



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

**2021-2022**

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

**FPWANT**

Tel 08 89 48 0144  
Fax 08 89 480 626

PO Box 503  
Nightcliff NT 0814

[www.fpwnt.com.au](http://www.fpwnt.com.au)

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## Acknowledgements

FPWANT wishes to acknowledge the Larrakia people as the Traditional Owners of the Darwin, Palmerston region and pay our respects to elders past, present and emerging.

We would also like to gratefully acknowledge its members as well as thank the following organisations and individuals for their continued support and financial assistance during

2021–2022: Northern Territory Government -Department of Health Top End Health Services, Department of Trade Business and Innovation, Territory Families and the Department of the Attorney-General and Justice. Ansell International, Territory Technology Solutions. Special mention to a number of 'friends of FPNT' who gave generous donations this year.



Family Planning Welfare Association of the NT Inc. Annual Report 2021– 2022 was presented at the AGM held on November 7<sup>th</sup> 2022 in Darwin on behalf of its members, staff and board of management.

Cover photo: THANK YOU card designed and drawn by Stefanie, one of our GP registrars and we love it.

## Family Planning Welfare NT Overview

CELEBRATING its 50<sup>th</sup> BIRTHDAY in 2023

Family Planning Welfare Association 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 (FPWANT), 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 FPWANT are guided by the outcomes of the 1994 UN Population Fund (UNFPA) International Conference on Population

and Development (ICPD). FPWANT is a member of the Asia Pacific Alliance.

On 1<sup>st</sup> January 2016, the 17 Sustainable Development Goals (SDGs) of the 2013 Agenda for Sustainable Development – adopted by world leaders in September 2015 at an historic United Nations summit – officially came into force. Over the next fifteen years, with these Goals that universally apply to all, countries will mobilize efforts to end all forms of poverty, fight inequalities and tackle climate change, while ensuring that no one is left behind. Countries have the primary responsibility for follow-up and review of the progress made in implementing the Goals, which will require quality, accessible and timely data collection.

The three Goals that relate to Family Planning Welfare Association NT:



**Goal 3: Ensure healthy lives and promote well-being for all at all ages.**

**3.4** By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.

**3.7** By 2030, ensure universal access to sexual and reproductive health care services, including for family planning, information and education and the integration of reproductive health into national strategies and programmes.

**3.8** Achieve universal health coverage, including financial risk protection, access to quality essential health care services and access to safe effective quality and affordable essential medicines and vaccines for all.

**Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.**

**4.5** By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations.

**Goal 5: Achieve gender equality and empower all women and girls.**

**5.1** End all forms of discrimination against all women and girls everywhere.

**5.2** Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.

**5.3** Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.

**5.6** Ensure universal access to sexual and reproductive health rights as agreed in accordance with the Programme of Action of the

International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.

### Management

FPWANT 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 FPWANT policy, and is responsible for governance. All operational matters are the responsibility of the Chief Executive Officer (CEO). The Public Officer for the Association is appointed by the BoM.

### Funding

FPWANT is funded by Top End Health Services. FPWANT generates its own income from annual memberships, education fees, donations and project grants.



Photo: Our wonderful receptionists



Planet Puberty is a digital resource suite by Family Planning NSW that aims to provide parents and carers of children with intellectual disability and/or autism spectrum disorder with the latest information, strategies and resources for supporting their child through puberty.

These resources cover everything a child needs to know as they go through puberty, including information about body changes, hygiene, periods, emotions and relationships.

<https://www.planetpuberty.org.au>

## Board of Management 2021 – 2022

### Board Attendance List:

Board	6 <sup>th</sup> Sept	25 <sup>th</sup> Oct + AGM	6 <sup>th</sup> Dec	7 <sup>th</sup> March	24 <sup>th</sup> May
Anne Davis Chair person	✓	✓	X	✓	✓
Amy Dennison Vice Chair	✓	✓	✓	X	✓
Geraldine Lee Secretary	✓	✓	Resigned AGM 25 <sup>th</sup> October 2021		
Julie Ngahere Board Member	X	X	✓	✓	Resigned 9 <sup>th</sup> May 2022
Maureen Kohlman Secretary	X	✓	✓	✓	With a heavy heart Maureen passed away suddenly, 11 <sup>th</sup> May 2022
Michael Garrard Board Member	✓	✓	✓	✓	✓
Samantha Chung Board Member	Joined 9 <sup>th</sup> May 2022				✓
Yvette Wilkes Treasurer	Resigned 14 <sup>th</sup> July 2021				
Robyn Wardle Public Officer	✓	✓	✓	✓	✓

**Anne Davis** currently manages the Remote Sexual Health Program for Top End Health Service DOH. Anne is a Registered Nurse and 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. Two and a half years after arriving in the Territory Anne left to take up a position of CEO Health Service Manager of a Bush Nursing Hospital in Victoria. On her return to the Territory she was employed as a Senior Project Office to lead the Donovanosis Eradication Project and later she established the first Darwin-based Midwifery Group Practice. Anne has worked in many challenging environments and enjoys working in the area of change management.

**Amy Dennison** is currently the Executive Director of Environmental Regulation in the Department of Environment, Parks and Water Security. Her current focus is to administer the



Northern Territory's environmental laws and lead programs to improve environmental outcomes in the Northern Territory. Amy has a Bachelor of Environmental Engineering with first class Honours and the University Medal from UNSW, a Bachelor and a Masters of Laws and a Masters in Public Administration from the Harvard Kennedy School of Government. She is currently completing a Masters of Liberal Arts (Sustainability) from the Harvard Extension School.

**Jules Ngahere-** Tena koutou katoa, (greetings to you all). I am wahine Maori from Aotearoa, New Zealand. I am relatively new to the Territory, having been here since 2012 and I have developed an appreciation for the Top End weather and lifestyle. I am a Social Worker and have worked in the Corrections and Health environments since my arrival to Australia eleven years ago. I started out in Western Australia, working in Community Corrections and subsequently won a role working for NT Correctional Services in the Barkly Region, establishing the Reintegration program at the Barkly Work camp.

I remained in that role for 18 months before relocating to Darwin to work as a Project Officer supporting the commissioning of the Darwin Correctional Precinct at Holtze. For the last five years I have worked for the Department of Health, in the Women's Health policy and strategy area. Work in this space includes Domestic Family and Sexual Violence, Sexual and Reproductive Health-including termination of pregnancy and sexuality and gender diverse Health.

**Michael Garrard** is a communications and marketing operations professional with over seven years of experience in the media, entertainment and non-profit sectors. He worked for 4 years in creative licensing and marketing for Universal Music Asia Pacific in Sydney before moving to Darwin to take up a position at News Corp Australia overseeing the rollout and execution of new digital marketing products on the News network.

Michael currently manages communications for Jabiru Kablokmakmen Ltd, a company established by the Northern Territory Government and Gundjeihmi Aboriginal Corporation to progress the repurposing of Jabiru from a mining town to an Indigenous led tourism and government service centre. Michael holds a Bachelor of Digital Media and Multimedia Design from UNSW.

**Samantha Chung** Katherine born, Darwin raised, I have a qualification in business management and have nearly completed my Bachelor of Behavioural Science. Having been a previous client at Family Planning NT I am passionate about supporting women's health services. I am currently managing Ruby Gaea Darwin Centre Against Sexual Violence,



previous to that I was working with the Office for Aboriginal and Torres Strait Islander Health (Cth) and the Federal Court Registry in Darwin.

**Geraldine Lee** has lived and worked in Darwin most of her life, with time also spent in Alice Springs. She holds a degree in biological sciences and post graduate qualifications in tropical environmental management. Geraldine has worked the Northern Territory Government for more than twenty years, predominantly in roles that relate to natural resource management. Most recently she has held senior management roles in invasive plant management, pastoral lease administration and on-shore gas development.

**Maureen Kohlman** a previous FPWANT President and board member in the 2000's returned to us in 2020. With sadness Maureen suddenly passed away in May 2022. Our sincere condolences to her husband Gary, boys Stuart and Dan, daughter in laws Rhea and Kate and granddaughters Scarlett and Temperance. Maureen was passionate about improving health wellbeing and providing health education of all Territorians. A dear friend missed by everyone.

**Yvette Wilkes** joined the board in March 2021. Yvette is currently working with the NTG Department of Environment and Natural Resources. She has extensive experience in finance, especially supporting the not-for-profit sector. Unfortunately, Yvette had to resign in July 2021.

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## President's Report



With gratitude to Robyn Wardle, Nursing, Medical and Administration staff I write this annual report as Chair of Family Planning Welfare Association Northern Territory. At the time of this report the Board of Management (BOM) numbers are down to four members as we have lost well regarded members due to increased workloads in their day jobs and private lives. Thank you to Amy Dennison, Geraldine Lee and Julie Ngahere for your wonderful contribution. We have welcomed Samantha Chung to the BOM. It is with much sadness we farewell Maureen Kohlman having passed away suddenly in May 2022.

Our clients have had to wait longer for appointments this year due to workforce shortages. Our programs suffered during the active phase of COVID-19 increasing the cost burden while clinical and administration staff adapted quickly to provide the community and staff an additional layer of hygiene measures to improve safety.

Clinical services have remained active with the main consultation being for Medical Termination of Pregnancy (MTOP) followed by contraception. Telehealth consultations have been offered when safe to provide these services.

Two of our income producing courses scheduled in our training calendar were cancelled due to COVID-19 impacting staffing levels in the remote communities and hospitals. Managers were unable to release staff.

Face to face health promotion training sessions to the community sector were few as learning has shifted to online web based webinars. I believe this will continue to happen.

Generous financial support has continued from clients and colleagues by way of donations – we are grateful for this.

2022 and 2023 will continue to throw up challenges and FPWNT will continue to meet those challenges. People are our strength and we will continue to welcome BOM members

and staff who support the organisations ideals and values. With those people we will celebrate our 50<sup>th</sup> anniversary while looking forward during the 2023 year.

### Anne Davis



### Past Photos



## Treasurer Report

FPWANT is pleased to present the audited financial statement for the year end June 30<sup>th</sup>, 2022 as prepared by Adam Dohnt (FCA) TDH chartered accountants.

