



# ANNUAL REPORT

## 2017/18



“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





## 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](http://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.

# BOARD MEMBERS (CONTINUED)

**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 start-ups 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.

**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. Currently, she works for Not-For-Profit Scripture Union, Victoria as their Holiday Camps Coordinator and has experience training and leading in Child-safe and risk management practices.

**NICOLE HUGHES**

Nicole has considerable experience in international development and is committed to promoting justice and equality. She has a diverse range of experience from the health sector having worked in a variety of public and private health settings, including rural Australia and internationally. Nicole holds a Master of Public Health and a degree in Physiotherapy, both from the University of Melbourne. She is keen to see projects respond effectively to meet the needs of communities and inspire local leadership. She currently sits on the committee for Global Health and Development and the Uttarakhand Cluster Ethics Review Committee of the Global Health Network.

**MEETINGS ATTENDED**

Michael Burke .....	4 out of 4
Paul Mercer .....	4 out of 4
Rachel Gijbsers-Hayman .....	4 out of 4
Nicole Hughes .....	3 out of 3
Richard Wong .....	3 out of 4
Andrew Sloane .....	3 out of 4
Barbara Lucas .....	2 out of 4
Shane Merrick .....	1 out of 3
Andrew Messer .....	2 out of 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](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 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](mailto:office@healthserve.org.au)

# CHAIR REPORT 2018

## **I RECENTLY HAVE BEEN MEDITATING ON A VERSE**

that comes out of the story of the rich young ruler and Jesus, in Mark 10. Verse 21 says this, "Jesus looked at him carefully, and loved him". My instincts are that there's a deep desire in all of us to be in this position, to be under the careful gaze of Jesus and loved by Him.

At a broader level, I think that 2018 can be described as a year where the love of Jesus has shone on Health Serve Australia, and I want to report on how I see this happening, and the positives that are ahead of us.

## **Governance**

This past year has seen the Board quite active in its role. We have a good gender balance, and people are beginning to consistently contribute to the needs of the Board, and therefore of the whole organisation.

Our finances are in good shape, but our office needs are always under tight restraint because of our current income status. As a Board we've made a decision to invite all those who would love to maintain their role as a member of Health Serve Australia to pay an annual subscription, as this will help us with contributions to the office costs.

2018 saw Andrew Messer and Richard Wong take up roles for chairing board sub-committees, and this has been a great step forward.

In early September 2018, we held a vibrant face-to-face meeting under the guidance of David Bartlett from Resolve consulting, and we made considerable progress towards strategic planning issues around the next period of time ahead.

## **Organisational Capacity**

Michael Burke continues to put considerable effort into his role of CEO. The office is functioning more efficiently and effectively on a consistent basis with good support from John Gumbley and volunteers such as Hudson Sweeting.

I've been able to attend a couple of Friday morning meetings at the office, and am confident that we're doing well in this regard.

This year has also seen us forging positive links with potential partners in Indonesia, particularly the Christian Medical Fellowship there. We've also engaged in an exciting project in Fiji, exploring the way to expand cervical screening in that country, as cervical cancer is a major cause of death in mid-life for women in Fiji.

## **Public Profile**

With limited resources, our public profile has slowly grown and evolved in the past year. Our giving income status is stable. We've becoming involved in new adventures such as fun runs, and public meetings during the year have generally been well regarded with meetings in New South Wales, South Australia, and Queensland. Often these meetings are in partnership with other groups such as CMDFA, or Tabor College in South Australia.

I think with a new strategic plan coming into place, with a more functional Board executive and an increasingly active Board, there are good signs that Health Serve is in the position of being ready to grow and allow the blessing of God to take us forward into the future that He has for us.

Sincerely,

**Paul Mercer**

CHAIR HEALTH SERVE AUSTRALIA BOARD



# EO REPORT

## **DEAR HEALTHSERVE AUSTRALIA MEMBERS AND FRIENDS,**

There is much to report and to be grateful for in this year of our journey together as HealthServe Australia. Our partnerships and opportunities continue to grow. We thank all board, executive, volunteers, and program partners both in Australia and overseas. We especially thank a just and merciful God for refreshing and many encouragements in these twelve months.

