



**HealthServe
Australia**

P.O. Box 247, Cherrybrook NSW 2126

Ph +61 2 8911 1970 Fax +61-2-8079 0730

e: office@healthserve.org.au w: healthserve.org.au

f: facebook.com/healthserve ABN 42 958 367 110



ANNUAL REPORT

2019/20



“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

- Health
- Service
- Equipping
- Compassion
- Wholeness

CONSTITUTION

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:

"Bringing health, hope and wholeness".

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



TREASURER

SHANE MERRICK

Shane is a Finance Professional, CPA, and Business Manager. 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.



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.



CHAIR

DR PAUL MERCER

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



SECRETARY

DR RICHARD WONG MB BS BSc(Med) FRACGP DCH DRANZCOG, Diploma of Biblical Studies.

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

BOARD MEMBERS (CONTINUED)



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.



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.



REBEKAH YOUNG

Rebekah is a doctor currently undertaking her surgical training in. She grew up in Queensland but has lived and worked in several international contexts including in Africa, India, Scandinavia and South America. She has an interest in the intersection between clinical medicine and global health and is keen to see and contribute to the flourishing of sustainable and effective health programs.

MEETINGS ATTENDED

| | |
|----------------------------|-----|
| Michael Burke..... | 4/4 |
| Paul Mercer..... | 4/4 |
| Rachel Gisbers-Hayman..... | 4/4 |
| Andrew Messer..... | 4/4 |
| Richard Wong..... | 4/4 |
| Shane Merrick..... | 3/4 |
| Owen Lewis..... | 3/4 |
| Nicole Hughes..... | 3/4 |
| Rebekah Young..... | 1/1 |



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 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

CHAIR REPORT 2020

THE COVID-19 PANDEMIC has powerfully influenced Health Serve Australia's activities in 2020 and is likely to continue to do so into the foreseeable future. With approaching 50 million known infections worldwide, and around 1.5 million deaths, this pandemic has challenged many of our given assumptions about life, and indeed, about health care in general.

The pandemic has meant that, as Chair, I have worked very closely with our CEO, Michael Burke. Michael has worked tirelessly for HSA. We were able to spend an opportune day together prior to the February Board meeting in Sydney, which allowed us to do some thinking and planning for the year that has proved strategic. We have relied on phone and Zoom communications since and have begun to learn the rhythm of this way of relating within Health Serve.

Because of the amazing challenges to life, and to all Christian organizations such as HSA, Michael and I have sent out two letters detailing our responses to the COVID pandemic from the perspective of our operations and commitment to delivery health care outcomes through HSA.

Core Values: At our February Board meeting, we undertook to refine our Core Values. With this thinking, we moved to enlist a Christian fundraising organization to support us in our vision for growth into the future. With COVID, our plans changed dramatically, but the core values we have chosen are:

- Health
- Service
- Equipping
- Compassion
- Wholeness

The Northumbria Community has a Statement of Faith as part of their midday prayer. I have linked our core values in with this Statement of Faith as a reflection for HSA at this time:

We believe and trust in God the father almighty: the creator, whose signature of his love to the world is the cross of Christ, this is the one who heals and seeks to make humanity whole. We believe and trust in Jesus Christ, his son: through the faithful service of Christ, our lives are also transformed into cross-shaped health care service. We believe and trust in the Holy Spirit, who infuses resurrection power into our lives and motivates the equipping and training of individuals, communities, and health care workers towards wholistic health for all. We believe and trust in the three-in-one, whose compassion calls out for our responses in a health poor world.

The pandemic has meant that we have engaged in a range of COVID responsive projects, which are documented in this report and on our website. Other projects are happening in the background, and indeed, there is much to thank God for in the final printing of 13,000 Village Health Worker Manuals for Papua New Guinea that has been a labour of love over the lifetime of Health Serve. There has been the great enthusiasm at the Village Health Worker level for the reception of this supportive resource.

During the year, the Board has added the strength to its membership by appointing Dr Rebecca Young. Rebecca was an observer during our February meeting and was confirmed as a Board member in May. She is a young surgeon, who brings considerable skill and life

“There is much to thank God for in the final printing of 13,000 Village Health Worker Manuals for Papua New Guinea that has been a labour of love over the lifetime of Health Serve. There has been the great enthusiasm at the Village Health Worker level for the reception of this supportive resource”

CHAIR REPORT 2020 (CONTINUED)

experience to Health Serve Australia. Her grandfather was a medical surgical missionary in Africa.

