

Family Planning Welfare Association of the Northern Territory Incorporated Annual Report

2015-2016

Providing quality service that promotes reproductive and sexual health.

FPWNT

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Acknowledgements

FPWNT wishes to gratefully acknowledge its members as well as thank the following organisations and individuals for their continued support and financial assistance during 2015–2016:

Northern Territory Government

(Departments of Health, Business, Education and Gaming and Licensing)

Ansell International

Bayer Australia Ltd

Centre for Disease Control, NT Department of Health

NT Primary Health Network

Discovery Nightclub

National Rural Health Alliance

Central Business Equipment

The Groove Café

Ms. Pamela Mills & CA technologies

Family Planning Welfare Association of the NT Inc. Annual Report 2015– 2016 was presented at the AGM held on October 24th 2016 in Darwin on behalf of its members, staff and board.

Family Planning Welfare NT Overview

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). Achieved yet – no!!

Management

FPWNT is governed by a voluntary Board of Management (BoM) who is

elected by general members at an Annual General Meeting. 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 generates its own income from annual memberships, training fees, donations and project grants.

Clinical Services Snapshot:

**3,364 Clients; 9,711 service
issues provided**

5% Indigenous clients

**28% of all clients seeking
contraception requested
long-acting reversible
contraception (LARC)**



Photo: LARC (long-acting reversible contraception) methods of contraception: copper T intrauterine device, progesterone implant, hormone intrauterine device

Did you know that the contraceptive implant is 99.95% effective and lasts for 3 years or the hormonal intrauterine device (IUD) is 99.8% effective and lasts for 5 years? The copper intrauterine device is 99.2% effective and lasts for 10 years compare all with the very common combined oral contraceptive pill which is 91% effective and last for only 24 hours.

Client Survey August 2015

“Thanks for friendly, affordable and accessible service”.

“Doctors are compassionate”.

“FP is a vital service especially in regards to women’s sexual health. Well done people.”

Board of Management 2015 – 2016

Board Attendance List:

Board Member	July	August	Sept	OCT AGM	Nov	Feb	March	April	June
President Suzanne Belton	✓	✓	✓	✓		✓	✓		✓
Vice President Shelly Holland		✓	✓	✓	✓	✓	✓	✓	✓
Secretary Anne Davis		✓		✓	✓	✓	✓	✓	✓
Treasurer Fataneh Misaghi						✓		✓	✓
Treasurer Parish Ghimire			✓						
Board Member Polly Hemming	✓			✓	✓	✓	✓	✓	✓
Board Member Sally Bolton	✓	✓	✓		✓	✓	✓	✓	✓
Board Member Belinda Davis	✓			✓					
Board Member Christine Walker							✓		
CEO Robyn Wardle	✓	✓	✓	✓	✓	✓	✓	✓	✓

Family Planning NT Board of Management

Associate Professor Suzanne Belton is a medical anthropologist at the Charles Darwin University and Menzies School of Health Research in Darwin. This is her fourth report as Chairperson of the Board of Management for Family planning Welfare Association NT. Her research interests include maternal health outcomes, reproductive health rights and cross-cultural health. She received her PhD in 2005 from the University of Melbourne and has worked in China, Thailand, Indonesia, 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). She advocates for better sexual and reproductive health services in Australia.

Anne Davis is a registered nurse, a midwife who worked in a variety of medical, surgical and midwifery settings until 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 coordinator for the Tiwi Islands.

Fataneh Misaghi joined the board in November 2015 and became our treasurer. Fataneh's qualifications lie in finance and she is currently working with NT Catholic Schools.

Sally Bolton joined the Board in 2014. She is a senior family lawyer by profession and works at the Northern Territory Legal Aid Commission. Sally has a strong

Community Education Snapshot:

3,313 people attended community education activities.

Topics discussed were puberty, sexual health, contraception, sexuality, women's health.

31% attendance of all health promotion activities, were male.

Condom demonstration (hands on) allowed at high schools.

commitment to social justice in its many guises. She 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.

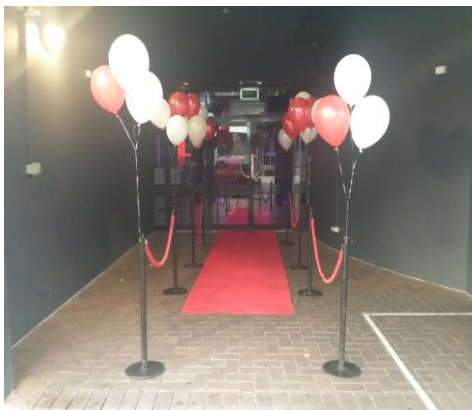
Shelly Holland is currently the business development manager for United Forklift and Access Solutions; her role is to increase exposure and customer base. She thinks outside of the square and has a way of just getting the job done where others have failed. Shelly has a strong background in business development 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 youth through the Darwin Singles Ball and gifting one year's worth of royalties from her book *The Territory Mocktail Book* to FPWNT.

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.

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.

Photos: February 2016 Singles Ball



President's Report



Sexual and reproductive health is an important issue in people's lives. The Northern Territory government, through the office of Women's Policy, released the Framework for Northern Territory Women 2015–2020 that recognises family planning, the ability to space and limit reproduction, as a priority. This is not only a women's issue as men need to understand and participate in managing their fertility and choosing when and how they wish to become fathers. In 2016 Family Planning Welfare Association NT supported reforms to the *Medical Services Act*, the bill which regulates access to abortion. The vote was lost and there was no political will in government to alter the law. This may change with a record number of women voted into parliament and cabinet in September 2016. It is truly ground-breaking for women in the Northern Territory and also Australia. We will continue to advocate for a modern law for the Territory in line with medical and social advancements.

I wish to thank former board members Belinda Davis, Paresh Ghimire, Christina Walker and Polly Hemming who resigned and welcome a new board member Fataneh Misaghi. We renegotiated the CEO's contract and the board has focused on providing governance, policy and strategic support and advice to the CEO. Our financial situation is firmer and we were successful with a fundraising project.

Our staff continues to provide information, education and clinical knowledge on sexual and reproductive health, filling the gap in both the health and education sectors. I would like to thank, on behalf of the board, all of the staff for their hard work and commitment to the organisation and farewell staff members going on to new career opportunities.

We continue to collaborate with other family planning organisations and universities around Australia on sexual and reproductive health advocacy and education. This work extended internationally with a visit from our Indonesian counterparts who visited

for a knowledge exchange, and the board commends the work of staff to support them.

