Patrina Caldwell**	1

* = new Board Member
** = not continuing Board Membership

CHAIR REPORT 2022



“To deny oneself is to be aware only of Christ and no more of self, to see only him who goes before and no more the road which is too hard for us.” – Bonhoeffer (p78, COD)

2022 has proven to be a hard complex year with the Ukraine/ Russia war emerging from the tail of the Covid 19 pandemic. Despite the uncertain mix of war and pandemic for world economics, the health development sector is coming back to activity and new project opportunities are emerging. In 2022 we have been able to work toward better Child Safe Awareness and Training with partners and have developed a Climate Change Policy which will inform HSA activity going forward. Training for the utilization of the village health worker manual in PNG is now in full swing.

The Ukraine war has been a heavy cloud over world affairs. Through international ICMDA links, we have been able to raise funds to support Christian colleagues in the Ukrainian health system and victims of the war. A special report on how we have released \$125,000 to health projects in this country under siege is accessible on our website.

Health Serve remains indebted to the tireless works of Michael Burke our CEO and staff John, Tamara and Matt. The Board decided in August to take an opportunity to undertake an organizational review with the help of SALT Consultancy. The review will provide guidance for the next Strategic Plan and our operations. It occurs as we seek PBI status and look to reset after Covid.

A number of Board members stepped down in 2021 and Board renewal is underway. Pui Cheng our Treasurer is making a very helpful contribution. SDJA our auditors have also been very constructive in engagement with us. It has been said, “Biblical ethics tilts in favour of the vulnerable (people)”. All our project partners and programmes make this link in the name of Christ. Since early in the Covid pandemic a small group of supporters have prayed each night for the world and emerging concerns. We have shared a sense of God’s presence in and blessings for HSA partners, through this practice and fellowship. Bonhoeffer again observes, “the call of Christ makes those who respond to it the salt of the earth in their total existence.”

I encourage friends and supporters of HSA to live with Christ as the center of life, so that in fellowship we continue to support health development in low income contexts (tilted toward the vulnerable) and in local contexts be willing participants. HSA values your partnering with us.

Paul Mercer
Chair
HealthServe Australia
November 2022



EO REPORT 2022



Dear Healthserve Australia Members, Friends, Supporters and Partners,

This year of 2022 continues to bring many challenges to our families, communities and partners. The year continued with the opportunities and challenges of Covid-19 and recent and ongoing war in Ukraine. Our supporters generously contributed to the HSA in partnership with CMDFA and ICMDA Ukraine Appeal. We plan to further strengthen these partnerships.

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 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 Albretus (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 continue to successfully meet the standards of excellence of the Australian Council for International Development (ACFID). We continue to seek to improve. We have strengthened our auditing, our policy and procedures, our media work, and partner capacity building in areas of preventing sexual exploitation, abuse and Harrassment (PSEAH), child safety and addressing compassion without burnout. We look forward to further growth in these areas. We have completed a strategic review and are preparing our next strategic plan. We are very near completion of the process 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 ten programs in eight countries. A major highlight of the year has been the support of our Ukraine Christian Medical Fellowship partners as they provide essential services to their courageous wartorn communities.. Our Pacific Islands Cancer Screening Initiative is bringing better maternal health outcomes in Fiji. We are continuing to be inspired and encouraged by our partnerships in Papua New Guinea, Indonesia, South Sudan, 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
November 2022

PROGRAMS

ANGUGANAK HEALTHY MOTHERHOOD PROJECT – PNG

Program Convenor: Debbie Butters

After what seems like endless delays, primarily due to the COVID pandemic, stage one of the Anguganak Water Tank Project has been completed; equipping the district's Health Centre with a reliable supply of clean water. A simple gravity fed water system was built and installed; the most appropriate plan for minimal maintenance and no need for a pump.

Access to clean water has revitalised the health service for this community, enabling a higher standard of hygiene, sanitation and cleaning to occur. Because of this project there is now safe drinking water for patients, staff and the entire community when visiting the Centre.

To celebrate this momentous occasion a formal celebration was organised in May, where Debbie and her team from Hervey Bay were able to attend and partake in the official opening ceremony- a joyous time after the challenges faced as a result of COVID.