FPWANT generated \$1,426,287 revenue which was \$101,851 less than in our previous year. COVID-19 have certainly impacted our revenue along with the increases in consumables and infrastructure.

We continue to be extremely grateful to the Northern Territory Government for continuing our grant funding.

The year ended with a loss of (\$78,760) which is very concerning. Thank you to all staff who have continued to work within a tight budget.

### ***Grant Acknowledgement – THANK YOU***

FPWANT was successful in gaining a number of NT Government grants this year. We would like to thank the Northern Territory Government Departments for their ongoing support and commitment.

Community Benefit Minor Grant - *Photocopier equipment*

Department of Industry, Tourism and Trade – *Business Growth Program Building a Communication Strategy*

## CEO Report



Welcome to Family Planning Welfare Association of the NT (FPWANT) Incorporated 2021 to 2022 annual report, highlighting our year in delivering quality clinical and educational services whilst managing a tight budget, the continued Covid-19 pandemic and a workforce shortage.

The long term challenge for reproductive sexual health services is sourcing a highly skilled medical workforce. Talent acquisition is costly and very time consuming. FPWANT is recognized highly for its workforce support and ensure our workforce is trained appropriately.

Whilst this is a long term concern for employment we also see continued challenges for our clients in access and affordability.

Reproductive sexual health is not always offered at every General Practice clinic or community health center. To access abortion healthcare, clients across the Northern Territory require skills to navigate a complex system. FPWANT receive a number of calls each day from women across the NT requesting further information on the 'how' and 'where'.

The 2021 to 2022 year was another slow Covid 19 year with travel restrictions. All National meetings were held by online communication systems and a number of education training programs cancelled during the year due to remote travel restrictions caused by health staff shortages, this led to a decrease in our income stream.

The recruitment and training of our workforce to deliver clinical services in a safe environment was a priority for us. We saw an increase in demand of services with clients acknowledging and requesting support for domestic and sexual violence. We saw an increase in aggressive behaviors and difficulty in paying for contraception product or procedural fees.

The increase in demand for our services and the difficulty in securing an increase in our core government funding, may lead to FPWANT introducing clinic fees in the 2023 year. We can no longer continue to work in a deficit budget.

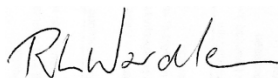
FPWANT remains a primary member of Family Planning Alliance Australia (FPAA) and we are proud to contribute our time and expertise to current national projects and advocacy campaigns plus data reporting. Staff value the chance to contribute to reproductive sexual health national agenda's and are determined that the voices of Territorians are being heard.

We welcome the future Senate inquiry into universal reproductive sexual healthcare. The National Women's Health Strategy states 'universal access to sexual and reproductive health information, treatment and services that offer options to women to empower and control in decision- making about their bodies'. Our voice needs to be loud and appropriately funded.

Thank you to our staff who have managed to maintain a work place that is of quality, high standard and very much respected. The past twelve months have been very overwhelming and you realise the underestimated volume of work everyone has achieved.

I would like to thank the Northern Territory Government Department of Health for their funding support.

In conclusion, a special thank you to the board of management of FPWANT for another supportive year and especially to our chairperson Anne Davis who consistently visits us. A board that focused on governance, policy, legislation, risk and the care of staff.



**Robyn Wardle** Chief Executive Officer

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

Part-Time: 24 %    Casual: 64 %  
Full time: 12 %

Employment service: >25 years 8%,  
>5 years 40%, <5 years 52%,

**Celebrating National Condom Day 14<sup>th</sup> February 2022**

National Condom Day is celebrated on the 14<sup>th</sup> February each year, reminding us to protect your sexual health and the sexual health of your partners. Condoms are the best form of prevention of sexually transmitted infections and help prevent unintended pregnancy.

Our model named 'Bianca' was given a new dress this year. Designed and made by one of our high school work experience trainees and friends using out of date condoms. Thank you so much, Bianca is standing tall.



## Strategic Plan Summary

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### OUR VISION

All Territorians enjoy good reproductive and sexual health.

### MISSION STATEMENT

Family Planning Welfare NT will advocate for and provide enhanced reproductive and sexual health and wellbeing to all Territorians. This will be achieved through the provision of best practice clinical care and contemporary education and information services.

### VALUES

- Pro-Choice – supporting peoples autonomy and right to make decisions in relation to their sexual and reproductive health
- Integrity – maintaining a strong ethical base, being accountable to our stakeholders and being transparent in what we do
- Inclusiveness – respecting and valuing the diversity within our community
- Commitment to excellence – ensuring the highest quality of care in services we provide
- Client centered – placing the rights and dignity of our client at the centre of our work

### STRATEGIC DIRECTIONS

- Increase our reach to provide reproductive and sexual health choices
- Supporting decision making for pregnant people dealing with unplanned pregnancy
- Focus on our priority populations
- Provide and promote evidence-based, trauma informed client centred practice
- Advocate for enhanced reproductive and sexual health rights

### STRATEGIC GOALS

- Delivering quality clinical services
- Providing education and training to health professionals
- Building our workforce capacity
- Developing a growth strategy to ensure the long-term viability and financial sustainability of our services
- Ensuring effective Governance

### PRIORITY POPULATIONS

- Gender and sexuality diverse people in our community
- Young people
- Culturally and linguistically diverse people including newly arrived migrant and refugee people
- Aboriginal and Torres Strait Islander people
- Socio-economically disadvantaged people.

## Constitution

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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 & Community Education Report

Throughout the 2021-2022 financial period Family Planning NT have continued to deliver a range of reproductive and sexual health education opportunities for doctors, nurses, midwives and aboriginal health practitioners in the face of what has been the Northern Territory's most significant covid impact of the past 2 years. Reflecting on this, I wish to make special mention of Belinda Collins our Administration officer whose tirelessly efficient work behind the scenes, has facilitated the smooth delivery of our education services against a backdrop of unpredictable and ever-present change during this reporting period and without whom my job would have been infinitely more difficult .

As always the additional support from both clinical and reception staff continues and I would like to acknowledge Kirsten Thompson (clinic coordinator), Kerry Reader (senior receptionist) and our ever adaptable reception staff, all of whom deserve a noted mention of thanks.

With the heightened impact of pandemic restrictions, came considerable juggling of scheduled training courses and the cancellation of all community sessions for the first half of the current reporting period. Education services resumed from June 2022 however planning of the Well Women's Health Unit and Reproductive & Sexual Health Course for Nurses was a particular challenge given the uncertain and ever changing canvas of potential lockdowns and additional physical distancing requirements that continued in play. The added impact for our remote course registrants was that of travel restrictions in and out of community and the availability of nursing cover, with the flow on effect being late registrant withdrawals and the unavoidable cancellation and rescheduling of courses.

Both the Education Officer and Community Education positions remained vacant for this period.



### Registered Training Organisation Status

Family Planning NT (RTO #2131) is an accredited training centre, which continues until its due date for renewal in December 2025. To meet the Australian Quality Training Framework standards each course is evaluated by the DoH and FPWNT education staff. All documents/assessment tasks are reviewed for continuous improvement taking into account feedback received from both course participants and their employers.

RTO compliance requires each year a quality indicator annual summary report to be sent to the Australian Skills Quality Authority (ASQA) which oversees all compliance of training organisations.

### Accredited Professional Training

The two units on our scope of practice, HLTAHW026 *Provide information and strategies in sexual health for men* and HLTAHW027 *Provide information and strategies in sexual health for women* are part of the Aboriginal Health Practitioners National health training package modules. All training courses offered by FPWANT are supported by Aboriginal & Torres Strait Islander cultural advisors.

Delivery of Unit HLTAHW027 *Provide information and strategies in sexual health for women* was significantly curtailed this financial period with the planned delivery of 4 courses (one in Alice Springs and three in Darwin) reduced to two courses in Darwin only and the rescheduling of the remote course in Alice Springs to October 2022 due to the ongoing impact of pandemic related health workforce issues in Central Australia.

We had no requests for the unit HLTAHW026 and therefore no delivery this year.

Table 1: Course location and registration numbers:

UNIT LOCATION & DATE	NURSES/ MIDWIVES	ABORIGINAL HEALTH PRACTITIONERS	TOTAL
DARWIN July 2021	11	1	12
DARWIN Nov 2021 (cancelled)	12	2	-
DARWIN Mar 2022	11	0	11
ALICE SPRINGS May 2021 (rescheduled)	3	0	-

Table 2: Geographical catchment of registrants:

COURSE ATTENDEES GEOGRAPHICAL CATCHMENT
Darwin, Katherine, Timber Creek, Bulman, Pine Creek, Galiwink'u, Wurrumiyanga, Gapuwiyak, Kalkarinji, Numbulwar, Pirlangimbi, Milingimbi, Tennant Creek, Wadeye, Bachelor, Adelaide River, Gapuwiyak



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

*The Family Planning Australia Alliance (FPAA) Certificate in Reproductive and Sexual Health for Doctors was last delivered in Darwin in 2017.*

As a nationally recognized and RACGP/RANZCOG endorsed curriculum this course has been delivered in-person over five days, attendance at the course requiring availability of leave from the workplace, something that has become increasingly difficult for potential participants over recent years. With this again impacting registration numbers, the course was again cancelled for the current reporting period.

The option exists for doctors interested in pursuing the qualification to attend the theory component of the course through Family Planning elsewhere in Australia and to subsequently complete the clinical component of the qualification at Family Planning NT.



*The Certificate in Reproductive and Sexual Health for Nurses* was delivered in June 2022 with 10 course participants 50% of whom were at the time of attendance employed in remote communities.



“Fantastic course, so diverse & comprehensive... will absolutely recommend it to my colleagues”

- R&SH course participant

### NT Health Education Workforce

Three Progesterone Implant workshops (Implanon NXT) were delivered to Doctors and Nurses in Darwin, and Alice Springs. Two sessions were delivered to nurses in Darwin during the Well Women's Health courses and two trainers travelled to Alice Springs to deliver training to local Hospital clinicians and GPs.

