



## Family Planning Welfare Association of the Northern Territory Incorporated Annual Report

# 2014-2015

*Providing quality service that promotes sexual and reproductive health.*

**FPWANT**

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## Acknowledgements

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FPWNT wishes to gratefully acknowledge its members, as well as thank the following organisations and individuals for their continued support and financial assistance during 2014–2015.

Northern Territory Department of Health

Ansell International

Bayer Australia Ltd

Merck Sharp & Dohme Pty Ltd Australia

Sexual Health and Blood Born Viruses Unit and Clinic 34,  
Centre for Disease Control, NT Department of Health

Health Network NT (Northern Territory Medicare Local)

Northern Territory Department of Education

HESTA Superannuation

Family Planning Welfare Association of the NT Inc. Annual Report 2014– 2015 was presented at the AGM held on October 12 2015 in Darwin on behalf of its members, staff and board.

## **Family Planning Welfare NT Overview**

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Family Planning Welfare NT is a non-government organisation (NGO) responsible to a governing board of volunteers.

In 1973 the Family Planning Association of the Northern Territory Inc. (FPANT) delivered family planning services through established NGOs. Because of operational and administration advantages, FPANT, which later changed its name to Family Planning Welfare Association of the Northern Territory Incorporation (FPWNT), commenced the devolution of its services to FPWNT. This process was completed in September 1997.

Each Australian state and territory has a lead family planning organisation and together they constitute the primary membership of Family Planning Alliance Australia (FPAA). FPAA is the nation's peak body in reproductive and sexual health. It promotes advances in public health through policy, insight and advocacy. FPAA does not provide clinical or education services. FPAA is a member of the International Planned Parenthood Federation (IPPF). IPPF, FPAA and FPWNT are guided by the outcomes of the 1994 UN Population Fund (UNFPA) International Conference on Population and Development (ICPD).

The 1994 ICPD was a milestone in the history of population and development, as well as women's rights. At the conference, 179 countries agreed to a 20-year 'Programme of Action', focusing on individuals' needs and rights, including concrete goals such as providing universal education and ensuring universal access by 2015 to reproductive health care, including family planning, assisted childbirth and prevention of sexually transmitted infections.

The ICPD called on all countries to take steps to meet the family planning needs of their populations and to provide, by 2015, universal access to a full range of safe and reliable family planning methods. The aims were to help couples and individuals meet their reproductive goals: to prevent unwanted pregnancies and reduce high-risk pregnancies, to make quality family planning services affordable, acceptable and accessible to all, to improve the quality of family planning information, counselling and

services and to increase men's participation in the practice of family planning. The critical importance of reproductive health to achieving international development goals was affirmed at the highest level at the 2005 World Summit when governments committed themselves to "achieving universal reproductive health" (UNFPA website, [www.unfpa.org](http://www.unfpa.org)).

## Management

FPWNT is governed by a voluntary board of management (BoM) elected by general members at the FPWNT Annual General Meeting (AGM). The BoM meets regularly to determine FPWNT policy, and is responsible for the governance of FPWNT. All operational matters are the responsibility of the chief executive officer (CEO). The public officer for the association is appointed by the BoM.

## Funding

FPWNT is partially funded by the NT Department of Health and the Commonwealth Department of Human Services. FPWNT also generates 38 - 42% of its own income from annual memberships, training fees, donations and project grants.

### *Clinical Services Snapshot:*

- *2,939 Clients*
- *31% under the age of 25 years*
- *6% Indigenous clients*

## Main areas of operation

### Clinics

**Health Screening  
(pap smears, breast & testicular)**

### Training and Education

Training courses for professionals  
(doctors, nurses and Aboriginal health practitioners)

**STI checks & management**

**Sub-fertility**

**Menopause**

**Gynaecological problems**

**Pregnancy testing/support**

**Referrals**

Training for community educators

Community education

Resource development and supply

Professional contraception updates

**Client Information Support Service  
(CISS)**

**Pregnancy testing**

**Pathology results**

**Information and advice**

**Library**

Book sales

Public lending books

Reference material



**Photo:** Family Planning Darwin Clinical area

## Board of Management 2014 – 2015

Name	Position
<b>Suzanne Belton</b>	President
<b>Vacant</b>	Vice president
<b>Anne Davis</b>	Secretary
<b>Paresh Ghimire</b>	Treasurer
<b>Belinda Davis</b>	Board member
<b>Sally Bolton</b>	Board member
<b>Polly Hemming</b>	Board member
<b>Jasmine Banister</b>	Board member
<b>Shelly Holland</b>	Board member
<b>Vacant</b>	Board member
<b>Robyn Wardle</b>	Public officer



**Photo:** Family Planning Darwin Clinic waiting area.



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## Family Planning NT Board of Management

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**Dr Suzanne Belton** is a senior lecturer and medical anthropologist at the Menzies School of Health Research in Darwin. This is her third report as chairperson of the board of management for FPWNT. Her research interests include maternal health outcomes, reproductive health rights and cross-cultural health, especially in areas of conflict and displacement. She received her PhD in 2005 from the University of Melbourne and has worked in China, Thailand, Timor-Leste and remote Australia. She is published in *Medicine and Social Science*, *Health Care for Women*, *International Midwifery and Reproductive Health Matters*. She has written book chapters in *Becoming a Mother: A cross-cultural perspective on reproduction and childbearing* (2007) and *Abortion in Asia: Local dilemmas, global politics* (2010).

**Paresh Raj Ghimire** is an accountant by profession and holds a Master of Commerce (Accounting) from Deakin University and a Master of Business and Administration from Tribhuvan University Nepal. Paresh is an associate member of CPA Australia and is currently enrolled in the CPA program. Paresh sharpened his practical and theoretical experience and knowledge from various accounting and financial roles through different private enterprises, including as head of administration at the Cavenagh Hotel and finance officer at IS Australia. Paresh is currently employed by the Catholic Education Office as finance officer.

**Anne Davis** is a registered nurse and midwife who worked in a variety of medical, surgical and midwifery settings before arriving in the Territory in 1998. Since then she has worked in remote communities in the areas of health service management and sexual reproductive health. She has undertaken two major health projects: the Donovanosis Eradication Project and the setting up of the Darwin-based Midwifery Group Practice. Anne is currently the sexual health co-ordinator for the Tiwi Islands.

**Belinda Davis** is a registered nurse and midwife with postgraduate qualifications in public health, sexual and reproductive health, neonatal nursing, and teaching and assessment in the workplace. Belinda has a long-standing interest in sexual and reproductive health in urban, regional and remote locations. She is currently employed



with the NT Department of Health assisting in the implementation of the Whole-of-Government Domestic and Family Violence Strategy.

**Jasmine Banister** is a library assistant by day, sexual health guru by night. As an agent of YEAH! (Youth Empowerment against HIV/AIDS), she has spent the last four

***Community Education Snapshot:***

- *2,138 young people attended 35 community education activities*
- *Topics discussed were puberty, sexual health, contraception & sexuality education.*

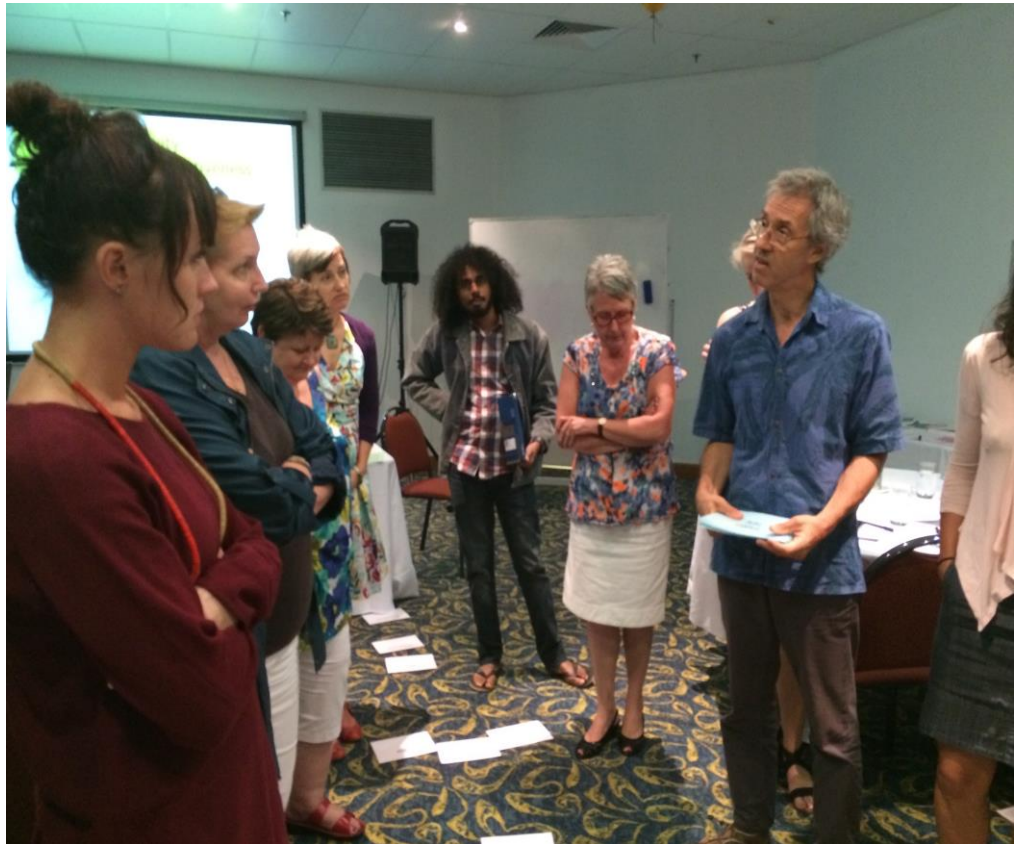
years traipsing up and down the country to schools, universities and music festivals, engaging young people in activities and conversations designed to empower them to make informed choices about their sexual health. In April 2014 Jasmine was appointed YEAH's local co-leader for the Northern Territory.

