



# ANNUAL REPORT

## 2018/19



“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
- Prayerfulness
- Relationship based

## CONSTITUTION

[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:

"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.

## 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, 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.

## 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.

# 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 .....	4/4
Paul Mercer .....	4/4
Nicole Hughes .....	4/4
Rachel Gijbsbers-Hayman .....	4/4
Andrew Messer .....	4/4
Richard Wong .....	3/4
Shane Merrick .....	3/4
Owen Lewis .....	2/3
Andrew Sloane .....	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](http://www.acfid.asn.au).

If you believe that HealthServe Australia has breached the Code of Conduct, you can lodge a complaint with ACFID either on their website or to the Code Manager, ACFID Code of Conduct Committee, C/ ACFID, Private Bag 3, Deakin ACT 2600.

If you wish to lodge a complaint with HealthServe Australia, please do so via the website [www.healthserve.org.au](http://www.healthserve.org.au) and the complaint will be forwarded to the Healthserve Complaints Officer.

Mrs Jane Noller c/o P.O. Box 247, Cherrybrook NSW 2126  
Ph +61 2 8911 1970 Email [office@healthserve.org.au](mailto:office@healthserve.org.au)

# CHAIR REPORT 2019

**THIS HEATH SERVE AUSTRALIA** annual report will give evidence of our organisation growing as a maturing learning entity, committed to health development in the name of Christ in many health-poor contexts. The report will reveal a wide reach of projects from Tanzania to Papua New Guinea, and China to Fiji.

I am impressed by Jesus' words in John 12 verse 26, "Whoever serves me must follow me. Wherever I am, there my servants will also be. My Father will honour whoever serves me."

This verse captures many of the basic challenges for Christian health development. Our calling is to remain loyal to Jesus in all our service. From another angle, we need to be discerning in recognising where Jesus is today, in the health development space, and to come into line as it were. In all of this, we are involved in humble service, leaving God alone to hand out the accolades. As Chair of Health Serve Australia's Board, I am committed to seeing the vision of serving on Jesus terms embraced by HSA.

These things being said, I want to share some good news. Our Board has pulled together, and worked hard as stewards, albeit volunteers, in the past year. We have strengthened our meeting performance, our committee activity, and have progressed our strategic thinking which will include expanding staff roles. We have begun to learn Zoom and Dropbox technologies as well.

We have begun to grow a mature membership base. We are seeking to employ a Program Manager to complement the excellent work of CEO Michael Burke, and Office Manager John Gumbley.



We have begun to increase the secretarial/administration support for HSA, while also strengthening the role of sub-committee chairs.

The increasing governance capacity that is emerging is timely, as the regulatory environment of Aid and Development in Australia is strengthening to ensure the maximum beneficiary benefit for donor funds, and the dignity and safety, especially of child safety, of recipients. Another focus is the integrity of staff and key volunteers through whistle blower legislation. Michael Burke, our CEO, is working hard to steer us through all of these changes, and is putting in a huge effort on behalf of HSA.

A stronger governance capacity is also necessary as HSA grows. 2018/19 has been the strongest donor year thus far, and now we are at the cusp of expanding our fundraising capacity for the future. It is of great excitement that this year has seen the initial printing of the PNG Health Worker Manual (revised edition). This project was the vision of Cliff Smith, when he helped Health Serve Australia step out and start its journey in 2005. It is a cause for celebration that this project is reaching its promise.

The printing has come with the support of an Australian Government Friendship Grant. Michael Burke worked very hard, with others such as John Oakley and Gerri Koelma, and Australian Government officials to see this through.

HSA is pre-eminently a volunteer organisation, and I want to thank the goodwill and energy committed to our mandate by Board members, project partners, fun runners, and many other volunteers, particularly people in the office, such as Hudson Sweeting.

We should set our sails, hopefully towards 2019/20, as we count all these blessings.

Sincerely,

**Paul Mercer**

CHAIR HEALTH SERVE AUSTRALIA BOARD

# EO REPORT

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

### 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 task is Bringing Health, Hope and Wholeness

I would like to especially thank our board chair Dr Paul Mercer for his leadership, commitment and enthusiasm in the past year. I similarly wish to thank all HSA board members for their many generous contributions and wise leadership over the past year. And I wish to acknowledge the work of our dedicated office team including Mr John Gumbley (office manager) and Mr Howard Sweeting (volunteer).

