

CABRINI OUTREACH: A YEAR IN REVIEW
ANNUAL REPORT

EQUALITY

2018-19

Justice

RESPECT



ACFID
MEMBER



Cabrini
OUTREACH



Cabrini

OUTREACH

Our logo comprises a heart placed at the centre of open hands. The heart represents love, both human and divine, connecting us to Cabrini's mission of compassionate care. The hands represent our desire to reach out in response to unmet needs using all resources available to us to promote strong communities where people can flourish. The overall design can also be read as a dove, the universal symbol of peace and wisdom. It represents our hope that our efforts will contribute to building a better world where all are safe and free.

We recognise the traditional rights of indigenous peoples throughout the world and celebrate the richness of their cultures, identities, traditions and customs.

We encourage cultural sensitivity and recognise and respect sites, places, structures and objects that are culturally or traditionally significant. We especially pay our respects to the Elders of Australia's First Peoples – past, present and emerging – as they hold the memories, traditions, culture and hopes of Aboriginal Australia.

Our Mission

Who we are:

We are a Catholic service inspired by the spirit and vision of Saint Frances Xavier Cabrini and the Missionary Sisters of the Sacred Heart of Jesus.

What we believe:

We are a community of care, reaching out with compassion, integrity, courage and respect to all we serve.

What we do:

We provide excellence in all of our services and reach out to identify and respond to unmet needs.

Our Values

Compassion

Our drive to care is not just a professional duty to provide excellent quality care but is born of a heartfelt compassion for those in need, motivated by God's love for all people.

Integrity

We believe in the power of hope to transform people's lives and remain faithful to the bold healing mission and legacy of Mother Cabrini.

Courage

We have the strength, determination, vision and conviction to continue the work of Mother Cabrini and the Missionary Sisters.

Respect

We believe that every person is worthy of the utmost respect and the best possible healthcare. We know our resources are entrusted to us to use for the benefit of others.

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Cabrini Outreach was relaunched in March 2018. It is both the oldest and newest service arm of Cabrini Health Limited.

ABOUT US

- > In January 1948, the Missionary Sisters of the Sacred Heart of Jesus (Cabrini Sisters) arrived in Melbourne from Italy. Archbishop Mannix had invited them to take over St Benedict's, a small suburban hospital previously run by the Sisters of Mercy, and to care for the Italian immigrants fleeing post-war Europe.

The Sisters accepted the invitation as it followed in the footsteps of their newly canonised founder, Saint Frances Xavier Cabrini, whose first missionary work was with the Italians in the United States and later with immigrants throughout Latin America. Her work was so significant that she was later named the Universal Patron Saint of Immigrants.

Since the Sisters were unable to get passage on a ship, a plane was chartered for their journey from Rome. The diary of the ten-day journey brims with wonder at the strange sights, smells and sounds encountered on their journey.

The Sisters' early years in Melbourne were difficult. They struggled with the new language and culture, just like the compatriots they had come to serve. With passion, courage and trust in providence, they worked hard to establish a strong foundation. Over time, as the

Italians settled into their new lives, the Sisters were able to focus their efforts on health care. They drew a loyal and committed band of lay people to work alongside them in their mission of care and service.

In 1992, we who are heirs of that founding community – Sisters and lay people – were urged to remember our missionary roots and to reach out anew to those on the margins of society. For the past 25 years, our outreach program has been delivered through partnerships within Australia and overseas. Our goal was to strengthen our partners' service capacity by offering financial, human and material support.

Cabrini Outreach signals our renewed missionary vision. Building on our past experience, we are now moving to the front line of service delivery. Our mandate is to seek social justice, alleviate social inequality and enable better health care for all, particularly the most marginalised. We are committed to responding to unmet needs in areas where we believe we can make a difference.

Celebrating **70 YEARS**

of support for
asylum seekers
and refugees.



SAINT FRANCES XAVIER CABRINI
UNIVERSAL PATRONESS OF IMMIGRANTS

Above:

Cabrini Outreach celebrated 70 year of support for asylum seekers and refugees on the anniversary of 70 years of the Missionary Sisters arrival in Australia



GROUP DIRECTOR'S MESSAGE

CATHERINE GARNER

> The 12 months to 30 June 2019 represents the first complete year of activity under the Cabrini Outreach brand. It has been a busy and productive period, achieving many major steps towards fulfilling our strategy. Key achievements against each of our strategic goals are outlined in this report on page 11.

Tom Roth commenced on 2 July 2018 as the inaugural General Manager, bringing much needed international development skills and experience into the organisation. The strengthening of our own internal capacity has enabled us to take the first steps towards fulfilling our vision to be more active on the ground in Papua New Guinea.

In January 2019, Tina Guenther commenced as the interim Papua New Guinea Country Representative. Her first objective was to lead the development of our Papua New Guinea Country Strategy, which was approved by the Board in March 2019. Following consultation with local agencies and an assessment of health needs in Madang Province, as the financial year ends we are poised to sign a partnership

agreement with the Archdiocese of Madang Catholic Church Health Services to work together to improve primary health. Our initial focus will be Malala, in Bogia District, where the community's main priorities are better health for mothers and children, increased immunisation coverage for preventable diseases such as measles and polio, and the prevention of tropical and neglected diseases such as malaria.

We celebrated another first with the hosting of an international health meeting in August 2018. Sr Barbara Staley MSC, General Superior of the Missionary Sisters of the Sacred Heart of Jesus, was the conference convenor. We welcomed delegates from Cabrini Outreach and Cabrini Health services in Melbourne, from our partner organisations in Cape York and Papua New Guinea and from our sister organisations in Argentina, Guatemala, Eswatini and Ethiopia. It was a wonderful opportunity to learn from one another, develop networks between our services and strengthen the foundation for future collaboration.

In light of our international work, in early 2018 we commenced the journey towards accreditation with the Australian Council for International Development (ACFID). In June 2019, we celebrated the achievement of interim full membership status.

The process of preparing for accreditation assisted us to set in place a strong governance framework for our international activities. One outcome was the development of an annual partnership review as part of the grant acquittal process. We implemented the process in a visit to Cabrini Ministries, Eswatini in March and to St Mary's Hospital, Ethiopia in May. It involves assessment of activities against national and international standards through interviews with staff, observation of services in action as well as meetings with service users and community members to ensure confidence in the programs being offered. As well as ensuring the programs are in accordance with partnership agreements and meeting our regulatory compliance obligations, the visits also enabled us to identify priorities for the partnership in the next 12 months.

Closer to home, new health needs emerged with many people seeking asylum being exited from the Status Resolution Support Service program and consequently losing access to services and financial support. In response, in February 2019 we launched the Hume Whittlesea Pharmacy Waiver Program in partnership with Whittlesea Community Connections. This program is designed to support people seeking asylum who have an established relationship with a general practitioner in Hume or Whittlesea but have no income and are therefore unable to fill their prescriptions. 47 clients used the service between 25 February and 30 June, generating 191 scripts to be filled. We are grateful to the funding partners who are supporting this program.

The Hume Whittlesea Pharmacy Waiver Program complements the primary health and specialist mental health services provided from the Cabrini Asylum Seeker and Refugee Health Hub in Sydney Road, Brunswick. Our primary target group here is people seeking asylum with no access to Medicare. In April 2019, we celebrated the third anniversary of the Health Hub. Since opening, we have triaged 694 clients and the number of clients using the service on a regular basis grows year on year.

During the year, we began to assess the gaps in health service provision for people seeking asylum and newly settled refugees living in regional Victoria. We hope that our early conversations with local agencies will bear fruit in the establishment of a primary care service in the coming year.