**Sally Bolton** joined the board in 2014. She is a senior family lawyer by trade and works at the Northern Territory Legal Aid Commission. Sally has a strong commitment to social justice in its many guises. She has celebrated a decade in the Territory, most of them below the Berrimah Line. Sally brings a non-medical perspective to the board and enjoys contributing to the promotion and improvement of women's rights and women's health.

**Polly Hemming** has a background teaching English as a Second Language, and has taught in several remote Indigenous communities as well as to asylum seekers in immigration detention. She has also worked in publishing and communications roles with an emphasis on the development of resources for Indigenous audiences. She is proud to be a part of an organisation that does such valuable work, particularly for youth and women, and hopes to use her skills to assist FPWNT in raising its profile and reaching vulnerable groups in the community.

**Shelly Holland** is currently the business development manager for United Forklift and Access Solutions, her role is to increase exposure and customer base. She thinks outside of the square and has a way of just getting the job done where others have failed. Shelly has a strong background in business development and fundraising, and has been promoting the health of Territorians for the last five years by raising money and increasing exposure for various health organisations. She is currently working on

two fundraising programs for FPWNT: raising money and increasing exposure for the Alice Springs Youth Clinic through the Darwin Singles Ball and gifting one year's worth of royalties from her book *The Territory Mocktail Book* to FPWNT.



**Photo:** Education Workshop November 2014, Dr. Paul Rivalland

## President's Report

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The sexual and reproductive health of Territorians remains our focus. The Family Planning Welfare Association of NT is advocating on behalf of Territorians for changes to the *Medical Services Act*, which regulates women's access to abortion services. Advocacy is part of the role that non-government organisations play in democracies. The ability to represent Australian voices and call for equity and access to health services is important. This year we invited the community to three screenings in Darwin and Alice Springs of the film 'Vessel', which portrays the difficulties and

realities of access to abortion around the world. We were pleased to see an independent Member of Parliament, Ms. Kezia Purick announce her plan to introduce a private member's bill in September that will reform and modernise the law.

Board members volunteer their time to assist senior management with transparent and quality governance. We welcomed new board member Shelly Holland who has skills in fundraising activities and said farewell to Jasmine Banister. We continued to monitor and maintain quality indicators set out in the QIC Health and Community Services Standards. We have worked on strengthening our governance standards, which included improving management systems, human resources and legal and regulatory compliance.

The board has assisted with new policies and updating policies and identifying risks to the organisation, which are mainly financial. We are working on a reconciliation policy and have introduced a domestic violence policy. Family Planning Welfare NT was successful in gaining a number of grants: one to update the organisation's website, another to deliver education to Aboriginal Health Workers in remote settings, and another was the gift of a 4WD vehicle from the Northern Territory Government.

Staff now have full salary packaging which offers an improved salary level. This measure will also assist us to attract and retain workforce. We have supported staff in gaining a number of qualifications such as the Certificate IV Training and Assessment. We encourage staff to be part of other NGO committees and to deliver conference

papers locally and interstate. Our CEO, Robyn Wardle, for example, is on the board of NT Community of Social Services (NTCOSS).

Our role in educating the health workforce of the NT continues. Apart from the regular education and training for doctors and nurses across the Northern Territory, three students were offered placements with FPWNT: one from the University of Melbourne who is completing a Master's in Public Health who undertook an evaluation of a training unit, a midwifery student from Charles Darwin University who did a clinical placement, and a Certificate II in Community Services VET student from Charles Darwin University did a placement in reception and administration duties.

I feel confident that the coming year will bring some exciting times for Family Planning Welfare NT as we continue to serve the people of the Northern Territory.



**Dr Suzanne Belton**  
***President***

***WHY is FPWNT here?***

*FPWNT is here to enact Australia's commitment to the international conventions that support sexual and reproductive health and rights. If we weren't here what would Australia say to the United Nations?*

*"Oops sorry we forgot to teach kids about sexuality or relationships, or provide high quality contraception, or support teachers and parents, or train nurses and doctors or enact abortion rights!"*

*(Good job we are here.)*

Suzanne Belton, President

## CEO's Report

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Welcome to the Family Planning Welfare Association of the NT (FPWNT) Incorporated annual report. The report highlights our many activities and provides an insight into the breadth and depth of the services we offer. Preparing the annual report gives us the opportunity to reflect on the year that we had, our achievements and challenges in fulfilling the goals set in our strategic plan.

I would like to thank our board of management, which has continued to support and guide the organisation through some tough moments.

FPWNT core business continued strongly in 2014–2015 with the organisation focusing on workforce development and community health promotion. Peripheral to our core business we managed to start some fundraising activities and continue to advocate for reforming the Northern Territory's *Medical Services Act*. Countless hours have been spent by our board members and staff in meeting with Ministers in Parliament, discussing information and recommendations to make changes to the *Medical Services Act*.

FPWNT is a primary member of Family Planning Alliance Australia (FPAA) and we are proud to contribute our time and expertise to current national projects. Such projects are the FPAA special interest groups, in particular the Aboriginal and Torres Strait Islander Interest Group and the National Data Collection Reference Group, both funded by the Australian Department of Health and Ageing (DoHA). Staff value the chance to contribute to the sexual and reproductive health national agenda and are determined that the voices of Territorians are being heard. We also contributed to the National Female Genital Mutilation (FGM) Reference Group. The Territory has approximately 4,000 people that have settled and who have come from FGM countries of practice. You will read further into our report the wonderful work our medical officers are achieving with updating national reference material and sexual and reproductive course design.

FPWNT have been delivering services across the Territory since 1973 (42 years!). Past and present board members and staff are here to empower people with knowledge to improve their sexual and reproductive health outcomes. We are here to help people. You will read with interest in this report quotes from our current board members and staff in answering the question 'why is Family Planning Welfare NT here in the community?'

Our strategic plan identifies that we believe sexual and reproductive health and wellbeing is a fundamental right for individuals and communities. We respect people's choices and will provide a safe, non-judgmental service. We sometimes need to go back and remind ourselves of our constitution objects and for this reason I felt it timely to provide space in this year's annual report to include our Constitution Objects of the Association.

FPWNT is an accredited registered training organisation and must comply with legislation and training standards. Our quality control practices must be maintained

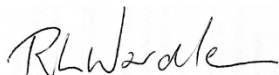
**Snapshot:**

*105 clients completed our annual service survey in August compared to 52 clients the previous year.*

and evaluated constantly. This year we became a delegate of the Australian Skills Quality Authority (ASQA), which means we have the ability to update and add courses to our scope of practice without the full application process.

In closing, I would like to thank once again our volunteer board of management for their support and direction. Each year brings us different challenges and they always offer professionalism and sound direction. The delivery of all our services cannot be undertaken without a dedicated team of workers.

FPWNT staff are to be congratulated for their commitment, passion and energy. The organisation looks forward to a year of consolidation and further progress in fulfilling our mission and key strategies.



**Robyn Wardle**  
**Chief Executive Officer**

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## CONSTITUTION OBJECTS OF THE ASSOCIATION

- a) To assist and relieve individuals distressed by experiences associated with human relationships and human sexuality
- b) To promote sexual health.
- c) To improve the quality of human relationships.
- d) To promote individual choice and personal responsibility in human sexuality.
- e) To develop a community awareness of the services provided by The Family Planning Welfare Association of Northern Territory Inc.
- f) To attain the preceding objects by actions not limited to:
  - provision of centres to which professionals community agencies and members of the public may refer in matters of human relationships and human sexuality;
  - provision of quality medical, clinical and advisory services to individuals and communities in matters relating to promotion, attainment and maintenance of health in areas of relationships, sexuality, fertility and reproduction and in alleviation of distress or disease adversely impacting on these areas;
  - provision of specialist training of health and other professionals in matters relating to promotion, attainment and maintenance of health in areas of relationships, sexuality, fertility and reproduction and in alleviation of distress or disease adversely impacting on these areas;
  - provision of referrals and advice to distressed individuals of alternative services not provided by the Association but which are provided by other appropriate government or non-government agencies or bodies;
  - provision of training programmes to meet in-service needs and maintain professional standards for the Association;
  - provision of educational programs and training programs intended to advance the health, welfare and well-being of individuals and groups in the Northern Territory community;
  - promotion of such legislative, social and administrative reforms as may be relevant to the objects of the Association.



## **Workforce Development and Community Education Report**

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It has been an extremely busy year in education at FPWNT and I would like to start by thanking all members of the education team: Diana Powell (administration officer), Dagmara Zelazny (education officer), Amie Johns (education officer) Jillian Briggs (community educator) and Dr Paul Rivalland (medical educator). The team has worked hard to raise the profile of the organisation and has driven many new and exciting projects to build the capacity of the healthcare workforce and the wider community.