The capacity of our organisation has continued to be strengthened over the previous twelve months. We continue to meet the compliance requirements of the Australian Council for International Development (ACFID) and the Australian Charities and Not-for-profits Commission, the national regulator of charities.

We continue to seek to improve. Our governance work is strengthened by the position of our Executive committee of chair, treasurer and executive officer. This has facilitated decision making between board meetings.

We are seeking to gain registration as an entity that can provide tax deductibility for Australian based activities. We have been registered as an approved education provider by the Royal Australian College of General Practitioners. We have strengthened our strategic plan and developed our fractal sentence – bringing health, hope and wholeness. Work on our values is nearing conclusion. These pieces will facilitate our aims to strengthen our promotional work.

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

The major highlight of the year has been the recent printing of the first two thousand copies of the two volumes of the Papua New Guinea (PNG) Health Care Worker manual. We acknowledge the great leadership of Baptist Union PNG in this task and the tireless efforts of our own Dr John Oakley and Ms Gerri Koelma, and of course the earlier inspirational work of Dr Clifford Smith, now deceased. This will bring great health, hope and wholeness to the many communities of our nearest neighbour. The support of the Australian Department of Foreign Affairs and Trade via a Friendship Grant has been invaluable in reaching this point.

The Pacific Islands Cervical Cancer Screening Initiative continues to make encouraging progress in Fiji. This year has seen strengthening of our links with Indonesian partners. We have further strengthened our links with the Hainan Australian General Practice Support Network. Chaplaincy training continues in various settings. Partnerships in International Medical education programs continue to bring health and wholeness and our Living Wholeness program, 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.

We also highly value our partnerships with the International Christian Medical and Dental Association (ICMDA) and the Christian Medical and Dental Association of Australia (CMDFA).

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



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

**Program Convenor: Dr John Oakley**

2019 has been the definitive year for the healthcare manual Project in PNG. The arrival of the DFAT grant funds induced a procession of generous donations and enabled the editors, printers and freighters to complete the monumental work in two volumes. Two thousand copies of each volume were printed in November 2019 and shipped to Lae, PNG, awaiting distribution which will be overseen by the Baptist Union in PNG.

Dr John Oakley, the chief editor of the manuals, has spoken recently about the many people that contributed to the final product and the lifechanging difference the distribution of the double volume manual will make in rural PNG in the years to come.

While 2019 marks a watershed achievement, the program is not considered complete. There is still much interest in the coming years, in raising funds in order to print a greater number of volumes to service the wider need for healthcare throughout PNG.

## **MUKO**

**Program Convenor: Brittany Darvas**

The Muko clinic project has 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.

In the latter part of 2019, the leadership team at Grainery have submitted a new program initiative and will be launching a new fundraiser for the healthcare operations of the Muko Clinic in 2020.

## **YOTKOM**

**Program Convenor: Dr Andrew Wright**

Yotkom has taken new directions with its work in 2019, continuing to develop its facilities and breadth of healthcare work under Dr Wright's leadership. 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. A key Yotkom goal is self-reliance and sustainability.

# 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.

2019 was the second year of operations for the PICCSI team in Fiji. The stand out feature of the 2019 team was its size with almost 40 people engaged in the program in Fiji in various capacities. The week-long program in August this year was again successful testing and treating over 350 women. It was well supported by donors, however, two fundraisers were stand-out events: Melbourne Fun-run in July and the Dr Zahrah Ali's Birthday party donations in March. In addition, we had two appeals to Healthserve donors for PICCSI this year; the Easter Appeal and the end of financial year SEA-OP Appeal.

To add to the support Healthserve wanted to give PICCSI this year, Healthserve also offered PICCSI as the Round 2 Friendship Grant program and applied for funding under that program to DFAT in September this year. Many thanks to Rebecca Williams who was a prime mover in organising the application for this grant for 2020.