Because of your generosity, stage two of the water tank project is about to commence, which intends to equip additional Aid Posts in the West Sepik Province of Papua New Guinea with access to clean water so they too can raise the standard of care offered to their community.

Photo: Debbie turning on the tap at the ceremony



UKRAINE

International unity has underpinned the effective response to Russia's invasion of Ukraine.

HealthServe Australia has partnered with International Christian Medical and Dental Association (ICMDA) who are in regular contact with doctors and dentists throughout Ukraine, through their member body- the Christian Medical Association of Ukraine (CMA).

Together we remain deeply committed to mitigating the effects of the invasion through caring for the wounded, displaced and homeless; offering protection and support to refugees; and serving in frontline health facilities.

We thank all our supporters for their great generosity. Over one hundred and twenty thousand dollars has been forwarded to our partners as they support those on the ground. This money has gone specifically to purchasing and transporting medicines and supplies to over 200 hospitals, clinics, churches and paramedical teams throughout Ukraine.

Our hearts and prayers continue for all people affected by this unfathomable conflict.

HEALTHY PEOPLE, HEALTHY PLANET – INDONESIA

Program Convenor: Dr Hotlin Ompusunggu

Healthy People, Healthy Environment (HePI) 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.

This year the foundations have been put in place, showing promise of a sustainable and community-centred initiative. Two villages have been identified as suitable locations where deforestation is an issue given the natural orangutan habitat. A mobile clinic has been trialled, with a future building being promised next semester. A partnership was established with the local universities agriculture department enabling the implementation of a livelihood training for the community. Outreach for oral care has occurred through partnerships with the regional Dentist Federation, with care being provided to 72 people. Educational programs have additionally commenced with over 1,100 people in attendance.

The community is engaged and stakeholders are in agreement- this is an innovative approach to address a complex and multifaceted issue.



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 and support the most outstanding role models and champions acting to address health and development issues.

The winner of the 2021/22 Dignity and Right to Health Award was presented to a person working in the field of public health and drugs of addiction. Although we are unable to share personal details due to safety considerations, her work demonstrates excellence, best practice and community transformation.

The core of this initiative focuses on prevention work which supports the provision of health services for non-communicable diseases including cancer for communities who have difficulties in accessing care due to ethnicity, caste, behaviour, and or other reasons, or are hard to reach due to geographical difficulties, violence or conflicts.

At the core, this program is creative and compassionately responds to enhance the dignity and human rights of the target communities.

HEALTH WORKER TRAINING – JONGLEI, SOUTH SUDAN

Program Convenor: Dr Owen Lewis

We continue another year of partnership with the Health Worker Training in South Sudan, which primarily focuses on developing the healthcare capacity within the region. This program has been birthed in response to the significant healthcare shortage across the country, and is displaying promising results, with JHSI students being some of the top performing candidates in the national exams. This year we celebrate 18 third year students (12 clinical officers and 6 midwifery students) who recently completed and qualified from the course and the additional 30 students in second year.

Given the incredible impact of this project, Health Serve Australia is excited to continue our support and partnership for an additional two years.



NATIONS TORCH OF LOVE,
INDONESIA

NATIONS TORCH OF LOVE FOUNDATION – JAVA

Program Convenor: Elia Chia

The Nations Torch of Love Foundation exists for the *Empowerment of Community Health Worker Volunteers to Respond to Emergency and Pandemic Situations for Indonesia's West Java Region.*

This year they have undertaken a training project, half being conducted via Zoom for remote communities and half in person at Bandung City for 50 healthcare workers, throughout July and August. The topics of the training included: first aid training in accidents; diseases and community health development; disease reduction through early screening and detection; and how to facilitate, refer and care for patients that are not cared for by the hospital/ local health officials.

There was an incredible response to this training, with local volunteer healthcare workers feeling empowered, equipped and supported in caring for its community.

LIGHTS FOR LIFE: DISABILITY CARE KYRGYZSTAN

Program Convenor: Dr Nick Woolfield

This year HSA completed its partnership with Lights for Life after fulfilling its goal to provide phototherapy units for the treatment of neonatal jaundice in all major hospitals in Kyrgyzstan.