This year's report uses the goals outlined in our strategic plan to demonstrate achievements, challenges and improved access to education and training for priority groups.

### **Governance Achievements and Challenges**

FPWNT is currently the lead training organisation in sexual and reproductive health in the Northern Territory. This year FPWNT was named as delegate of the Australian Skills Quality Authority (ASQA). This title gives FPWNT greater responsibility as a Registered Training Organisation (RTO) and means many processes are streamlined including less frequent accreditation audits and the ability to update FPWNT's scope of registration without consultation. This is a privileged position and further evidence that FPWNT has continued to deliver consistent nationally recognised training of an exceptional standard.

FPWNT has two units currently on scope — HLTAHW026 and HLTAHW027 — both units are part of the Aboriginal Health Worker training package. In addition to this training FPWNT also offers comprehensive sexual and reproductive health courses for nurses, doctors, community workers, allied health practitioners and teachers.

Participants are supported by FPWNT to undertake the theory component and the clinical skills development component of the courses. Many participants identified limited capacity within their workplace to undertake clinical training and in response FPWNT offered clinical placement to 13 Doctors (including training to insert IUD contraceptive devices), 16 Nurses, 2 AHPs, 1 midwifery student and 12 medical students.

The HLTAHW027 unit was offered in a number of remote locations across the NT over the previous 12 months. All courses were fully attended and often required a waiting list for additional participants. The unit was offered in Darwin, Alice Springs and Nhulunbuy. Delivery of additional courses is planned in Katherine in July and Tennant Creek in October 2015. These courses will prioritise attendance by Aboriginal health practitioners (AHPs) and have a specific health promotion focus. FPWNT has identified a gap in training for AHPs and aims to address this in partnership with the Australian Government and the Rural Health Continuing Education Stream 2 (RHCE2) grant funding.

FPWNT has engaged with a number of partner organisations in industry consultation to guide course content, delivery methods and in order to meet RTO compliance requirements. This has resulted in successful partnerships with Charles Darwin University (CDU), Centre for Disease Control (CDC), Northern Territory Aids and Hepatitis Council (NTAHC), Department of Health (DoH), Aboriginal Medical Services Alliance NT (AMSANT) and Health Network NT formally NT Medicare Local (NTML).

These partnerships are invaluable and ensure ongoing service delivery to meet the needs of priority populations across the NT.

### ***Course/Education delivery***

#### **Certificate in Sexual and Reproductive Health for Nurses and Doctors**

Nurses: this five-day theory course was delivered in Darwin and Alice Springs. Thirteen participants attended the Darwin course and 16 participants in Alice Springs. Due to the difficulty of securing local speakers in Alice Springs two educators travelled to undertake the majority of lectures.

Doctors: the five-day course in sexual and reproductive health for doctors was delivered in Darwin during August 2014. A number of doctors attended came from Alice Springs and Katherine. The 13 participants successfully completed both written and oral assessments.

#### **Accredited Training**

Unit HLTAHW027 *Promote Information and Strategies in Sexual Health for Women* for registered Nurses, Midwives and Aboriginal Health Workers was delivered three times in Darwin, once in Alice Springs and once in Nhulunbuy. A total of 81 Nurses and

Midwives attended training and 5 Aboriginal health practitioners. At least a third of all participants came from remote or very remote areas of the Northern Territory (see figure 1). Funding for the courses came from the DoH and the SHBBV Unit. One of the courses delivered in Darwin was for full-fee paying participants.

The units to be offered in Katherine in July 2015 have 16 registered participants (eight AHP and eight nurses) and the Tennant Creek unit has 10 registered participants (three AHP and seven nurses). All participants come from remote or very remote areas and have the potential to improve access to clinical services and uptake of women's health screening in areas where there has been an identified gap.

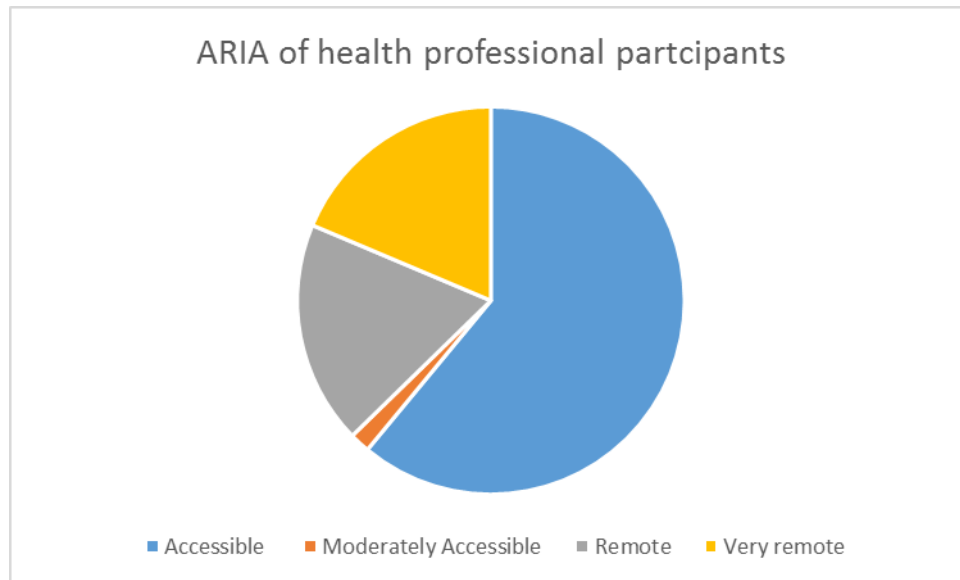
In partnership with CDU, unit CHCCED511A *Develop, Implement and Review Sexual and Reproductive Health Education programs* was delivered over four days. This unit is an elective under Certificate IV in Population Health and Certificate IV in Community Services Work.

Twenty-one participants attended the program, which included the topics sexuality, values, pregnancy, contraception, minority group culture, sexual diversity and health promotion. The participants came from a variety of professional groups such as school nurses, social workers, community workers and general carers of children with behavioral problems.

The majority of participants were from the Darwin region and two participants were from Katherine. As a result of the excellent evaluations and continued demand from community workers the unit is planned to be delivered again in October 2015.

**Snapshot**

*A number of professional groups attended our training programs this year: doctors, nurses, Aboriginal health practitioners, school nurses, youth workers and carers.*



During the year, a volunteer Masters in Public Health student from University of Melbourne, Rose Burn, worked with our education team for a 4-week placement. Her task was to evaluate unit HLTAHW027 *Promote Information and Strategies in Sexual Health for Women*. Findings showed that the unit has led to significant changes in health practitioner's practice around cultural safety, sexual and reproductive health promotion and, in cases where the clinical component was completed, increased cervical screening in NT communities. Barriers and enablers were also explored.

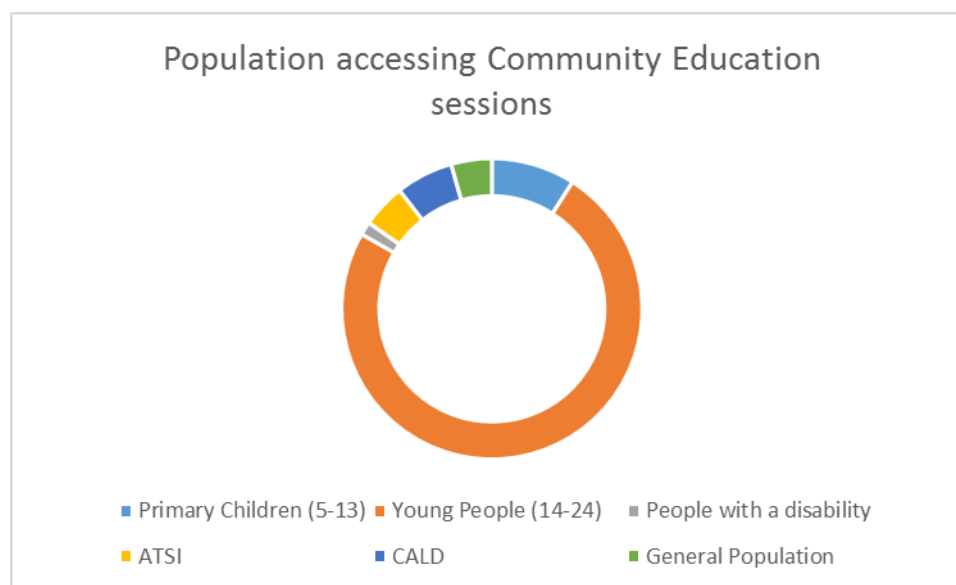
**Extract from Rose's final report:** *The NT population is distinct in that it makes up only 1% of the Australian population, has a high proportion of Indigenous Australians (29% compared to 2.4% nationally) and most of this population live in rural and remote areas (Zhao et al. 2004). There are large health inequities within the NT and between the NT and other states. The NT Aboriginal population experiences a burden of disease 2.5 times higher than the non-Aboriginal population and in the age group of 35-54 and disability adjusted life years 4.1 times higher (Zhao et al. 2004). This is also true for sexual and reproductive health. Chlamydia and Syphilis rates in young non-Indigenous Northern Territorians are around double that of Australian average and amongst Indigenous are around 10 times the Australian average (Zhao et al. 2004). In the NT, 30% of Indigenous mothers were teenagers (Zhao et al. 2004).*