Furthermore we were able to successfully deliver a commonwealth grant for remote education across the Northern Territory.

The Board was pleased with the updated website which provides a professional digital introduction to this 42 year old institution. The board looks forward to 2017.



Dr Suzanne Belton

President

Our Workforce is small considering the NT has the highest rates of STI's and unplanned pregnancies in Australia.

24% Part-Time 72% Casual 4% Full time

Employment service: 46% <5 years 32% >5 years

6% > 15years 6% >25years

CEO's Report



Welcome to 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. Our organisation works hard and provides quality services.

FPWNT core business continued strongly in 2015–2016 with the organisation focusing on education and community health promotion. Peripheral to our core business we continued to fundraise to support our community education programs and continued to advocate for reforming the

Northern Territory *Medical Services Act*.

As we look back at the year 2015–2016, besides our usual challenges, one main decision was reached. During April, we signed a five-year lease to stay in Coconut Grove to deliver both educational training programs and clinical services. Our head office has been in Coconut Grove since November 1999, yes 17 years. Prior to renewing our lease we investigated moving to catch a younger demographic. Unfortunately commercial property in Darwin and Palmerston was higher than we expected and the decision to stay in Coconut Grove was approved by the board.

The Darwin and Palmerston regions over the past few years have experienced an increase of GP practices opening and offering a full bulk billing service. With a population that is comparatively young and the increase in affordable health services, it is wonderful to see our community offered more choice.

During the year we continued to undertake, continuous quality improvements. We deliver quality services that have been built on understanding our clientele's needs through survey and audits. This year we have included a designated space in the annual report for all our survey and audit compliance reports.

Constitution

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. _____

Photo: Family Planning Alliance Australia Reproductive Sexual Health ASTI forum Brisbane



Workforce Development & Community Education Report

I would like to start by thanking all members of the education team: Diana Powell (Administration officer), Dagmara Zelazny (Education Officer), Jillian Briggs (Community Educator), Dr Paul Rivalland (Medical Educator), Genevieve Dally (Education Manager) and our newest recruit to the team Genevieve Jobson nee Jones (Education Officer). The team has worked hard to raise the profile of the organisation and has driven many new and exciting projects designed to build the capacity of the healthcare workforce and the wider community. The team has also had the guidance and expertise from our longest serving medical officer, Dr Penny Steele. Penny's experience is invaluable.

The NT being a mobile workforce, we said farewell to Dagmara Zelazny and Genevieve Dally this year.

This year's report utilises 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 the lead training organisation in reproductive and sexual health in the Northern Territory and carries RTO compliance and status.

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 reproductive and sexual 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. This year, of the 53 participants who attended these units, 94% completed the theory component assessments and a further 31% have completed clinical training components so far.

FPWNT offered clinical placement to 10 Doctors (including training to insert the intrauterine device contraceptive), 19 Nurses and 8 medical students. We supported one of our senior clinicians to travel to the community of Palumpa, located 230 kms south/southwest of Darwin, to deliver clinical training with nurses and Aboriginal Health Practitioners.

FPWNT continues to engage with a number of partner organisations in industry consultation to guide unit content, delivery methods and in order to meet RTO compliance requirements. These partnerships are invaluable and ensure ongoing service delivery to meet the needs of priority populations across the NT. RTO compliance requires a quality indicator annual summary report to be sent to the Australian Skills Quality Authority (who oversees all compliance of training organisations) each year. Our survey report for 2015 showed that 77 surveys were issued and there was a 21% return rate. Interestingly, 69% of the returned responses were from participants aged between 45–64yrs.

Course/Education delivery

Certificate in Sexual and Reproductive Health for Nurses and Doctors

Nurses: this five-day theory course was delivered in Darwin. Sixteen participants attended the course.

Doctors: the five-day course in sexual and reproductive health for doctors was delivered in Darwin during August. The nine participants successfully completed both written and clinical oral assessments. Two Doctors travelled from Alice Springs and one from Katherine.

Accredited Training

Unit HLTAHW027 *Promote Information and Strategies in Sexual Health for Women* for registered Nurses, Midwives and Aboriginal Health Workers was delivered in Darwin, Katherine, Tennant Creek and Alice Springs. A total of 53 Nurses and Midwives attended training and 12 Aboriginal health practitioners. At least a third of all participants came from remote or very remote areas of the Northern Territory.

During the year we were invited to participate in a project to develop a case study resource that promotes Australian exemplars of sexual and reproductive health promotion activities.

Sexual Health and Family Planning ACT is the lead agency in this consortium project, supported by Sexual Health Quarters formerly (Sexual & Reproductive Health Western Australia), Family Planning Victoria, and the Australian Research Centre for Sex, Health & Society (ARCSHS) at La Trobe University, funded by the Australian Government Department of Health.

FPWNT submitted a case study highlighting our Unit HLTAHW027 *Promote Information and Strategies in Sexual Health for Women*. The following is a short piece from our case study report:

RESULTS

Participation in the unit led to significant changes in the health practitioners' practice around cultural safety and reproductive and sexual health promotion.

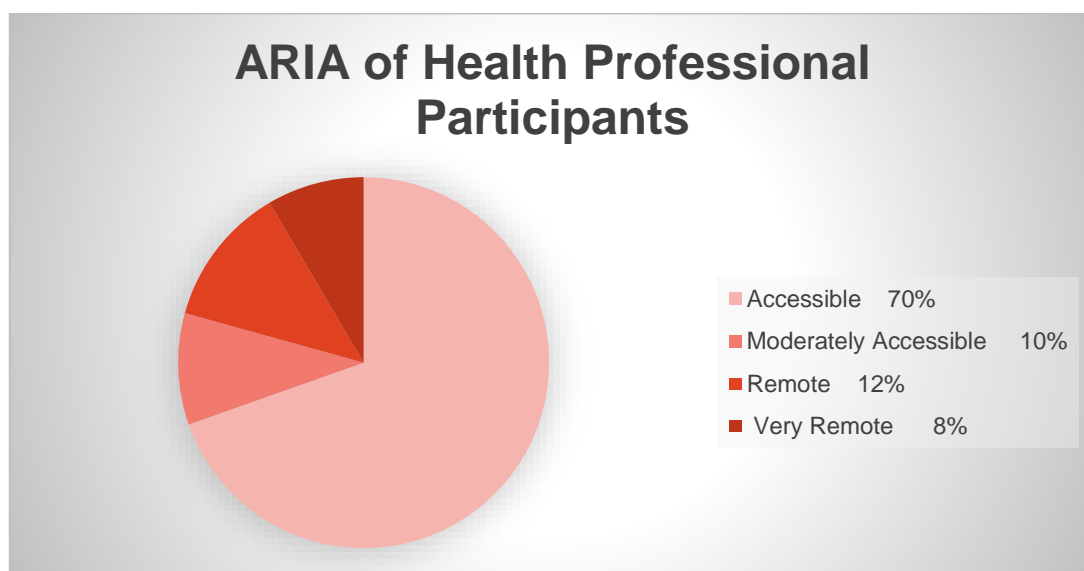
Participants reported improved communication with patients and positive changes in their attitudes towards reproductive and sexual health. In addition, and importantly for typically isolated health workers, participants increased their partnerships and networking as a result of the training. The theory component was particularly successful and resulted in participants feeling more open and less embarrassed talking about reproductive and sexual health with patients and more comfortable taking sexual histories. The clinical component was very useful for participants who were able to complete it, and led to an increase in cervical screening in some remote communities.