The production of these phototherapy units are vital in the treatment of children with jaundice, particularly those with cerebral palsy who are at increased risk of developing kernicterus, a condition that can cause permanent brain damage. This condition is 3-4 times higher in Kyrgyzstan than Australia, affecting hundreds of infants each year. Thankfully, the phototherapy units developed by Dr Nick Woolfield provide a low cost, highly effective treatment that has saved countless lives.

So far, over 162 phototherapy units are being used in 38 hospitals across the country. Hundreds of doctors have been trained on jaundice management and they are just getting started.

The effectiveness of this simple solution has gained momentum and support from UNICEF and other key organisations that are committed to continuing the great work of Lights for Life. We are thankful to have been a part of their humble beginnings and are excited to see what is to come from such an incredible initiative.



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

COVID-19 RESPONSE

Covid-19 continues to have a significant impact around the world to varying degrees. Healthserve is committed to supporting our partners as they continue to deal with the ramifications and ongoing health needs related to the pandemic. In the past twelve months we were able to assist Satribari Christian Hospital, India in purchasing much needed medical supplies as well as an oxygen plant to support patients in intensive care.

Gerasa Bali was an additional Covid project providing education, health packages, support groups and community development through business training across Bali.

We also are grateful for partnering with the Friends of CMC Vellore Australia network and the Christian Medical Association India which assisted greatly in linking with Indian service providers.

Healthserve has continued work locally in Australia, actively engaging with the Western Sydney Covid-19 faith-based flattening the curve group. This is an important framework for engaging faith based communities in many other health challenges.

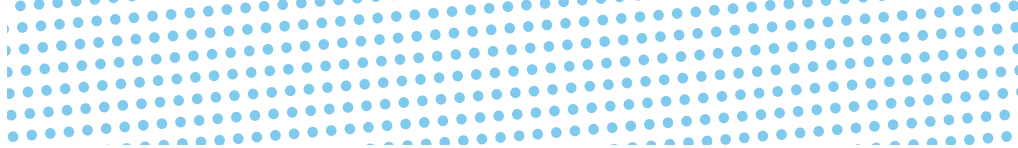
PICCSI – FIJI

Fiji has a high burden of cervical cancer, partly due to the high prevalence of the human papilloma virus (HPV) and the low rate of cervical screening across the region. There are economic and social/logistical reasons for this, however a large barrier to screening in the Pacific is the long delay in the time taken to obtain results, and a high loss to follow up rate of women screened.

Dr Nicola Fitzgerald and a team of volunteers recently travelled to Fiji to undertake a cervical screening program over the course of a week. They were able to screen 353 women who received same day results and treatment for those found to have HPV. In addition health education, awareness activities and local clinician involvement all took place.

This is an innovative response that has shown remarkable results.





PARTNERSHIPS IN INTERNATIONAL MEDICAL EDUCATION (PRIME)

Partnerships in International Medical Education (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 their relational and historical context. The program during Covid-19 has been delivered virtually. Ongoing collaboration with UK and other international partners is highly valued.

Special thanks to Dr Patrina Caldwell and the team of Michael Burke, Jarvis Guo, Mathis Grossmann, Ashleigh Ma, Richard Wong, Rosemary Wong, Cassie Zhou and Tim Stephens and Stephen from Hainan, supported by Huw Morgan from Prime, conducted a zoom online train the trainer program on "Whole Person Care" for medical educators in Hainan, China. The 6-session course ran from December 2021 until August 2022, interrupted by Covid disruptions in China. We used materials sourced from Prime UK, with modification by our teachers to suit the audience. Powerpoint presentations were translated by our team, and the presentations, chats and discussions were also translated on the day. There were 11 participants that registered for the course. Feedback was very positive, with confirmation that the teaching on whole person care resonated with the Hainan health educators and helped them in their training of doctors. They also reported that they adopted some of these practices in their daily work. Thanks to the team who worked hard in preparing and delivering this important course, praying God will bless our efforts.

A Compassion without Burnout training lead by Dr Alison Walsh was well received. WE hope to build on this foundation in future activities.