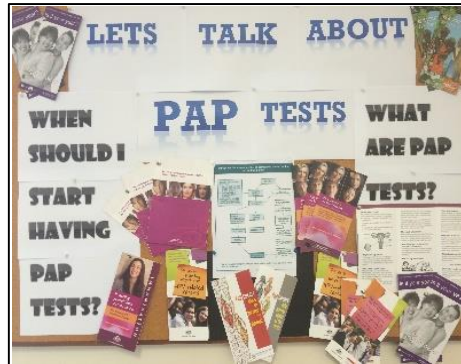
*The National Cervical Screening Program (NCSP) commenced in Australia in 1991, and recommends biannual screening for women aged 18-69 (Zhang et al. 2012). Cervical cancer incidence decreased by more than 50% for Indigenous women and 40% for non-Indigenous women between 1991-1995 and 2011-2008 while mortality decreased by about 75% for both groups (Zhang et al. 2012). This is a testimony to the success of rolling out the cervical screening program in the NT (Binns and Condon 2006; Zhang et al. 2012).*

*However, cervical screening participation is still lower for NT women than nationally (55% compared to 61.2% in 2007-2008) and cervical cancer incidence and mortality rates are still much higher for Indigenous than non-Indigenous women (Zhang et al. 2012). Estimates of screening participation in NT areas with high Indigenous populations (remote areas) are 46% in 2009-2010 (with large variation across different areas) which is lower than national and state averages. (Zhang et al. 2012) The NT still has a long way to go in improving SRH especially amongst the Indigenous population and workforce development is one avenue to address this.*

### **Community Education**

A total of 181 puberty, sexual health and sexuality education sessions were delivered to 729 students and community members over the previous 12 months. Settings for delivery included youth justice, schools, detention centers, re-engagement centres and residential care programs. Priority populations were targeted in these education workshops with the majority were young people identifying as having an intellectual disability, being Indigenous or from a CALD background.





Staff supported a number of community health events by displaying health messages/information updates on internal display boards. FPWNT head office in Coconut Grove is fortunate to have a large number of display boards. Changing the health message monthly is challenging and requires some creative talent (which we have!). This year we supported NAIDOC week, World Aids Day, National Condom Day, Senior Schools Health week expos, Cervical and Breast screening awareness campaigns and immunisation.

Staff displayed their creativity by entering an Arts piece in the Human Rights Show awards in Darwin. The art piece was titled *Women's Rights in the NT* in reference to the NT being the only jurisdiction in Australia that will not allow women to access medical abortion.



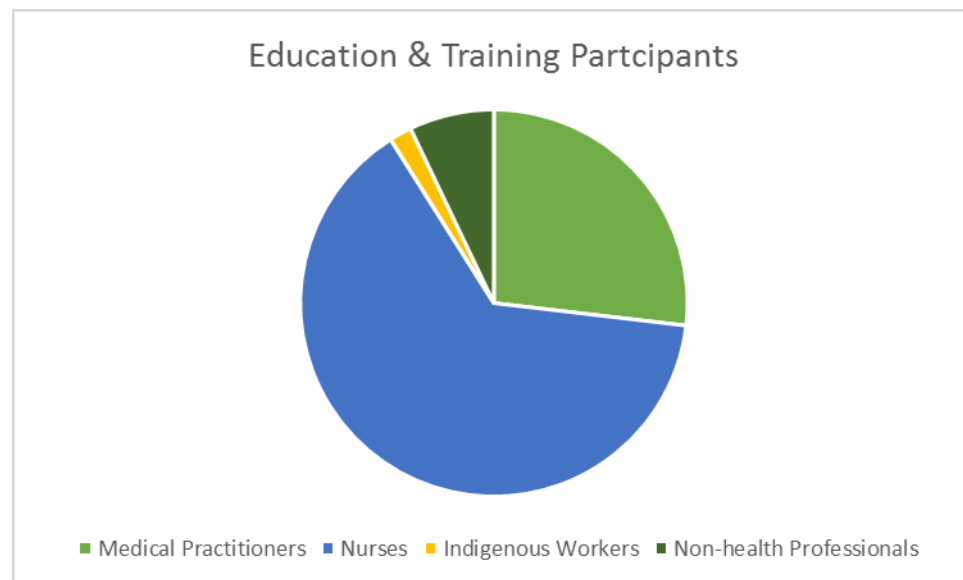
*My favorite sexual health resource to take to high schools this year is by far the Tea Consent on YouTube. This animated clip explains in a humorous and assertive way the importance of consent before and during sex. The response I have had, from teachers and students alike is positive. It is encouraging that the information in this clip is absorbed.*

**Community educator, Jill**

**Professional Development workshops**

In partnership with Health Network NT, FPWNT delivered two well-attended professional development workshops. The first was a short overview of recent sexual health conferences held interstate. It is often difficult for health professionals to travel to attend conferences and the workshop delivered key learnings and new developments in the area of sexual and reproductive health. The second workshop focused on women's health through the ages. This was a full day interactive workshop delivered by FPWNT medical and nurse educators. Both sessions were attended by a total of 87 doctors, nurses, midwives, teachers and other health professionals.

Six Implanon insertion workshops were run for doctors and nurses in conjunction with the women's health and sexual and reproductive health courses.

**Unit HLTAHW027 participant feedback: What did you learn:**

*Different ways of asking very private personal questions. How to phrase the questions asked, so has not to offend clients.*

**Medical Student Evaluation:**

*'Great to be involved in procedures and to have the opportunity to ask questions'*





Photo: Educator Amie John's farewell

### **Our Workforce Professional Development**

FPWNT prioritises staff professional development and has supported staff to attend a number of professional development/training opportunities. The following education opportunities were provided to staff over the previous 12 months:

- 'In the Picture', a workshop discussing pornography and young people's access;
- first aid training;
- Australian Sexual Health Conference 2014 Sydney;
- Mental Health Update;
- ACNC Update (Australian Charity Commission);
- Registered Training Organisation (RTO) Education Conference Brisbane;
- Certificate IV in Training & Assessment TAE10 (three staff attended);
- RTO Student management system update;
- NGO Social Impact & Outcomes workshop;
- 'Employment Law' workshop, an update on HR issues/*Fairwork Act*;
- NTCOSS Conference and Rural Health Conference;
- webinars on topics addressing RTO student management systems/STI/HIV update



## Grant

- FPWNT received a grant from the Australian Government RHCE2 for \$32,000 to address gaps in training in women's health to Aboriginal Health Workers, Nurses and Midwives working in remote areas.



## Grant

- FPWNT received a gift of a 4WD vehicle from the NT Department of Transport to deliver training and education in remote areas previously inaccessible.



## Scholarship

- A FPWNT staff member received a full scholarship to complete a Master's in Business Administration from the Australian Scholarships Foundation.



## Conference

- FPWNT staff completed a research paper titled *"I'm here for my women's check up" Health promotion in the context of cervical screening*. The paper was a clinical audit designed to understand issues managed as part of cervical screening consultations and the impact of the new national guidelines. The paper was presented at the Rural Health Conference 2015.



## Clinical Training

- FPWNT successfully piloted a nurse led cervical screening clinic as part of training delivery in Alice Springs. This was a partnership between FPWNT, PapScreen Victoria and Victorian Cytology Service to demonstrate the feasibility of national accreditation for nurse cervical screening providers which includes the potential for nurses to order and manage pathology requests.



## Updating Literature

- The education team were once again invited to review/update the *NT Streetsmart Handbook* – the essential guide into adulthood 2015 edition. A free handbook offered to all adolescent school students across the NT. Topics include money, moving out, leaving school, healthy mind, protecting yourself and sexual health.

With many successes behind us, and many more to come, the education team would like to show their appreciation to all the organisations, community groups and individuals that make this work possible. FPWNT would especially like to thank the NT Department of Health and the women's health educators for their ongoing dedication to workforce development in the NT.

**Genevieve Dally**  
***Education Manager***

***Medical Director***

*FPWNT medical director and medical educator, Penelope Steele and Paul Rivalland are both part of the national Medical Reference Group Committee (MRGC) of FPAA.*

*This committee has worked hard during the year to produce a national doctor's sexual health and reproductive course, which can be delivered face-to-face, online, or a combination of the two modalities. It is hoped that this course will be ready for delivery by the end of 2015. Thus for the 2015 year, FPWNT delivered the conventional face-to-face course to 13 doctors.*

*The other endeavour of this committee has been to produce a national IUD insertion course in order to increase its availability and this has involved lengthy discussions with RANZCOG (Royal Australia and New Zealand College of Obstetrics and Gynaecology). At present there is still no national course program therefore each state undertakes its own training.*

*Another important contribution made by our doctors to sexual and reproductive health in the NT has been the total restructuring of the 'Contraception' and 'Termination of Pregnancy' sections of the Standard Treatment Manual for Women's Business in Central Australia and the Top End of the Northern Territory (CARPA Manual). This publication is widely used throughout rural and remote Australia.*

***Penelope Steele***



**Photo:** Well Women's HLTAHW027 Unit Darwin



**Photo:** Dr. P Steele ASHNA Conference Sydney Oct 2014



**Photo:** Thank you gifts provided to staff. We are so lucky.



Figure 1.