**CBHP India Project  
Convenor: Dr James Wei**

2018-2019 is the final year of operation for this HSA program in India. Dr Wei and his team decided that it was prudent to conclude HealthServe Australia's connection with this work in Buldana, Maharashtra and redeploy resources into other areas.

HealthServe is most grateful to Dr James Wei, the team and the workers for running this program. A special thank you to the donors who raised over \$100,000 across six years for Village health worker training, funds to supply transport and equipment to enable the mobile healthcare unit to continue to operate through 10 villages, and funds for the operation of a low- cost clinic treating 1800 patients every year.

# PROGRAMS



## GERASA BALI

2019 has seen a new project to address health issues in one of Australia's favourite tourist destinations; Bali. 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.

## SRI LANKA EMERGENCY RELIEF PROGRAM

In Sri Lanka on April 21st (Easter Sunday) 2018 a state of emergency was declared. Six simultaneous bombings took place in 3 churches (St Anthony's Shrine, Zion church and St. Sebastian's) and 3 hotels (Cinnamon Grande, Shang-Ri La and Kingsbury).

The bombings that took place at the churches were targeted towards people congregated for Easter Sunday. The hotel bombings have targeted tourists and foreigners on travels. Later, a seventh and eighth bombing targeted a local home and Dehiwala Zoo.

The reported casualties are currently 250+ deaths and more than 500 injured.



HealthServe Australia initiated an emergency appeal; raising funds to send a team of Mental Health Counsellors to assist in addressing the trauma suffered by many who were affected by these events.

Other programs in 2019 have included our PRIME education programs, our mental health counselling programs in south East Asia, the Wedweil Program and the Indonesian Emergency Relief program. Update on these programs can be found on our website: [www.healthserve.org.au](http://www.healthserve.org.au)

## A NEW PROGRAM: ANGUGANAK PNG

In November 2019, a new program has been taken on by Healthserve Australia in PNG called Anguganak Healthy Motherhood Project.

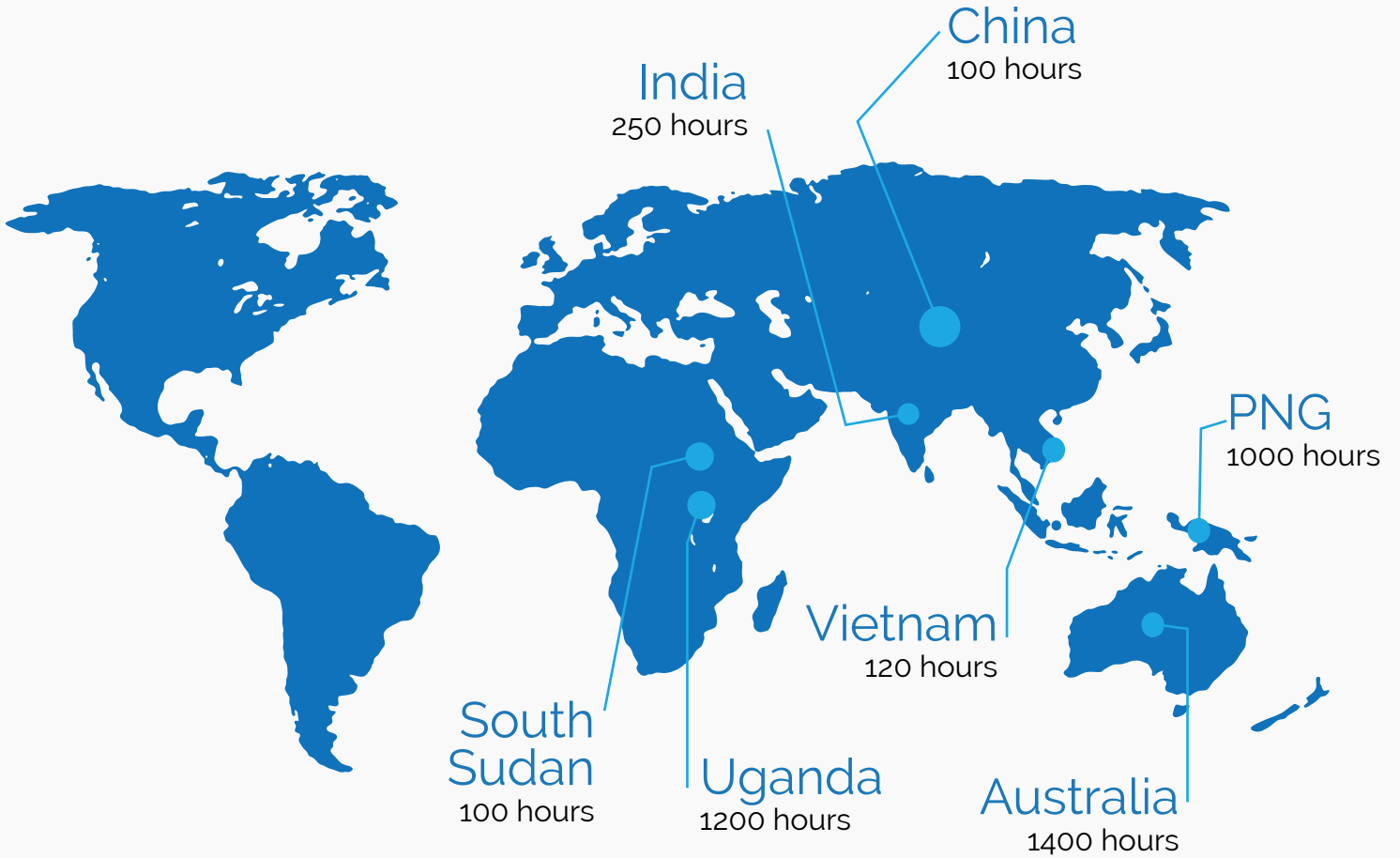
Anguganak is also the main health care centre for over 18000 people living in villages throughout Nuku district. This year 150 participants came to our training from 70 villages from throughout the district.

