



ANNUAL REPORT

2016/17



“THE BLIND RECEIVE THEIR SIGHT,
the lame walk, those with leprosy are cleansed,
the deaf hear, the dead are raised,
and the good news is
proclaimed to the poor”

LUKE 7:22





South East Asian Medical Conference 2017

OUR VISION

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

- Compassion
- Integrity and uprightness
- Accountability
- Stewardship
- Justice
- Human dignity and human rights
- Equality and equity, with equal access to health care Respect for those of other cultures and backgrounds

CONSTITUTION

Details of the rules of the association are in the constitution of HealthServe Australia Inc. on the HSA web site; www.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 taxdeductible 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 inservice 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 notforprofit aid and development organisations, working to attain a world where gross inequality and extreme poverty are eradicated.

The Australian Tax Office granted HSA TaxDeductible 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:

"Partnering with Christian compassion; building local capacity to meet health needs".

BOARD MEMBERS

EXECUTIVE OFFICER (EO)

DR MICHAEL BURKE

MBBS, BSC, MA, MSC (CLIN EPI), MPH&TM, , PHD, FRACGP, FACTM, FAICD, DRANZCOG, DCH, DIP BIBLICAL STUDIES
Michael completed his PhD at the UNSW in gender and HIV issues based on his commitment to Tanzania and Tanzanians, where he worked for twelve years and continues to visit regularly. Michael has served HealthServe Australia in many positions. He is a lecturer at both Sydney University and the University of Western Sydney. He works in general practice in western Sydney. He is married to Jean and has three young sons.

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.

TREASURER

SHANE MERRICK

Shane is a Finance Professional, CPA, Business Manager, and currently Bursar at St Philips Christian College Cessnock. He has been CFO of Gute Bucher fuer Alle eV, Mosbach, Germany, CFO of Koorong Books, West Ryde NSW, International CFO of Operation Mobilisation, Business Manager of Pacific Hills Christian School, Dural NSW.

PUBLIC OFFICER

MS BARBARA LUCAS BAPPSC (PHTY), MED, MPH, PHD, FACP

Barbara is a physiotherapist and Deputy Manager / Senior Physiotherapist Paediatrics & Neonatology, Royal North Shore Hospital, Sydney. Barbara trained at Sydney University (Cumberland College of Health Sciences 1988), and has worked

since in public hospitals i.e. RPAH, Brompton Hospital, London and RNSH. She has visited Fiji with a heart team (1997) and orthopaedic team (1998). She spent 8 months at the Kilimanjaro Christian Medical Centre in Tanzania (2006), a major training institution for physiotherapists and other health workers in Africa. In 2011, she spent 6 months working in remote indigenous community in Western Australia on a diagnosis and prevalence study related to Foetal Alcohol Spectrum Disorders (FASD), with research linkages to the George Institute for Global Health and Sydney University. She completed her PhD in 2016 on motor skills in children with FASD.

ANDREW SLOANE MBBS, BTh, ThD.

Rev Dr Andrew Sloane is a Lecturer in Old Testament and Christian Thought, and Director of Postgraduate Studies at Morling College, Macquarie Park, NSW.
Born in Scotland, Andrew was raised in the western suburbs of Sydney. He studied medicine at the University of NSW and practiced briefly as a doctor before training for Baptist ministry at Morling College. He graduated with a BTh in 1990 and a ThD in philosophy and Old Testament studies (1994). Andrew was ordained as a Baptist minister in 1991 and ministered in Sydney and Newcastle before joining the faculty at Ridley (Anglican) College in Melbourne in 1996. He joined the faculty of Morling College in 2002. His most recent book, Vulnerability and Care (T&T Clark, 2016) explores Christian reflections on the nature and goals of medicine.