Participants in  
NT Family  
Planning  
education came  
from across the  
Territory

## Clinical Service Report

Family Planning Welfare NT has been operating a clinical service from both our Coconut Grove and Palmerston sites for the past year. Client numbers were slightly decreased in Coconut Grove, due in part to lack of staffing at certain times in the year and a number of new bulk-billing GP services opening in the area. Palmerston numbers are slowly increasing and by the end of June we were open three days per fortnight, with both doctor and nurse-led clinics.

### **Benefits of the youth clinic**

*The youth clinic is especially an important aspect of work within FPWNT. Current statistical data displays we have a high rate of STI'S amongst younger persons within the Territory (1). The challenge to improve health for this particular target group lies within provision of services that accommodate a young person's lifestyle needs.*

*FPWNT has historically provided and maintained a bulk bill, appointment and walk-in service six days a week, accommodating clients' sexual reproductive health (SRH) and blood-borne virus (BBV) issues regardless of gender, culture and age. Offering a clinic that is available on weekends ensures that we accommodate the needs of younger people and deliver appropriate SRH and BBV health care to a key target group.*

*Many government sexual health services in NT do not offer weekend clinics, resulting in lost opportunities to engage with younger persons within NT. Only recently have other non-government agencies in the Top End identified the need to accommodate all Territorians and started providing weekend clinics incorporating SRH and BBV services.*

*FPWNT has always welcomed younger people to the clinic, thus encouraging a key target to seek advice and healthcare. Young people are readily able to share their thoughts within peer groups and access services. FPWNT's ideology and supportive educational environment assists younger persons achieve their health care goals.*

**Belinda Davis**

### **Reference (1)**

[http://www.health.nt.gov.au/Centre\\_for\\_Disease\\_Control/Publications/Sexual\\_Health\\_Surveillance\\_Updates/index.aspx](http://www.health.nt.gov.au/Centre_for_Disease_Control/Publications/Sexual_Health_Surveillance_Updates/index.aspx)



For the past four years, our Palmerston clinic located within the Department of Health Specialist Suites, moved into a more permanent space, co-sharing with BreastScreen NT in June. This makes for a much more settled clinic, with all our equipment able to be permanently set up. We would like to thank the Department of Health Specialist Clinic for their continued support and welcome our co-sharing arrangement with BreastScreen NT.

This year 2,969 clients visited Family Planning Welfare NT clinics. We provided 4,277 consultations. Each consultation may consist of more than one service provision. The total number of services provided were 6,707. This is due to a client, perhaps, presenting for a pap smear and, after discussion, requiring a sexual health check and/or contraception. Our clients come from a range of diverse backgrounds and needs, and everyone is given the respect and help they require.

Client Information Support Service (CISS) continues to be funded for nine hours each week. CISS offers our clients a drop-in or phone service. Clients are able to phone for pathology or imaging results, general information enquiries in regard to sexual and reproductive health, pregnancy support information and referrals.

This past year has shown an increase in the amount of people interested in medical termination of pregnancy (MTOP). The NT is the only jurisdiction in Australia where this service is not provided and women wishing to access this must go interstate. In Australia MTOP can only be provided to women under nine weeks pregnant, and in some states the women must be under seven weeks pregnant. In the NT women can only be offered a surgical termination procedure. FPWNT has been collecting statistics since October 2014 and on average we have nine phone enquiries (non-clients) each week requesting MTOP. Of these, two or three women will fly interstate to access MTOP. The remaining women who either can't afford to fly or are more than seven weeks pregnant will require a referral to the STOP clinic in Darwin or Alice Springs.

In September 2014, the Northern Territory Government's (NTG) Sexual Health Blood Born Virus Unit, Center of Disease Control introduced the policy and guidelines *Patient Delivered Partner Treatment* for managing STIs across the NT. FPWNT's CEO Robyn Wardle is a committee member of the Sexual Health Advisory Group for the NT Government and we supported this initiative and introduced this policy into our clinical



guidelines. This now provides health practitioners with the ability to supply and/or prescribe treatment. Treating the sexual partners of people diagnosed with a sexually transmitted infection reduces reinfection rates and is considered important in the reduction of rates in infection in the population. Patient-delivered partner therapy (PDPT) describes the practice of giving either medication or a prescription to a person for delivery to their sexual partner. In the NT the *Medicines, Poisons and Therapeutic Goods Act* regulates the use of PDPT.

### ***Clinical Training***

During this past year, we have had four qualified contraceptive intrauterine device (IUD) inserting doctors working with us. This has decreased our client waiting period immensely. We now hold one to two IUD insertion clinics each week, thereby providing women with the choice of a long-acting reversible contraceptive (LARC) which is very reliable. Another LARC option, the contraceptive implant, is also very popular with our clients. We are very fortunate to have all of our medical staff well-qualified in insertion technique.

Did you know that the contraceptive implant is 99.95% effective and lasts for three years or that the hormonal intrauterine device (IUD) is 99.8% effective and lasts for five years? The copper intrauterine device is 99.2% effective and lasts for 10 years. All these contraceptive methods compare favourably to the common combined oral contraceptive pill which is 91% effective and lasts for only 24 hours.

FPWNT continued to provide an excellent education service for all modalities of health practitioner. All training is performed under direct supervision with resultant longer consultations. These training times are great for the complex consultation, as both client and trainee experience the practicalities of the in-depth consult.

Our clinicians supported nurses undertaking the second component of the unit HLTAHW027 clinical. Trainee nurses or Aboriginal health workers were provided with three tutor clients under direct supervision. Nurses and/or Aboriginal health workers who were unable to continue their clinical training in their own workplace often returned to our clinics to complete the qualification. This year we supported six nurses and one Aboriginal health worker.

We also supported nurses who were completing the sexual and reproductive health certificate. To obtain competency, nurses are required to complete a theory course

followed by clinical training. Clinical training can take one to two weeks duration. Seven nurses completed clinical training this year.

In total, 86 clinics supported nurse and Aboriginal health worker clinical placements.

In August, the doctor's course had 13 participants, seven of whom have now completed their clinical component of the National Certificate in Sexual and Reproductive Health. For doctors, between seven and ten clinics will be required to meet competency. In total, 70 clinics supported doctor clinical placements.

Continued requests for clinical training support comes from all areas of the health workforce education services. Unfortunately, we are at times unable to assist with placements due to our limited human resources. However, we will continue to support and prioritise medical students. We have been assisting medical students from Flinders University and Charles Darwin University for a number of years. This year 16 medical students attended placements, each observed two clinics and feedback from all was positive.

This year we supported another doctor undertaking the General Practice Registrar program under supervision. We hope to continue to support this program in 2016.



Clinic Statistics: Darwin and Palmerston Clinics

### ***Quality Assurance***

In February, Family Planning Welfare NT upgraded its five-year old IT server. During this time we noticed a number of missing electronic client pathology results. Once the problem was identified and resolved, we decided to undertake a continuous pathology audit of all requests. By the end of June, we found 100% electronic results were being returned.

Twice a year we undertake our cervical screening audit to meet the national standards. The standard in Australia is for clinicians to capture 80% endocervical cells when attending to cervical screening. We are very pleased to say our FPWNT clinicians have an average 86% capture rate.

FPWNT is currently the lead training organisation in sexual and reproductive health in the Northern Territory and we strive to provide best clinical practice. To monitor our clinical practice our clinical advisory group (CAG) consisting of the clinical co-ordinator, medical director, senior doctor and receptionist meet quarterly. Clinical guidelines are reviewed and updated and client/trainee feedback is discussed. Our annual client

survey identified no alarming areas of practice. In fact, clients are extremely happy with our clinical/training service, professionalism of all staff and our staff knowledge.

Our annual telephone survey captured the volume of workload that is not normally collected by data collection system. This survey shows the heavy workload our reception staff experience on a daily basis with a number of callers becoming aggressive, demanding and verbalising their opinion on women's rights to access termination of pregnancy services. The safety of our staff is a priority for our organisation.

In conclusion, I would like to take this opportunity to thank all clinical staff, our receptionist, nurses and doctors who have worked tirelessly over the year to provide Territorians with a highly qualified professional service, offering options and choice. We have all worked hard and are no doubt looking forward to another bright year ahead.