Our office team of myself, John Gumbley and Hudson Sweeting are continuing to work well. We commence our activities with prayer and we enjoy our work and company. Our work load is considerable, and assistance of extra volunteers would be helpful. We have commenced the use of several new technologies – Trello and Zoom.US. Various activities have been highlights.

This year has seen a determined and fruitful move to build and strengthen partnerships in South East Asia. These partnerships bring great encouragement and we are delighted for partnerships with Maranatha University, in Bandung Indonesia, with the Sea Change umbrella group of the eleven national Christian Medical and Dental fellowships in South East Asia. We are delighted that we can support colleagues to attend the CMDFA Vision training in January 2019. We also excited with our new partnership with Gerasa Bali program.

We have worked more closely with the Australian Council for International Development. This has allowed us to run a disaster appeal in collaboration with Indonesian partners to support communities effected by earthquakes and a tsunami in Indonesia in recent months.

We are delighted to see our many established programs continuing in their supportive and strategic ministries in China, India, Uganda, South Sudan, Tanzania and Papua New Guinea as well as other places. We are encouraged by new programs such as PICCSI the Pacific Islands cervical Cancer screening Initiative being implemented in Fiji.

Our network of partners continues to grow. I would especially like to thank the Christian Medical and Dental Fellowship of Australia. At least four of our board members need to be CMDFA members. WE were greatly encouraged by links with Sea Change in Southeast Asia, and the International Christian Medical and Dental Association who ran their World Congress in Hyderabad

India recently. We also acknowledge the importance of our partnerships with Partnerships in International Medical Education (PRIME) in the UK and many other international settings. We are keen to strengthen these and other collaborations.

The Programs committee is moving ahead well. Richard Wong is chairing, and Nicole Hughes is the secretary of this group. Other members are Paul Mercer, Michael Burke, Barb Lucas and Doug Shaw, Owen Lewis and Les White.

Business Development Committee is now moving ahead well. Andrew Messer is chairing, and Shane Merrick is secretary to this meeting. Other members are Paul Mercer, Michael Burke, and Rachel Hayman. The preparation of our new 2019 -2021 Strategic plan is another important step.

The HealthServe Australia Board is well organised with Paul Mercer our chair and Barbara Lucas our secretary.

New partnership opportunities are emerging in Kolkata India, Liberia in west Africa, Timor Leste and Mongolia in North Asia. We also especially through our PRIME strategies seek to strengthen our activities in Australia. We are working towards gaining local Donor Gift Recipient Status. Jeremy Beckett of Timor Leste is communicating with us re opportunities to run a PRIME event in 2019.

Fun runs in Canberra, Melbourne and Sydney were valuable and enjoyable activities. We are doing well with our fun runs. Hopefully and prayerfully state-based activities will continue to grow. Our theme for the end of year campaign is Health Serve Australia per se, rather than an individual program.

We look forward to implementing and strengthening our membership program. Our quarterly newsletter program continues. A prayer calendar for HSA is being planned.

May God continue to bless, lead and support you in the year ahead. I thank you for your partnerships in ministry.

Yours in His service

**Michael Burke**

EXECUTIVE OFFICER

HEALTHSERVE AUSTRALIA



# PROGRAMS



## **PNG HEALTHCARE MANUAL ED. 3**

### **Program Convenor: Dr John Oakley**

Development and review of the HCM3 chapter content continues. To date, all of the 46 planned chapters for Vol.1 have reached at least first draft stage, with two still being worked on by their contributors, and those with more advanced drafts currently undergoing content review and editing. For Vol.2, a total of 56 of the planned 64 chapters have been initially drafted,

with many of these at more advanced drafts and the remaining chapters currently in development by project team members. These processes will continue in an intense effort to complete the huge volume of work required for a book of this size and scale. Once the writing of all chapters is completed, and the Technical Review Panel has completed reviews of the content of all of the chapters, then the editing, publishing, copyright permissions, and production stages will reach peak activity levels to finalise the book for printing and release.

## **MUKO**

### **New Convenor: Brittany Darvas**

Muko has been very quiet this financial year, with a change of convenor and a reorientation of the kind of funding required for the facility. In the last few months there has been a tremendous revival in donor activity, with the Grainery Church in Newcastle running a highly successful appeal to fund healthcare workers in the Muko facility, funded and built in recent years.