SUSTAINABILITY

The sustainability of the positive results of the program depends largely on changing attitudes to sexual health in remote communities so that it is no longer a 'shame' topic. The culturally specific communication skills covered in the unit are a highly valued feature that contributes to the normalisation of sexual health. This particular part of the course could be extended. It will remain vitally important to have Aboriginal presenters

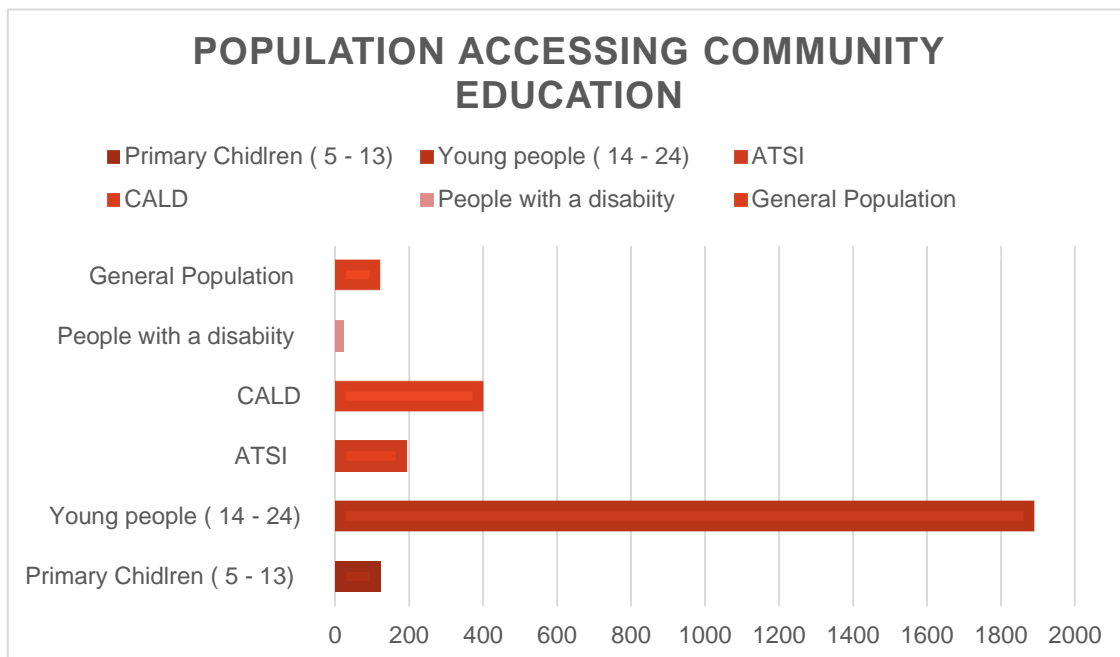
and/or significant input from Aboriginal people in the curriculum content to ensure that it is culturally relevant.

With changes to the cervical screening schedule—making testing every five years instead of two—due to begin in 2017, there is a risk of health workforce de-skilling. In addition, less frequent cervical screening may reduce opportunities for health practitioners to address other areas of a women's reproductive and sexual health. FPWNT will need to modify the Well Women's Health Unit to accommodate these changes.



Community Education

A total of 49 puberty, sexual health and sexuality education sessions were delivered to 2741 students and community members over the previous 12 months. Settings for delivery included youth justice, schools, detention centers, re-engagement centers and residential care programs. Priority populations were targeted in these education workshops with young people identifying as having an intellectual disability, being Indigenous or from a CALD background.



Community Educator

Being a community educator with Family Planning over the past five 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 for students but the teachers too.

The year was busy with requests from schools, both primary and secondary, and supporting community events/activities such as refugee day celebrations in Palmerston. Community event requests were supported by the whole educational team to which I would like to thank.

My year also saw the birth of my son in February and the task of both working and caring was challenging, however, managed.

Annual leave was taken for a few months this year and planning educational sessions before and after my leave was supported by all of Darwin and Palmerston schools – thank you all.

Schools may have requested health promotion during term two however I communicated that I would not be able to assist until term four and they agreed. This demonstrates the value Family Planning NT educators have in our community and school systems.

Jill

Photo: Katherine Course participants.



Staff supported a number of community health events by displaying health messages/information and offering updates. This year we supported World Aids Day, National Condom Day, senior schools' health week expos, cervical and breast

screening awareness campaigns and Immunisation, ovarian cancer awareness and World Refugee Day.

Professional Development workshops

In partnership, FPWNT delivered a number of professional development workshops directly to health professionals: doctors, nurses, medical/nursing students. We delivered sessions on long-acting reversible contraception (LARC), medical termination of pregnancy, progesterone implant insertion workshops and general contraception updates. We delivered a number of educational sessions via teleconferencing link up.