**Kirsten Thompson**

***Clinic Co-ordinator***

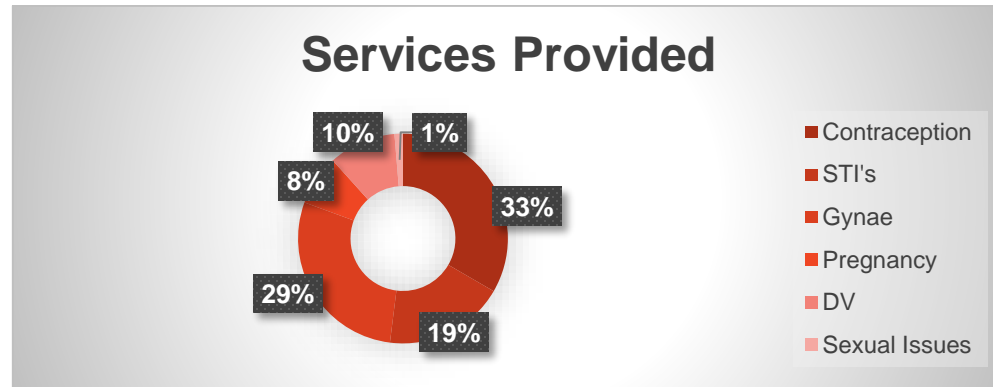
***Community Educator***

*Being a community educator with Family Planning for the past four years has made me realise how lacking the NT is in Sexual Health information. Sexual health can be such a taboo topic for many people to speak about; it really makes teachers and students alike feel a little out of their comfort zone. I always approach my role as educator in a fun, interactive and professional way. I like to encourage everyone to feel at ease, safe and heard — not just students but the teachers too.*

*The amount of teenage students who don't know the names of their reproductive organs is quite alarming. These students haven't ever considered the need for consent before sex and they also are unaware of the high rate of teenage pregnancies and STIs that are prevalent in the NT. Most of these young people are sexually active and come to me for advice after the sessions, whereby I direct them straight to the family planning clinic. I love knowing that I have empowered young people/students with knowledge to go out into our uncertain world. The knowledge of where to go for help, support, guidance and how to be safer. **Jill***

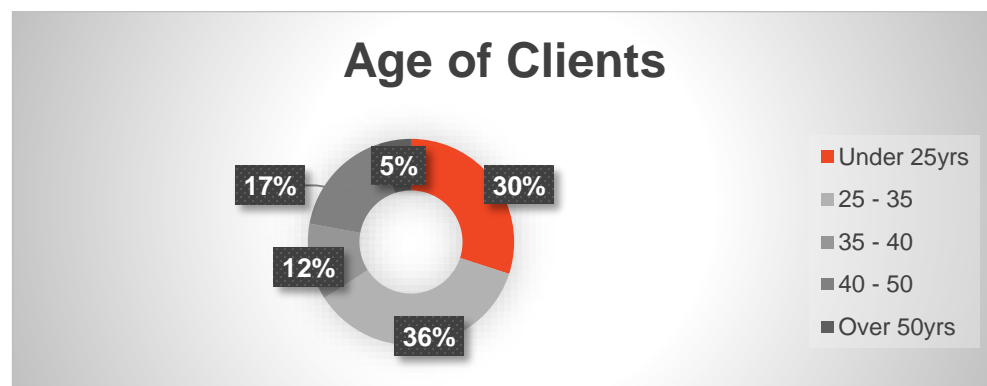
This data is collected from our clinical data collection system known as DME.

Figure 1a. Services provided to clients. Note: Domestic Violence is discussed with a large number of clients, however not with everyone. We are aiming for 100% next year.



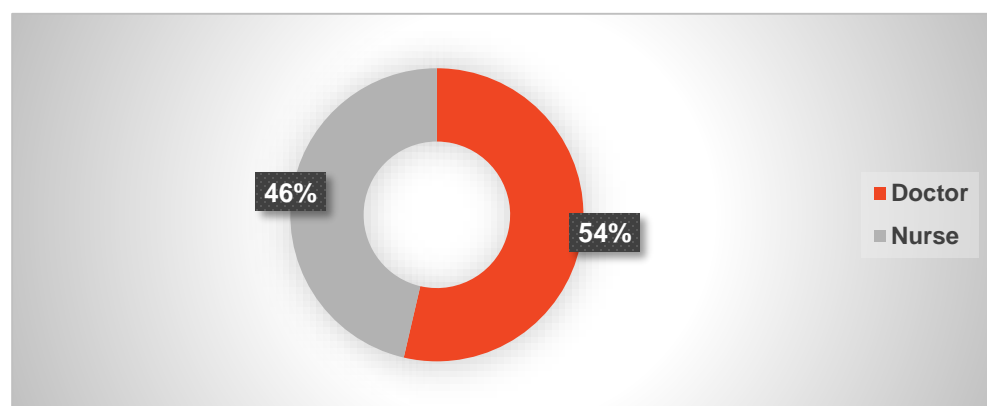
Analysis shows that people attend largely for contraception, gynecological and sexually transmitted infections reasons. The average duration of each visit is 30 minutes.

Figure 1b: Age of Clients. 31% are under 25 years



The vast majority of our clients believe our services are affordable with quality care. Our clients feel very satisfied with all our services.

Figure 1c: Shows clients visit the nurse clinics often. Unfortunately the nurse clinics are not funded by Medicare.



## Special Purpose Financial Report

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For the year ending 30 June 2015

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**Statement by the Management Committee**

for the year ended 30 June 2015

In our opinion –

- (a) the accompanying financial report as set out on pages 4-9 being a special purpose financial statement, is drawn up so as to present fairly the state of affairs of the Association as at 30<sup>th</sup> June 2015 and the results of the Association for the year ended on that date;
- (b) the accounts of the Association have been properly prepared and are in accordance with the books of account of the Association; and
- (c) there are reasonable grounds to believe that the Association will be able to pay its debts as and when they fall due.

We confirm as follows:

- (a) The name of each committee member of the association during the relevant financial year were:

Suzanne Belton	President
Vacant	Vice President
Anne Davis	Secretary
Paresh Ghimire	Treasurer
Polly Hemming	Board Member
Belinda Davis	Board Member
Jasmine Banister	Board Member
Sally Bolton	Board Member
Shelly Holland	Board Member
Robyn Wardle	CEO Public Officer

- (b) The principal activities of the association during the relevant financial were:

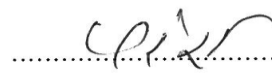
provision of family planning services.

- (c) The net surplus of the association for the relevant financial year was \$82,149.34.  
Operating Deficit was (\$24.30)

Signed at Darwin on 12 / 10 / 2015



President



Treasurer

The accompanying notes form part of the financial report and are to be read in conjunction with the attached audit report.



## Independent Audit Report

### SUSANNE LEE & ASSOCIATES PTY LTD

CERTIFIED PRACTISING ACCOUNTANTS

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PO Box 475 Mudgeeraba QLD 4213  
Mobile 0418 897 757

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Registered Office Darwin  
100 Ryland Road Rapid Creek NT 0810  
ABN: 29 161 528 481

#### TO THE MEMBERS OF FAMILY PLANNING WELFARE ASSOCIATION OF NT INC Scope

I have audited the attached special purpose financial report of Family Planning Welfare Association of the NT Incorporated for the year ended 30 June 2015. The Association's Committee of Management is responsible for the preparation and presentation of the financial report, and the information contained therein, and has determined that the accounting policies used are consistent with the financial reporting requirements of the entity's constitution and are appropriate to meet the needs of the members. I have conducted an independent audit of the financial report in order to express an opinion to the members of Family Planning Welfare Association of NT Incorporated on its preparation and presentation. No opinion is expressed as to whether the accounting policies used are appropriate to the needs of the members.

The financial report has been prepared for distribution to the members for the purpose of fulfilling the Committee of Management's financial reporting requirements under the Association's constitution and the *Associations Act*. I disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates, to any person other than the members, or for any purpose other than that for which it was prepared.

My audit has been conducted in accordance with Australian Auditing Standards. My procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report, and the evaluation of accounting estimates. These procedures have been undertaken to form an opinion as to whether, in all material respects, the financial report is presented fairly in accordance with the basis of accounting described in Note 1 to the financial report and the requirements of the *Associations Act*. These do not require the application of all Accounting Standards. The audit opinion expressed in this report has been formed on the above basis.

**Audit Opinion**

In my opinion

1. the financial report presents fairly in accordance with the accounting policies described in Note 1 to the Financial report and the *Associations Act*, the financial position of Family Planning Welfare Association of the NT Incorporated at 30 June 2015 and the results of its operations for the year then ended.
2. All grants have been expended in accordance with their funding agreements.( See Note 3)



**SUSANNE LEE, CPA**

**DATED: 9 August 2015**

## Balance Sheet

June 2015

	This Year	Last Year
<b>ASSETS</b>		
<b>Current Assets</b>		
<b>Bank Accounts</b>		
Cheque Account	\$36,214.56	\$31,941.44
Cash Management Account	\$192,014.40	\$180,588.66
Leave Accruals Account	\$114,905.23	\$112,621.85
Course Fees Account	\$3,592.00	\$3,592.00
<b>Total Bank Accounts</b>	<b>\$346,726.19</b>	<b>\$328,743.95</b>
<b>Floats/Clearing Accounts</b>		
Clinic	\$850.00	
Floats/Darwin/Katherine/Palmerston		\$850.00
Receipt Clearing Account	\$36.10	\$0.00
<b>Total Floats/Clearing Accounts</b>	<b>\$886.10</b>	<b>\$1,140.00</b>
<b>Other Current Assets</b>		
Trade Debtors	\$14,095.92	\$22,235.30
<b>Prepayments</b>		
Prepaid Rent	\$7,321.66	\$0.00
<b>Total Current Assets</b>	<b>\$369,029.87</b>	<b>\$352,119.25</b>
<b>Non-Current Assets</b>		
Plant and Equipment >\$5K	\$15,678.19	\$17,216.41
Accumulated Depreciation	<b>-\$2,056.98</b>	<b>-\$17,216.41</b>
Motor Vehicles at Cost	\$44,416.36	\$20,284.92
Accumulated Depreciation	<b>-\$3,629.18</b>	<b>-\$20,284.92</b>
<b>Total Non-Current Assets</b>	<b>\$54,408.39</b>	<b>\$0.00</b>
<b>Total ASSETS</b>	<b>\$423,438.26</b>	<b>\$352,119.25</b>