Demand remains high for Implanon NXT training, especially from registered nurses and midwives working for the Northern Territory Government. Each two hour workshop provides theory and clinical simulated practice. FPWNT has continued working in collaboration with the

Department of Health nursing & midwifery educators, to progress training Implanon NXT modules for registered nurses, midwives, doctors and Aboriginal Health Practitioners via the NTGs MyLearning education platform with associated guidelines, standards and training being developed and supported by FPWNT.

IUD insertion training session was delivered to one GP registrar on placement at FPWANT subsequent to completion of their FPAA online theory module.

Twenty two 2nd year medical students from Flinders University Darwin campus attended a session on Reproductive and Sexual Health for young People continuing FPWANT's long standing education partnership with the University.

Family Planning were invited to present a session on 'Having Difficult Conversations' at the Remote Area Midwifery Workshop. This was co presented with AmberNT and delved into the many challenges that arise within the area of termination care and perinatal loss.

Bachelor Institute of Indigenous Education requested we deliver two education sessions on the topic of Reproductive Systems and contraception at their rural campus. In order to deliver this to the 32 students completing their studies in Aboriginal Health Practice in a culturally safe context, we were fortunate to have the support of a male health educator from CDC join us for the sessions.



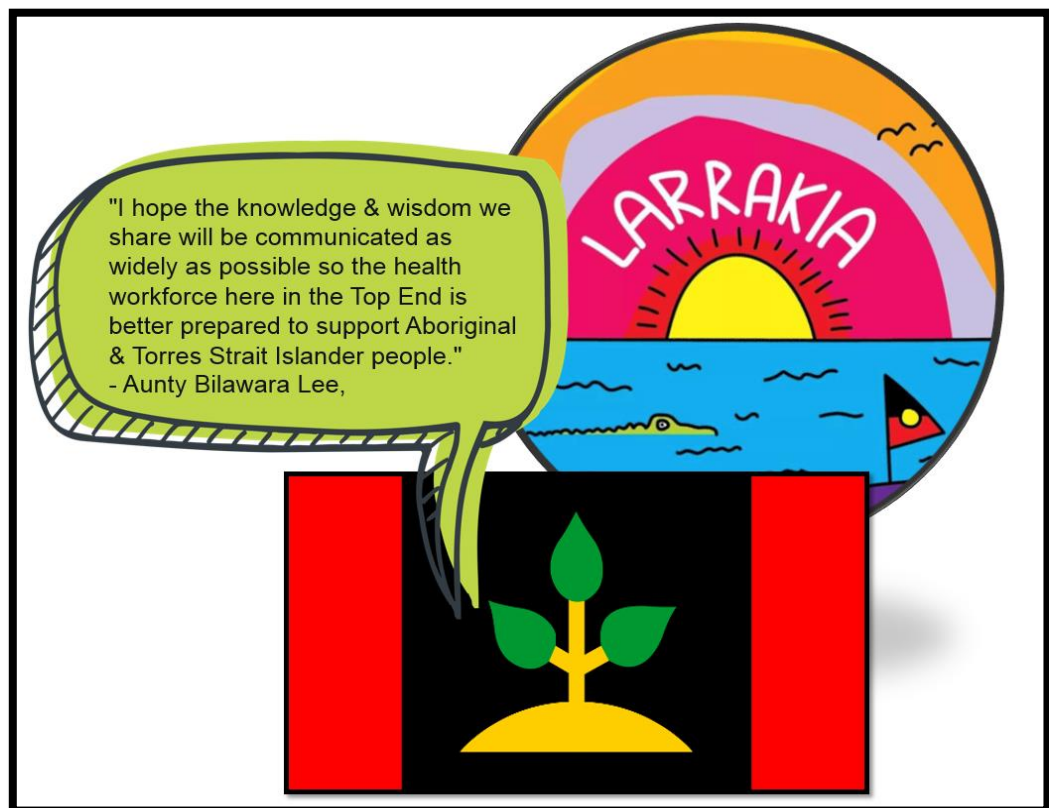


### Community Health Promotion

Although opportunities were scarce this year, a number of FPWANT employees assisted in providing health promotion and education to our community in a variety of ways. The education team would like to thank everyone involved for their support. Included in these opportunities was the Pink Ladies Cancer Council Luncheon with an audience of 200 from across the greater Darwin region. FPWANT also participated in two nationwide webinars, one marking International Abortion Day and the second entitled 'The Vanishing Clitoris' as part of a wider campaign to increase 'clitoracy' across the general population and health sector alike.

The delivery of Community Education has been heavily impacted by both pandemic restrictions and workforce capacity again this year with most planned community events and schools expos cancelled or deferred to 2022. As a combined result of both these factors, no sexual health and relationship education was delivered to primary or middle schools within the Darwin or Palmerston region during this reporting period.

One High School student completed their work experience module with FPWANT during this time, something we hope to continue into the future as part of our community engagement.



### FPWANT Workforce

FPWNT has seen a number of staff comings and goings this reporting year as we have all worked together to navigate the considerable workforce and workplace adaptations that have been dictated by an unpredictable health landscape. Adaptability has certainly been the name of the game and we have been extremely fortunate yet again to have had a resilient collection of good humored health professionals to rely on when the going got tough.

In conclusion, a huge thank you to all our colleagues, networkers and partners for their ongoing support and assistance over what has proven to be an enduring period of change and enforced adaptability.

FPWANT would like to make special mention of the Department of Health for their continued endorsement of our training programmes for the health sector.

We look forward with optimism to a year of renewed growth for our education services in what will mark our 50<sup>th</sup> year of reproductive and sexual health delivery in the Northern Territory.

**Maari Gray** Education Manager

### FPWANT Calendar Events

#### 2021

July 4 <sup>th</sup> to 11 <sup>th</sup>	NAIDOC week
July 11 <sup>th</sup>	World Population Day
July 28 <sup>th</sup>	World Hepatitis Day
September 1 <sup>st</sup>	Prostate Cancer Awareness Month
September 4 <sup>th</sup>	World Sexual Health Day
September 7 <sup>th</sup>	Women's Health Week
September 9 <sup>th</sup>	R U OK Day
September 26 <sup>th</sup>	World Contraception Day
September 26 <sup>th</sup>	Youth Week
September 28 <sup>th</sup>	International Safe Abortion Day
October	Breast Cancer Awareness month
October	Mental Health Awareness
October	Reclaim the Night March NT
November	Cervical Cancer Awareness
November 18 <sup>th</sup>	White Ribbon Day
December 1 <sup>st</sup>	World Aids Day

#### 2022

February 14 <sup>th</sup>	National Condom Day
February	Ovarian Cancer Awareness Month
March 3 <sup>rd</sup>	Sex worker rights day
March 8 <sup>th</sup>	International Women's Day
March 21 <sup>st</sup>	Harmony Day
March 31 <sup>st</sup>	Trans Visibility Day
April	Sexual Assault Awareness Month
May	Domestic and Family Violence Prevention Month
May 17 <sup>th</sup>	International Day against Homophobia and Transphobia
May 3 <sup>rd</sup> Sunday	International AIDS Candlelight Memorial
June 15 <sup>th</sup>	Men's Health Week
June	Pride Month

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## Reception Report

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Our dedicated reception team have achieved the impossible this year. They are our front line voice and manage the daily routine for everyone. This year they saw an increase in aggressive behavior, an increase in the need to change client appointments due to symptoms of covid or cancelling fully booked clinics because of our own workforce illness. We recognize that this can be very frustrating for people, and would like to thank all of our clients for their patience and continued support.

The reception workload varies from facilitating 832 clinics this year, answer/transfer phone calls, distribute and collect internal surveys, banking, Medicare claims, updating pamphlets and more. We are a small team, made up of both part time and casual staff and fully understand when some of us move into other employment. This year we welcomed Claire to our team and said goodbye to Margot who moved Interstate.

Another task set for reception staff is to maintain the Coconut Grove premises display notice board. With our creative hats and talent we provide easy to digest information for clients on a range of topics relevant to our reproductive sexual health services. Over the last year these have included health issues such as: pelvic floor, gender diversity, breast cancer, safe relationships, termination of pregnancy and permanent contraception choices. We try to capture monthly calendar health messages.

FPWANT continued to offer daily clinics in Coconut Grove Darwin and we were open two days a week in our Palmerston clinic. Palmerston is located approximately 20kms from Darwin City and the population around 34,000 is young.

We organized the yearly client survey in September 2021 and received very pleasing results. Ninety-eight per cent of all completed surveys said they were satisfied with the service. Some clients would like longer opening hours or we make available evening clinics. The main reason for attendance to FPWANT was access to a quality workforce and confidentially. People found us to be friendly, helpful and excellent listeners.

Unfortunately, mainly due to covid-19 we found our 'did not arrive' (DNA) clinic client audit still remains high at ten per cent. This impacts on our revenue and moral.

This year reception staff participated in gaining CPR qualifications. FPWANT encourages all employees to attend yearly CPR training and carry first aid certification.

Reception staff continued to monitor covid-19 hygiene measures and mandatory requirements such as face masks. This year 90% of our workforce tested covid-19 positive. Finding staff replacements was difficult and at an extra cost to deliver services.

In conclusion, I would like to say a big overall thank you to all our reception staff over this last year for their hard work and flexibility through the challenges and changes of the last twelve months and a special thank you to PetaJane who managed my workload when I took long service leave in 2021.

**Kerry Reader** Reception Manager



Photo: Reception staff received flowers and thank you cards from clients.

Thank you to all our staff for another wonderful working year of achievements and challenges.