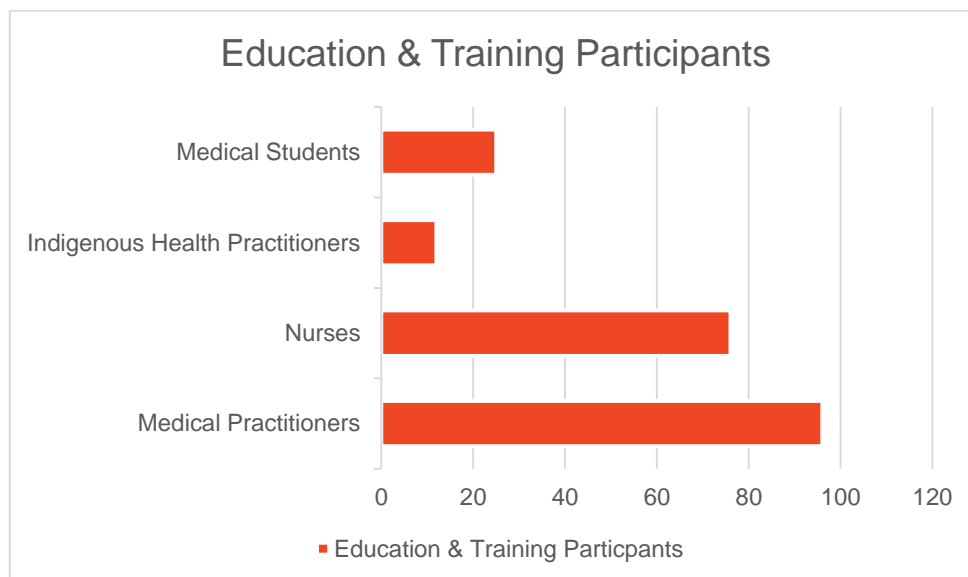
Our Workforce Professional Development




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:

- first aid training
- Australian Sexual Health Conference 2015
- Australian Institute of Company Directors x3 units undertaken
- ACNC Update (Australian Charity Commission)
- one staff completed Certificate IV in Training & Assessment TAE10
- ASPOG Conference paper/attendance.
- medical termination training
- association forum conference
- webinars were attended on topics addressing RTO student management systems/STI/HIV updates
- FPWNT staff support RSH National agendas: FGC/M, ASTI, ASHM, research forums
- FPWNT staff supported RSH NT agendas: domestic violence, Family Safety Framework, cancer screening network, SWOP, SHAG.



Photo: Educator Genevieve Dally ASPOG Conference



 <p>Grant</p> <ul style="list-style-type: none"> • FPWNT received two community benefit grants: one to upgrade our website and the second to purchase educational resources. 	 <p>Clinic</p> <ul style="list-style-type: none"> • We opened up our Saturday morning drop-in clinic to all ages. Audit results show the average age of attendance is 24yrs. 	 <p>Legislation reform</p> <ul style="list-style-type: none"> • We continued to support advocacy to reform the NT <i>Medical Services Act</i>. Women in the NT have limited abortion services.
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International Work

In March, we were asked if we could assist a small group of directors from various Indonesian non-government organisations in a knowledge exchange. The group would be travelling to Darwin in May. PERMAMPU is a consortium of 8 women organisations in Sumatera and was established in 2012. Its objective is: “to strengthen grassroots women’s leadership for poverty elimination through the protection and fulfillment of women’s sexual reproductive health and rights, particularly in rural and urban poor areas”.

Five directors from 8 organisations were able to attend and welcomed to FPWNT. Support in education programs and clinical environments was offered. We hope to continue this relationship of support into the years ahead.

With many successes behind us and many more to come the education team would also 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.

Education Team



Above photo: Clinic coordinator Kirsten Thompson with our Indonesian friends.

Below our CEO Robyn Wardle attempting a selfie with our new friends.



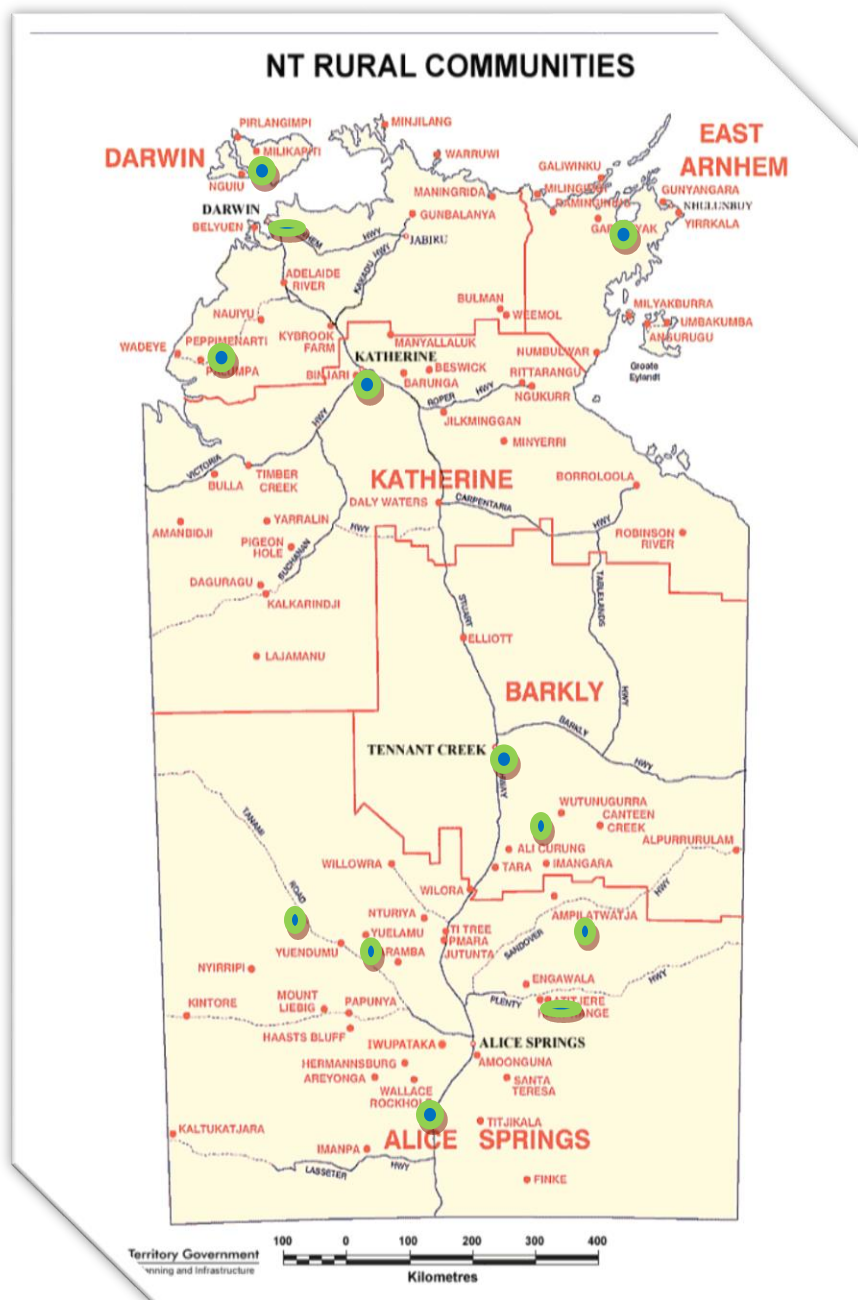


Figure 1.