I need to share my delight with a consistent activity during 2020, initiated by our CEO, Michael Burke: a Zoom prayer meeting event, held nightly at 7pm Sydney time. This has been a great source of spiritual comfort and encouragement for Health Serve friends to negotiate these challenging times and to pray for our projects around the world.

Another significant 2020 event was to see the fruit of our strategic planning exercises in the last period of time. This has led to a number of important outcomes this year.

1. We have strengthened our program capacity by the appointment of Kaitrin Cameron in December 2019. Kaitrin comes to us with good experience at World Vision and her role has been sustained with a Job Keeper package, which has been a great benefit to us during this challenging time.

2. The strategic plan sought to improve our communication capacity, and we are delighted to have on board Matthew Albertus who has been very active with our staff in bringing communications to the technology interface with a great new website and videos about our COVID response and other programs.

Our communications still rely, to a greater extent, on the personal networks of the friends of HSA, and if you have not encouraged others to view our COVID-19 campaign video, or look at our website, please do this.

“This has been a great source of spiritual comfort and encouragement for Health Serve friends to negotiate these challenging times”

This year has been a very challenging year in terms of fundraising which is likely to continue for the foreseeable future. We need people who are touched by God's spirit to be generous in new ways at this time.

3. The third outcome of our strategic planning has been a focus to modernise our structure and legal status. We have seeking PBI status, which means we can restructure ourselves in a more efficient and straightforward manner as a company limited by guarantee. This will establish a more secure viability of Health Serve Australia into the future.

Other governance tasks, such as working Child Safe practices through all aspects of HSA have progressed well. We have a major work in rewriting our Policy and Procedures Manual that has, unfortunately, been deferred because of the COVID-19 context, and is still ahead of us.

2020 has also seen a wonderful new partnership emerge between Health Serve Australia and Living Wholeness, a Christian counselling training and resourcing organization. We are looking to sharing a future that serves God as partners well into the future on the basis of our partnership.

We are always keen to expand our membership and are looking for those who would join with us as members of Health Serve Australia. Because of COVID, we have been able to strengthen ties with CMDFA and Christian medical, nursing, dental colleagues around Australia and internationally. We are hoping to find a regular student associate to attend Board meetings and energize the next generation for the vision that God has given Health Serve Australia.

This is a longer report than usual. I need to thank all Board members for making significant contributions regularly throughout this challenging year. I commend Health Serve to our members and friends at this time as being in a stronger, healthier place than we have seen previously, and therefore, we wait expectantly for the next steps on the journey that God is taking us.

PAUL MERCER

Chair • 24 November 2020

EO REPORT

DEAR HEALTHSERVE AUSTRALIA MEMBERS, FRIENDS AND SUPPORTERS, This year of 2020 brings many challenges to our families and communities. The year began with the fearful bushfires and then continued with the fear and restrictions of Covid-19. HealthServe Australia is grateful for the opportunities and support to rise to these challenges.

Thank you for joining with us in responding with generosity, compassion and courage.

I would like to especially thank our board chair, Dr Paul Mercer, for his leadership, commitment and support. I similarly wish to thank all HSA board members for their wise leadership over the past year. And I acknowledge the work of our dedicated office team lead by John Gumbley (office manager), now joined by Kaitrin Cameron (program officer) and Matt Albertus (media officer). They are highly valued new team members, further strengthening the capacity of HealthServe Australia.

We continue to seek to improve.

We meet the standards of excellence of the Australian Council for International Development (ACFID) and the Australian Charities and Not-for-profits Commission (ACNC).

Our Executive committee of the chair, treasurer and executive officer has strengthened our capacity to respond to the emergency needs of partners challenged by Covid-19.

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

We are seeking to gain registration as an entity that can provide tax deductibility for Australian based activities.

Our international program work continues to bring health, hope and wholeness to individuals, families and partner communities. We run over fifteen programs in ten countries.

The major highlight of the year has been the creation of nine COVID-19 programs in six countries – Papua New Guinea, Vanuatu, Indonesia, Nepal, Tanzania and South Sudan. In partnership with the Christian Medical and Dental Fellowship of Australia (CMDFA), we supported the International Christian Medical and Dental Association (ICMDA) COVID -19 appeal. The Anguganak maternal health program is progressing well. In South Sudan, we have supported a medical training college and the building of a health clinic. The recent printing of the complete fifteen thousand copies of the two volumes of the Papua New Guinea (PNG) Health Care Worker manual has been a significant milestone. These partnerships will bring health, hope and wholeness to many communities.