Our staff – Full-time equivalent (FTE)

<b>Clinic team</b>	includes nurse and medical officers	x 5.8
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<b>Education team</b>	nurse educators	x 1.1
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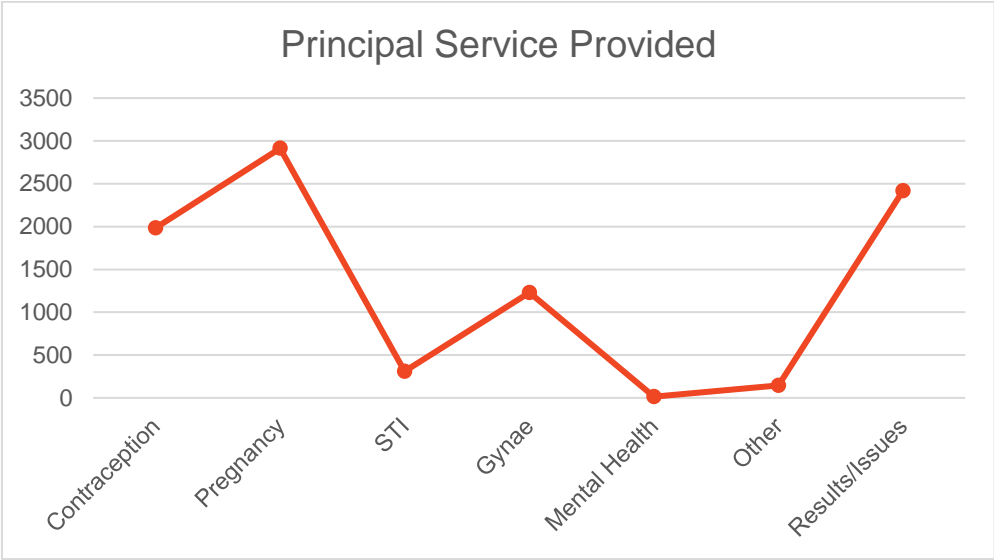
<b>Administration</b>	includes reception	x 4.2
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***Outsourced Services***

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

## Clinic Report

17,500 healthcare services were provided by Family Planning Welfare Association NT in the past year, from a total of 4,706 clients. The majority of consultations were for pregnancy related services, followed by contraception and gynaecological services. People phoning us for results, health information or health concerns, increased this year. Interestingly, a number of people were very concerned about the cost of contraception and/or any extra fees required to be paid.



Clinics were open daily in Coconut Grove Darwin and we continued to hold clinics two days per week in Palmerston, staffed by a doctor, a registered nurse and receptionist. One in four doctor consultations require nursing support.

We have increased our relationship with Melaleuca Refugee Service and have been seeing many more clients who are new to our country and needing our specialised services. These clients require more time and most need access to professional interpreter services.

The COVID-19 pandemic entered its third year and continued to impact our clinical services. The ever-changing pandemic restrictions and sudden workforce shortages due to staff furloughs significantly disrupted our clinics. Despite this, FPWANT has kept its clinic doors open to provide sexual and reproductive healthcare to the community. Well done FPWANT staff for this achievement!

We continued to expand the use of telehealth appointments in response to ongoing difficulties in delivering in-person care in a pandemic. We are thrilled that the Federal government made permanent the Medicare rebates for telehealth sexual and reproductive health appointments that were first introduced as temporary pandemic measures. Continuing these rebates beyond the pandemic, alongside other measures – such as e-prescriptions – will likely increase access to sexual and reproductive health services to community members. We look forward to further action by the Federal government in expanding Medicare rebates for sexual and reproductive health services to increase their accessibility, including introducing Medicare items for nurses and midwives.

**Palmerston Clinic**

Palmerston is located 20 kilometres South from Darwin and across its region which includes Palmerston, Litchfield and Coomalie the population is around 34,000.

Thirty-two per cent of all our clients come from across this region. We have all our medical officers now able to work in our Palmerston clinic if required.

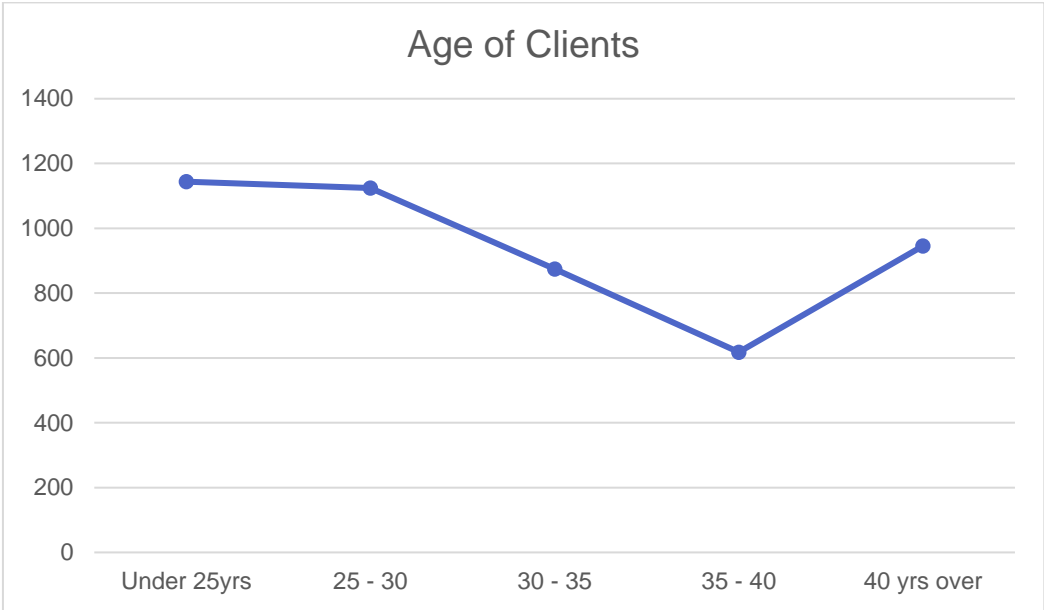
We continue to share our Palmerston clinic premises with Breast screen NT. Their generosity is well appreciated and we would like to say a huge thank you to them for allowing us to share this space.

**Priority groups**

Twenty-five per cent of our clients were aged under 25, which is a slight increase from last year. It is encouraging that we remained accessible to young people through the pandemic. We unfortunately were not able to re-commence our young-people-focused Saturday drop-in clinic last year due to ongoing workforce shortages. We hope to start this service again, once we have a bigger workforce.

Ten per cent of our clients are Aboriginal and Torres Strait Islander people. We continue our work to provide culturally safe clinical services at FPWANT. We also support the clinical training of nurses, midwives, Aboriginal Health Practitioners and doctors who work in Aboriginal Medical Services and remote clinics that provide sexual and reproductive healthcare to Aboriginal and Torres Strait Islander people.





**Early medical abortions**

FPWANT has seen an increase in demand in Medical Termination of Pregnancy (MTOP) in Greater Darwin, a trend that is seen across Australia, possibly influenced by the ongoing pandemic, the climate crisis and increasing cost of living. We provided a total of four hundred and eighty MTOPs. Four hundred and twenty-five MTOPs to clients who hold a Medicare card and fifty-five to non-Medicare card holders. We referred another eighty-four clients for surgical termination of pregnancy at our local Regional Hospital.

FPWANT continue to provide the majority of MTOP in NT, however, keeping up with the demand has been difficult due to limited nursing workforce capacity. MTOP provision and follow up, including management of complications, are closely coordinated by the Pregnancy Options Nurse role. It has been difficult to meet the demand for MTOP with only one full time nurse on our workforce. Occasionally, we have another local registered nurse/midwife skilled in reproductive sexual health that supports us. FPWANT hopes to increase our nursing workforce in the future, which will require financial support from additional revenue streams.

FPWANT introduced several changes to our MTOP service, in response to the increased demand, the ongoing pandemic, updates to the MBS, and emerging evidence in safe and quality MTOP service delivery. More appointments were managed via telehealth and clients were offered more options with ways to follow up, allowing us to provide more person-centred MTOP care. Well done to the Clinical and Reception staff in finding innovative solutions to ensure clients' continued access to MTOP through the ever-changing pandemic restrictions in place in the last 12 months!

Unfortunately, this increased demand led to long wait times for MTOP provision appointments. Some clients waited up to two weeks for an MTOP, with priority given to those approaching 9 weeks of pregnancy, the Pharmaceutical Benefit Scheme (PBS) gestational limit for MTOP to be done at home. Those who were unable to access MTOP with FPWANT due to the wait times and gestational limit are advised to access a surgical termination of pregnancy (TOP) through Royal Darwin and Palmerston Hospital (RDPH), or an MTOP via telehealth providers interstate. Clients referred to RDPH for surgical TOP face further wait times upwards of six weeks due to limited theatre capacity. We are concerned by this situation and call for RDPH to provide more dedicated theatre allocations for time-sensitive surgical TOPs.

This increase in demand with limited clinic appointments has led to a reduced number of MTOP self-referrals. Although clients can self-refer to FPWANT for an MTOP, we increasingly ask our clients for a referral from their GP with an ultrasound result to allow limited clinic appointments to be allocated to MTOP provision visits.

Sadly, clients also faced additional delays to time sensitive MTOP care due to long wait times of up to ten days for dating ultrasounds from community radiology services. FPWANT introduced a point-of-care ultrasound service for MTOP in 2020 to manage this issue; however, roll-out of clinician training has been challenging with the pandemic. We hope to find funding to support the recommencing of ultrasound training next year so that delays in client care due to ultrasounds can be minimised.

FPWANT continues to provide no-cost MTOP to Medicare card holders, with funding from the Northern Territory Government, who are committed to providing publicly funded abortion services in the NT. This additional funding supplements the Commonwealth funding that supports MTOP provision through MBS and PBS rebates. However, Medicare-eligible clients on temporary visas still face costs upwards of thirteen hundred dollars for an MTOP. FPWANT applauds the Australian Capital Territory ACT government and its recent pledge to provide access to no-cost abortions in the ACT, regardless of visa status. We look forward to the implementation of this policy and the lessons that can be learnt and applied to the NT.

Through our termination services, we discovered the need for a free contraception fund for those who cannot afford reliable contraception. Territory Families provided us with a small grant previously in 2020, to assist these clients for which we were very grateful. Having not received or secured any funding to support free contraception this financial year, FPWANT have supported a number of clients who have presented with financial hardship.

A special thanks goes out to the Pregnancy Options Service at RDPH, and in particular Miss Vanessa Scott, the Pregnancy Options Clinical Nurse Consultant, for their ongoing support. We look forward to strengthening our close working relationship with the service.