The Anguganak Healthcare Facility is in need of a reliable year-round water supply. It is important to find a solution that is simple to use and doesn't require complex maintenance. A gravity fed water supply has been deemed the best solution but there is only a gentle slope behind the Health Facility.

Many skilled stakeholders have participated in planning a solution; a roofed structure over 8 X 5000L tanks, all placed on a platform. This should be built behind the health centre on the gentle slope to reduce the height of the structure. Using 8 tanks would also reduce the risk of a leaking taps or toilets accidentally draining water from all tanks.

Healthserve Australia has been asked to assist in raising funds for this water supply project in 2020.

# VOLUNTEERS



HEALTHSERVE AUSTRALIA INC.



June 30

2019

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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.

**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 with 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 2019 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: Shane Merrick  
Position: Treasurer  
Dated:

Signed: \_\_\_\_\_  
Name: Dr Paul Mercer  
Position: Chairman  
Dated:

HealthServe Australia Inc.

## Board Report

Your Board members submit the financial report of HealthServe Australia Inc for the financial year ended 30 June 2019.

### Board Members

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

Michael Burke  
Shane Merrick  
Nicole Hughes  
Richard Wong

Andrew Messer  
Paul Mercer  
Rachel Haymna  
Owen Lewis

### Principal Activities

The principal activities of the association during the financial year were to provide social facilities to members of the association. Organising Fundraising events, launching appeals, partnering with local healthcare professionals, and institutions that can oversee the operations. We organise conferences to review and showcase projects and strive to bring relief to the worlds poor who's medical cover is sadly lacking.

### Significant Changes

\*\* Requires updating\*\*

### Operating Result

The Operating Surplus / (Deficit) amounted to **(\$23,198)** 2018: (\$7,140)

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

\_\_\_\_\_  
Chief Executive Officer

\_\_\_\_\_  
Chair of the Board

Dated the      day of      2019

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 Paul Mercer  
Position: Chairman

Dated this      day of      2019



HealthServe Australia Inc.