This year has seen the strengthening of our links with Indonesian friends in our Partnerships in International Medical Education (PRIME) program. We have further strengthened our friendships with the Hainan Australian General Practice Support Network. Our Living Wholeness program partnership, a mental health initiative is bringing hope to many of our northern neighbours. We are continuing to be inspired and encouraged by our partnerships in Uganda, South Sudan and Tanzania.

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

PROGRAMS



COVID-19 RESPONSE

Covid-19 has proved to be a significant global health emergency this year and likely to continue for some time longer. Healthserve responded quickly to Covid-19, assessing the situation with our partners, and launching a Covid-19 specific funding appeal. For established HealthServe programs, the impact of Covid has varied depending on the country, level of Covid-19 and available resources to support. For some programs such as the Muko Program in Uganda, activities have continued but at a reduced level, while other programs such as the annual PICCSI program in Fiji have been postponed for a year.

Healthserve has been able to respond through both ongoing and new partnerships in Indonesia, Nepal, PNG, South Sudan, Tanzania and Vanuatu, with a range of activities including provision of personal protective equipment (PPE), safe hand washing, Covid safe community messaging, psychosocial support and essential medical supplies. Healthserve has also partnered with International Christian Medical and Dental Association (ICMDA) in their Covid Response, supporting the rollout of Covid-19 training and ongoing support to medical personnel across the globe. Healthserve also worked locally in Australia, actively engaging with the Western Sydney Covid-19 faith-based flattening the curve group. A highlight of this activity was our Community Voices forum.

ANGUGANAK PNG

Program Convenor: Debbie Butters

In November 2019, Healthserve began a new partnership in PNG with the Anguganak Healthy Motherhood Project. Anguganak is the main health care centre for over 18000 people living in villages throughout Nuku district and has needed a reliable year-round water supply for the health centre. Despite delays related to Covid, the program has been continuing to work hard to implement activities. The water tank project is supported with labour from the Anguganak trade and vocational education teachers and students. The work is in two stages 1. construction of tank structure building and laying of water pipes and 2. connecting them to the centre. Healthserve will continue supporting Anguganak through additional activities relating to maternal and child health through the Anguganak Healthy Motherhood Project that encourages women to seek supervised childbirth at the health centre.



PROGRAMS

SOUTH SUDAN HEALTH WORKER TRAINING JONGLEI, SOUTH SUDAN

Program Convenor: Owen Lewis

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

GERASA BALI

The Gerasa Bali has continued in 2020. The health issues of street youth and trafficked people are being addressed in a four-tiered program by the Gerasa Bali centre. The tiers are support groups, health and hygiene education, outreach into hospitals and prisons, and treatment and referral facilities. Gerasa Bali is also recognized by local government as the lead agent in Bali to support trafficked people. In response to Covid, activities have been adapted for example online support groups.

MUKO HEALTH AND MATERNITY CLINIC

Program Convenor: Brittany Darvas

The Muko clinic project had a revival in its mission and operations in Uganda in 2019. This began late in 2018 with a fundraising initiative from the Grainery Church in Newcastle that enabled over \$20,000 in funds to be forwarded to the project to develop the clinic facilities and training and resulting in the completion of the maternity wing which has enabled better facilities for birthing mothers. In the latter part of 2019, the leadership team at Grainery submitted a new program initiative focusing on ongoing support of activities at the clinic which provides general outpatient services, delivery of babies, antenatal and postnatal care, immunisations, optometry services, dental outreaches and more. There is currently a new staff quarters building being built on site, which will be completed in early 2021 and provide close safe accommodation for staff so that they can be accessible 24/7. While Covid has impacted the country, most health clinic activities have been able to continue.