### **In-clinic education**

The intrauterine device (IUD) insertion service remained highly sought after in the last year. The IUD is a very effective form of long-acting reversible contraception (LARC) that many people with contraceptive needs find suitable. It can be used as contraception for up to 5 to 10 years. The hormonal IUD have additional benefits, including the treatment of heavy and painful periods, and can also be used as a component of menopause hormone therapy. Starting on the IUD requires the person to have the IUD inserted into their uterus (i.e. womb). This involves a procedure of IUD insertion, performed by a clinician specifically trained in IUD insertion technique.

FPWANT provided a busy IUD insertion service in both Coconut Grove and Palmerston to meet high community demand, despite facing a few challenges last year. We said goodbye to Dr Melanie Thomas, one of our IUD providers, who moved on to another role, in December 2021. She is sorely missed as a friend and colleague. However, we were excited to welcome Dr Rebecca Lee, one of our former registrars, who has joined our team as a Fellow of the Royal Australasian College of General Practitioners; and Dr Jane Karmouche, who joined us in April 2022. Dr Lee and Dr Karmouche join Dr Sophia Scrimgeour as our current IUD providers.

IUD services have also been affected by the COVID-19 pandemic. Staff furloughs disrupted IUD insertion clinics that are usually booked weeks in advance. Pandemic-related staff shortages limited the weekly number of instruments that FPWANT could sterilise and reduced FPWANT's capacity for IUD insertions. These challenges led to clients waiting up to five weeks for an insertion appointment. Nevertheless, FPWANT staff worked tirelessly to meet the high demand for IUDs in the community and provided 415 IUD insertions last year, an average of 35 a month.

In addition to service provision, FPWANT also supports GP training in IUD insertions to help meet the demand for IUDs in Darwin and beyond. IUD insertion training involves an online module, a face-to-face workshop and three supervised clinical sessions in FPNT IUD clinics. We thank Family Planning New South Wales (FPNSW) for providing us with access to the IUD insertion educational resources used in the training. We saw an increased demand from GPs for IUD training, which was expected after the lifting of in-person clinical training restrictions that were in place during the first two years of the pandemic. FPWANT has trained one GP consultant in the last year and will look forward to training more GPs from Greater Darwin, Alice Springs and interstate who have requested

IUD training through FPWANT. We anticipate that demand for IUD training would remain high next year and hope to find funding to purchase new training equipment such as IUD training simulation models.

Four doctors completed their clinical component of the Family Planning Alliance Australia FPAA Doctors Reproductive and Sexual Health course, having completed the theory component on-line Interstate. This involves Family Planning clinicians observing and providing feedback to the trainee doctor over at least eight clinics each.

### **General**

In addition to early medication abortions and IUD insertions, FPWANT also provides a whole range of sexual and reproductive health services, including contraceptive counselling and provision; cervical screening tests (CST); menstrual management; menopause healthcare; sexually transmitted infection screening and management; sexual health consultations; and early pregnancy consultations.

We are very excited to see a number of developments in sexual and reproductive healthcare in the last year, including the introduction of the drospirenone progesterone-only pill into Australia; and the expanded eligibility for CST self-collection under the National Cervical Screening Program.

The new drospirenone progesterone-only pill was introduced and marketed in Australia as Slinda in mid-2021. It has the advantage of having a much wider window for error (or “missed-pill rule”) than the traditional progesterone-only pill, while remaining safe for clients who have medical conditions that would prevent them from using oestrogen-containing contraceptive methods. We anticipate that Slinda will be useful as bridging contraception for clients who are awaiting their IUD or contraceptive implant insertion appointments. Unfortunately, Slinda is not currently under the PBS and costs approximately \$34 a month. We hope the Federal government will consider adding Slinda into the PBS to increase its accessibility and expand the contraceptive method mix available for all clients in Australia.

The National Cervical Screening Program announced that beginning from July 2022, self-collection of CST are eligible to all clients who are due for their 5-yearly screening. Prior to this, self-collection was only available under Medicare to under-screened and never screened clients. We applaud this move and anticipate that this eligibility expansion will increase CST uptake and reduce new diagnosis of cervical cancer in our community. Clients who are hesitant to undergo a speculum examination due to trauma history, cultural norms or other equally valid reasons can now access cervical cancer prevention that suits their needs. We look forward to introducing CST self-collection into our practice next year.

Our clients continue to face the ongoing challenges of rural healthcare with limited access to timely and affordable specialist sexual and reproductive services, which was compounded by the backlog of elective surgical waitlist at RDPH from COVID-19 related workforce shortages. This includes access to permanent contraception, insertion and removal of IUD under sedation, and complex contraceptive implant removal in the public sector. These essential procedures are considered Category 3 procedures with wait times of up to 12 months through the public system. We thank the Royal Darwin and Palmerston Hospitals for their tireless work in these challenging times, but call for improved client access to timely and affordable hospital-based specialist contraceptive service.

**Quality Improvement**

Our Clinical Advisory Group comprising of our medical director, senior nurse and senior receptionist meet regularly to monitor our clinical guidelines, protocols and governing standards.

**Staff changes**

With a movable health workforce, we had a number of staff changes during the year. This year we welcomed our GP Registrar Dr Stefanie Pender, Dr Kate Roberts, Dr Raymun Ghumman, and Rachel Jewell RN.

Sadly, our client information support service (CISS) nurse Christine Greenall left us in May.

Thank you to all who have left us and to all of our current staff. We are a fantastic team and will continue to provide an excellent service due to the diligence and dedication of our team.

**Kirsten Thompson** *Pregnancy Option Nurse*

**Dr Syahir Soffi** *Medical Director*

## Quality Improvement

**Telephone Survey:** Three times each year September, December and March we conduct an internal telephone survey to understand the volume of calls we receive. Facilitated by our reception team, this year we received approximately 12,500 calls.

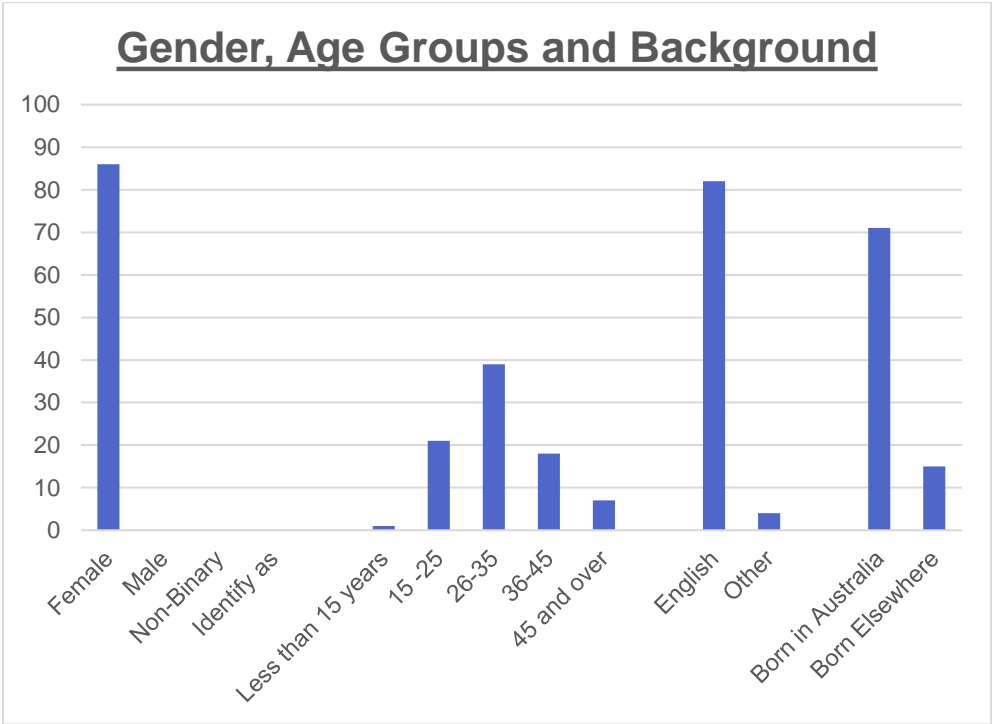
The majority of calls were for appointments and pregnancy support services. We have discussed the option of introducing online booking systems.

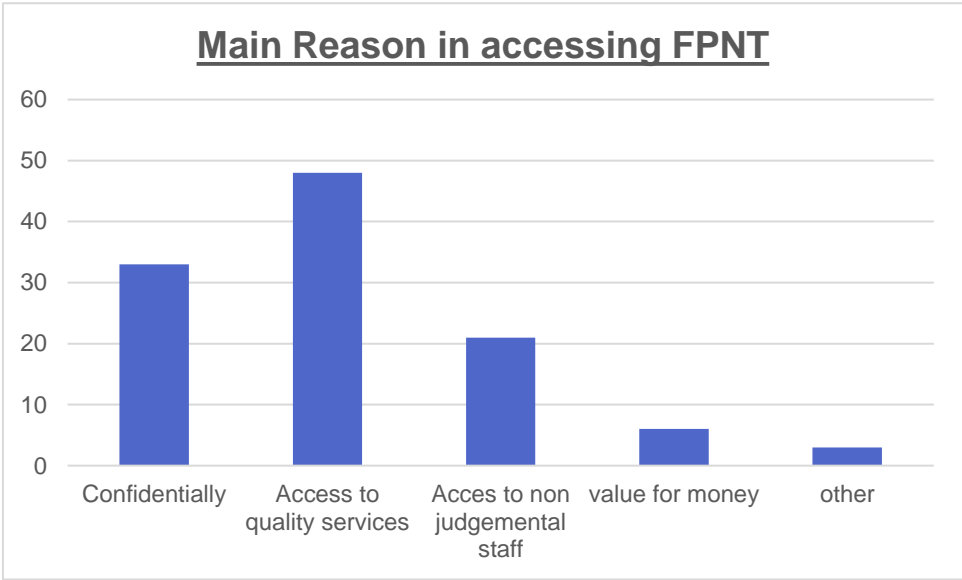
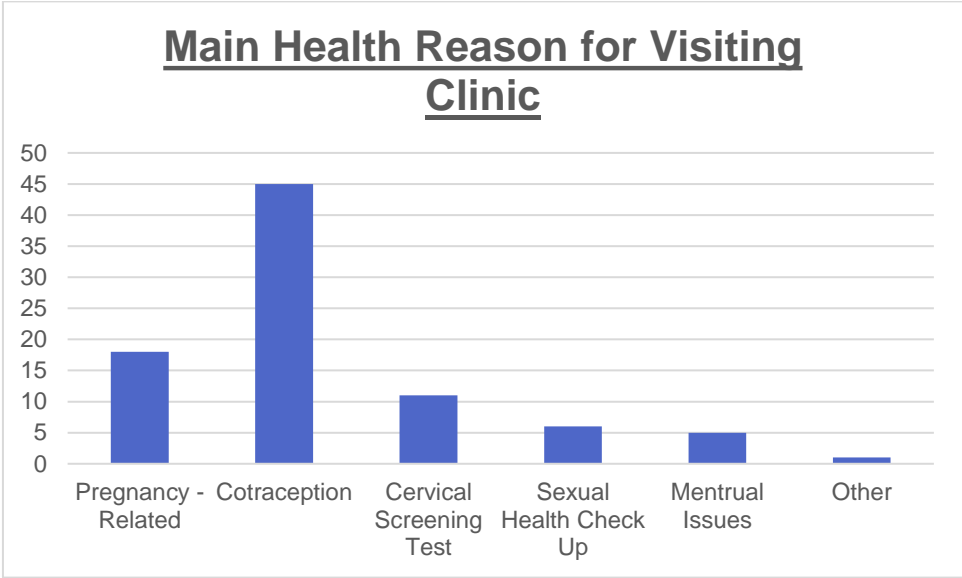
Reception staff have experienced an increase in aggressive behavior over the phone and required to direct the caller to senior management.