Participants attending Family Planning education came from - across the Territory

Clinic Advisory Group***Chair: Medical Director Doctor Penny Steele***

The Clinic Advisory Group (CAG) was formed a number of years ago to make sure FPWNT worked within quality practice guidelines.

The group, comprised of the medical director, clinic coordinator and senior receptionist, meet regularly to discuss clinical issues, clinical policy guidelines and best practice.

This year the advisory group worked on: emergency equipment update and for our new premises in Palmerston, intrauterine contraceptive device clinical training processes, contraception changes, pathology audits, Saturday drop-in clinic clientele changes, clinical guidelines review and recall systems, MD3/Pracsoft clinic software referral and letter template updates and a new doctor chaperone policy.

Kerry Reader Senior Receptionist

Clinic Statistics: Darwin and Palmerston clinics combined



Clinical Service Report

A total of 626 clinics were delivered during this past financial year, with 135 of them at our Palmerston site. 3,364 client visits to our clinics with 9,711 sexual and reproductive health issues identified and addressed during the consultations. We had 5% of our clients identify as Indigenous, 5% were male and two were transgender clients. Our clients come from a range of diverse backgrounds and needs, and everyone is given the respect and help they require. Our Palmerston clinic is open three days per fortnight and is staffed by a registered nurse and two doctors.

During the second half of this year, after undergoing research into the local cost of health services, we changed to a complete bulk-billing service to try and remain competitive in the current market.

Our client information support service (CISS), remains a nine hour/week funded service. The majority of work is related to information and pathology results and clients dropping in for pregnancy discussion. Also, during this time, we have supported adolescents from a local special needs school for one-on-one health sessions regarding sexual health and safety with carers and teachers' aides.

Clinical staff have continued to advocate for reform to the NT *Medical Services Act*. This *Act* now requires modernisation and updating to reflect the health services/practices that are offered to all women in Australia. We are still surprised how many professional health practitioners are not aware of abortion law in the NT and provide incorrect information to their clients.

In all our clinics, we continued to enforce routine domestic violence screening. This screening is guided by the NTG's Family Safety Framework. Domestic violence routine screening refers to systematically asking all new female clients (16 years and over) about whether they have experienced domestic violence and feel safe in their own home. Standard questions are asked with a clear protocol for intervention guided by the client's responses. The screening protocol also includes four questions which assess the safety and wellbeing of children. A clear referral pathway including a safety assessment, referral options and a process for follow up is documented and followed by clinicians. The NTG offers free training in how the Family Safety Framework Strategy works. Domestic violence is a crime that negatively impacts upon reproductive and sexual health particularly as it may be linked to fertility control and sexual health issues.

Clinical training

Four doctors completed the reproductive and sexual health clinical training course for doctors, after having completed the five-day theory component. This course is nationally accredited with the RACGP. A further five doctor's completed training in intrauterine device (IUD) insertion technique requiring two or three clinics each. To gain this qualification in IUD insertion doctors must complete an online theory program then proceed to undertake clinical IUD training with FPWNT.

This year one GP4 Registrar completed her training and another commenced his six-month training rotation. Supporting a male trainee doctor has enlightened us to offering women a chaperone service consultation and naturally with this brings an added cost to services.

Four registered nurses completed clinical training placement to gain the sexual and reproductive health certificate. To obtain competency, nurses are required to complete a five-day theory course prior to the commencement of clinical training. Clinical training may take one to two weeks duration and we also ask trainees to attend one off-site clinic with the Northern Territory Government (Clinic 34). Thank you to all the staff at Clinic 34 for your continued support.

A further six nurses completed the well women's screening unit HLTAHW027 by attending clinical training in our Darwin clinic. Clinical training is normally attended to by the nurse in their own workplace however this can be a problem and FPWNT offers placement to assist and support. Overall, clinical training for doctors, nurses and Aboriginal Health practitioners took place in 40% of our clinics.

During this period we were able to support one of our senior clinical assessors travelling to the remote community of Palumpa located 240kms south/southwest of Darwin to undertake clinical training with nurses and Aboriginal health practitioners. Palumpa's population is approximately 390 people and health employees were finding it difficult to be assessed in clinical competency. We will be continuing to engage with the NTG to offer clinical training options in the workplace in remote communities. Travelling to Darwin to complete clinical training can be difficult to arrange.

We also supported one senior doctor to undertake IUD clinical training in a doctor's workplace within an Aboriginal Medical service in Darwin.

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.

I would like to acknowledge and welcome our new clinical staff Drs. Cathy Dugdale and Paul Rodrigado, plus welcome receptionist Peta-Jane Goodrem to our team. We said farewell this year to Lyn Whitbread and Adriana Burton. Supporting our clinical workforce in professional development was achieved and gratefully accepted. Having all our receptionists with first aid qualifications is a standard we want in this work space.

We have all worked hard and no doubt looking forward to another bright year ahead.

Kirsten Thompson
Clinic Coordinator



Reception Report

It has been a busy year for reception staff. We embarked on training all new staff in first aid so that all staff can provide assistance in an acute situation. This is a skill which these staff members can use in all facets of their lives.

Through the year two of our receptionist left us, Lyn Whitbread and Adriana Burton, we truly wish them all the best in their future endeavors. We welcomed Peta Goodrem to the Family Planning team and Emily and Amelia continued in their roles completing amazing work. Amelia created a reception guideline manual which is modern and user friendly.

Our monthly health promotion display board continues to attract comments and start conversations in the reception waiting room and our newly reconstructed client file and membership documents are proving to be successful. We continued to learn and navigate the frequent change/updates to our clinical electronic data systems and manage yearly client file archiving policies.

Each year we organise the client survey audit in the month of August. We were very pleased to find our clientele say *reception staff are friendly and courteous*.

Our reception manager Kerry, has continued in her role as a work health and safety representative and produces informative newsletters for our workforce twice a year.

Receptionist are the face of any organisation and they must be prepared and polite at all times. Aggressive clients require careful management and I am proud to inform our readers all our receptionists act professionally and polite at all times.

Thank you to an amazing team.

Kerry Reader
Reception Manager

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

Figure 1a. Services provided to our clients. Analysis shows that people attend largely for gynecology, STI check-ups and contraception. The average duration of each visit is 35 minutes.