PICCSI: THE PILOT CERVICAL CANCER SCREENING PROJECT IN FIJI

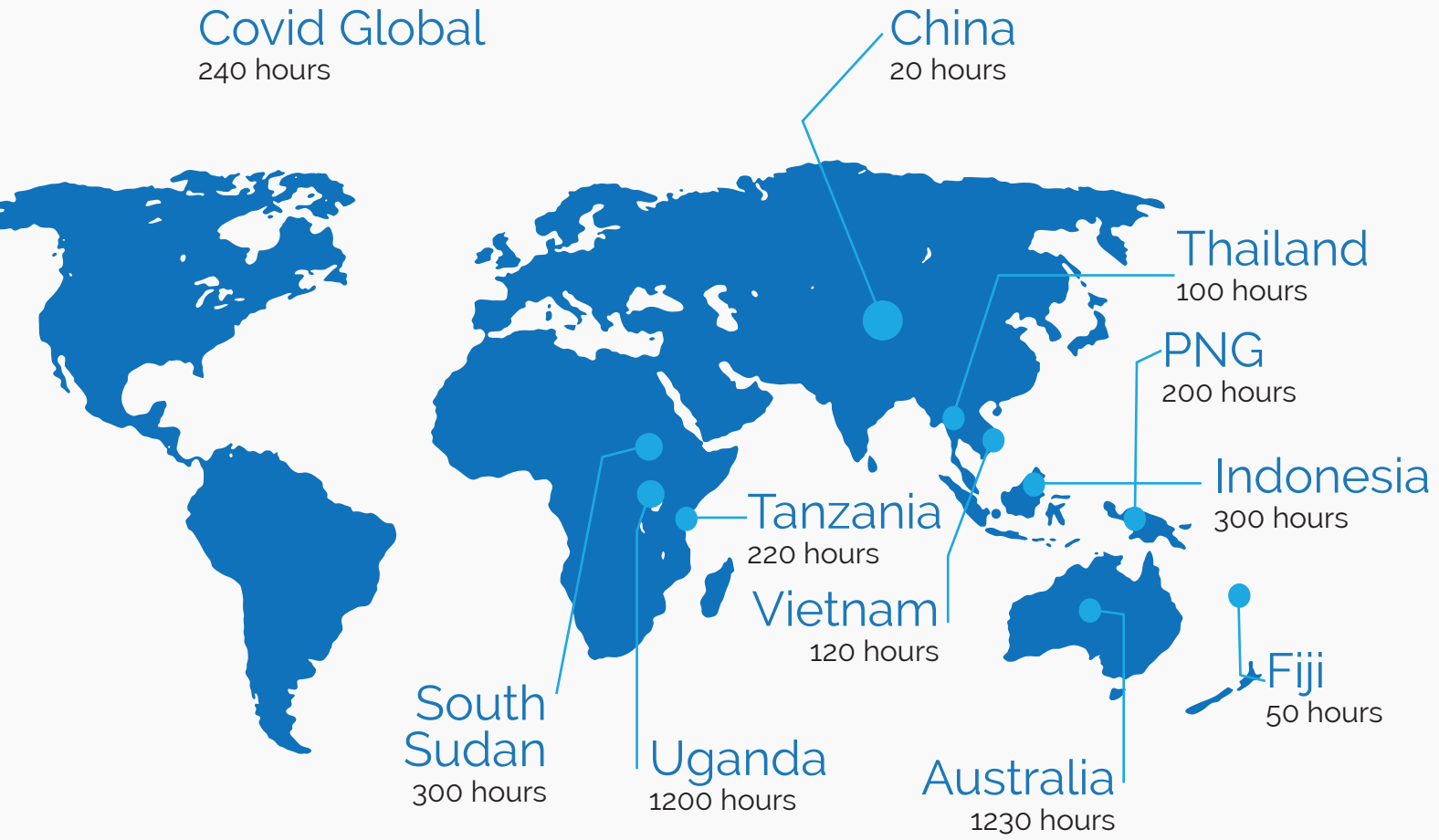
Program Convenor: Dr Nicola Fitzgerald

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. Due to Covid, activities have been deferred to 2020-2021.

Other programs in 2019-2020 included our PRIME education programs in Indonesia and other Asian settings, our mental health counselling programs in South East Asia, the Wedweil Program and Mvumi Tanzania Health Program. Updates on current programs can be found on our website: www.healthserve.org.au

Programs completed in 2019-2020 – CBHP India, PNG Healthcare Manual 3rd Ed, Prime PNG and Vietnam, Sri Lanka Emergency Relief Program and Yotkom Uganda.

VOLUNTEERS



HealthServe Australia Inc.

Statement by Members of the Board

The Board 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 1 to 6 herein are in accordance the *Australian Charities and Not-for-Profit Commission 2012 & the Associations Incorporation 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 2020 and of the performance for the year ended on that date of the Association.