HEALTH, CLIMATE AND CREATION CARE

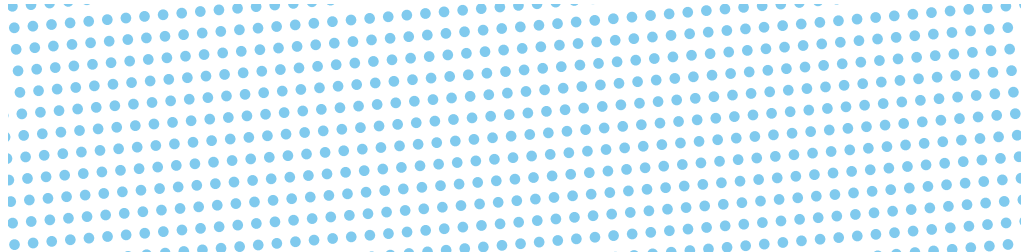
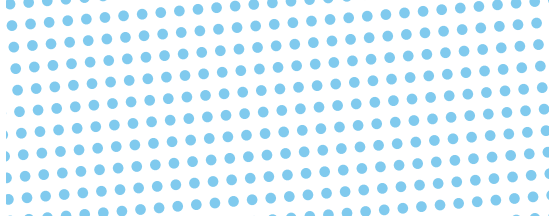
In the past twelve months HSA established a health, climate and creation care policy and ran several related seminars. The policy has implications for every aspect of HealthServe's approach and implementation of activities at home and in its projects. We recognise the growing effect that climate change brings to health locally and globally.

LIVING WHOLENESS - MENTAL HEALTH IN ASIA

Program Convenor: Dr David Nikles

Living Wholeness (LW) continues to bring hope, healing and personal transformation to many people in diverse cultures, nations and people groups. The organisation's main focus is training people as lay pastoral or professional counsellors, with an emphasis on trainers. Many challenges have arisen in recent years due to the pandemic, however the value of good mental health and trained support providers has been highlighted. Despite these headwinds, LW has made significant progress over the past 12 months with at least 1,400 people being trained across 14 nations. This is something worth celebrating and we look forward to the continuation of their work as the momentum continues to build.

MAP OF PROGRAMS



FINANCIAL STATEMENTS

HEALTHSERVE AUSTRALIA INC.

ABN 42 958 367 110

Consolidated
Financial Statements

For the Year Ended
30 June 2022

**HealthServe Australia Limited
Directors' Report
For the Financial Year Ended 30 June 2022**

Your directors submit the financial report of HealthServe Australia Limited (HSA) for the financial year ended 30 June 2022.

Directors

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

Dr Michael Burke
Pui Cheung
Dr Richard Wong

Dr Paul Mercer
Rachel Gijsbers-Hayman
Dr Owen Lewis

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

On 22 April 2022, the entity became a company limited by guarantee. Prior to that date, the entity was an incorporated association. As a result, the entity changed its name from HealthServe Australia Inc. to HealthServe Australia Limited.

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 deficit for the year ended 30 June 2022 was \$8,675 (2021: \$83,287 surplus).

Signed in accordance with a resolution of the directors.

Dr Michael Burke
Chief Executive Officer
19 November 2022
Sydney, New South Wales






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HealthServe Australia Limited
Auditor's Independence Declaration to the Directors of HealthServe Australia Limited
For the Financial Year Ended 30 June 2022

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 Limited for the year ended 30 June 2022, 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


Simon Joyce
Director
19 November 2022
Sydney, New South Wales

HealthServe Australia Limited
Statement of Profit or Loss and Other Comprehensive Income
For the Financial Year Ended 30 June 2022

	Notes	2022 \$	2021 \$
Revenue			
Donations and gifts			
Monetary		287,762	191,262
Grants			
Government grants		-	-
Commercial activities income		-	-
Other income	4	14,679	38,447
Total revenue		302,441	229,709
Expenses			
International programs		(234,273)	(70,803)
Fundraising costs		-	(3,467)
Accountability and administration		(49,813)	(38,029)
Employee benefits		(27,030)	(34,123)
Total expenses		(311,116)	(146,422)
(Deficit)/surplus for the year		(8,675)	83,287
Income tax expense		-	-
(Deficit)/surplus after income tax		(8,675)	83,287
Other comprehensive income		-	-
Total comprehensive (loss)/income		(8,675)	83,287

The accompanying notes form part of these financial statements.