In 2016, we began a partnership with CatholicCare Melbourne to work together in a community experiencing entrenched, place based disadvantage. Last year, with support from Catholic Education Melbourne, we decided to define the community as the parents and children in a Catholic School. The appointment of a project officer enabled us to take a major step forward this year and resulted in the decision to situate the project in Melton South in partnership with St Anthony of Padua Catholic Primary School. As the year ends, we are preparing to enter the community co-design phase of the project to identify the most important needs from the community's perspective and how these can be best addressed by health, education and social services.

In March 2019, the Cabrini Board gave in-principle approval to establish Cabrini Outreach Limited as a separate vehicle (not-for-profit company limited by guarantee with charitable status) for the provision of social services as a subsidiary of Cabrini Australia Limited. The advantages of the proposed restructure are improved transparency, strengthened brand identity and increased access to philanthropic and grant funding opportunities. We have been working systematically through the steps to enable this to occur and expect to take the final recommendation to the board in the coming months. Following approval, Cabrini Outreach's activities will transfer to the new entity making this our final annual report as part of Cabrini Health Limited.



CATHERINE GARNER
GROUP DIRECTOR MISSION AND CABRINI OUTREACH

The Sustainable Development Goals are the blueprint to achieve a better and more sustainable future for all.

OUR STRATEGY

- > Although we understand that all of the Sustainable Development Goals are interconnected, our strategy mainly focuses on Goal 3, Good Health and Wellbeing and Goal 17, Partnerships for the Goals.

Contemporary research clearly demonstrates that social circumstance has a direct impact on an individual's health outcomes. At the heart of the Cabrini Outreach 2020 Strategy is the belief that enabling people to enjoy better health outcomes will take long-term investment, drawing on the wisdom of the community to design effective solutions and establishing strong and effective partnerships where we are working together towards common goals.

Since the plan was launched in March 2018, we have made steady progress towards achieving our strategic goals. Progress in the last 12 months is summarised on the following pages.



Launch of Hume Whittlesea Pharmacy Waiver Program – a collaboration between Cabrini Outreach and Whittlesea Community Connections



Strategic Goal 1:

Deliver services that respond to unmet needs and are effective, sustainable, scalable and replicable

Anticipated Outcome: Improved access to health services for people who suffer entrenched disadvantage

FY19 Progress

- 451 people seeking asylum used one or more of our health services
- 52% had no access to Medicare
- 89% had no access to any source of income.
- 68% of pharmaceutical waivers were for prescriptions for antidepressant and antipsychotic medication

Strategic Goal 3:

Engage people in our social justice priorities and release their potential to make a difference

Anticipated Outcome: Development of more inclusive, equitable and compassionate communities

FY19 Progress

- Displayed signage at Cabrini health campuses expressing support for people seeking asylum from November 2018 to February 2019.
- Contributed submissions to the Department of Prime Minister and Cabinet Review into Integration, Employment and Settlement Outcomes for Refugees and Humanitarian Entrants, Productivity Commission's Mental Health Inquiry and Victorian Mental Health Royal Commission
- Received 1,311 hours of service from pro bono general practitioners, psychiatrists and a physiotherapist at the Cabrini Asylum Seeker and Refugee Health Hub.

Strategic Goal 2:

Leverage our resources to improve the quality of healthcare delivered by our health partners

Anticipated Outcome: Populations served have access to better quality and more reliable care

FY19 Progress

- Hosted International Health Meeting to enable representatives from our sister organisations in Argentina, Eswatini, Ethiopia, Guatemala and partners in Cape York and Papua New Guinea to strengthen relationships and share expertise.
- Undertook assessment of performance against international standards with Cabrini Ministries Swaziland and St Mary's Catholic Primary Hospital in Dubbo, Ethiopia to determine priorities for capacity strengthening in the coming year.
- Signed auspice and partnership agreements with Catholic Church Health Services of the Diocese of Madang to work together in primary care starting in Malala.

Strategic Goal 4:

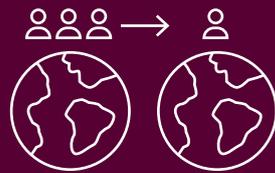
Develop foundational capabilities and diversify our funding streams to sustain our growth

Anticipated Outcome: Annual value of the program is \$6M by 2020

FY19 Progress

- Implemented an internal restructure and appointed to new positions of General Manager, Intern and Interim PNG County Representative to increase capacity and strengthen capabilities.
- Achieved interim full accreditation with the Australian Council for International Development.
- Achieved a three-fold increase in revenue from donations, gifts and external grants and 20% increase in turnover compared to prior financial year.

1,000,0



24,566



NUMBER OF ONSHORE PROTECTION VISA LODGEMENTS
IN AUSTRALIA IN THE FY19 FINANCIAL YEAR



UNHCR
The UN Refugee Agency

\$3.528b

ESTIMATED FUNDING GAP IN
UNHCR'S 2018 BUDGET

00,000

ESTIMATED NUMBER OF MIGRANTS IN 2019

75,656

NUMBER OF OFFSHORE HUMANITARIAN VISA APPLICATIONS
RECEIVED IN AUSTRALIA IN THE FY19 FINANCIAL YEAR.



20,412

HUMANITARIAN PROTECTION VISAS
GRANTED IN AUSTRALIA IN FY19



86%

FORCIBLY DISPLACED MIGRANTS BEING
HOSTED BY DEVELOPING COUNTRIES



1.5x

INDIGENOUS MORTALITY RATE COMPARED TO NON-INDIGENOUS AUSTRALIANS



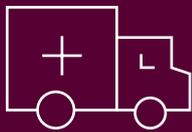
2.1x

LIKELIHOOD OF AN INDIGENOUS CHILD DYING BEFORE THEIR FIFTH BIRTHDAY

34%



ESTIMATED IMPACT OF SOCIAL DETERMINANTS ON THE HEALTH GAP BETWEEN INDIGENOUS AND NON-INDIGENOUS AUSTRALIANS



2.3x

BURDEN OF DISEASE EXPERIENCED BY INDIGENOUS AUSTRALIANS



80%

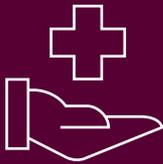
PERCENTAGE OF INDIGENOUS CHILDREN IN THE NORTHERN TERRITORY AGED 5-10 WHO HAD EXPERIENCED TOOTH DECAY



\$48,740

AMOUNT SPENT ON PHARMACY WAIVERS FOR
ASYLUM SEEKERS IN FY19 FINANCIAL YEAR

4,000

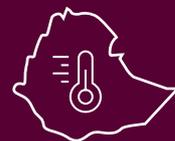


APPROXIMATE NUMBER OF *PRO BONO* HOURS WORKED BY THE
GPs, PSYCHIATRISTS, PHYSIOTHERAPIST AND PSYCHOLOGIST
SINCE THE HEALTH HUB OPENED IN 2016



10

NUMBER OF INTERNATIONAL PARTICIPANTS
WHO PARTICIPATED IN CABRINI OUTREACH'S
CLINICAL MENTORSHIP PROGRAM



32k

APPROXIMATE NUMBER OF OUTPATIENTS
ATTENDANCES AT ST MARY'S CATHOLIC
HOSPITAL, ETHIOPIA IN 2018



'Helping Hands' painted by the Cook family to recognise the relationship between Cabrini and Intjartnama

OUR ACTIVITIES AND IMPACT

Cabrini Outreach's mandate is to seek social justice, alleviate social inequality and enable better health care. We work within Australia and overseas. Our local priority is to improve health and wellbeing outcomes for Australia's First Peoples, asylum seekers and refugees and people experiencing place-based disadvantage. Overseas, we work in Papua New Guinea and with our sister-organisations in Eswatini and Ethiopia.