- b) In the Board'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: Dr Michael Burke
Position: Chief Executive Officer

Dated this day of 2020

DRAFT

HealthServe Australia Inc.

Board Report

Your Board members submit the financial report of HealthServe Australia Inc for the financial year ended 30 June 2020.

Board Members

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

Dr Michael Burke

Shane Merrick

Nicole Hughes

Dr Richard Wong

Andrew Messer

Dr Paul Mercer

Rachel Hayman

Owen Lewis

New Member of the Board: Rebekah Young commenced 3 April 2020

Principal Activities

The principle activities the consolidated entity, Healthserve Australia (HSA), are to help meet health care needs in Australia and in our neighbouring countries of 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, and
- Strategic external training opportunities
- Partnerships in medical education through visiting teams;
- Production of training materials and resources for health workers;
- Community development and resourcing of rural health units.

Significant Changes

There have been no significant changes to the nature of the operations of Healthserve Australia over the last twelve months.

Operating Result

The Operating Surplus / (Deficit) amounted to (\$30,712) 2019: (\$23,994)

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

Signed:

Name:

Position:

Dr Michael Burke

Chief Executive Officer

HealthServe Australia Inc.

Financial declaration for Responsible Person

per section 60.15 of the Australian Charities and Not-for-profits Commission Regulation 2013

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

- (a) 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; and
- (b) the financial statements and notes satisfy the requirements of the Australian Charities and Not-for-profits Commission Act 2012.

Signed:

Name: _____
Dr Michael Burke

Position: Chief Executive Officer

Dated this day of 2020

DRAFT

HealthServe Australia Inc.

INCOME AND EXPENDITURE STATEMENT

For the year ended 30 June 2020

| | Note No. | 2020 \$ | 2019 \$ |
|-----------------------------------|-------------|-----------------|-----------------|
| Revenue | | | |
| Donations and Gifts | | 192,097 | 209,303 |
| Other Income | | 2,550 | 2,668 |
| Government Grant Revenue | | 60,795 | 8,205 |
| Total Revenue | | 255,442 | 220,176 |
| Expenditure | | | |
| International Programs | | 230,250 | 196,160 |
| Accounting & Administration | 2 | 44,204 | 30,034 |
| Fundraising Costs | | 11,700 | 17,180 |
| Total Expenditure | | 286,154 | 243,374 |
| Surplus/(Deficit) | | (30,712) | (23,199) |
| Total Comprehensive Result | | (30,712) | (23,199) |

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

DRAFT

HealthServe Australia Inc.

STATEMENT OF FINANCIAL POSITION

For the year ended 30 June 2020

| | Note No. | 2020 \$ | 2019 \$ |
|--------------------------------------|-------------|---------------|----------------|
| Current Assets | | | |
| Cash and Cash Equivalents | | 79,423 | 181,500 |
| Trade and Other Receivables | | 3,654 | - |
| Total Current Assets | | 83,077 | 181,500 |
| Non-Current Assets | | | |
| Property, Plant and Equipment | | - | - |
| Total Non-Current Assets | | - | - |
| Total Assets | | 83,077 | 181,500 |
| Current Liabilities | | | |
| Trade and Other Payables | | 2,832 | 18,748 |
| Grants Received in Advance | | - | 51,795 |
| Total Current Liabilities | | 2,832 | 70,543 |
| Non-Current Liabilities | | | |
| Interest Free Flexible Term Loans | | 6,000 | 6,000 |
| Total Non-Current Liabilities | | 6,000 | 6,000 |
| Total Liabilities | | 8,832 | 76,543 |
| Net Assets | | 74,245 | 104,957 |
| Equity | | | |
| Retained Earnings | | 74,245 | 104,957 |
| Total Equity | | 74,245 | 104,957 |

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

HealthServe Australia Inc.

Statement of Changes in Equity

For the year ended 30 June 2020

| | Note No. | Retained earnings \$ | Total \$ |
|---------------------------------|-------------|----------------------------|---------------|
| Balance at 30 June 2019 | | 104,957 | 104,957 |
| Excess of revenue over expenses | | (30,712) | (30,712) |
| Balance at 30 June 2020 | | 74,245 | 74,245 |

| | | Retained Earnings \$ | Total \$ |
|---------------------------------|--|----------------------------|----------------|
| Balance at 30 June 2018 | | 128,156 | 128,156 |
| Excess of revenue over expenses | | (23,199) | (23,199) |
| Balance at 30 June 2019 | | 104,957 | 104,957 |

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

HealthServe Australia Inc.