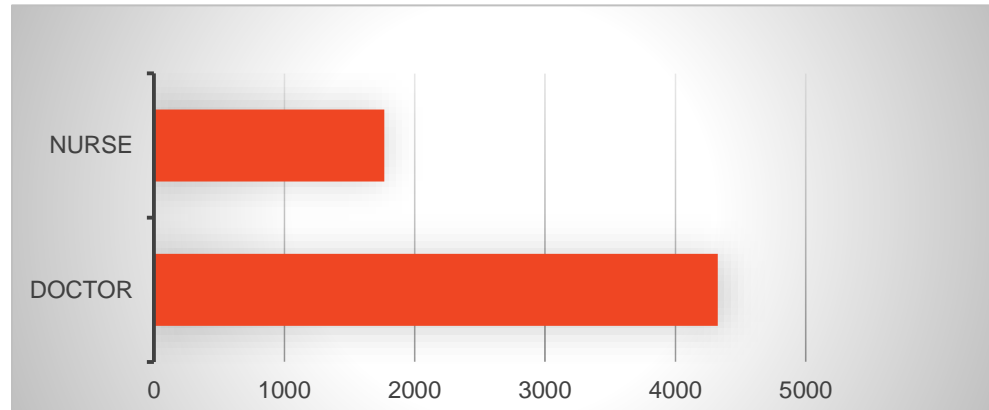
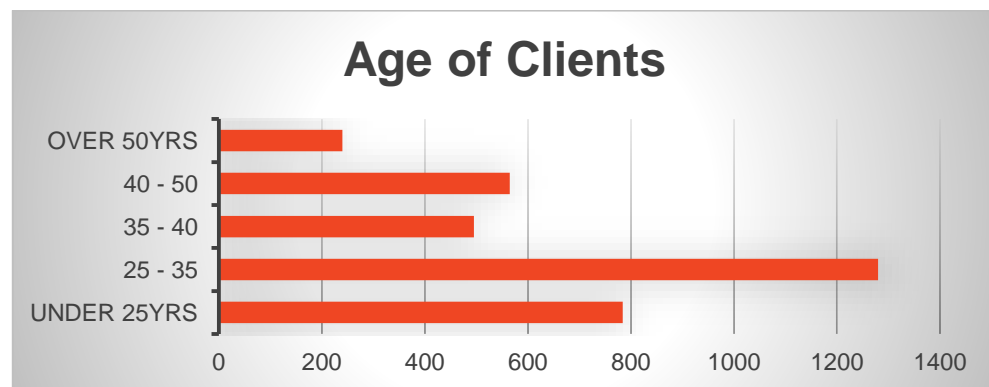
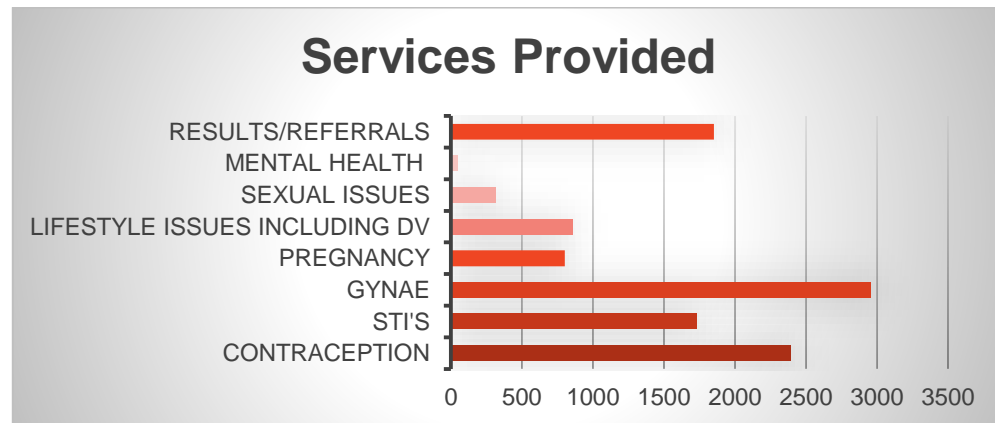


Figure 1b: Age of our Clients. The vast majority of our clients believe our services are affordable with quality care. Our clients feel very satisfied with all our services.



Special Purpose Financial Report

For the year ending 30 June 2016

Contents

Statement by the Management Committee

Independent Audit Report

Balance Sheet

Profit and Loss

Notes to, and forming part of, the financial statements

STATEMENT BY THE MANAGEMENT COMMITTEE

for the year ended 30th June 2016

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 30th June 2016 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
Shelly Holland	Vice President
Anne Davis	Secretary
Fataneh Misaghi	Treasurer
Polly Hemming	Board Member
Sally Bolton	Board Member
Christina Walker	Board Member (resigned May 2016)
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 deficit of the association for the relevant financial year was ~~-\$33,592.19~~.
Operating surplus was \$5,807.81

Signed at Darwin on 12 / 09 / 2016



President



vice President

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

SUSANNE LEE & ASSOCIATES PTY LTD

CERTIFIED PRACTISING ACCOUNTANTS

Mailing Address QLD
PO Box 475 Mudgeeraba QLD 4213
Mobile 0418 897 757
Email suelee@bigpond.net.au

Registered Office QLD
3 Firth Place Mudgeeraba 4213
ABN: 29 161 528 481

INDEPENDENT AUDIT REPORT**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 2016. 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 2016 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, FCPA

DATED: 10 August 2016

Family Planning Welfare Association of the NT Inc.

Balance Sheet

June 2016

	This Year	Last Year
ASSETS		
Current Assets		
Bank Accounts		
Cheque Account	\$27,242.68	\$36,214.56
Cash Management Account	\$278,678.64	\$192,014.40
Leave Accruals Account	\$116,377.38	\$114,905.23
Course Fees Account	\$2.00	\$3,592.00
Total Bank Accounts	\$422,300.70	\$346,726.19
Floats/Clearing Accounts		
Clinic Floats/Darwin/Katherine/Palmerston	\$850.00	\$850.00
Receipt Clearing Account	\$765.00	\$36.10
Total Floats/Clearing Accounts	\$1,615.00	\$886.10
Other Current Assets		
Bond - Coconut Grove Office	\$7,321.66	\$0.00
Trade Debtors	\$14,855.00	\$14,095.92
Total Other Current Assets	\$22,176.66	\$14,095.92
Prepayments		
Prepaid FBT Instalments	\$1,704.00	\$0.00
Prepaid Rent	\$7,500.00	\$7,321.66
Prepaid Membership	\$545.45	\$0.00
Prepaid Expenses - Other	\$226.36	\$0.00
Total Prepayments	\$9,975.81	\$7,321.66
Total Current Assets	\$456,068.17	\$369,029.87
Non-Current Assets		
Plant and Equipment >\$5K	\$15,678.19	\$15,678.19
Accumulated Depreciation	-\$8,328.26	-\$2,056.98
Motor Vehicles at Cost	\$44,416.36	\$44,416.36
Accumulated Depreciation	-\$13,622.85	-\$3,629.18
Total Non-Current Assets	\$38,143.44	\$54,408.39
Total ASSETS	\$494,211.61	\$423,438.26