AUSTRALIA'S FIRST NATION PEOPLES

Strong culture and self-determination are intimately linked to improving the health outcomes and wellbeing of Australia's First Nation Peoples.



6,804
people served



\$156k
expenditure



6%
total program
expenditure

- > We work with Aboriginal controlled organisations to support their capacity for service delivery and provide opportunities for our staff to learn about and engage with indigenous culture. We have learnt that long term engagement with our partners enables the development of trust and building of social capital, where value for both parties is maximised.

In the last 12 months we have strengthened our partnership with Apunipima Cape York Health Services. In August 2018, representatives from Apunipima participated in our international health meeting. They shared their 'Baby One Program' (BOP) in the showcase session, generating interest from our Papua New Guinea partners who were also present. This has also led to early conversations about the redevelopment of the BOP app to make it more contemporary and functional.

We continued financial support for Apunipima's research governance role which was established in 2018. Professor Yvonne Cadet-James joined us to present at Cabrini Research Week on her efforts to improve the translation of research outcomes into Cape York communities.



Patients waiting for treatment at Cape York



Cathy Wilkie from Cabrini Health and Gloria Wallis, Senior Indigenous Health Worker

We were pleased to participate in the annual Catholic Health Australia (CHA) Workforce Exchange Program trip to remote communities in Cape York. First-hand knowledge and an immersion experience like this is at the heart of reconciliation.

The Health Services Manager at Mpwelarre Health Service, Santa Teresa reached out requesting assistance to address workforce shortages. We began exploring including Santa Teresa in the CHA Workforce Exchange Program. We hope that this will provide a larger pool of potential staff to meet their workforce shortages. In this period one nurse completed a short-term contract through the Cabrini relationship. We also provided a small grant to Purple House towards funding community-based renal dialysis at Santa Teresa.

We continued to provide grant funding to Jesuit Social Services Capacity Building Project in the Central Australia.

In the last 12 months they have worked with Territory Families to further develop capacity in program evaluation, supported advocacy efforts of both Tangentyere Council and Alice Springs Women's Shelter, and continued their work in Santa Teresa to develop supports to improve family and child outcomes and in Atitjere and Engawala to support women with young people in the justice system.

Finally, we undertook a review of the Indigenous Cultural Experience we offer in partnership with the Cook family at Injartnama, at their outstation located 120 km west of Alice Springs. The purpose of the review was to understand how this experience is effective at engaging our staff and contributing to reconciliation. We look forward to implementing the outcomes and recommendations to strengthen the program going forward.



CASE STUDY

THE IMPORTANCE OF RESEARCH IN REMOTE ABORIGINAL AND TORRES STRAIT ISLAND COMMUNITIES

In the face of cyclones, flooding, remoteness and competing priorities in a small community, research can be challenging. Yet it is precisely these conditions that make research so important.

Above: Yvonne Cadet James at Cabrini Research Week in Melbourne

- Research co-ordinator at Apunipima Cape York Health Council Professor Yvonne Cadet-James knows all too well the challenges of conducting research in a remote community.

“Apunipima Cape York Health Council is an Aboriginal and Torres Strait Islander community-controlled organisation, so it is funded specifically to provide services for Aboriginal and Torres Strait Islander people. There is a population of 7500 people in the Cape York communities and there are 11 communities that we actively provide services for as well as another four communities that we provide advocacy for,” Prof Cadet-James said.

“You have issues like isolation, an extremely high cost-of-living, overcrowding, poor health and a lack of services, particularly specialist services. Most people in these areas fall into the low-socioeconomic category and are living in poverty.”

“Another challenge is that often services are provided by organisations that aren’t part of the local community and therefore the providers don’t truly understand the needs of the community.”

“Research is so important because it informs the types of services we provide and identifies funding gaps and priorities,” she said.

“We need evidence-based data around what is happening to inform the services that are provided and determine their priorities.”

Prof Cadet-James said the work she did was rewarding because she could see the difference it made in people’s lives.

“I enjoy working with communities and people on the ground to build a research culture and help communities set their own research agendas and have some ownership about the research that happens in their community,” Prof Cadet-James said.

“If you have the data to provide statistics back to communities, they can make informed decisions about what needs to be done in the local area.

“Research can demonstrate the strength of programs, build on those strengths and identify areas that need improving or are not being serviced adequately to ensure programs are delivered appropriately to the community.

“It is rewarding to see the outcomes and improvements in the community.”

“It is rewarding to see the outcomes and improvements in the community.”



Cabrini supports communities in some remote parts of Australia, including near Santa Teresa where travelling between communities can be a challenge

ASYLUM SEEKERS AND REFUGEES

On 20 June 2019, World Refugee Day, we celebrated the third anniversary of the Cabrini Asylum Seeker and Refugee Health Hub, where we provide a free primary care, specialist mental health service and health waiver program to asylum seekers who have no Medicare and/or no income.



3,512
people served



\$1.21m
expenditure



45%
total program
expenditure

- In February 2019, we opened a second pharmacy waiver program to support asylum seekers affected by the changes to the Status Resolution Support Services (SRSS) program. The service operates from Whittlesea Community Connections in Epping and serves people seeking asylum living in the cities of Whittlesea and Hume.

As anticipated, we experienced continued growth in the number of people needing to access our services. As the year draws to a close, we have 451 clients using one or more services on a regular basis and, over the year, we have delivered 4,821 episodes of care through the Health Hub and Hume-Whittlesea Pharmacy Waiver Program.

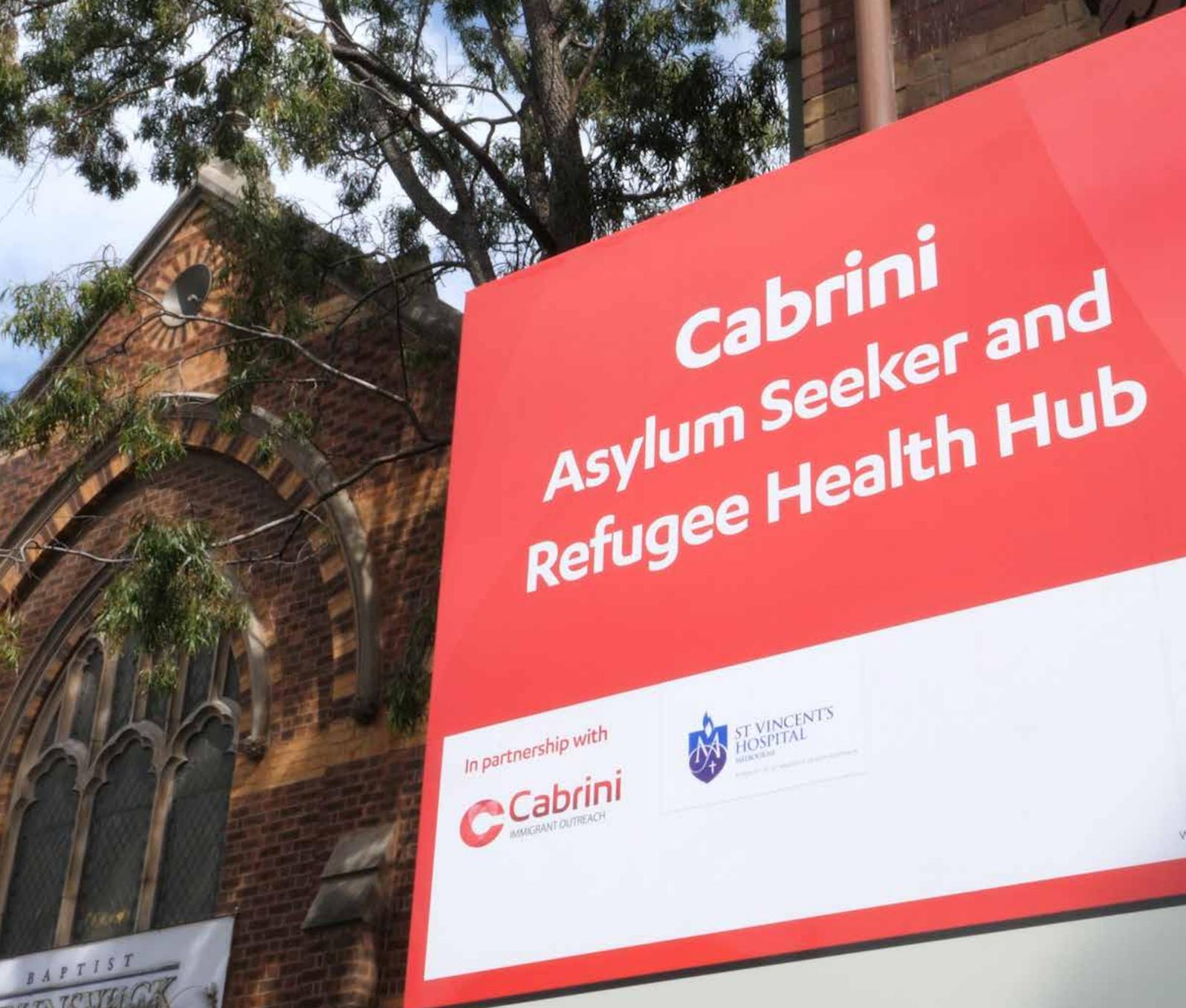
We continued supporting CatholicCare's Asylum Seeker Support Program and Refugee and Settlement Program through our small grants program. The Asylum Seeker Support Program is run in conjunction with Catholic Parishes, providing accommodation, material aid and social support. The Refugee and Settlement Program provides extended support to people over 5 years post settlement