OTHER MEMBERS

DR NATHAN GRILLS

Dr Grills is an NHMRC research fellow and public health physician (FAPHM) at Nossal Institute for Global Health, University of Melbourne. Under a Rhodes scholarship he completed his MPH and DPhil at Oxford University focussing on partnerships between faith based groups, government and international actors. He also worked with the Centre for Disease Control and World Health Organisation on HIV and FBO partnerships. His international experience includes work in SubSaharan Africa, Fiji, East Timor, PNG, Bangladesh, Burma and Nepal. He currently leads 5 international research projects on topics related to non communicable diseases, disability, public health leadership and social network analysis. He researches how networks of nonstate actors can influence health policy and assist with integration into the public health system. He currently facilitates a Network of 50 NGOs who work together to train Community Health Workers and undertake research on disability and NCDs. He also works with the Emmanuel Health Association, a network of 20 hospitals and 35 community health programs. In these roles he is involved in teaching, curriculum development and research.

BOARD MEMBERS (CONTINUED)

MEETINGS ATTENDED

Paul Mercer	4 from 4
Nathan Grills	3 from 4
Richard Wong	4 from 4
Andrew Messer	1 from 1
Shane Merrick	0 from 1
Andrew Sloane	2 from 4
Barbara Lucas	3 from 4
Michael Burke	4 from 4



AUSTRALIAN
COUNCIL
FOR
INTERNATIONAL
DEVELOPMENT

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 write to HealthServe Australia's Public Officer;

Dr Rhys Bollen C/ P.O. Box 247, Cherrybrook NSW 2126 Ph +61 2 8911 1970
Fax +61-2-8079 0730 Email office@healthserve.org.au

CHAIR REPORT 2017

THIS IS MY FIRST ANNUAL REPORT as Board Chair of HealthServe Australia and I should thank Michael, John and Board members for all of their hard work and support during this past year.

2017 has been a positive year with growth in activities and projects funded. There is also a growing impact for the role of the office under the guidance of John Gumbley and the volunteer support of Hudson Sweeting.

I want to publicly thank Michael, John and Agnes for the time and effort they have committed to completing our successful ACFID review. I signed off on the review from a holiday in Canada, which was a first for me.

There remains much to do to improve governance practice for HSA and with goodwill we should continue to progress.

We welcomed Shane Merrick and Andrew Messer to the Board during the year and they bring good governance experience that will provide a significant impetus for us.

2017 has also seen a strengthening of links with CMDFA, both through direct contact with the CMDFA Board; a HSA presence at the national CMDFA conference in Brisbane in July, and then a featuring of a number of HSA projects in Luke's Journal's edition "Healthy Service".

With a strengthening of governance fundamentals, we also praise God for His goodness and blessing during the year and with hope we look forward to signs of the kingdom emerging in the many projects that we have the honour of supporting.

Paul Mercer



WEDWEIL, SOUTH SUDAN CHRISTMAS APPEAL



BUILDING THE FUTURE IN SOUTH SUDAN

***WE ARE RAISING MONEY TO BUILD A MEDICAL
CLINIC IN WEDWEIL, SOUTH SUDAN.***

*THE SUPERVISOR FOR THE PROJECT IS THE REVEREND SANTINO YUOT.
WE HOPE TO RAISE \$30,000 THIS CHRISTMAS TO BEGIN THE BUILDING PROJECT IN 2018.*



HOW DO I DONATE?

Just go to the website www.healthserve.org.au and press the please donate button in the top right-hand corner. Go to the bottom of the page and select Wedweil South Sudan Appeal. You will be taken to the GiveNow facility.

EO REPORT

THE YEAR HAS BEEN A SUCCESSFUL YEAR with consolidation and greater team work being apparent. I thank the HSA Board for their support, especially the Board Chair Dr Paul Mercer for his great support and encouragement. We have made more progress in meeting our Strategic plan goals. We have increased significantly the number of new programs. And the public profile of HealthServe Australia continues to grow.

We are making good progress with our strategic plan. We have completed our task of continuing our Australian Council for International Development (ACFID) accreditation. We have strengthened our executive team.

We are meeting all our compliance responsibilities. We have applied for Donor Gift Recipient (DGR) status for Australian based activities. We have begun new innovative fund-raising activities such as the Sydney City2Surf fun run.

We have settled on a fund-raising calendar of Christmas, Easter and End of Financial Year Special campaigns. We have decided to extend our strategic plan to the end of 2018. Next year will see our team developing our next three-year strategic plan.