Family Planning Welfare Association of the NT Inc. Balance Sheet

June 2016

	This Year	Last Year
LIABILITIES		
Current Liabilities		
ANZ Business Card	\$0.00	\$3,040.02
Trade Creditors	\$45,832.24	\$35,477.65
Accrued Audit Fees	\$6,500.00	\$6,500.00
Accrued Expenses - Other	\$1,976.45	\$0.00
Prepaid Income	\$18,786.35	\$872.73
Total Current Liabilities	\$73,095.04	\$45,890.40
Employee Provisions		
Annual Leave Provision	\$37,900.00	\$38,256.00
Long Service Leave Provision	\$44,179.00	\$39,087.00
Redundancy Provision	\$36,366.00	\$35,655.00
Total Employee Provisions	\$118,445.00	\$112,998.00
Other Provisions		
Provision for ICT Replacement	\$22,000.00	\$2,321.81
Provision for MV Replacement	\$30,000.00	\$0.00
Provision for relocation costs	\$0.00	\$19,756.16
Provision for Leasehold Restoration	\$45,000.00	\$45,000.00
Provision for Legal Fees	\$15,000.00	\$5,000.00
Provision for Insurance Increase	\$0.00	\$4,000.00
Contingency Provision	\$40,000.00	\$0.00
Provision for Work-Force Development	\$5,000.00	\$0.00
Total Other Provisions	\$157,000.00	\$76,077.97
Deferred Grants/Funds		
Unexpended Gr/Defer Deficit/Well Women	\$0.00	-\$9,783.09
Unexpended Grant/CBF Education	\$4,510.00	\$0.00
Unexpended Grant/RHCES	\$0.00	\$19,894.56
Unexpended Grant/Website Upgrade	\$0.00	\$3,600.00
Total Deferred Grants/Funds		\$13,711.47
GST Liability		
GST Collected on Sales	\$1,350.46	\$1,267.80
GST Paid on Purchases	-\$760.66	-\$671.34
Total GST Liability	\$589.80	\$596.46
Total LIABILITIES	\$353,639.84	\$249,274.30
Net ASSETS	\$140,571.77	\$174,163.96
EQUITY		
Retained Earnings	\$174,163.96	\$92,014.62
Current Year Earnings	-\$33,592.19	\$82,149.34
Total EQUITY	\$140,571.77	\$174,163.96

Family Planning Welfare Association of the NT Inc.
Profit & Loss
July 2015 through June 2016

	This Year	Last Year
INCOME		
Core Funding		
Core Funding/NTDOH (Commonwealth)	\$300,456.00	\$394,528.00
Core Funding/NTDOH (NT)	\$404,397.00	\$292,046.00
Core Funding Grant Indexation (Commonwealth)	\$8,653.00	\$11,116.00
Core Funding Grant Indexation (NT)	\$10,899.00	\$0.00
Total Core Funding	\$724,405.00	\$697,690.00
Project Grant Funding		
Deferred Grant Bought Forward from LYR	\$23,494.56	\$2,838.00
Deferred Deficit Bought Forward from LYR	(\$9,783.09)	\$0.00
CBF Grant	\$4,691.82	\$3,600.00
Women's Health Grant (DoH)	\$66,349.00	\$70,075.00
Surplus Deferred to next FYR	(\$4,510.00)	(\$23,494.56)
Deficit Deferred to next FYR	\$0.00	\$9,783.09
PNIP Funding	\$0.00	\$4,991.17
Minor Grants	\$0.00	\$29,585.25
NTGPE Teaching Allowance	\$1,728.00	\$855.60
Rural Health Education Grant	\$3,287.25	\$0.00
Total Project Grant Funding	\$85,257.54	\$98,233.55
Clinic Services		
Pregnancy Tests	\$199.99	\$61.18
Professional consultations	\$4,554.27	\$10,597.72
Contraception	\$34,375.75	\$31,475.23
Clinical Training	\$9,195.47	\$13,004.57
Clinic Sales	\$1,418.15	\$6,945.24
Medicare Assignments	\$179,207.50	\$131,690.40
Total Clinic Services	\$228,951.13	\$193,774.34
Training & Education Services		
Course/Workshop Fees	\$58,892.21	\$60,582.12
Resource Sales/Pamphlets	\$5,167.72	\$2,493.16
Community Education Fees	\$1,609.09	\$0.00
Total Training & Education Services	\$65,669.02	\$63,075.28
General		
Donations	\$3,473.53	\$2,165.40
Bank Interest	\$1,472.15	\$2,283.38
Hire Training Room	\$6,228.37	\$13,185.17
FPWNT Membership	\$18,837.98	\$25,929.32
Travel/Accommodation Cost Recovery	\$1,881.76	\$0.00
Other Cost Recovery Income	\$591.82	\$1,440.00
Fundraising	\$2,400.00	\$0.00
Sponsorship	\$0.00	\$1,363.64
Bring in Prior Year Provisions	\$22,505.73	\$0.00
Total General Income	\$57,391.34	\$46,366.91
Total INCOME	\$1,161,674.03	\$1,099,140.08

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

Family Planning Welfare Association of the NT Inc.
Profit & Loss

July 2015 through June 2016

	This Year	Last Year
EXPENSES		
Employment Expenses	\$741,732.69	\$736,396.98
Education Costs	\$9,845.27	\$8,227.00
Clinic Costs	\$22,705.23	\$22,048.91
Operational/Administration Expenses	\$183,477.14	\$145,761.71
Motor Vehicle Expenses	\$35,224.90	\$2,291.09
Insurance	\$24,154.31	\$33,136.53
Travel & Travel Allowances	\$17,866.02	\$21,150.73
Occupancy Expenses	\$120,860.66	\$130,151.43
Total EXPENSES	\$1,155,866.22	\$1,099,164.38
 OPERATING PROFIT	 \$5,807.81	 (\$24.30)
 OTHER INCOME		
Surplus on Sale of Cap Asset	\$0.00	\$9,545.45
Bring in Prior Year Provision	\$0.00	\$17,500.00
Provisions Allocated	\$0.00	\$29,678.19
Non Cash Donation-NTG	\$0.00	\$25,450.00
Prior Year Adjustment	\$600.00	\$0.00
Total OTHER INCOME	\$600.00	\$82,173.64
 Other Expenses		
Transfer SGF to Contingency	\$40,000.00	\$0.00
Total Other Expenses	\$40,000.00	\$0.00
 Net PROFIT/(LOSS)	 (\$33,592.19)	 \$82,149.34