who are experiencing family violence, breakdown of children attending school, employment and education barriers, housing issues and/or social isolation. Whilst we have been proud to support CatholicCare's important work through both of these programs, this is the final year of the grant period.

We also continued to support our sister-organisation Cabrini Immigrant Services (CIS) operating in New York City. Similar to CatholicCare, CIS provides access to essential services, civic participation, community building and education support. They also provide legal and social services.

Our commitment to research has continued. In the last 12 months, we have been involved in three research projects with Monash University, Melbourne University, University of New South Wales, Monash Health, Royal Children's Hospital and University Hospital Zurich:

- Development and validation of a mental health screening tool for adolescent asylum seekers and new refugees.



Cabrini Asylum Seeker and Refugee Health Hub

- Determining the mental health of child asylum seekers and refugees.
- Moral injury in relation to immigration detention and post migration difficulties in asylum seekers.

Our current and prior work has been presented at three conferences:

- North American Refugee Health Conference 14-16 June 2019, Toronto Canada
- Australia and New Zealand Refugee Trauma Recovery in Resettlement Conference 25-28 March 2019, Brisbane
- Australasian Conference on Traumatic Stress 12-14 September 2019, Sydney

We have drawn on our health service experience and research findings in our submissions to the Victorian Mental Health Royal Commission, Productivity Commission Mental Health Enquiry and Federal Review into Integration, Employment and Settlement Outcomes for Refugees and Humanitarian Entrants.



Dr Tram Nguyen, a psychiatrist at the Cabrini Asylum Seeker and Refugee Health Hub

CASE STUDY

EMMANUEL CABRINI ASYLUM SEEKER AND REFUGEE HEALTH HUB CLIENT

Emmanuel arrived in Australia alone as a 16 year old teenager in 2012. His family sent him to Australia by boat seeking safety after other young men in his village were targeted to join the militia.

- > He spent three years in immigration detention, first on Christmas Island and then at a remote detention centre in the Northern Territory. When he was there, he witnessed four serious suicide attempts among others in the centre. By the time he left detention he was struggling with serious anxiety, and he was expected to make his way as an adult at 19 years of age.

Emmanuel was not allowed to lodge his refugee claim until 2017, because of government policy. By that time he was 21 years old, he had tried forget the things that led his mother to send him and his brothers away from home. He had nobody to ask where his brothers are because although he spoke to his mother regularly on the phone, he always talked to her about positive things so as not to make her cry. He still doesn't know where his brothers are, and neither does his mum – which terrifies them both.

The stress of trying to lodge his refugee claim, the memories he had from the detention centre and worry for his family caused Emmanuel to start having panic attacks whenever he left the house. He started having flashbacks of things that had happened before he left home and in detention after he arrived in Australia. He couldn't sleep at night.

By the time Emmanuel came to the Cabrini Hub, he had been homeless for two years, sleeping on Bourke Street in inner city Melbourne. He had regular panic attacks and felt terrified all the time.

Emmanuel had a health assessment with the Cabrini Hub nurses, who found that he had a number of teeth that were decayed, and his screen showed that he had latent TB and hepatitis B. He then came to see a GP, who gave him treatment for his tuberculosis and started monitoring his hepatitis.

Emmanuel also saw a mental health worker at the Hub. On the first day, they started helping him to look for housing. A couple of weeks later, Emmanuel was successful in gaining entry to a housing program, and he finally had a private space of his own. He was reviewed by a psychiatrist and diagnosed with post-traumatic stress disorder and provided with medication, which was then monitored by the GP. He now comes to a mental health worker regularly to learn strategies to help him cope with daily life.

Because it is hard for Emmanuel to work due to his mental health, he has no access to income or any income support. Cabrini Hub staff continue to advocate for him to have access to financial assistance to meet his basic needs, until he is able to recover enough to work as he so desperately wants to do.

While things still aren't easy for Emmanuel, and he misses his mother and doesn't know if he can stay in safety in Australia, he knows that he can get the medical and mental health care that he needs. He also has a roof over his head – which means so much after so long.



Bernadette Flanagan providing primary health care at Cabrini Asylum Seeker and Refugee Health Hub

CASE STUDY

TABITHA CABRINI ASYLUM SEEKER AND REFUGEE HEALTH HUB CLIENT

Tabitha came to Australia with her two small children, arriving on a tourist visa by plane. She had fled Papua New Guinea to escape domestic violence – her family forced her to marry her husband, and because he was in a position of power, her only choice was to leave.

- Since her arrival, she has struggled to look after her small children alone, cope with daily life and look for work. She has always missed appointments, has difficulty getting her eldest to school on time, and has a lot of trouble expressing herself.

She was referred by Child FIRST to come to the Cabrini Hub to assess her medical needs. During her refugee health assessment, the nurses realised that Tabitha had difficulty with her memory, and couldn't answer many of their questions. As they talked more, Tabitha told them that before her second child was born, her husband had hit her so hard in the head that she fell unconscious.

The Cabrini Hub nurses made an appointment for Tabitha to see a GP, who requested a neuropsychology assessment to determine whether she had a cognitive impairment as a result of the head injury.

Hub staff also realised that Tabitha had an expired visa and had not received any help with this. They connected her with a migration lawyer who helped her to lodge a claim for refugee protection, to prevent her from being returned to danger.

The diagnosis of Tabitha's cognitive impairment allowed supporting organisations to put in place the right supports to help her cope with daily life and ensure the right care for her children. It helped her lawyer to argue her protection claims, and meant that she was able to access the right financial assistance. Tabitha comes regularly to the Hub for all of her health needs, and her children have been reviewed by a paediatrician. The Hub nurses help Tabitha keep track of her appointments, and support her to get to the places that she needs to go to get the care she needs.



Cabrini Outreach provides information about its services for asylum seekers in a number of languages

CASE STUDY

TAMMAM HUME WHITTLESEA PHARMACY WAIVER PROGRAM CLIENT

Tammam arrived by plane in 2017 with his family from a conflict affected country. Since arriving, he had not regularly visited a GP even though he had Medicare.