We have consolidated a broad range of existing programs. And we have added several new programs. We have a portfolio of new potential programs being explored. It is pleasing to see the excellent progress of existing programs such as the Yotkom program in Northern Uganda. Dr Andrew and Mrs Anne Wright, our Yotkom champions were honoured in the Australian government New Year's honours list.

The Papua New Guinea Community Health Worker Manual is making good progress under leadership

of Dr John Oakley and Mrs Gerri Koelma. Looking to our operations in India, the Community Based Health Program (CBHP) in Buldana is continuing to be well led by Dr James Wei and colleagues.

A visit of general practitioner educator colleagues from Hainan China was a highlight of the year and was well supported by an earlier visit to Hainan by Australian partners in our Hainan Australia General Practitioner Support Network.

New programs are growing in mental health in China, in water and sanitation in Tanzania and a new clinic is planned for the Wedweil community of South Sudan. New opportunities are being explored for Partnerships in International Medical education (PRIME) in Indonesia, a women's health program in the Pacific and a street people support program in South east Asia amongst others.

This year we have held Health Serve Australia state conferences in New South Wales and Victoria and have featured in key events in Adelaide and Brisbane.

We need to continue to strengthen our program subcommittee and our business development committee.

I thank all for their ongoing support as together we seek to transform global health within an integrated mission approach.

Yours in partnership,

Michael Burke

MBBS, MPH&TM, PHD, FRACGP, FAICD

EXECUTIVE OFFICER,

HEALTHSERVE AUSTRALIA

PROGRAMS



The Yotkom Healthcare Team, Northern Uganda

YOTKOM, NORTHERN UGANDA

It has been a very active year for the Yotkom Program, as Australian Supervisor of Project, Andrew Wright has indicated in his recent Blogs.

The year began with Andrew and Anne receiving Australia Day Honours, and has progressed with the expansion of the building, the creation of a new Canteen, a very successful June appeal which has enabled purchase of new equipment and training, and in recent weeks, the establishment of a dental service.

Yotkom will be running a Christmas Appeal to enable more work to be done with this facility. Andrew and Anne are grateful for the donors who continue to support operations and the equipping of the centre. An enormous vote of thanks for the huge effort of fundraising by the Gateway Baptist Church. Their support, and that of many other donors is going to be a blessing for years to come for the people of Kitgum. So much medical care is now happening thanks to the vision of the workers and the compassion of the donors.

MUKO CLINIC, SOUTHERN UGANDA

The Muko primary health care project Uganda has continued under the supervision of David Outridge. David presented the story of the Muko project (now in its 10th year) at the Sydney Conference this year reflecting on the many lessons and challenges the project has faced and the good work it has managed to offer in addressing health issues in the South West of Uganda. Healthserve ran an appeal for Christmas 2016 to assist with the

expansion of a maternity facility in the Muko Clinic and raised \$4500.

In recent months David has handed the Project Supervision to Brittany Darvas as the Grainery Church have decided to continue their financial support of the project and especially of the Maternity wing expansion throughout next year.

COMMUNITY BASED HEALTH PROJECT (CBHP), INDIA

This program is structured in three tiers: Village Health workers, Mobile health clinics and low-cost health clinic for ongoing treatment and care as required. 2017 has seen strong donor fund contribution, although a greater spread of donors maybe desirable as the program still relies on a few generous givers.

This project gained much support from donors for the appeal for Easter this year has allowed the Project to purchase a vehicle to use for patient transport. We congratulate Dr James Wei and his team for overseeing this healthcare initiative in Buldana, Maharashtra, India.

WEDWEIL CHRISTIAN COMMUNITY HEALTH CENTRE, SOUTH SUDAN

This project is a pilot program for HealthServe to partner in South Sudan and in the last twelve months has moved through its initial phase and is now planning the building of a healthcare clinic. The plans have been presented and the costings done at around \$100,000 US. HealthServe is working on fund raising to begin this building process under the Project Australian coordinator, Rev Santino Yuot Rang.

PROGRAMS

HEALTHCARE MANUAL FOR COMMUNITY WORKERS 3RD EDITION (HCM₃), PAPUA NEW GUINEA

The third addition of the Healthcare manual pioneered by the late Dr Clifford Smith OAM, is now in its final year of preparation for publication. This is a partnership HealthServe has with Baptist Union in PNG, AUSTVOC the publishers, and numerous influential persons in PNG.