## **YOTKOM**

### **Program Convenor: Dr Andrew Wright**

Yotkom is the most significant project HSA has assisted. With over \$400,000 in donations the team, under Dr Andrew Wright's honours-awarded leadership, has built and extended an expansive healthcare facility in Kitgum, Northern Uganda. Yotkom currently has 32 medical, nursing, allied health and support staff employed at the Yotkom Medical Centre in Kitgum Uganda. Its out-patient clinic sees approximately 15,000 patients per year, striving to deliver more accurate diagnosis and better targeted compassionate treatment to the people living in this poor rural community.

One of Yotkom's goals is self-reliance and sustainability but they do rely on donor funds from Australia, most especially to assist us in buying equipment and construction of facilities.

The training scholarship and patient compassionate fund is another place where Yotkom appreciates donor funds. As they strive to improve quality, they need to employ more highly qualified medical staff. However this brings with it the challenge of providing higher salaries to these professionals, stretching Yotkom's local medical centre budget.

It's an exciting time to be part of the Yotkom enterprise, as Yotkom has a Maternal and Child Health Facility under construction, hoping to complete this by January 2019.

# PROGRAMS



**PICCSI:**  
**The Pilot Cervical Cancer Screening project in Fiji**  
**Program Convenor: Dr Nicola Fitzgerald**

The PICCSI Project was developed to give women in the Pacific access to cervical cancer screening and treatment, in countries or areas where this is not routinely available.

Throughout Pacific countries women have limited access to cervical cancer screening and subsequently have a high rate of cervix cancer compared to higher income countries. Women who are screened for cervix cancer are often not able to access results, and many women with abnormal results do not receive treatment for them.

The PICCSI Project aims to test women in the Pacific for HPV, identify those women with abnormal cell changes, and then treat these cell changes all in one day. The HPV test machine only takes around one hour to give results, so it is practical for women to wait and receive their test results on the same day. Treatment involves removing the abnormal cells with a small surgical procedure, called a LLETZ procedure, than can be performed without an anaesthetic. It is performed by a gynaecologist. This procedure was offered to women immediately if they had abnormal cells seen on the cervix.

The Pilot project was run in the western part of Fiji, and the aim was to screen and treat around 400 women who fit our eligibility criteria. We also needed to collect some information about the prevalence of HPV in Fiji, as well as the rate of women testing positive for HPV infection who also had abnormal cells on the cervix requiring treatment.

The Pilot Project ran from August 13 – 17, and we visited 5 different health centres in the western part of Fiji. Many more women than we anticipated came to see us for cervical cancer screening, and unfortunately, we needed to send some women to the local clinics for testing on another day because of our limited resources.

25 volunteers came from Australia to help with the PICCSI Project, and local Fijian doctors and nurses were also part of the team. All the Australian volunteers generously gave up their time and paid for their accommodation and flights to Fiji.

By the end of the week 350 eligible women had undergone HPV testing. 30 women tested positive for HPV infection and 13 women underwent a LLETZ procedure. The PICCSI Project would like to continue to screen and treat women for cervical cancer in the Pacific. Our plan would be to run the Project in multiple Pacific Island countries and to see as many women as possible. This is only possible with ongoing funding, as women are offered HPV testing and treatment at no cost.

# PROGRAMS



## **CBHP India Project**

**Convenor: Dr James Wei**

2017-2018 year has been a year of expansion and growth for CBHP India. Over \$23,000 was given by donors to support this healthcare project. The work continued in the three-tier system. Funds enable Village health worker training to continue and see significant progress in groups and individuals. Also, the funds have supplied transport and equipment to enable the mobile healthcare unit to continue to operate through 10 villages each month. Finally, the low- cost clinic is seeing an average of 5 patients every day, or more than 1800 patients every year.