**Website:** On average we have 1,000 visits to our website each month. The majority are looking for clinical information. Our website is updated by internal staff when required. This year saw the completion of our Communication Strategy. We are currently reviewing possible funding options for a major update to the website next year.

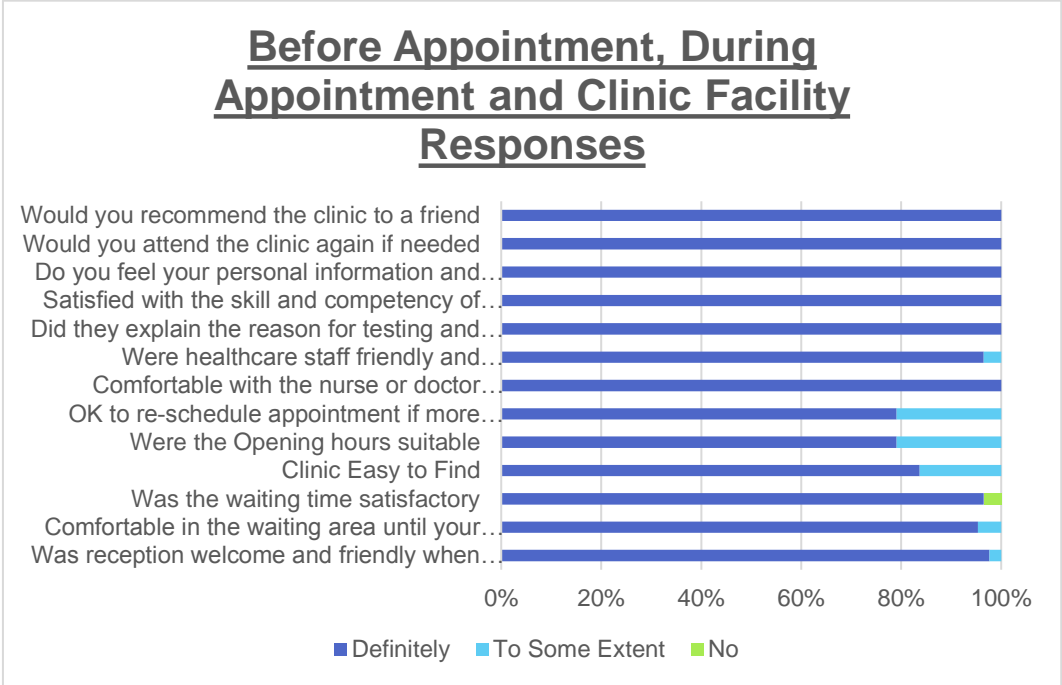
**Client satisfaction survey results:** In August each year we plan our client satisfaction survey managed by our reception team in both clinic locations, Coconut Grove and Palmerston.

A brief snapshot of some of the survey results and demography.









## Financial report

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The following information is an extract from our 2021/2022 audited Annual Financial Report Year ending 30<sup>th</sup> June 2022.

A full copy of this report can be found on our website: [www.fpwnt.com.au](http://www.fpwnt.com.au)

Committee's Report

Statement of Profit or Loss and Other Comprehensive Income

Statement of Financial Position

Statement of Changes in Equity

Notes to the Financial Statement

## Family Planning Welfare Association of NT Incorporated

### Committee's Report

30 June 2022

The committee members present their report on The Family Planning Welfare Association of the NT Incorporated for the financial year ended 30 June 2022.

#### Committee members

The names of the committee members in office at any time during, or since the end of, the year are:

Names	Position	Appointed/Resigned
Anne Davis	Chairperson	Member for full year
Amy Dennison	Vice Chair	Member for full year
Samantha Chung	Committee member	Appointed 20 May 2022
Maureen Kohlman	Committee member	Passed away 11 May 2022
Julie Ngahere	Committee member	Resigned 9 May 2022
Michael Garrard	Committee member	Member for full year
Robyn Wardle	Public Officer	Member for full year
Geraldine Lee	Secretary	Resigned 25 October 2021
Yvette Wilkes	Treasurer	Resigned 14 July 2021

Committee members have been in office since the start of the financial year to the date of this report unless otherwise stated.

#### Principal activities

The principal activities of the Association during the financial year were:

- To assist and relieve individuals distressed by experiences associated with human relationships and human sexuality.
- To promote sexual health.
- To improve the quality of human relationships.
- To promote individual choice and personal responsibility in human sexuality.
- To develop a community awareness of the services provided by The Family Planning Welfare Association of Northern Territory Inc.

#### Significant changes


No significant change in the nature of these activities occurred during the year.

#### Operating result

The loss of the Association for the financial year amounted to \$ (78,760) (2021: \$ (5,667)).

Signed in accordance with a resolution of the Members of the Committee:

Chairperson:   
Anne Davis

SECRETARY  
Vice Chairperson:   
Amy Dennison  
SAMANTHA CHUNG

Dated 31 AUGUST 2022

## Family Planning Welfare Association of NT Incorporated

**Statement of Profit or Loss and Other Comprehensive Income**  
**For the Year Ended 30 June 2022**

	2022	2021
	\$	\$
Revenue	415,829	441,426
Finance income	69	293
Other income	1,010,389	1,086,419
Employee benefits expense	(1,091,613)	(1,115,503)
Depreciation and amortisation expense	(109,665)	(102,551)
Other expenses	(284,517)	(310,632)
Finance expenses	(19,252)	(5,119)
<b>Profit/(loss) for the year</b>	<b>(78,760)</b>	<b>(5,667)</b>
<b>Total comprehensive income for the year</b>	<b>(78,760)</b>	<b>(5,667)</b>

The accompanying notes form part of these financial statements.

## Family Planning Welfare Association of NT Incorporated

**Statement of Financial Position**  
**As At 30 June 2022**

	Note	2022 \$	2021 \$
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	5	437,993	536,556
Trade and other receivables	6	13,343	2,204
Other assets	8	33,143	32,137
<b>TOTAL CURRENT ASSETS</b>		<b>484,479</b>	570,897
<b>NON-CURRENT ASSETS</b>			
Property, plant and equipment	7	9,284	16,385
Right-of-use assets	9	353,407	449,947
<b>TOTAL NON-CURRENT ASSETS</b>		<b>362,691</b>	466,332
<b>TOTAL ASSETS</b>		<b>847,170</b>	1,037,229
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Trade and other payables	10	67,169	85,981
Borrowings	11	917	1,211
Lease liabilities	9	96,539	96,539
Employee benefits	12	248,461	251,512
<b>TOTAL CURRENT LIABILITIES</b>		<b>413,086</b>	435,243
<b>NON-CURRENT LIABILITIES</b>			
Lease liabilities	9	269,317	355,590
Employee benefits	12	-	2,869
<b>TOTAL NON-CURRENT LIABILITIES</b>		<b>269,317</b>	358,459
<b>TOTAL LIABILITIES</b>		<b>682,403</b>	793,702
<b>NET ASSETS</b>		<b>164,767</b>	243,527
<b>EQUITY</b>			
Reserves		113,850	120,000
Retained earnings		50,917	123,527
<b>TOTAL EQUITY</b>		<b>164,767</b>	243,527

The accompanying notes form part of these financial statements.

## Family Planning Welfare Association of NT Incorporated

**Statement of Changes in Equity**

For the Year Ended 30 June 2022

**2022**

	Retained Earnings \$	General Reserve \$	Total \$
<b>Balance at 1 July 2021</b>	<b>123,527</b>	<b>120,000</b>	<b>243,527</b>
Profit for the year	(78,760)	-	(78,760)
<b>Transactions with owners in their capacity as owners</b>			
Transfers from retained earnings to general reserve	6,150	(6,150)	-
<b>Balance at 30 June 2022</b>	<b>50,917</b>	<b>113,850</b>	<b>164,767</b>
	=====	=====	=====

**2021**

	Retained Earnings \$	General Reserve \$	Total \$
<b>Balance at 1 July 2010</b>	<b>129,194</b>	<b>120,000</b>	<b>249,194</b>
Loss for the year	(5,667)	-	(5,667)
<b>Transactions with owners in their capacity as owners</b>			
<b>Balance at 30 June 2021</b>	<b>123,527</b>	<b>120,000</b>	<b>243,527</b>
	=====	=====	=====

The accompanying notes form part of these financial statements.

## Notes to the Financial Statements

### For the Year Ended 30 June 2022

The financial statements cover The Family Planning Welfare Association of the NT Incorporated as an individual entity. The Family Planning Welfare Association of the NT Incorporated is a not-for-profit Association, registered and domiciled in Australia.