The writing of this 3rd Edition is being overseen by Dr John Oakley who has more than 20 years working in rural PNG and his team; Geri Koelma, Joyce Melipea and Roslyn Copas. When complete this will enable tens of thousands of copies of this medical manual to be used by students and medical practitioners throughout rural PNG.

PRIME AUSTRALIA IN INDIA, SINGAPORE, INDONESIA AND PNG

Partnerships in International Medical Education have links with India, Singapore, Indonesia and PNG. India: Australian PRIME tutors (2:3 every 4 months) continue to contribute to the contact programs of the MMED Family Medicine (GP) training program of Christian Medical College Vellore. Since 2010 our tutors have travelled to Chennai, Bangalore, Assam and other locations for two week blocks of training. This year Prime has continued its work of medical education.

HAINAN GENERAL PRACTITIONER SUPPORT PROJECT, CHINA

HealthServe Australia has since 2011 built a continuing and developing friendship with colleagues in the Hainan General Practitioners Association. There have been several visits from Sydney to Hainan and also from Hainan to Sydney. HealthServe Australia has presented at the last four annual conferences of the Hainan General Practitioners Association. In 2015 the General Practitioner (GP) Support Network linking HSA and Hainan Province was launched with good media coverage. A range of other partners are contributing to this network including the University of Sydney Medical School. China is currently building its capacity in general practice. Australia has a well established and internationally respected program of general practice. There are many opportunities to be mutually supportive and encouraging.

This year four Hainan doctors visited Australia to participate in a prime event and experience general practice in suburban Sydney settings.

HEALTHCARE CHAPLAINCY IN PNG

The overall aim of this project is to establish culturally appropriate and provider-networked healthcare



PROGRAMS



chaplaincy over the next four years. Whilst almost 200 'town' health workers and pastoral carers have received the 40 hour Basic pastoral care training, the next cohorts of trainees are progressively those in rural and remote areas where just one indicator says that up to six women die every day in childbirth. As well the plan is to extend those already trained and experienced with exposure to caring for those impacted by drug and alcohol addiction and caring for those impacted by domestic violence.

ICMDA NATIONAL INSTITUTE OF HEALTH SCIENCES, JONGLEI, SOUTH SUDAN

This project primarily focuses on developing the health of the people of South Sudan. One of the main issues for the lack of essential medical care provision is the lack of properly trained medical workers. The funding for this program has enabled the completion of medical studies for nearly 70 Sudanese health workers to begin to confront the health issues of this fledgling African nation.

The first graduation of students was a special event this year and a second cohort of students needs to be supported by donations in the New Year.

ICMDA LEADERSHIP IN CHRISTIAN HEALTH AND DEVELOPMENT INITIATIVE

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. 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 HIV/AIDS epidemic. The winner of the 2016 award was Dr. Anil Cherian who leads the Health Sciences training program in Uganda for the South Sudanese healthcare students.

ICMDA INTERNATIONAL TRAVEL BURSARY

The main purpose of the fund is to collect and distribute

PROGRAMS

bursaries to overseas recipients to enable them to attend the 4 yearly ICMDA world conference. HSA has appended the original idea with the opportunity to fund overseas recipients to attend CMDFA events as training opportunities for overseas recipients. Several Oceania doctors have benefitted from this program.

INTERMED SCHOLARSHIP - OCEANIA

Intermed was established by Prof. Anthony Radford and friends and is now lead by Dr Doug Shaw. Each January in Adelaide, Intermed conducts a month-long training in international health. The course continues to make a significant contribution in preparing and updating missionary minded health workers. This year the invited lecturers donated their fees to a scholarship fund to enable recipients to attend the course who would otherwise be unable to do so.

HEARTSTART

HeartStart is an Award initiative of HealthServe Australia Inc which empowers students and the communities to which they belong, to immerse themselves in a safe, resource-poor, developing country setting, with a view to generating a Concept Paper which has the potential to transform health outcomes for the host beneficiary group.

HeartStart targets health-worker students in Australia with an opportunity for seed-funding for a travel to a developing country, where relationships will be fostered and information gathered to then submit a Heart Start Concept Paper, capable of transforming into a health development project.