**INCOME AND EXPENDITURE STATEMENT**

For the year ended 30 June 2019

	Note No.	2019 \$	2018 \$
<b>Revenue</b>			
Donations and Gifts		209,303	208,787
Other Income		2,668	1,539
Government Grant Revenue		8,205	-
<b>Total Revenue</b>		<b>220,176</b>	<b>210,326</b>
<b>Expenditure</b>			
International Programs		196,160	177,961
Accounting & Administration	2	30,034	27,312
Fundraising Costs		17,180	12,193
<b>Total Expenditure</b>		<b>243,374</b>	<b>217,466</b>
<b>Surplus/(Deficit)</b>		<b>(23,198)</b>	<b>(7,140)</b>
<b>Total Comprehensive Result</b>		<b>(23,198)</b>	<b>(7,140)</b>

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

HealthServe Australia Inc.

**INCOME AND EXPENDITURE STATEMENT**

For the year ended 30 June 2019

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<b>Total Comprehensive Result</b>		<b>(23,198)</b>	<b>(7,140)</b>

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

HealthServe Australia Inc.

**STATEMENT OF FINANCIAL POSITION**

As at 30 June 2019

	Note No.	2019 \$	2018 \$
<b>Current Assets</b>			
Cash and Cash Equivalents		181,500	123,574
Trade and Other Receivables		-	35,000
<b>Total Current Assets</b>		<b>181,500</b>	<b>158,574</b>
<b>Non-Current Assets</b>			
Property, Plant and Equipment		-	-
<b>Total Non-Current Assets</b>		<b>-</b>	<b>-</b>
<b>Total Assets</b>		<b>181,500</b>	<b>158,574</b>
<b>Current Liabilities</b>			
Trade and Other Payables		18,748	24,418
Grants Received in Advance		51,795	-
<b>Total Current Liabilities</b>		<b>70,543</b>	<b>24,418</b>
<b>Non-Current Liabilities</b>			
Interest Free Flexible Term Loans		6,000	6,000
<b>Total Non-Current Liabilities</b>		<b>6,000</b>	<b>6,000</b>
<b>Total Liabilities</b>		<b>76,543</b>	<b>30,418</b>
<b>Net Assets</b>		<b>104,957</b>	<b>128,156</b>
<b>Equity</b>			
Retained Earnings		104,957	128,156
<b>Total Equity</b>		<b>104,957</b>	<b>128,156</b>

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 2019

	Note No.	2019 \$	2018 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Receipts from customers		244,302	174,287
Receipts from Grants		60,000	-
Interest Received		2,668	1,539
Payment to suppliers and employees		(249,044)	(210,363)
Net cash provided by operating activities		57,926	(34,537)
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Payment for property, plant and equipment		-	-
Net cash provided by investing activities		-	-
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
Proceeds from borrowings		-	-
Net cash provided by financing activities		-	-
<b>Net increase/(decrease) in cash and cash equivalents held</b>		57,926	(34,537)
<b>Cash and cash equivalents at beginning of financial year</b>		123,574	158,111
<b>Cash and cash equivalents at end of financial year</b>		181,500	123,574

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 2019

#### 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 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 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

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 2019**

**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 all of the new and revised Standards and interpretations issued by the Australian Accounting Standards Board (AASB) that are relevant to its operations and effective for the current reporting period. 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 2019 reporting period and have not been used in preparing these reports.

There are upcoming changes to the Accounting standards that may affect the Association. These changes affect AASB 15 Revenue from Contracts & AASB 1058 Income for Not-for-Profits which come into effect as of as from 1 July 2019 if they choose to adopt the standards. As at the time of preparing these financial statements, an assessment has not been completed to quantify whether the introduction of the new accounting standards will have a material impact on the Association's accounting policies and future reported financial performance and position.

**Note 2: Accounting & Administration costs**

	2019 \$	2018 \$
Contractors	15,600	15,900
Audit Expenses	1,940	1,850
Membership Fees	2,375	3,147
Accounting Software	1,500	900
Bank Fees	517	1,423
Insurance	1,828	1,598
Business Registration	1,536	-
Other Costs	1,729	2,494
Strategic Planning Costs	3,009	-
<b>Total Accountability &amp; Administration costs</b>	<b>30,034</b>	<b>27,312</b>

**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.



BRINGING *health,*  
*hope and* **wholeness**



# ANNUAL REPORT 2018/19

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