➤ He felt treating his Diabetes Type 2 was too expensive and so would only go to the GP in emergencies, rather than seek ongoing support for his Diabetes. He was referred to the Hume Whittlesea Pharmacy Waiver Program (HWPWP) in April as he was not receiving any support for income, healthcare or medication. He now sees his GP monthly for ongoing diabetes support and frequent check-ups. Further, his family now receive regular check-ups. His GP has helped him to understand his condition more and has prescribed additional medications that are not necessarily diabetes specific for a more holistic approach to his health and wellbeing for example, through prescribing vitamins. He states that he would not buy medication if it were not for this Program. Cabrini Outreach also assisted him in becoming a member of the National Diabetes Service Scheme (NDSS) which provides him with subsidised medication and

increases his understanding and awareness of diabetes for now and the future.

“The Cabrini Outreach program has been beneficial because my medication is not ordinary. Without this program, I could not receive medical assistance and healthcare at all as my medication is too expensive.” – Tammam.

This man and his families’ experience is reflective of many of the client’s in the program where 66% of clients stated they would simply not purchase medication if the program did not exist, which is of particular concern given the high number of clients that have chronic medical conditions. The other alarming information was the significant expense that pharmacy makes in a family’s budget (as high as the average household utilities expenses) with the average cost waived per family for medication of \$856.71.



Dr Bharat Visa, Pro bono Psychiatrist

CASE STUDY

DR BHARAT VISA PRO BONO PSYCHIATRIST, CABRINI ASYLUM SEEKER AND REFUGEE HEALTH HUB

Dr Bharat Visa is a Pro bono Psychiatrist who gives up his time to work with clients at the Cabrini Asylum Seeker and Refugee Health Hub.

- > After studying a Masters of Public Health in addition to his Psychiatry accreditation, Bharat has worked internationally with the World Health Organisation. He reflects that “with a passion for global health, an interest in working with people of different cultures and backgrounds and a child of migrants myself, I naturally gravitate to those issues and under the complexities involved. The Cabrini Health Hub is incredibly well organised and the staff are passionate and hardworking. It’s a nice environment to go into and be a part of. That’s why I keep going back there, all the staff from the support staff to clinicians are mutually supportive of one another and are passionate about the same issues and values.”

Bharat became involved in the Cabrini Health Hub after hearing about it from colleagues. It was a way to combine his passions for both global health and psychiatry while giving back to a vulnerable and disadvantaged community.

The work can at times be difficult and confronting. “A lot of people come in with some sad stories and it can be difficult. After working there for many year you can follow someone’s journey over an extended period of time. You hold them through a stressful trajectory, support them through rejection or while their income has been taken away. But what makes it worthwhile is you’re surrounded by colleagues who truly care and our clients are so grateful

for the work that we do. That makes it easier knowing how thankful and gracious they are that we give our time.”

What Bharat has noticed most is how the specialised services allows for a greater depth of care and understanding of the complexities refugees and people seeking asylum face. “Because we are specialised to deal with this community who are one of the most vulnerable and disadvantaged in our society we are uniquely placed to understand complexities such as differing illness or diseases, vitamin deficiencies that may be affecting our clients and the psychological adjustments and at times intense trauma they experience. We can attend to these with specialised knowledge and with a streamlined process so clients can be sure they will get appropriate care”.

It becomes clear that services such as the Cabrini Asylum Seeker and Refugee Health Hub are vital. “This is a population who is vulnerable, disadvantaged and have been traumatised. Services like these need to exist because otherwise people cannot access essential services. The refugee and people seeking asylum community are the most vulnerable and if we weren’t around the impact on their health outcomes would be significant. We need to exist to ensure people get a basic level of health care that they deserve.”

PEOPLE EXPERIENCING PLACE-BASED DISADVANTAGE

The conditions in which people are born, grow, live, work and age – the social determinants of health – are mostly responsible for the unfair and avoidable differences in health status seen within and between countries.



- Although Australia is colloquially known as the lucky country, complex and entrenched disadvantage continues to be experienced by a small but persistent number of locations in each state and territory across Australia¹. More recent research is demonstrating social isolation and loneliness is linked to premature death, poor physical and mental health and dissatisfaction with life.²

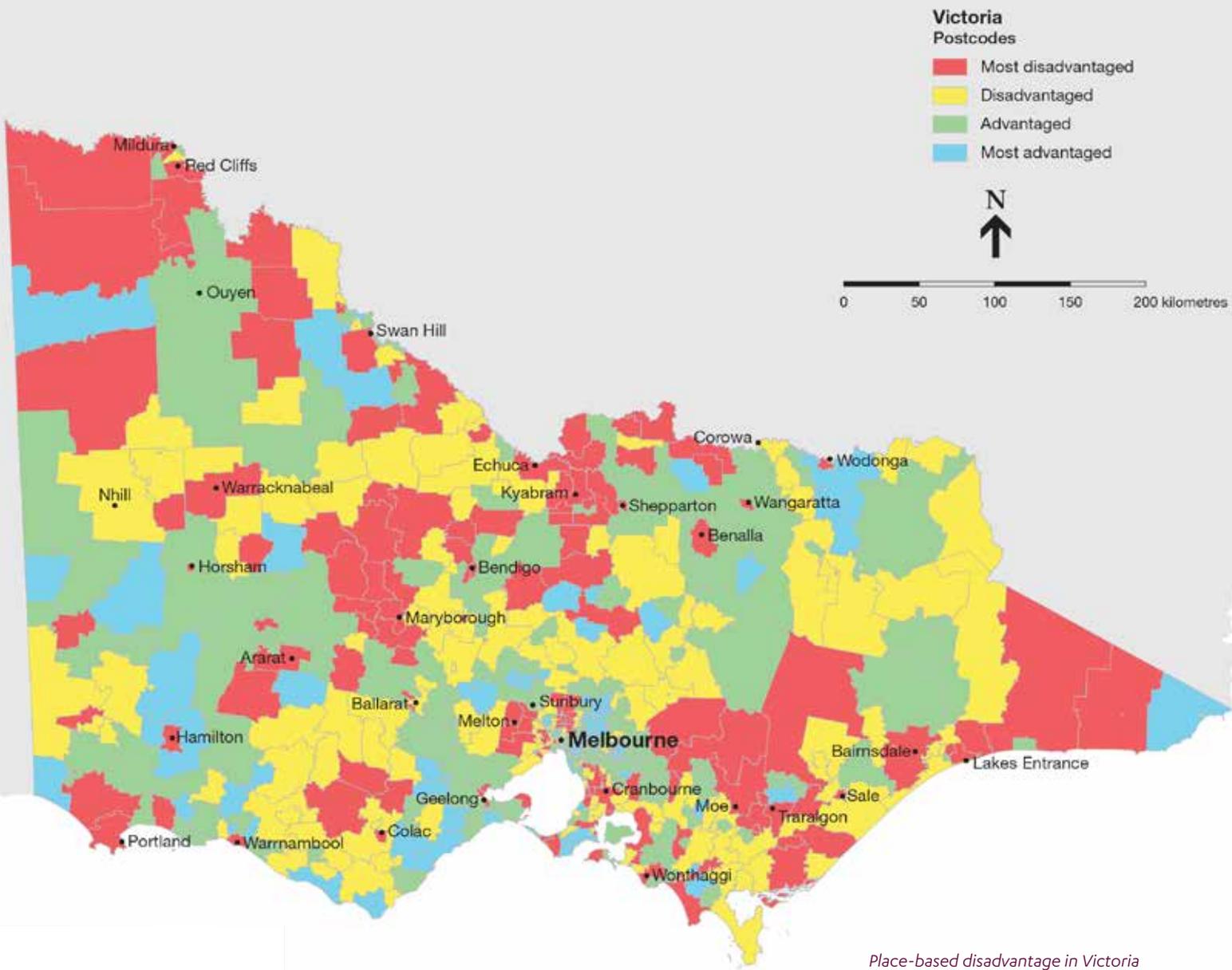
These trends are at the heart of our activities in this part of our program. Our preferred approach is to partner for impact and engage in programs that are designed with and for a particular community. This is most evident in joint project with CatholicCare and Catholic Education Melbourne based at St Anthony of Padua Catholic Primary School in Melton South. As the year ends, we are preparing to enter the community co-design phase of the project to identify the most important needs from the community's perspective and how these can be best addressed by health, education and social services.