MENTAL HEALTH PROGRAM IN CHINA

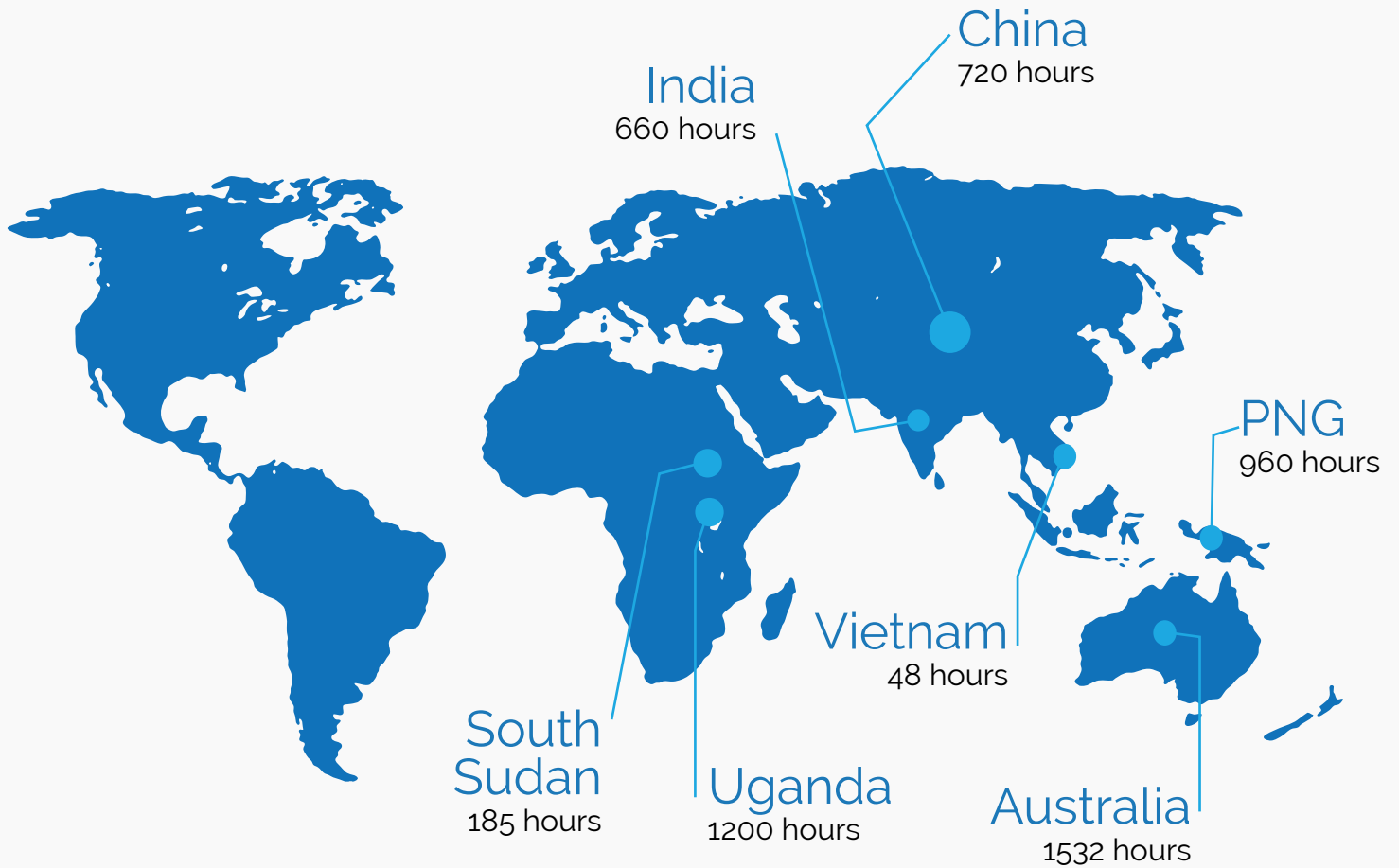
A new Program starting in China. This involves a 2 year training course designed to strategically select and train indigenous counsellors, to develop counselling initiatives in their own communities, with emphasis on empowering the counsellors to offer counselling, supervision, train others, and develop culturally relevant preventive programs. Examples include marriage enrichment, training lay counsellors, teen counselling initiatives, and member care. Currently the project is working primarily within China but also includes students from Macau, Nepal, and Mongolia, within the broader Asian context. Future expansion to offer similar training in Cambodia, Bangladesh Nepal and India is planned, following exploratory training and the Asian Conference.