Statement of Cash Flows

For the year ended 30 June 2020

| | Note No. | 2020 \$ | 2019 \$ |
|--|-------------|------------------|----------------|
| CASH FLOWS FROM OPERATING ACTIVITIES | | | |
| Receipts from customers | | 193,908 | 244,302 |
| Receipts from Grants | | 6,000 | 57,795 |
| Interest Received | | 109 | 2,668 |
| Payment to suppliers and employees | | (302,094) | (246,839) |
| Net cash provided by operating activities | | (102,077) | 57,926 |
| CASH FLOWS FROM INVESTING ACTIVITIES | | | |
| Payment for property, plant and equipment | | - | - |
| Net cash provided by investing activities | | - | - |
| CASH FLOWS FROM FINANCING ACTIVITIES | | | |
| Proceeds from borrowings | | - | - |
| Net cash provided by financing activities | | - | - |
| Net increase/(decrease) in cash and cash equivalents held | | (102,077) | 57,926 |
| Cash and cash equivalents at beginning of financial year | | 181,500 | 123,574 |
| Cash and cash equivalents at end of financial year | | 79,423 | 181,500 |

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 2020

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 *Australian Charities and Not-for-Profit Commission 2012 and the Associations Incorporation Act (NSW) 2009 (NSW ACT)*. As per the *NSW ACT* the Association Tier 2 Incorporated Association. 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 *Australian Charities and Not-for-Profit Commission 2012*, the *Associations Inc Act (NSW) 2009* and the following Australian Accounting Standards:

- AASB 15: Revenue from Contracts with Customers
- AASB 101: Presentation of Financial Statements
- AASB 107: Statement of Cash Flows
- AASB 108: Accounting Policies, Changes in Accounting Estimates and Errors
- AASB 110: Events after the Balance Sheet Date
- AASB 1048: Interpretation of Standards
- AASB 1054: Australian Additional Disclosures

No other applicable Accounting Standards, Urgent Issues Group Interpretations or other authoritative

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 50-5 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
- d. **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 2020

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.

g. New Accounting Standards

In the current year, the Association adopted AASB 15 Revenue from Contracts with customers. The adoption of the new and revised Standards and Interpretations has not resulted in any material changes to the Association's accounting policies.

Certain new accounting standards have been published that are not mandatory for the 30 June 2020 reporting period and have not been used in preparing these reports.

h. Note 6: Critical Accounting Estimates

The Preparation of financial statements in conformity with Australian Accounting Standards requires the use of certain critical accounting estimates, and requires management to exercise its judgement in applying the Associations accounting policies. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates are significant to the financial statements specifically referred to in the relevant sections of this Note.

Note 2: Accounting & Administration costs

| | 2020 | 2019 |
|---|---------------|---------------|
| | \$ | \$ |
| Contractors | 17,322 | 15,600 |
| Audit Expenses | 2,296 | 1,940 |
| Membership Fees | 2,221 | 2,375 |
| Accounting Software | 1,100 | 1,500 |
| Bank Fees | 589 | 517 |
| Insurance | 1,913 | 1,828 |
| Business Registration | - | 1,536 |
| Salaries and wages | 12,324 | - |
| Other Costs | 6,439 | 1,729 |
| Strategic Planning Costs | - | 3,009 |
| Total Accountability & Administration costs | <u>44,204</u> | <u>30,034</u> |

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.

HealthServe Australia Inc.

Notes to the Financial Statements for the Year Ended 30 June 2020

Note 5. Change in allocation of Comparative Figures

During the financial year, the Association has reviewed the allocation and classification of some transactions which has been updated in the comparative information presented. Changes in classification has resulted in no change to the previously reported financial performance and position of the Association.

Note 6: 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.

DRAFT



BRINGING *health,*
hope and wholeness



**HealthServe
Australia**

ANNUAL REPORT 2019/20

P.O. Box 247, Cherrybrook NSW 2126
Ph +61 2 8911 1970 Fax +61-2-8079 0730
e: office@healthserve.org.au w: healthserve.org.au
f: facebook.com/healthserve ABN 42 958 367 110