The functional and presentation currency of The Family Planning Welfare Association of the NT Incorporated is Australian dollars.

Comparatives are consistent with prior years, unless otherwise stated.

#### 1 Basis of Preparation

In the opinion of those charged with Governance the Association is not a reporting entity since there are unlikely to exist users of the financial statements who are not able to command the preparation of reports tailored so as to satisfy specifically all of their information needs. These special purpose financial statements have been prepared to meet the reporting requirements of the *Australian Charities and Not-for-profits Commission Act 2012*.

The financial statements have been prepared in accordance with the recognition and measurement requirements of the Australian Accounting Standards and Accounting Interpretations, and the disclosure requirements of AASB 101 *Presentation of Financial Statements*, AASB 107 *Statement of Cash Flows*, AASB 108 *Accounting Policies, Changes in Accounting Estimates and Errors* and AASB 1054 *Australian Additional Disclosures*.

The financial statements have been prepared on an accruals basis and are based on historical costs modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

Significant accounting policies adopted in the preparation of these financial statements are presented below and are consistent with prior reporting periods unless otherwise stated.

#### 2 Summary of Significant Accounting Policies

##### 2.1. Income Tax

The Association is exempt from income tax under Division 50 of the *Income Tax Assessment Act 1997*.

##### 2.2. Revenue and other income

###### Revenue from contracts with customers

The core principle of AASB 15 is that revenue is recognised on a basis that reflects the transfer of promised goods or services to customers at an amount that reflects the consideration the Association expects to receive in exchange for those goods or services. Revenue is recognised by applying a five-step model as follows:

1. Identify the contract with the customer
2. Identify the performance obligations
3. Determine the transaction price
4. Allocate the transaction price to the performance obligations
5. Recognise revenue as and when control of the performance obligations is transferred

Generally the timing of the payment for sale of goods and rendering of services corresponds closely to the timing of satisfaction of the performance obligations, however where there is a difference, it will result in the recognition of a receivable, contract asset or contract liability.



## Notes to the Financial Statements For the Year Ended 30 June 2022

### 2 Summary of Significant Accounting Policies

#### 2.2. Revenue and other income

##### Revenue from contracts with customers

None of the revenue streams of the Association have any significant financing terms as there is less than 12 months between receipt of funds and satisfaction of performance obligations.

##### Specific revenue streams

The revenue recognition policies for the principal revenue streams of the Association are:

###### *Grant income*

Where grant income arises from an agreement which is enforceable and contains sufficiently specific performance obligations then the revenue is recognised when control of each performance obligations is satisfied.

Each performance obligation is considered to ensure that the revenue recognition reflects the transfer of control and within grant agreements there may be some performance obligations where control transfers at a point in time and others which have continuous transfer of control over the life of the contract.

Where control is transferred over time, generally the input methods being either costs or time incurred are deemed to be the most appropriate methods to reflect the transfer of benefit.

##### Revenue recognition policy for contracts which are either not enforceable or do not have sufficiently specific performance obligations

The revenue recognition policies for the principal revenue streams of the Association are:

###### *Grant income*

Revenue in the scope of AASB 1058 is recognised on receipt unless it relates to a capital grant which satisfies certain criteria, in this case the grant is recognised as the asset is acquired or constructed.

###### *Capital grants*

Capital grants received to enable the company to acquire or construct an item of property, plant and equipment to identified specifications which will be under the Association's control and which is enforceable are recognised as revenue as and when the obligation to construct or purchase is completed.

For construction projects, this is generally as the construction progresses in accordance with costs incurred.

For acquisitions of assets, the revenue is recognised when the asset is acquired and controlled by the Association.

###### *Donations*

Donations collected, including cash and goods for resale, are recognised as revenue when the Association gains control of the asset.

## Notes to the Financial Statements

### For the Year Ended 30 June 2022

#### 2 Summary of Significant Accounting Policies

##### 2.2. Revenue and other income

##### Revenue recognition policy for contracts which are either not enforceable or do not have sufficiently specific performance obligations

###### *Clinic services*

Revenue from clinic services is recognised when the services rendered have been completed and either billed to the patient or claimed through Medicare.

##### Other income

Other income is recognised on an accruals basis when the Association is entitled to it.

##### 2.3. Goods and services tax (GST)

Revenue, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payable are stated inclusive of GST.

Cash flows in the statement of cash flows are included on a gross basis and the GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the taxation authority is classified as operating cash flows.

##### 2.4. Property, plant and equipment

Each class of property, plant and equipment is carried at cost or fair value less, where applicable, any accumulated depreciation and impairment.

Items of property, plant and equipment acquired for nil or nominal consideration have been recorded at the acquisition date fair value.

##### Plant and equipment

Plant and equipment are measured using the cost model.

##### Depreciation

Property, plant and equipment, excluding freehold land, is depreciated on a straight-line basis over the assets useful life to the Association, commencing when the asset is ready for use.

The depreciation rates used for each class of depreciable asset are shown below:

Fixed asset class	Depreciation rate
Plant and Equipment	40.0%
Motor Vehicles	22.5%

At the end of each annual reporting period, the depreciation method, useful life and residual value of each asset

## Notes to the Financial Statements For the Year Ended 30 June 2022

### 2 Summary of Significant Accounting Policies

#### 2.4. Property, plant and equipment

is reviewed. Any revisions are accounted for prospectively as a change in estimate.

#### 2.5. Financial instruments

Financial instruments are recognised initially on the date that the Association becomes party to the contractual provisions of the instrument.

On initial recognition, all financial instruments are measured at fair value plus transaction costs (except for instruments measured at fair value through profit or loss where transaction costs are expensed as incurred).

#### Financial assets

All recognised financial assets are subsequently measured in their entirety at either amortised cost or fair value, depending on the classification of the financial assets.

##### *Classification*

On initial recognition, the Association classifies its financial assets into the following categories, those measured at:

- amortised cost
- fair value through profit or loss - FVTPL
- fair value through other comprehensive income - equity instrument (FVOCI - equity)
- fair value through other comprehensive income - debt investments (FVOCI - debt)

Financial assets are not reclassified subsequent to their initial recognition unless the Association changes its business model for managing financial assets.

##### *Amortised cost*

Assets measured at amortised cost are financial assets where:

- the business model is to hold assets to collect contractual cash flows; and
- the contractual terms give rise on specified dates to cash flows are solely payments of principal and interest on the principal amount outstanding.

The Association's financial assets measured at amortised cost comprise trade and other receivables and cash and cash equivalents in the statement of financial position.

Subsequent to initial recognition, these assets are carried at amortised cost using the effective interest rate method less provision for impairment.

Interest income, foreign exchange gains or losses and impairment are recognised in profit or loss. Gain or loss on derecognition is recognised in profit or loss.

## Notes to the Financial Statements For the Year Ended 30 June 2022

### 2 Summary of Significant Accounting Policies

#### 2.5. Financial instruments

##### Financial assets

###### *Fair value through other comprehensive income*

###### Equity instruments

These investments are carried at fair value with changes in fair value recognised in other comprehensive income (financial asset reserve). On disposal any balance in the financial asset reserve is transferred to retained earnings and is not reclassified to profit or loss.

Dividends are recognised as income in profit or loss unless the dividend clearly represents a recovery of part of the cost of the investment. Other net gains and losses are recognised in OCI.

###### Financial assets through profit or loss

All financial assets not classified as measured at amortised cost or fair value through other comprehensive income as described above are measured at FVTPL.

Net gains or losses, including any interest or dividend income are recognised in profit or loss (refer to hedging accounting policy for derivatives designated as hedging instruments.)

###### *Impairment of financial assets*

Impairment of financial assets is recognised on an expected credit loss (ECL) basis for the following assets:

- financial assets measured at amortised cost
- debt investments measured at FVOCI

When determining whether the credit risk of a financial assets has increased significant since initial recognition and when estimating ECL, the Association considers reasonable and supportable information that is relevant and available without undue cost or effort. This includes both quantitative and qualitative information and analysis based on the Association's historical experience and informed credit assessment and including forward looking information.

The Association uses the presumption that an asset which is more than 30 days past due has seen a significant increase in credit risk.

The Association uses the presumption that a financial asset is in default when:

- the other party is unlikely to pay its credit obligations to the Association in full, without recourse to the Association to actions such as realising security (if any is held); or
- the financial assets is more than 90 days past due.

Credit losses are measured as the present value of the difference between the cash flows due to the Association in accordance with the contract and the cash flows expected to be received. This is applied using a probability weighted approach.

## Notes to the Financial Statements For the Year Ended 30 June 2022

### 2 Summary of Significant Accounting Policies

#### 2.5. Financial instruments

##### Financial assets

###### *Trade receivables*

Impairment of trade receivables have been determined using the simplified approach in AASB 9 which uses an estimation of lifetime expected credit losses. The Association has determined the probability of non-payment of the receivable and multiplied this by the amount of the expected loss arising from default.

The amount of the impairment is recorded in a separate allowance account with the loss being recognised in finance expense. Once the receivable is determined to be uncollectable then the gross carrying amount is written off against the associated allowance.

Where the Association renegotiates the terms of trade receivables due from certain customers, the new expected cash flows are discounted at the original effective interest rate and any resulting difference to the carrying value is recognised in profit or loss.

###### *Other financial assets measured at amortised cost*

Impairment of other financial assets measured at amortised cost are determined using the expected credit loss model in AASB 9. On initial recognition of the asset, an estimate of the expected credit losses for the next 12 months is recognised. Where the asset has experienced significant increase in credit risk then the lifetime losses are estimated and recognised.

##### Financial liabilities

The Association measures all financial liabilities initially at fair value less transaction costs, subsequently financial liabilities are measured at amortised cost using the effective interest rate method.

The financial liabilities of the Association comprise trade payables, bank and other loans and finance lease liabilities.

#### 2.6. Impairment of non-financial assets

At the end of each reporting period the Association determines whether there is an evidence of an impairment indicator for non-financial assets.

Where an indicator exists and regardless for indefinite life intangible assets and intangible assets not yet available for use, the recoverable amount of the asset is estimated.