Cabrini's health services operate in an area that has a high degree of single person households and an aging

demographic, characteristics that are likely to produce social isolation and loneliness. These factors underpin our partnership with JoCare, a volunteer-based community service sponsored by St Joseph's Parish offering friendship and support in our local community. During the year we have contributed expertise to the development of a research framework for evaluation of the program. We have also drawn on JoCare's experience in our participation in a social isolation and loneliness project with the Inner South East Metropolitan Partnership working group covering five local government areas.

Over the last three years we have been winding up our grants program in order to engage more meaningfully as an equal partner in service delivery. This year marks the last year of grant funding for the last two grant recipients, The Way Community and Stonnington Council.

The Way Community provides a home and outreach centre for men over the age of 40 who are homeless, or at risk of becoming homeless. The Community is home to a maximum of 10 men at a time and the number of residents



is intentionally kept low to enable a trusting community environment. We have supported The Way since 2005 and ending the relationship is marked by sadness.

This year is also the third and final year of grant funding to Stonnington Council to support the Family Educational Engagement Support Program on Horace Petty Estate. As part of the three-year pilot, the program was evaluated to document its effectiveness and impact in order to position it for sustainable future funding.

¹ Dropping off the Edge Report 2015 see <https://dote.org.au/>

² Australian Institute of Health and Wellness 'Social Isolation and Loneliness' see www.aihw.gov.au/reports/australias-welfare/social-isolation-and-loneliness

INTERNATIONAL DEVELOPMENT

In August 2018, we hosted a three-day international health meeting in Melbourne with representatives from our sister health services in Argentina, Ethiopia, Eswatini and Guatemala plus our partner organisations in Cape York and Papua New Guinea.



70,962
people served



\$970k
expenditure



36%
total program
expenditure

- > We explored our common mission and learned about the reality of each of the situations in which programs are being delivered. The showcase session on the second afternoon was a highlight as each group presented a program or activity that might be of benefit to other participants, reminding them of their own expertise as well as creating an opportunity for learning. We were grateful to staff from across the organisation who acted as volunteer hosts to provide a complementary cultural and social program. Despite the lack of a common language, we built strong bonds and connections that have served us well since.

Eswatini

Cabrini Ministries Swaziland, our sister-organisation, operates in the Lubombo low-veld providing integrated healthcare, child care, education and social services. In the last financial year, they have provided services to 33,221 people.

Our partnership activities with Cabrini Ministries have changed over the many years we have worked together. In March 2019, we visited to undertake an assessment of their operations against international standards. The purpose of the assessment is to provide feedback on areas of strength and assist in setting priorities for the coming year.

Ethiopia

St Mary's Catholic Primary Hospital is located in Dubbo, in the Southern Nations region. The people of Dubbo and surrounds primarily rely on subsistence farming for their livelihood. Years of drought have made this a precarious proposition and the impacts are evident in the poor health outcomes the people suffer. In the last 12 months, the hospital provided care to 31,699 people.

In May 2019 we conducted an assessment visit to St Mary's. The visit was timely, as the agreement between the Missionary Sisters and the Bishop of Soddo for management



Cabrini Outreach programs in Papua New Guinea, Eswatini and Ethiopia

of the hospital nears completion of the current term. The findings and recommendations of our assessment report will be taken into consideration by the Sisters in determining their future involvement with the hospital.

Papua New Guinea

In October 2018, we conducted an orthopaedic service and education program performing complex surgery on 26 patients at Modilon Hospital in Madang. That same month, Dr John Bolgna, Modilon's obstetrician, participated in Cabrini's Research Week as the inaugural recipient of the John Griffith's Research and Travel Scholarship. The scholarship recognises the wonderful contribution Mr John Griffiths made to our partnership with Modilon, leading the orthopaedic service program to Modilon for over 15 years.

The appointment of an interim Papua New Guinea Country Representative enabled us to spearhead the development of a partnership with Catholic Church Health

Services of the Archdiocese of Madang to support primary care in Madang Province. Following an assessment visit to three communities, we received approval from the Cabrini Board to begin in Malala, 2.5 hours by road from the provincial capital, as it has high need and there is strong support from community members. We hope to develop a capacity-strengthening model here that we can replicate in throughout the province.

This year marked the final year of grant funding for Mendaiwan Health Service in Wapenamanda, Enga Province. The clinic was established 12 years ago with the goal of becoming self-sustaining within three years. Unfortunately, this has not been possible despite the regular stream of patients. The future of the clinic is uncertain as the government has acquired the land for airport expansion, necessitating relocation. During the site visit in October 2018, the community expressed gratitude for the support Cabrini had provided over the years.



CASE STUDY

PAPUA NEW GUINEAN DOCTOR JOHN BOLNGA RECEIVES INAUGURAL RESEARCH SCHOLARSHIP

Cabrini's Outreach program is helping to improve the quality and safety of health care in Papua New Guinea, with the inaugural John Griffiths Research Travel scholarship awarded in 2018 to Papua New Guinean doctor John Bolnga.

Above: John Griffiths Scholarship awarded to Dr John Bolnga

➤ The scholarship is awarded in honour of John Griffiths, who commenced volunteering in Papua New Guinea in 1998. Mr Griffiths led the first Cabrini Outreach Orthopaedic Service Program to Modilon General Hospital in Papua New Guinea in 2000 and has visited the country more than 17 times to carry out vital orthopaedic surgery for local residents.

In honour of Mr Griffiths' commitment to education and training at Modilon General Hospital, Cabrini and Modilon General Hospital have established the John Griffiths Research Travel Scholarship.

The aim of the scholarship is to recognise the contribution of local doctors who are carrying out important research in Papua New Guinea. The scholarship will be awarded each year to a doctor from Modilon General Hospital, enabling them to present their research in Australia.

Dr Bolnga was selected as the inaugural scholarship recipient based on his research into maternal near-misses in Papua New Guinea.

Dr Bolnga is the specialist obstetrician at Modilon General Hospital and until January he had been the only obstetrician operating in the hospital for the past eight years.

The scholarship enabled Dr Bolnga to come to Australia during Cabrini's Research Week to present his study *Maternal near-misses at a provincial hospital in Papua New Guinea: A prospective observational study*, which was recently published in the Australian and New Zealand journal of Obstetrics and Gynaecology.

Participating in research week has also exposed him to new developments in medical research and best-practice processes in Australia.

He said maternal complications during childbirth were common in Papua New Guinea and especially at provincial hospitals such as Modilon General Hospital, where many underprivileged women live.

"Women in Papua New Guinea rarely access pre-natal care and more than 50 per cent receive no pre-natal care at all," Dr Bolnga said.

"This makes it really hard, as they only present to the hospital when they are in labour and we have to act on the spot. We have no history or understanding of any underlying health issues they may have.

"We deal with these issues as we go but it is a big challenge."

Dr Bolnga said Papua New Guinea had one of the highest maternal death rates in the world.