HealthServe Australia Limited
Statement of Financial Position
As at 30 June 2022

	Notes	2022 \$	2021 \$
Assets			
Current			
Cash and cash equivalents	5	161,859	170,885
Trade and other receivables	6	1,161	572
Current assets		163,020	171,457
Non-current			
Non-current assets		-	-
Total assets		163,020	171,457
Liabilities			
Current			
Trade and other payables	7	12,275	7,615
Provisions	8	2,068	490
Current liabilities		14,343	8,105
Non-current			
Borrowings	9	-	6,000
Non-current liabilities		-	6,000
Total liabilities		14,343	14,105
Net assets		148,677	157,352
Equity			
Accumulated funds		148,677	157,352
Total equity		148,677	157,352

The accompanying notes form part of these financial statements.

HealthServe Australia Limited
Statement of Changes in Equity
For the Financial Year Ended 30 June 2022

	Accumulated Funds \$	Total Equity \$
Balance at 1 July 2020	74,065	74,065
Surplus for the year	83,287	83,287
Other comprehensive income	-	-
Total comprehensive income	<u>83,287</u>	<u>83,287</u>
Balance at 30 June 2021	<u>157,352</u>	<u>157,352</u>
Balance at 1 July 2021	157,352	157,352
Deficit for the year	(8,675)	(8,675)
Other comprehensive income	-	-
Total comprehensive loss	<u>(8,675)</u>	<u>(8,675)</u>
Balance at 30 June 2022	<u>148,677</u>	<u>148,677</u>

The accompanying notes form part of these financial statements.

HealthServe Australia Limited
Statement of Cash Flows
For the Financial Year Ended 30 June 2022

	Notes	2022 \$	2021 \$
Cash flows from operating activities			
Receipts from donors		281,312	191,532
Receipts from government stimulus		10,500	36,500
Receipts from members and others		4,582	5,414
Payments to suppliers and employees		(305,434)	(141,982)
Interest received		14	25
Net cash (used in)/provided by operating activities		(9,026)	91,489
Cash flows from investing activities		-	-
Net cash provided by investing activities		-	-
Cash flows from financing activities		-	-
Net cash used in financing activities		-	-
Net change in cash and cash equivalents		(9,026)	91,489
Cash and cash equivalents at beginning of financial year	5	170,885	79,396
Cash and cash equivalents at end of financial year	5	161,859	170,885

The accompanying notes form part of these financial statements.

HealthServe Australia Limited
Notes to the Financial Statements
For the Financial Year Ended 30 June 2022

1. General information

The financial statements cover HealthServe Australia Limited, a company limited by guarantee, 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.

On 22 April 2022, the entity became a company limited by guarantee. Prior to that date, the entity was an incorporated association. As a result, the entity changed its name from HealthServe Australia Inc. to HealthServe Australia Limited.

The principal activities of the entity 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.

The financial report was authorised for issue by the directors on 19 November 2022.

2. Changes in accounting policies

New and revised standards that are effective for these financial statements

A number of new and revised standards became effective for the first time to annual periods beginning on or after 1 July 2021, the key ones of which are summarised below:

AASB 1060 General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities

This Standard sets out a new, separate disclosure Standard to be applied by all entities that are reporting under Tier 2 of the Differential Reporting Framework in AASB 1053. This Standard has been developed based on a new methodology and principles to be used in determining the Tier 2 disclosures that are necessary for meeting user needs, to replace the current Reduced Disclosure Requirements (RDR) framework. The adoption of this accounting standard has not had a material impact on the entity.

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

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

3. Summary of significant accounting policies

Financial reporting framework

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

HealthServe Australia Limited
Notes to the Financial Statements
For the Financial Year Ended 30 June 2022

Basis of preparation

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs unless otherwise stated in the notes.

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

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

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 entity expects to receive in exchange for those goods or services.

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 entity 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 entity 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 and cash equivalents include cash on hand, deposits held at-call with banks, other short-term highly liquid investments with original maturities of three months or less.