## **INDONESIAN EARTHQUAKE TSUNAMI PROJECT (New Project)**

This is our newest project for the 2018-2019 year, and is a response to an earthquake- tsunami that devastated the shores of Indonesia on September 28 this year. Healthserve Australia has initiated a long-term strategy of support for these communities. HSA is immediately beginning the process of training volunteer community health-workers in basic skills to meet needs that are unmet as the rebuilding of these communities is undertaken. Our Indonesian partner is "The Nation's Torch of Love Foundation" (in Indonesian: Yayasan Suluh Kasih Bangsa), which is officially recognised by the Indonesian Department of Justice. The Foundation is expecting between three to six months of healthcare issues in these devastated communities.

HSA is asking our donors to be generous and give now to HealthServe Australia so we are able to send immediate funds for this community healthcare-worker training to our Indonesian partner.

## **Wedweil Program**

**Program Convenor: Rev. Santino Yuot**

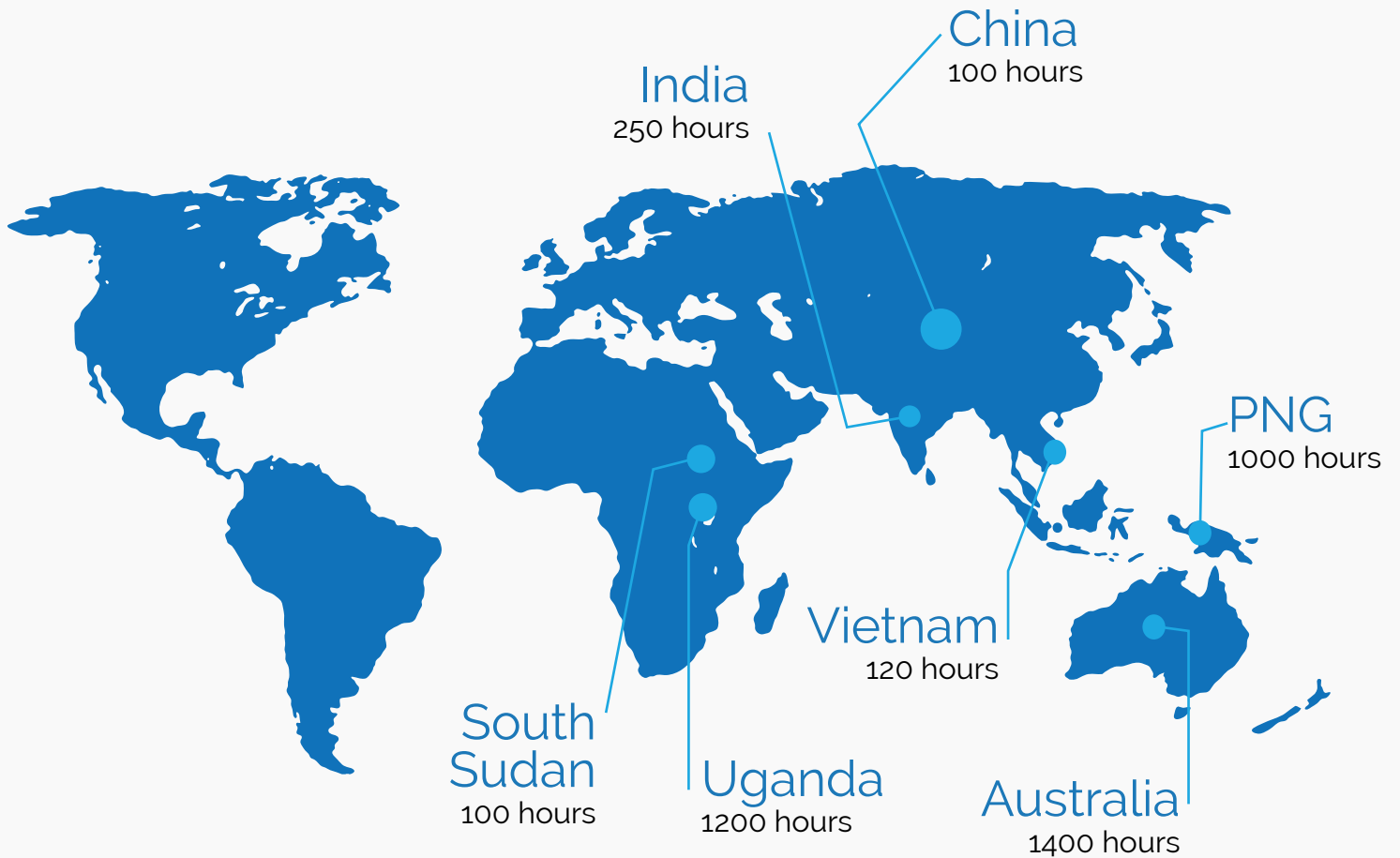
The Wedweil program is facing many challenges as they prepare the space to build a medical clinic in the Aweil District in South Sudan. The Wedweil program was the focus of our Christmas Appeal in 2017 and a few generous donors have enabled this project to go forward. In 2018 HealthServe Australia forwarded around \$8,000 AUD for the Wedweil clinic plans to commence.