"We have made significant progress in bringing the maternal death rate down but it is a daily struggle for us and there is so much more that needs to be done," he said.

"Often, we lack very basic medicine or we will run into a shortage of a necessary medication but we just have to do what we can with what we have available."

"Our labour ward used to be regularly flooded with heavy rains and power outages were common which meant our midwives were sometimes forced to deliver babies by torchlight."

He said the hospital needed more political support but was competing with other priorities such as increasing basic literacy and numeracy skills, which were also severely lacking in the country.

"We have a weak healthcare system that needs substantial reforms but we also have many other issues that need addressing and they are all connected, it is difficult to address one issue without neglecting the other issues."

Dr Bolnga said the partnership between the two hospitals had made an incredible difference to patient care and outcomes.

"We are incredibly thankful to Cabrini Outreach for the ongoing support they have provided us," he said.

"The relationship with Cabrini has been very helpful, particularly with the training and clinical teaching the hospital has provided."

Cabrini assisted with the development of a new operating theatre at Modilon General Hospital, which was based on architectural designs from a theatre in Australia.

"Our new operating theatre has been the basis of excellence for the rest of the country. Since building it, we have had many other hospitals across the country come in and copy the design."

"Now we have a proper theatre, we are able to perform more operations that would have otherwise been cancelled."

Dr Bolnga said one of the services that had fundamentally changed the way the hospital was able to treat patients was the histopathology agreement we have with Cabrini.

Prior to the histopathology agreement with Cabrini, Modilon General Hospital was required to send all tissue biopsies to Port Moresby, more than 500km away. Limited capacity meant some patients would wait up to eight months or more for results of the biopsies.

"The extreme processing times in Port Moresby meant that by the time we got the results, many of our patients had already died or were beyond being able to be treated," Dr Bolnga said.

"With our new relationship with Cabrini Health, we are able to send the biopsies for analysis in Australia and we have been able to receive results in as little as two weeks. This enables us to treat our patients more quickly and appropriately."

Dr Bolnga said he was grateful to have received the inaugural John Griffiths Research Travel scholarship to allow him to come to Australia and improve his knowledge.

"Sadly, not many of us have the opportunity for research as we are so busy with our daily workloads. I have developed an interest in research and was grateful to have been given this opportunity to come to Australia," he said.

"I hope this will help to develop a culture of research within the hospital. I'm happy to pave the way for others and I look forward to more of our staff coming out to Australia to take up this opportunity."

"We live in a global society, we need to practice evidence-based research to improve our processes."

Cabrini Outreach first partnered with Modilon General Hospital, a government provincial hospital in Madang Province, Papua New Guinea in 2007 and has provided more than \$772,000 in financial support to the hospital during this time.

The partnership is designed to strengthen and support healthcare in Papua New Guinea, drawing on the resources of Cabrini Health in Australia, to assist the country to meet the United Nation's sustainable development goals.

OUR SERVICE PARTNERS

CatholicCare Melbourne

CatholicCare Melbourne is the social service agency of the Catholic Archdiocese of Melbourne and Diocese of Sale.

Partner since	1992
Funding in 2018-19	\$176,016
Total funding over life of the partnership	\$4.77 million

Cabrini Ministries Swaziland

Cabrini Ministries is a faith-based community care organisation providing comprehensive, integrated healthcare, childcare, education and social services to the most poor and vulnerable living in the Lubombo Lowveld area of Swaziland in Southern Africa.

Partner since	2002
Funding in 2018-19	\$175,106
Total funding over life of the partnership	\$3.33 million

JoCare

JoCare is a volunteer-based community service sponsored by St Joseph's Catholic Parish offering friendship and support in the Malvern area.

Partner since	2014
Funding in 2018-19	\$10,000
Total funding over life of the partnership	\$63,000

Modilon General Hospital, Papua New Guinea

Modilon is the provincial hospital for Madang Province, in the north of Papua New Guinea. Primarily established to serve the 500,000 people living in the province, it also treats patients from Mt Hagen in the Western Highlands to Lae in Morobe Province.

Partner since	2007
Funding in 2018-19	\$22,768
Total funding over life of the partnership	\$794,000

St Mary's Hospital, Ethiopia

St Mary's is a 100-bed Catholic hospital in Dubbo, which is owned by the Vicariate of Soddo and operated by the Missionary Sisters of the Sacred Heart of Jesus (Cabrini Sisters). It provides medical, surgical, paediatric and maternity care to the local community of 100,000 people.

Partner since	2012
Funding in 2018-19	\$500,000
Total funding over life of the partnership	\$1.80 million



Clockwise from top: Sr Barnaba, Staff and Nola. Cath Garner and Tom Roth from Cabrini Outreach visiting community members in Eswatini. Modilon Theatre in Madang PNG Dr Vanessa Andean and Dr. Joyce Lawrence.

GRANT RECIPIENTS

Australian Recipients

Recipient	Amount	Purpose
Apunipima Cape York Health Council	\$20,000	Research governance and research coordination capacity building
Jesuit Social Services	\$140,000	Central Australia Capacity Building Project
Purple House	\$33,333	Community Dialysis Program in Santa Teresa, Northern Territory
Stonnington Council	\$110,000	Family Education Engagement Support Program on the Horace Petty Estate
The Way Community	\$150,000	Residential Care and Outreach Program
Very Special Kids	\$40,000	Family Support Program

Overseas Recipients

Recipient	Amount	Purpose
Cabrini Immigrant Services	\$100,000	Material and legal aid for undocumented people living in New York City, USA
Mendaiwan Health Service	\$30,000	Primary health care in Wapendamanda, PNG



Kamalathevy Chelliah, Western District Nganampa Walytja Palyanti preparing equipment to deliver dialysis. Cabrini Outreach supports Community Dialysis in partnership with Purple House in Central Australia

PROGRAM MANAGEMENT AND GOVERNANCE

Cabrini Outreach operates as one of the three service arms of Cabrini Health Limited. Cabrini Health Limited is an Australian charity registered with the Australian Charities and Not-for-Profit Commission (ACNC).

LEADERSHIP

Governance

Cabrini Health Limited has a Board comprising ten unpaid non-executive directors who bring a broad range of professional experience to their governance role.

The Board's work is supported by a series of committees. The membership of each committee comprises Board directors, Chief Executive, a member of the Cabrini Health executive as executive sponsor and other internal and external people with expertise relevant to the committee's purpose. The committees that contribute to the governance of Cabrini Outreach are:

Audit Risk Management Committee

Assists with setting financial performance indicators and monitoring financial performance, internal audit program and enterprise risk management program and preparing the annual audited financial reports.

Committee Sponsor: Chief Financial Officer

Cabrini Foundation Board

Assists with fundraising strategy and performance, provides oversight of the management of donated funds and supports donor engagement.

Committee Sponsor: Foundation Director

Mission Governance

Assists with monitoring systems designed to embed Catholic identity, recommends advocacy priorities, guides and monitors the charitable services strategy and prepares the annual institutional governance report for Cabrini Health Limited members.

Committee Sponsor: Group Director Mission and Cabrini Outreach

Patient Experience and Clinical Governance

Assists with monitoring consumer experience, clinical risk management, clinical quality improvement program and reporting requirements.

Committee Sponsor: Group Director Medical Services and Clinical Governance

People and Nominations

Assists with board recruitment and performance, evaluation and remuneration of the chief executive, monitors strategic workforce planning and organisational work health and safety performance.