Where assets do not operate independently of other assets, the recoverable amount of the relevant cash generating unit (CGU) is estimated.

The recoverable amount of an asset or CGU is the higher of the fair value less costs of disposal and the value in use. Value in use is the present value of the future cash flows expected to be derived from an asset or cash-generating unit.

Where the recoverable amount is less than the carrying amount, an impairment loss is recognised in profit or loss. Reversal indicators are considered in subsequent periods for all assets which have suffered an impairment.

## Notes to the Financial Statements For the Year Ended 30 June 2022

### 2 Summary of Significant Accounting Policies

#### 2.6. Impairment of non-financial assets

loss.

#### 2.7. Cash and cash equivalents

Cash and cash equivalents comprises cash on hand, demand deposits and short-term investments which are readily convertible to known amounts of cash and which are subject to an insignificant risk of change in value.

#### 2.8. Leases

At inception of a contract, the Association assesses whether a lease exists.

##### *Lessee accounting*

The non-lease components included in the lease agreement have been separated and are recognised as an expense as incurred.

At the lease commencement, the Association recognises a right-of-use asset and associated lease liability for the lease term. The lease term includes extension periods where the Association believes it is reasonably certain that the option will be exercised.

The right-of-use asset is measured using the cost model where cost on initial recognition comprises of the lease liability, initial direct costs, prepaid lease payments, estimated cost of removal and restoration less any lease incentives received.

The right-of-use asset is depreciated over the lease term on a straight line basis and assessed for impairment in accordance with the impairment of assets accounting policy.

The lease liability is initially measured at the present value of the remaining lease payments at the commencement of the lease. The discount rate is the rate implicit in the lease, however where this cannot be readily determined then the Association's incremental borrowing rate is used.

Subsequent to initial recognition, the lease liability is measured at amortised cost using the effective interest rate method. The lease liability is remeasured whether there is a lease modification, change in estimate of the lease term or index upon which the lease payments are based (e.g. CPI) or a change in the Association's assessment of lease term.

Where the lease liability is remeasured, the right-of-use asset is adjusted to reflect the remeasurement or is recorded in profit or loss if the carrying amount of the right-of-use asset has been reduced to zero.

##### *Exceptions to lease accounting*

The Association has elected to apply the exceptions to lease accounting for both short-term leases (i.e. leases with a term of less than or equal to 12 months) and leases of low-value assets. The Association recognises the payments associated with these leases as an expense on a straight-line basis over the lease term.

#### 2.9. Employee benefits

Provision is made for the Association's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be wholly settled within one year have been measured at the amounts expected to be paid when the liability is settled.

## Notes to the Financial Statements

### For the Year Ended 30 June 2022

#### 2 Summary of Significant Accounting Policies

##### 2.9. Employee benefits

Employee benefits expected to be settled more than one year after the end of the reporting period have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may satisfy vesting requirements. Cashflows are discounted using market yields on high quality corporate bond rates incorporating bonds rated AAA or AA by credit agencies, with terms to maturity that match the expected timing of cashflows. Changes in the measurement of the liability are recognised in profit or loss.

##### 2.10. Economic dependence

The Family Planning Welfare Association of the NT Incorporated is dependent on the Federal and Northern Territory Departments of Health for the majority of its revenue used to operate the business. At the date of this report, the committee have no reason to believe this support will not continue into the future.

##### 2.11. Adoption of new and revised accounting standards

The Association has adopted all standards which became effective for the first time at 30 June 2022, the adoption of these standards has not caused any material adjustments to the reported financial position, performance or cash flow of the Association.

#### 3 Critical Accounting Estimates and Judgments

Those charged with governance make estimates and judgements during the preparation of these financial statements regarding assumptions about current and future events affecting transactions and balances.

These estimates and judgements are based on the best information available at the time of preparing the financial statements, however as additional information is known then the actual results may differ from the estimates.

The significant estimates and judgements made have been described below.

##### Key estimates – receivables

The receivables at reporting date have been reviewed to determine whether there is any objective evidence that any of the receivables are impaired. An impairment provision is included for any receivable where the entire balance is not considered collectible. The impairment provision is based on the best information at the reporting date.

#### 4 Revenue and Other Income

	2022 \$	2021 \$
Other Income		
- insurance proceeds received	-	8,511
- COVID-19 stimulus funding	-	94,500
- donations	56,407	52,457
- grants	953,982	930,951
	<b>1,010,389</b>	<b>1,086,419</b>



## Notes to the Financial Statements

### For the Year Ended 30 June 2022

#### 5 Cash and Cash Equivalents

	2022	2021
	\$	\$
Cash at bank and in hand	330,937	429,567
Short-term deposits	107,056	106,989
	<u>437,993</u>	<u>536,556</u>

#### 6 Trade and Other Receivables

	2022	2021
	\$	\$
CURRENT		
Trade receivables	13,343	2,204
	<u>13,343</u>	<u>2,204</u>

The carrying value of trade receivables is considered a reasonable approximation of fair value due to the short-term nature of the balances.

The maximum exposure to credit risk at the reporting date is the fair value of each class of receivable in the financial statements.

#### 7 Property, plant and equipment

	2022	2021
	\$	\$
Plant and equipment		
At cost	60,776	54,751
Accumulated depreciation	(51,492)	(38,366)
	<u>9,284</u>	<u>16,385</u>

##### 7.1. Movements in carrying amounts of property, plant and equipment

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

	Plant and Equipment	Total
	\$	\$
<b>Year ended 30 June 2022</b>		
Balance at the beginning of year	16,385	16,385
Additions	6,025	6,025
Depreciation expense	(13,126)	(13,126)
	<u>9,284</u>	<u>9,284</u>

## Notes to the Financial Statements

### For the Year Ended 30 June 2022

#### 7 Property, plant and equipment

##### 7.1. Movements in carrying amounts of property, plant and equipment

	Plant and Equipment \$	Total \$
<b>Year ended 30 June 2021</b>		
Balance at the beginning of year	29,814	29,814
Additions		
Depreciation expense	(13,429)	(13,429)
<b>Balance at the end of the year</b>	<b>16,385</b>	<b>16,385</b>

#### 8 Other Assets

	2022 \$	2021 \$
<b>CURRENT</b>		
Prepayments	25,821	24,815
Rental bonds	7,322	7,322
	<b>33,143</b>	<b>32,137</b>

#### 9 Right of Use Assets and Leases

##### Right-of-use assets

	Buildings \$	Total \$
<b>Year ended 30 June 2022</b>		
Balance at beginning of year	449,946	449,946
Depreciation charge	(96,539)	(96,539)
<b>Balance at end of year</b>	<b>353,407</b>	<b>353,407</b>
	Building \$	Total \$
<b>Year ended 30 June 2021</b>		
Balance at beginning of year	73,032	73,032
Depreciation charge	(89,121)	(89,121)
Additions to right-of-use assets	466,036	466,036
<b>Balance at end of year</b>	<b>449,947</b>	<b>449,947</b>

##### Lease liabilities

The maturity analysis of lease liabilities based on contractual undiscounted cash flows is shown in the table below:

## Notes to the Financial Statements

### For the Year Ended 30 June 2022

#### 9 Right of Use Assets and Leases

##### Lease liabilities

				Total undiscounted lease liabilities	Lease liabilities included in this Statement Of Financial Position
	< 1 year	1 - 5 years	> 5 years		
	\$	\$	\$	\$	\$
<b>2022</b>					
Lease liabilities	96,539	269,317	-	365,856	365,856
=====					

#### 10 Trade and Other Payable

	2022 \$	2021 \$
CURRENT		
Trade payables	6,610	8,907
GST payable	18,547	17,307
Sundry payables and accrued expenses	21,352	50,822
PAYG withholding payable	20,658	8,944
	67,167	85,980
=====		

Trade and other payables are unsecured, non-interest bearing and are normally settled within 30 days. The carrying value of trade and other payables is considered a reasonable approximation of fair value due to the short-term nature of the balances.

#### 11 Borrowings

	2022 \$	2021 \$
CURRENT		
Unsecured liabilities:		
Credit cards	917	1,211
	917	1,211
=====		

#### 12 Employee Benefits

	2022 \$	2021 \$
CURRENT		
Long service leave	123,098	127,152
Provision for employee benefits	125,363	124,360
	248,461	251,512
=====		

#### NON-CURRENT

## Notes to the Financial Statements

### For the Year Ended 30 June 2022

#### 12 Employee Benefits

	2022	2021
	\$	\$
Long service leave	-	2,869
	-	2,869

#### 13 Reserves

##### 13.1. General reserve

The general reserve records funds set aside for operational and capital expenditure of The Family Planning Welfare Association of the NT Incorporated as detailed below.

	2022	2021
	\$	\$
Future ICT replacement	10,000	10,000
Communication strategic plan	13,850	20,000
Board governance training	10,000	10,000
Future leasehold restoration costs	65,000	65,000
Future legal cost insurance excess	15,000	15,000
	113,850	120,000

#### 14 Auditors' Remuneration

	2022	2021
	\$	\$
Remuneration of the auditor, TDH Chartered Accountants, for:		
- auditing or reviewing the financial statements	6,500	6,500
	6,500	6,500

## Notes to the Financial Statements

### For the Year Ended 30 June 2022

#### 15 Cash Flow Information

##### 15.1. Reconciliation of result for the year to cashflows from operating activities

Reconciliation of net income to net cash provided by operating activities:

	2022 \$	2021 \$
Profit for the year	(78,760)	(5,667)
Cash flows excluded from profit attributable to operating activities		
Non-cash flows in profit:		
- depreciation	109,665	102,551
Changes in assets and liabilities:		
- (increase)/decrease in trade and other receivables	(11,139)	77,121
- (increase)/decrease in prepayments	(1,006)	168
- increase/(decrease) in trade and other payables	(19,106)	(7,937)
- increase/(decrease) in employee benefits	(5,920)	58,319
Cashflows from operations	(6,266)	224,555

#### 16 Statutory Information

The registered office and principal place of business of the association is:

The Family Planning Welfare Association of the NT Incorporated  
 Clocktower Building  
 2 Dickward Drive  
 Coconut Grove NT 0812

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