New Projects being considered include -
Tarime Water Program, Tanzania
Cervical Cancer Screening Program in Fiji



A community Meeting in Wedweil, South Sudan

VOLUNTEERS





June 30

2017

The following financial statements have been prepared in accordance with the requirements set out in the ACFID Code of Conduct. For further information on the Code please refer to the ACFID website at www.acfid.asn.au.



HealthServe Australia Inc.

Certification of the Financial Statements

The Committee of HealthServe Australia Overseas Aid Fund and HealthServe Australia Inc. (the Association) declare that:

- a) The financial statements and notes as set out on pages 2 to 5 herein are in accordance with the Associations Incorporations Act (NSW) 2009 and;
 - i. comply with Australian Accounting Standards; and
 - ii. give a true and fair view of the financial position as at 30 June 2017 and of the performance for the year ended on that date of the Association.

- b) In the Committee's opinion there are reasonable grounds to believe that the Association will be able to pay its debt as and when they become due and payable.

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

Signed: _____
Name: Shane Merrick
Position: Treasurer
Dated:

Signed: _____
Name: Dr Paul Mercer
Position: Chairman
Dated:

HealthServe Australia Inc.

INCOME AND EXPENDITURE STATEMENT

For the year ended 30 June 2017

	Note No.	2017 \$	2016 \$
Revenue			
Donations and Gifts		237,580	180,528
Other Revenue		1,858	1,868
Total Revenue		239,438	182,396
Expenditure			
International Programs		148,648	172,457
Accountability & Administration	2	28,816	25,231
Fundraising Costs		6,428	18
Total Expenditure		183,892	197,706
Excess of Revenue over Expenditure		55,546	(15,310)
Total comprehensive result		55,546	(15,310)

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

HealthServe Australia Inc.

STATEMENT OF FINANCIAL POSITION

As at 30 June 2017

	Note No	2017 \$	2016 \$
Current Assets			
Cash and Cash Equivalents		158,111	113,188
Receivables		500	1,240
Total Current Assets		158,611	114,428
Non-Current Assets			
Property, Plant and Equipment		-	-
Total Non-Current Assets		-	-
Total Assets		158,611	114,428
Current Liabilities			
Payables		19,065	26,628
Total Current Liabilities		19,065	26,628
Non-Current Liabilities			
Interest Free Flexible Term Loans		6,000	9,800
Total Non-Current Liabilities		6,000	9,800
Total Liabilities		25,065	36,428
Net Assets		133,546	78,000
Equity			
Current Year Earnings		55,546	(15,310)
Retained Earnings		78,000	93,310
Total Equity		133,546	78,000

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

HealthServe Australia Inc.
Notes to the Financial Statements for the Year Ended 30 June 2017

Note 1: Summary of Significant Accounting Policies

The financial statements are special purpose financial statements prepared in order to satisfy the financial reporting requirements of the Associations Incorporation Act (NSW) 2009. The committee has determined that the Association is not a reporting entity.

The financial report has been prepared in accordance with the requirements of the Associations Incorporation Act (NSW) 2009 and the following Australian Accounting Standards:

- AASB 10: Consolidated Financial Statements
- AASB 101: Presentation of Financial Statements
- AASB 108: Accounting Policies, Changes in Accounting Estimates and Errors
- AASB 110: Events after the Balance Sheet Date
- AASB 1048: Interpretation of Standards
- AASB 1053: Application of tiers of Australian Accounting Standards
- AASB 1054: Australian Additional Disclosures

No other applicable Accounting Standards, Urgent Issues Group Interpretations or other authoritative pronouncements of the Australian Accounting Standards Board have been applied.

The financial statements have been prepared on an accrual basis and are based on historical costs. They do not take into account changing money values or, except where stated specifically, current valuations of non-current assets.