	This Year	Last Year
<b>LIABILITIES</b>		
<b>Current Liabilities</b>		
ANZ Business Card	\$3,040.02	\$1,538.46
Trade Creditors	\$35,477.65	\$34,017.30
Accrued Audit Fees	\$6,500.00	\$6,500.00
Prepaid Income	\$872.73	\$0.00
<b>Total Current Liabilities</b>	<b>\$45,890.40</b>	<b>\$42,055.76</b>
<b>Employee Provisions</b>		
Annual Leave Provision	\$38,256.00	\$26,460.00
Long Service Leave Provision	\$39,087.00	\$31,355.00
Redundancy Provision	\$35,655.00	\$32,228.00
<b>Total Employee Provisions</b>	<b>\$112,998.00</b>	<b>\$90,043.00</b>
<b>Other Provisions</b>		
Provision for ICT Replacement	\$2,321.81	\$18,000.00
Provision for MV Replacement	\$0.00	\$14,000.00
Provision for relocation costs	\$19,756.16	\$20,000.00
Provision for Leasehold Restoration	\$45,000.00	\$45,000.00
Provision for Legal Fees	\$5,000.00	\$5,000.00
Provision for Insurance Increase	\$4,000.00	\$4,000.00
Provision for Doctors Course	\$0.00	\$17,500.00
<b>Total Other Provisions</b>	<b>\$76,077.97</b>	<b>\$123,500.00</b>
<b>Deferred Grants/Funds</b>		
Unexpended Gr/Defer Deficit/Well Women	-\$9,783.09	\$0.00
Unexpended Grant/USI Imp	\$0.00	\$2,838.00
Unexpended Grant/RHCES	\$19,894.56	\$0.00
Unexpended Grant/Website Upgrade	\$3,600.00	\$0.00
<b>Total Deferred Grants/Funds</b>	<b>\$13,711.47</b>	<b>\$2,838.00</b>
<b>GST Liability</b>		
GST Collected on Sales	\$1,267.80	\$1,952.21
GST Paid on Purchases	-\$671.34	-\$284.34
<b>Total GST Liability</b>	<b>\$596.46</b>	<b>\$1,667.87</b>
<b>Total LIABILITIES</b>	<b>\$249,274.30</b>	<b>\$260,104.63</b>
<b>Net ASSETS</b>	<b>\$174,163.96</b>	<b>\$92,014.62</b>
<b>EQUITY</b>		
Retained Earnings	\$92,014.62	\$90,701.66
Current Year Earnings	\$82,149.34	\$1,312.96
<b>Total EQUITY</b>	<b>\$174,163.96</b>	<b>\$92,014.62</b>

The accompanying notes form part of the financial report and are to be read in conjunction with the attached audit report.

## Profit and Loss

	This Year	Last Year
<b>INCOME</b>		
<b>Core Funding</b>		
Core Funding/NTDOH (Commonwealth)	\$394,528.00	\$554,837.04
Core Funding/NTDOH (NT)	\$292,046.00	\$125,451.96
Core Funding Grant Indexation	\$11,116.00	\$0.00
<b>Total Core Funding</b>	<b>\$697,690.00</b>	<b>\$680,289.00</b>
<b>Project Grant Funding</b>		
Deferred Grant Bought Forward from LYR	\$2,838.00	\$0.00
Deferred Deficit Bought Forward from LYR	\$0.00	(\$4,094.85)
CBF Grant	\$3,600.00	\$3,750.00
Women's Health Grant (DoH)	\$70,075.00	\$63,640.00
Surplus Deferred to next FYR	(\$23,494.56)	(\$2,838.00)
Deficit Deferred to next FYR	\$9,783.09	\$0.00
PNIP Funding	\$4,991.17	\$5,412.51
Minor Grants	\$29,585.25	\$6,328.54
NTGPE Teaching Allowance	\$855.60	\$0.00
<b>Total Project Grant Funding</b>	<b>\$98,233.55</b>	<b>\$72,198.20</b>
<b>Clinic Services</b>		
Pregnancy Tests	\$61.18	\$214.55
Professional consultations	\$10,597.72	\$13,944.13
Contraception	\$31,475.23	\$23,354.43
Clinical Training	\$13,004.57	\$5,956.38
Clinic Sales	\$6,945.24	\$5,460.63
Medicare Assignments	\$131,690.40	\$146,550.58
<b>Total Clinic Services</b>	<b>\$193,774.34</b>	<b>\$195,480.70</b>
<b>Training &amp; Education Services</b>		
Course/Workshop Fees	\$60,582.12	\$74,988.64
Resource Sales/Pamphlets	\$2,493.16	\$4,362.34
Community Education Fees	\$0.00	\$6,588.60
<b>Total Training &amp; Education Services</b>	<b>\$63,075.28</b>	<b>\$85,939.58</b>
<b>General</b>		
Donations	\$2,165.40	\$1,813.95
Bank Interest	\$2,283.38	\$2,549.94
Hire Training Room	\$13,185.17	\$14,383.52
FPWNT Membership	\$25,929.32	\$29,826.42
Other Cost Recovery Income	\$1,440.00	\$1,474.78
Sponsorship	\$1,363.64	\$3,168.18
<b>Total General Income</b>	<b>\$46,366.91</b>	<b>\$53,216.79</b>
<b>Total INCOME</b>	<b>\$1,099,140.08</b>	<b>\$1,087,124.27</b>

	This Year	Last Year
<b>EXPENSES</b>		
Employment Expenses	\$736,396.98	\$659,951.84
Education Costs	\$8,227.00	\$22,425.03
Clinic Costs	\$22,048.91	\$16,113.35
Operational/Administration Expenses	\$145,761.71	\$135,605.88
Motor Vehicle Expenses	\$2,291.09	\$17,740.91
Insurance	\$33,136.53	\$32,191.32
Travel & Travel Allowances	\$21,150.73	\$7,215.01
Occupancy Expenses	\$130,151.43	\$194,567.97
<b>Total EXPENSES</b>	<b>\$1,099,164.38</b>	<b>\$1,085,811.31</b>
<b>OPERATING PROFIT</b>	<b>(\$24.30)</b>	\$1,312.96
<b>OTHER INCOME</b>		
Surplus on Sale of Cap Asset	\$9,545.45	\$0.00
Bring in Prior Year Provision	\$17,500.00	\$0.00
Provisions Allocated	\$29,678.19	\$0.00
Non Cash Donation-NTG	\$25,450.00	\$0.00
<b>Total OTHER INCOME</b>	<b>\$82,173.64</b>	<b>\$0.00</b>
<b>Net PROFIT/(LOSS)</b>	<b>\$82,149.34</b>	<b>\$1,312.96</b>

The accompanying notes form part of the financial report and are to be read in conjunction with the attached audit report.

## Notes to, and forming part of, the financial statements

for the year ending 30 June 2015

### 1. SUMMARY OF ACCOUNTING POLICIES

The accounting policies adopted by the Association are stated in order to assist in a general understanding of the financial statements. These policies have been consistently applied except as otherwise indicated.

#### **Reporting entity**

The association is not a reporting entity because in the committee's opinion there are likely to exist users who are able to command the preparation of reports tailored so as to satisfy all of their information needs, and these accounts are therefore "special purpose accounts" that have been prepared solely to meet the requirements of the Constitution and the *Associations Act*.

#### **Accounting policies**

The financial report has been prepared under the historical cost conventions and does not take into account changing money values except to the extent that they are reflected in the revaluation of certain assets.

In order for the financial report to present fairly the state of affairs of the Association and the results of the Association for the year, Australian Accounting Standards have been adopted to the extent disclosed in this note.

#### **Government Grants**

Government grants are brought to account as income when the Association receives them. Unspent Grants are transferred to an appropriate liability account.

#### **Assets**

The current policy is to capitalise and depreciate purchases, on a straight line basis, that cost in excess of \$5,000.

#### **Employee Entitlements**

The amounts expected to be paid to employees for their pro rata entitlement to annual leave, sick leave and long service leave are accrued annually at current pay rates.

#### **Taxation**

The Association is considered to be exempt from income tax under section 50-B of the Income Tax Assessment Act 1997, GST concession under division 176 A New Tax System (Goods and Services Tax) Act 1999 and



FBT exemption under section 123D Fringe Benefits tax Assessment Act 1986.

## 2. LAND

The association operates from rented premises in the Clock Tower in Coconut Grove. Lease expiry date is 27th April 2016. FPWNT retain the right to the second option term of 5 years expiring 27th April 2019.