**FAMILY PLANNING WELFARE ASSOCIATION OF THE NT
INCORPORATED****INCOME & EXPENDITURE REPORT****Reporting Period: July 2015 To June 2016****PROGRAM: Medicare 2016**

Income	
Medicare Assignments	\$179,207.50
Total Income	\$179,207.50
Expense	
Wages/Clinic	\$15,982.50
Wages/Doctors	\$179,784.23
Wages Admin & Management	\$630.35
Superannuation/Doctors	\$18,541.03
Total Expense	\$214,938.11
Net Profit (Loss)	(\$35,730.61)

**FAMILY PLANNING WELFARE ASSOCIATION OF THE NT
INCORPORATED
NOTES TO, AND FORMING PART OF, THE FINANCIAL
STATEMENTS for the year ended 30 June 2016**

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.

LAND

The association operates from rented premises in the Clock Tower in Coconut Grove. A new 5 year lease has been negotiated.

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

Quality Improvement

Pathology Audit:

We conduct regular pathology, imaging and pap smear audits to ensure we provide a best-practice service, care and follow up. A continuous four-month pathology audit of pap testing was concluded in March. Firstly, 100% electronic pathology results were successfully returned to FPWNT's medical system. The results also demonstrated a 83.7% endocervical capture rate. National Guidelines determine that a pap provider must attain 75% to be deemed competent. Our nurses attained a 92% success rate of correct cell collection. Congratulations to our clinical team.

Clinical training survey:

"Supervisors were excellent...my sexual history taking skills need to improve."

"Definitely more confident... and interesting area of work."

Registered Training Organisation Compliance:

Each year a quality indicator annual summary report is sent to the Australian Skills Quality Authority who oversees all compliance of training organisations.

Our survey report for 2015 showed 77 surveys were issued to students, with a 21% return rate. We have tried various ways to increasing our return percentage for surveys and will not give up in trying to achieve at least a 50% return rate in the future.

Student survey response highlights were:

- "training is delivered in a very supportive adult learning environment"
- "objectives were being met"
- "support and willingness to assist learners is great"
- students pleased to see training offered in Tennant Creek and Katherine.

Ten student employee surveys were issued, with a 40% return rate. One employee felt we needed to offer more training in local remote areas and not just focus on Darwin and Alice Springs.

Education surveys:

“very knowledgeable doctors...would be great to have more hands on”.

“Could we have more information on: men’s health, Hepatitis B, menstrual disorders?”

“session was excellent & covered all aspects of puberty at year 5 and 6 level” and
“honest delivery” (community educator).

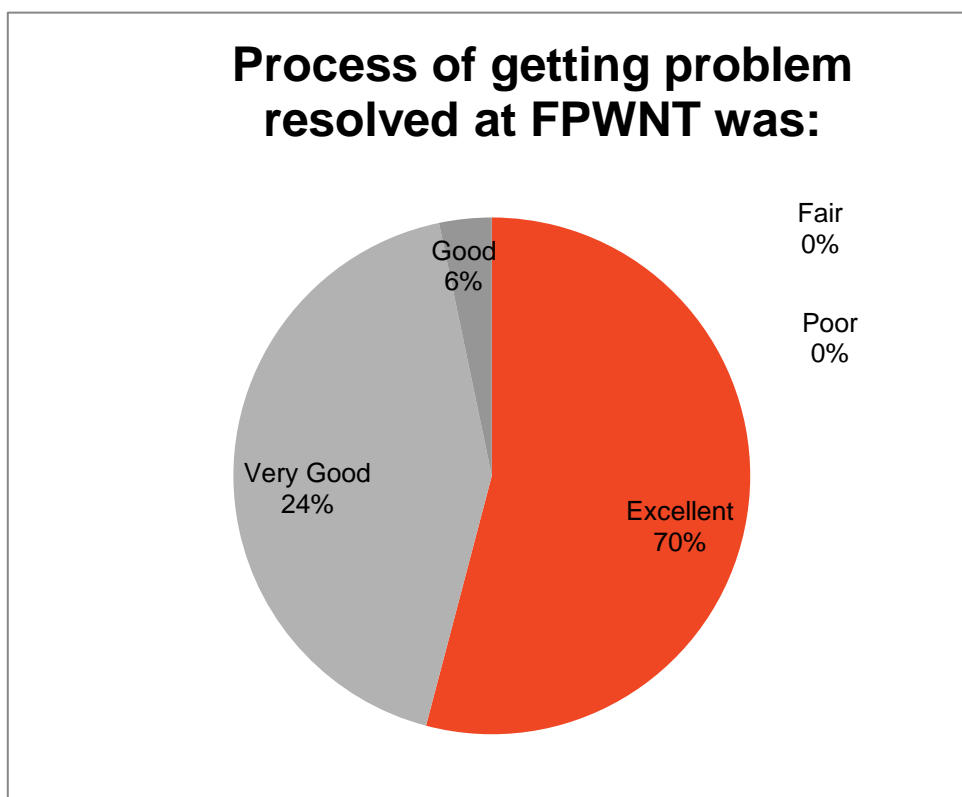
“I enjoy working with passionate people to improve SRH services”

Telephone Survey:

263 phone calls each week requesting appointments, results, information.
Pregnancy information is the main topic for telephone information and support.

Website:

1054 website visits each month



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	PRIORITY GROUPS
Non-judgmental	Young people
Open communication	Indigenous people
Confidential and safe	Agencies working with
Affordable	vulnerable peoples
Expert and professional	Education/training health care
Flexible access	providers

OUR STRATEGIC GOALS

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

NTG office of Women's Policy Framework for Northern Territory Women

2015 – 2020. *The Northern Territory Government, through the Women's Health Strategic Unit in the Department of Health recognises the need for policy and program approached that respond to the different requirements of women and men and that some health issues are unique to, more common, or more serious for women. These include **sexual and reproductive health (including family planning)**, child birth and support for parenting, breast and cervical cancer prevention, the profound impact of family and sexual violence, primary care giving, and stress relating to the multiple roles.*

Thank you Polly Hemming and Ted Decker for reviewing/editing our Annual Report. X