## **PRIME PROGRAMS:**

Dr Sharon Darlington led a PRIME team including Foshan, Ronald and Michael Burke to Maranatha Christian University in Bandung Indonesia in June 2018. The team taught on Whole Person Care. This training highlights the person and community in their horizontal (current), their longitudinal (historical) and vertical searches for hope, meaning and purpose. A wide range of over thirty Indonesia medical educators attended. Plans are underway to return and expand these networks in mid-year 2019. An HSA PRIME group of Tony and Trudie and Melinda attended a General Practitioner training in Hainan, China on rational use of resources including antibiotics. This was a partnership activity with our colleagues in the Hainan General Practitioners Association. Hainan province is one of the top three sites for general practice medical work in China today.

One of our key activities highlighted in our HealthServe Australia 2019 – 2021 strategic plan is to strengthen our activities in our Partnerships in International Medical Education (PRIME) programs. In 2019 we will be visited by Chinese colleagues and in turn will visit China, East Timor, Indonesia and Vietnam and the UK. We hope to also better equip Australians to teach on Whole Person Care.

# VOLUNTEERS





June 30

2018

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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](http://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 2018 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 2018

	Note No.	2018 \$	2017 \$
<b>Revenue</b>			
Donations and Gifts		208,787	237,580
Other Income		1,539	1,858
<b>Total Revenue</b>		<b>210,326</b>	<b>239,438</b>
<b>Expenditure</b>			
International Programs		177,961	148,648
Accountability & Administration	2	27,312	28,816
Fundraising Costs		12,193	6,428
<b>Total Expenditure</b>		<b>217,466</b>	<b>183,892</b>
<b>Surplus/(Deficit)</b>		<b>(7,140)</b>	<b>55,546</b>
<b>Total Comprehensive Result</b>		<b>(7,140)</b>	<b>55,546</b>

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

HealthServe Australia Inc.

**STATEMENT OF FINANCIAL POSITION**

As at 30 June 2018

	Note No.	2018 \$	2017 \$
<b>Current Assets</b>			
Cash and Cash Equivalents		123,574	158,111
Trade and Other Receivables		35,000	500
<b>Total Current Assets</b>		158,574	158,611
<b>Non-Current Assets</b>			
Property, Plant and Equipment		-	-
<b>Total Non-Current Assets</b>		-	-
<b>Total Assets</b>		158,574	158,611
<b>Current Liabilities</b>			
Trade and Other Payables		24,418	17,315
<b>Total Current Liabilities</b>		24,418	17,315
<b>Non-Current Liabilities</b>			
Interest Free Flexible Term Loans		6,000	6,000
<b>Total Non-Current Liabilities</b>		6,000	6,000
<b>Total Liabilities</b>		30,418	23,315
<b>Net Assets</b>		128,156	135,296
<b>Equity</b>			
Retained Earnings		128,156	135,296
<b>Total Equity</b>		128,156	135,296

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 2018**

**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.**  
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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 2018**

**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**

	<b>2018</b>	<b>2017</b>
	\$	\$
Contractors	15,900	15,600
Audit Expenses	1,850	1,750
Membership Fees	3,147	1,898
Accounting Software	900	1,500
Bank Fees	1,423	2,060
Insurance	1,598	1,699
Other Costs	2,494	4,309
Total Accountability & Administration costs	27,312	28,816

**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.



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*Christian compassion;*  
building local capacity  
*TO MEET HEALTH NEEDS*



# ANNUAL REPORT 2017/18

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