## 3. PROGRAM ACQUITTALS

### **PROGRAM: Sexual & Reproductive Health, Information, Education & Support**

#### **Income**

Core Funding/NTDOH (Commonwealth)	\$394,528.00
Core Funding/NTDOH (NT)	\$292,046.00
Clinic Sales	\$11,116.00
Bank Interest	\$1,712.55
<b>Total Income</b>	<b>\$699,402.55</b>

#### **Expense**

Wages/Clinic	\$54,882.86
Wages/Admin & Management	\$242,141.39
Superannuation/Clinic & Admin	\$30,519.33
Superannuation Doctors	\$178.47
Workforce Development	\$6,288.21
Transfer to Staff Entitlement Provisions	\$40,062.24
LSL Provisions Transferred	\$7,732.00
Recruitment	\$1,211.83
Redundancy Provisions	\$3,427.00
Clinic Resources	\$19,256.22
Contraceptive Purchases	\$1,321.47
Accounting (Consulting & Bookkeeping)	\$28,530.01
Advertising	\$2,562.66
Audit/Financial	\$6,514.55
Cash Discrepancies	\$930.20
Cleaning Supplies/Laundry	\$8,519.21
Computer Support	\$24,012.50
Educational Resources	\$425.46
Equip Office <\$5K	\$4,083.57
Fringe Benefits Tax	\$3,860.11
Levy FPA Membership	\$4,000.00
Maintenance/Equipment	\$11,725.48
Meetings & Forums	\$966.31
Membership/Subscriptions	\$7,398.15
Postage/Freight	\$2,065.82
Stationery/Office Consumables	\$4,329.23
Telephone/Fax/Broadband	\$7,114.31
Bank Charges ~ General	\$320.32

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Bank Charges ~ Merchant Fees	\$2,224.10
Kilometre Reimbursement	\$353.72
Motor Vehicle Expenses	\$1,874.27
Workers Compensation Insurance	\$11,434.19
General Insurance	\$6,378.57
Motor Vehicle Insurance	\$1,323.77
Professional Indemnity Insurance	\$14,000.00
Travel & Accommodation	\$4,378.29
Travel Allowance	\$2,905.30
Rent	\$109,432.72
Building Repairs & Maintenance	\$900.00
Electricity	\$16,104.44
Waste disposal	\$3,714.27
<b>Total Expense</b>	<b>\$699,402.55</b>
 <b>Net Profit (Loss)</b>	 <b>\$0.00</b>

**PROGRAM: Well Women's 2014/2015 Grant****Income**

Women's Health Grant (DoH)	\$58,492.00
Deficit Deferred to next FYR	\$9,783.09
<b>Total Income</b>	<b>\$68,275.09</b>

**Expense**

Wages/Clinic	\$21,997.62
Wages/Admin & Management	\$25,638.57
Superannuation/Clinic & Admin	\$4,473.65
Workshop/Community Education Expenses	\$3,165.42
Lecture Fees	\$295.00
Advertising	\$140.27
Educational Resources	\$6,060.00
Postage/Freight	\$28.77
Stationery/Office Consumables	\$535.09
Telephone/Fax/Broadband	\$178.93
Motor Vehicle Expenses	\$9.08
Travel & Accommodation	\$4,823.69
Travel Allowance	\$929.00
<b>Total Expense</b>	<b>\$68,275.09</b>

**Net Profit (Loss)****\$0.00****PROGRAM: Well Women's/SHBBVU Grant****Income**

Women's Health Grant (DoH)	\$11,583.00
<b>Total Income</b>	<b>\$11,583.00</b>

**Expense**

Wages/Clinic	\$3,959.00
Wages/Admin & Management	\$749.00
Superannuation/Clinic & Admin	\$447.27
Workshop/Community Education Expenses	\$500.00
Educational Resources	\$1,800.00
Travel & Accommodation	\$3,041.73
Travel Allowance	\$1,086.00
<b>Total Expense</b>	<b>\$11,583.00</b>

**Net Profit (Loss)****\$0.00**

**PROGRAM: Medicare 2015**

<b>Income</b>	
Medicare Assignments	\$131,690.40
<b>Total Income</b>	<b>\$131,690.40</b>
<b>Expense</b>	
Wages/Clinic	\$6,511.81
Wages/Doctors	\$172,226.02
Superannuation/Doctors	\$17,188.19
<b>Total Expense</b>	<b>\$195,926.02</b>
<b>Net Profit (Loss)</b>	<b>(\$64,235.62)</b>

**PROGRAM: USI Implementation**

<b>Income</b>	
Deferred Grant Bought Forward from LYR	\$2,838.00
<b>Total Income</b>	<b>\$2,838.00</b>
<b>Expense</b>	
Wages/Clinic	\$1,481.72
Wages/Admin & Management	\$855.40
Superannuation/Clinic & Admin	\$201.30
Accounting (Consulting Bookkeeping)	\$129.99
Computer Support	\$169.59
<b>Total Expense</b>	<b>\$2,838.00</b>
<b>Net Profit (Loss)</b>	<b>\$0.00</b>

**PROGRAM: Practice Nurse Incentive**

<b>Income</b>	
PNIP Funding	\$4,991.17
<b>Total Income</b>	<b>\$4,991.17</b>
<b>Expense</b>	
Wages/Clinic	\$4,579.06
Superannuation/Clinic & Admin	\$412.11
<b>Total Expense</b>	<b>\$4,991.17</b>
<b>Net Profit (Loss)</b>	<b>\$0.00</b>

**CBF/WEB SITE UPGRADE****Income**

CBF Grant	\$3,600.00
Surplus Deferred to next FYR	(\$3,600.00)
<b>Total Income</b>	<b>\$0.00</b>

**Net Profit (Loss)****\$0.00****PROGRAM: RHCES2 Grant****Income**

Surplus Deferred to next FYR	(\$19,894.56)
Minor Grants	\$29,585.25
<b>Total Income</b>	<b>\$9,690.69</b>

**Expense**

Wages/Admin & Management	\$6,205.84
Superannuation/Clinic & Admin	\$594.37
Advertising	\$275.45
Educational Resources	\$500.00
Maintenance/Equipment	\$865.03
Travel & Accommodation	\$1,250.00
<b>Total Expense</b>	<b>\$9,690.69</b>

**Net Profit (Loss)****\$0.00**

<b>SELF GENERATED FUNDS</b>	
<b>Income</b>	
NTGPE Teaching Allowance	\$855.60
Pregnancy Tests	\$61.18
Professional. consultations	\$10,597.72
Contraception	\$31,475.23
Clinical Training	\$13,004.57
Clinic Sales	\$6,945.24
Course/Workshop Fees	\$60,582.12
Resource Sales/Pamphlets	\$2,493.16
Donations	\$2,165.40
Bank Interest	\$570.83
Hire Training Room	\$13,185.17
FPWNT Membership	\$25,929.32
Other Cost Recoveries	\$1,440.00
Sponsorship	\$1,363.64
<b>Total Income</b>	<b>\$170,669.18</b>
<b>Expense</b>	
Wages/Clinic	\$20,846.62
Wages/Doctors	\$5,292.14
Wages/Admin & Management	\$47,839.25
Superannuation/Clinic & Admin	\$6,210.35
Superannuation/Doctors	\$148.90
Workforce Development	\$2,095.46
Workshop/Community Education Expenses	\$2,995.22
Course Materials	\$160.00
Lecture Fees	\$1,111.36
Clinic Resources	\$1,471.22
Advertising	\$664.30
Cash Discrepancies	(\$255.85)
Educational Resources	\$8,635.62
Equip Clinic <\$5K	\$49.09
Equip Office <\$5K	\$84.50
Meetings & Forums	\$45.95
Postage/Freight	\$390.01
Stationery/Office Consumables	\$196.82
Kilometre Reimbursement	\$54.02
Travel & Accommodation	\$1,832.22
Travel Allowance	\$904.50
<b>Total Expense</b>	<b>\$100,771.70</b>
<b>Other Income</b>	
Surplus on Sale of Cap Asset	\$9,545.45
Bring in Prior Year Provision	\$17,500.00
<b>Total Other Income</b>	<b>\$27,045.45</b>
<b>Net Profit (Loss)</b>	<b>\$96,942.93</b>

The accompanying notes form part of the financial report and are to be read in conjunction with the attached audit report.

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## Staff

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Thank you everyone for another wonderful working year of achievements and challenges.

### Clinic Team

Penny Steele  
Vicki Mattiazzo  
Paul Rivalland  
Kate Bolam  
Kiran Abro  
Barbara Allen

Philippa Wilson  
Amy Moten  
Edna Gadil  
Kirsten Thompson  
Deborah Frost

### Education Team

Genevieve Dally  
Dagmara Zelazny  
Amie Johns  
Jill Briggs

### Volunteers

Rose Burns  
Ashlee Coleman

### Administration

Robyn Wardle  
Kerry Reader  
Joanne Radford  
Gemma Farmer  
Diane Powell  
Amelia Wardle  
Joanne Bond  
Lyn Whitbread  
Emily Arthur

### Outsourced services

Debbie Wilson & Associates  
(finance)  
Territory Technology Solutions  
(IT)



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# Strategic Plan Summary

## OUR VISION

For all Territorians to enjoy good sexual and reproductive health.

## VALUES THAT GUIDE US

We believe sexual and reproductive health and wellbeing is a fundamental right for individuals and communities.

### ORGANISATIONAL VALUES

- Non-judgmental
- Open communication
- Confidential and safe peoples
- Expert and professional providers
- Affordable
- Flexible access

### PRIORITY GROUPS

- Young people (under the age of 25)
- Indigenous people
- Agencies working with vulnerable
- Education/Training Health care

## OUR STRATEGIC GOALS

- Organisational capacity building and governance
- Targeted programs for priority population groups
- Education and Training