The following significant accounting policies, which are consistent with the previous period unless stated otherwise, have been adopted by the Association in the preparation of these consolidated financial statements. Consolidation includes the financial statements of both HealthServe Australia Inc and HealthServe Australia Overseas Aid Fund. The Association is a not-for-profit entity for financial reporting purposes under Australia Accounting Standards.

a. **Income Tax**

By virtue of its aims as set out in its Constitution the Association qualifies as an organisation specifically exempted from ordinary income tax under section 50-45 of the Income Tax Assessment Act 1997.

b. **Property, Plant and Equipment (PPE)**

Furniture and Fittings and office equipment are carried at cost less, where applicable, any accumulated depreciation.

The depreciable amount of all PPE is depreciated over the useful lives of the assets to the Association commencing from the time the asset is held ready for use.

c. **Cash on Hand**

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

d. **Accounts Receivable and Other Debtors**

Accounts receivable and other debtors include amounts due from members as well as amounts receivable from donors. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

e. **Revenue and Other Income**

Donation income is recognised when the entity obtains control over the funds, which is generally at the time of receipt.

Revenue is measured at the fair value of the consideration received or receivable after taking into account any trade discounts and volume rebates allowed. For this purpose, deferred consideration is not discounted to present values when recognising revenue.

HealthServe Australia Inc.
Notes to the Financial Statements for the Year Ended 30 June 2017

Note 1: Summary of Significant Accounting Policies (cont.)

f. **Accounts Payable and Other Payables**

Accounts payable and other payables represent the liability outstanding at the end of the reporting period for goods and services received by the Association during the reporting period that remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

Note 2: Accountability & Administration costs

	2017	2016
	\$	\$
Wages & contractors	15,600	16,161
Superannuation	-	500
Audit Expenses	1,750	1,410
Membership Fees	1,898	1,654
Accounting software	1,500	900
Bank Fees	2,060	1,639
Rent	-	80
Insurance	1,699	1,628
Other costs	4,309	1,259
Total Accountability & Administration costs	28,816	25,231

Note 3: Events After the Reporting Period

No events have occurred after balance date that requires disclosure or inclusion in the financial statements.

Note 4: Contingent Liabilities and Contingent Assets

There were no Contingent Liabilities or Contingent Assets to be reported.

Note 5: Gifts in-kind, Volunteers

The work of HealthServe Australia Inc is supported by a number of volunteers each year. Without this help, the Association could not operate as efficiently or as effectively as it does. The contributions from volunteers through project assistance, project medical work and other administrative roles means the Association is able to deliver a greater proportion of cash donations directly to its field projects.

The value of volunteer contributions to the Association is not included in the financial statements.

Compilation Report

HealthServe Australia Inc
For the year ended 30 June 2017

Compilation report to HealthServe Australia Inc.

We have compiled the accompanying special purpose financial statements of HealthServe Australia Inc, which comprise the income statement, balance sheet and statement of cash flows for the period ended 30 June 2017, a summary of significant accounting policies and other explanatory notes. The specific purpose for which the special purpose financial statements have been prepared is to provide information relating to the performance and financial position of the company that satisfies the needs of the members.

The Responsibility of the Directors

You are solely responsible for the information contained in the special purpose financial statements and have determined that the significant accounting policies adopted as set out in Note 1 to the financial statements are appropriate to meet your needs and for the purpose that the financial statements were prepared.

Our Responsibility

On the basis of information provided by you, we have compiled the accompanying special purpose financial statements in accordance with the significant accounting policies adopted as set out in Note 1 to the financial statements and APES 315: Compilation of Financial Information.

Our procedures use accounting expertise to collect, classify and summarise the financial information, which the directors of the trustee company provided, in compiling the financial statements. Our procedures do not include verification or validation procedures. No audit or review has been performed and accordingly no assurance is

The special purpose financial statements were compiled exclusively for the benefit of the members of HealthServe Australia Inc. We do not accept responsibility to any other person for the contents of the special purpose financial statements.

Jane L Noller & Co

Dated:



PARTNERING WITH
Christian compassion;
building local capacity
TO MEET HEALTH NEEDS



ANNUAL REPORT 2016/17

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