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 entity determines whether there is evidence of an impairment indicator for non-financial assets.

HealthServe Australia Limited
Notes to the Financial Statements
For the Financial Year Ended 30 June 2022

Trade and other payables

These amounts represent liabilities for goods and services provided to the entity 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).

Receivables and payables 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 statement of financial position.

Cash flows in the 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.

Provision for employee benefits

Provision is made for the entity's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be wholly settled within one year have been measured at the amounts expected to be paid when the liability is settled.

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 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, where applicable. Actual results may be substantially different.

HealthServe Australia Limited
Notes to the Financial Statements
For the Financial Year Ended 30 June 2022

	2022	2021
	\$	\$
4. Other income		
Revenue from contracts with customers		
<u>Revenue recognised over time</u>		
Member fees	2,070	2,088
	<u>2,070</u>	<u>2,088</u>
How the entity recognises revenue		
<u>Membership fees</u>		
Revenue relating to membership is recognised over the period to which the agreement relates.		
Other income		
Cash Flow Boost	-	20,000
JobKeeper	-	13,500
Small Business Grant	10,500	-
Interest income	14	25
Other income	2,095	2,834
	<u>12,609</u>	<u>36,359</u>
Total revenue	<u>14,679</u>	<u>38,447</u>
5. Cash and cash equivalents		
Cash at bank	161,859	170,885
	<u>161,859</u>	<u>170,885</u>
6. Trade and other receivables		
Current		
Trade receivables	450	-
Other debtors	65	-
Net GST receivable	646	572
	<u>1,161</u>	<u>572</u>
7. Trade and other payables		
Current		
Trade payables	3,600	160
Accrued expenses	8,675	7,455
	<u>12,275</u>	<u>7,615</u>

HealthServe Australia Limited
Notes to the Financial Statements
For the Financial Year Ended 30 June 2022

	2022	2021
	\$	\$
8. Provisions		
Current		
Provision for employee benefits	2,068	490
	2,068	490
9. Borrowings		
Non-current		
Loan from related party	-	6,000
	-	6,000
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.		
<u>Borrowings from related parties</u>		
Loan from related party	-	6,000
<u>Key management personnel compensation</u>		
Total key management compensation	-	-
11. Remuneration of auditors		
<u>SDJA</u>		
Audit of financial report	3,600	3,500
Assistance with financial report preparation	1,000	500
	4,600	4,000
12. Commitments		
The entity had no material unrecognised contractual commitments as at 30 June 2022.		
13. Contingent liabilities		
There are no contingent liabilities as at 30 June 2022.		
14. 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 Limited
Directors' Declaration
For the Financial Year Ended 30 June 2022

The directors declare that in the directors' opinion:

- a) The 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 2022 and of its performance for the year ended on that date; and
 - ii) complying with Australian Accounting Standards – Simplified Disclosure 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
19 November 2022
Sydney, New South Wales

HealthServe Australia Limited
Independent Auditor's Report to the Members of HealthServe Australia Limited
For the Financial Year Ended 30 June 2022

Opinion

We have audited the financial report of HealthServe Australia Limited (the registered entity), which comprises the statement of financial position as at 30 June 2022, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion, the financial report of HealthServe Australia Limited 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 2022 and of its financial performance for the year then ended; and
- (b) complying with Australian Accounting Standards – Reduced Disclosure and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the 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 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.

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

The directors are responsible for the other information. The other information is the directors' report accompanying the financial report.

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

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

If, based on the work we have performed, 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.

**HealthServe Australia Limited
Independent Auditor's Report to the Members of HealthServe Australia Limited
For the Financial Year Ended 30 June 2022**

Responsibilities of Directors for the Financial Report

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

In preparing the financial report, the directors 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 directors either intend to liquidate the registered entity or to cease operations or have no realistic alternative but to do so. The directors are also responsible for overseeing the registered entity's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with 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 financial report.

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

SDJA

SDJA



Simon Joyce

Director

Registered Company Auditor: No. 437655

19 November 2022

Sydney, New South Wales



HEALTHY PLANET
INDONESIA

Bringing Health, Hope, and Wholeness

ANNUAL REPORT 2021/22



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