Committee Sponsor: Group Director People and Culture

Operational Management

Reporting to the Chief Executive, the Group Director Mission and Cabrini Outreach functions as the Chief of Cabrini Outreach, tasked with defining the Cabrini Outreach strategy and overseeing operational performance. The role is supported by:

- General Manager Cabrini Outreach, a new role implemented in July 2018 with responsibility for the delivery of all services and the deployment of the Cabrini Outreach Strategy including partner relationship management and service development;
- Medical Director Health Hub, responsible for primary care standards and clinical governance across the asylum seeker health program; and,
- Medical Director Specialist Mental Health Service, responsible for mental health care coordination and service standards.

LEADERSHIP

CONTINUED

Quality Management

Accreditation

In June 2019, Cabrini Outreach was granted interim full membership of the Australian Council for International Development (ACFID) demonstrating full compliance with the ACFID Code of Conduct.

Internal Audit

Cabrini Health Limited has an internal audit program that systematically and objectively reviews core business functions against best practice, providing opportunities for continual improvement. The annual plan is set by the Audit Risk Management Committee. The committee reviews the internal audit reports and monitors that agreed actions are implemented by management.

Risk Management

Cabrini employs a comprehensive approach to risk management. Risks are identified and managed in each Cabrini Outreach program. This informs risk identification and assessment of both the inherent and treated risk at the Cabrini Outreach level, which in turn feeds into the organisation-wide risk matrix. The organisation-wide risk matrix is reviewed by the Board on a six-monthly basis.

Monitoring, Evaluation and Learning

Implementation of program logical frameworks across all Cabrini Outreach services provides a framework for ongoing monitoring and evaluation at a program level. We are progressively working through the implementation of a similar framework with our international health partners which will strengthen our capacity for monitoring, evaluation and learning going forward.

In the last 12 months, we have commenced a formal review of three programs:

- Hume Whittlesea Pharmacy Waiver Program
- Indigenous Cultural Experience
- JoCare Community Visiting Program

The first two reviews will be completed in the first quarter of the new financial year and will provide direction to the future of each of the two programs. The JoCare review is being conducted in collaboration with the University of Divinity with the report due in 2020.

Our Commitment to Safety and wellbeing

Cabrini Outreach policies and procedures on safeguarding to ensure children, patients, clients and staff are protected have been reviewed during the year to ensure they are in line with ACFID Code of Conduct standards. We have also been working with our partners to strengthen their safeguarding practices.

There were no serious occupational health and safety incidents and no incidents of sexual exploitation, harassment or abuse reported. All staff and volunteers and visitors sign our Cabrini Outreach Code of Conduct committing to international best practise both in policy and personal behaviour.

FINANCIAL PERFORMANCE

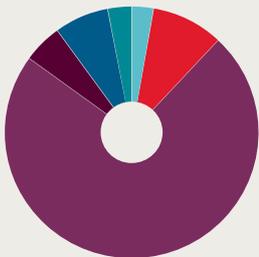
SUMMARY OF INCOME AND EXPENDITURE FOR THE YEAR ENDED 30 JUNE 2019
THE AUDITED FINANCIAL STATEMENT IS AVAILABLE ON WWW.CABRINIOUTREACH.COM.AU

	2019 \$
REVENUE	
Donations and gifts	
Monetary	93,647
Non-monetary ¹	351,225
Grants	
Cabrini Australia Limited (cross-subsidy)	2,746,735
Other grants ²	185,315
Non-development revenue	
Cabrini Australia Limited (cross-subsidy) ⁴	250,000
Other income³	116,867
<hr/> TOTAL REVENUE	<hr/> 3,743,789
International Programs	
Aid & Development Program Expenditure	
Eswatini	216,872
Ethiopia	500,867
Papua New Guinea	275,535
USA	100,000
Aid & Development Program Support	76,650
Non-development Expenditure ⁴	250,000
Australian Programs	
Asylum seekers and refugees	1,108,738
Aboriginal health	156,364
Place-based disadvantage	350,622
Other	16,162
Non-monetary expenditure	351,225
Accountability and Administration⁵	340,764
<hr/> TOTAL EXPENDITURE	<hr/> 3,743,789

Notes

- 1 Non-monetary income and expenditure reflects the estimated value of pro bono general practitioner, psychiatrist and physiotherapist hours, Department of Health and Human Services interpreting services and St Vincent's Hospital Melbourne pathology service provided to the Cabrini Asylum Seeker and Refugee Health Hub
- 2 Other grants include Department of Health and Human Services funding for vaccination and pharmacy support for people seeking asylum and the Phyllis Connor Memorial Trust and the Collier Charitable Fund for research into a mental health screening tool for people seeking asylum.
- 3 Other income includes Medicare, International Health and Medical Service and Care in Mind billings for medical services for people seeking asylum and individual donations and event fund raising for Cabrini Outreach activities.
- 4 Non-development revenue and expenditure represent funds provided to the Province office in New York, funded by Cabrini Health cross subsidy that are not designated for humanitarian aid and development activities.
- 5 Cabrini Foundation provides fundraising support to Cabrini Outreach. The costs are captured centrally and are not on-charged to individual services.

WHERE OUR MONEY COMES FROM



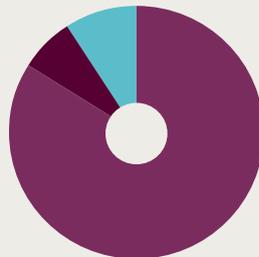
CABRINI OUTREACH REVENUE

- Donations and gifts
- Non-Monetary donations
- Cabrini Australia Limited (cross-subsidy)
- Government and Philanthropic Grants
- Non-Development revenue Cabrini Australia Ltd cross-subsidy
- Medicare, IHMS and Care in Mind Billings

For every \$1 we raise:

- **73 cents** is from a Cabrini Australia Ltd cross-subsidy for our health and development programs around the world
- **7 cents** is from a Cabrini Australia Ltd cross-subsidy for our Cabrini offices in the region
- **9 cents** is from essential *pro bono* services that would otherwise require us to raise income.
- **5 cents** is from government and philanthropic grants
- **3 cents** is from billings from federally funded agencies such as Medicare
- **3 cents** is from individual donors and event fundraising.

WHERE OUR MONEY IS SPENT



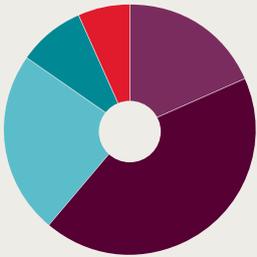
EXPENDITURE RATIOS

- Program expenditure
- Non-development expenditure
- Accountability and Administration

For every \$1 we spend:

- **84 cents** is used to directly support our health and development programs around the world
- **7 cents** is provided to Cabrini offices in the region
- **9 cents** is spent on essential accountability and administration
- **0 cents** is spent on fundraising support as this is provided *pro bono*.

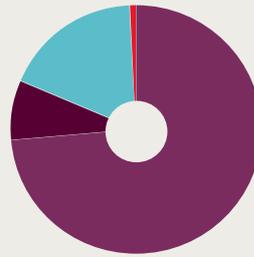
PROGRAM EXPENDITURE BY COUNTRY AND TYPE



INTERNATIONAL PROGRAM AID & DEVELOPMENT PROGRAM EXPENDITURE

- Eswatini
- Ethiopia
- Papua New Guinea
- USA
- Aid & Development Program Support

Cabrini Outreach spends 31% of its expenditure on International programs with the majority going to St Marys Hospital in Ethiopia followed by Papua New Guinea and Eswatini.



AUSTRALIAN PROGRAMS AID & DEVELOPMENT PROGRAM EXPENDITURE

- Asylum seekers and refugees
- Aboriginal health
- Placed-based disadvantage
- Medical Evacuations

Cabrini Outreach spends 53% of its expenditure on Australian programs with 74% going to people seeking asylum and refugees (includes non-monetary expenditure which is the pro bono medical support to the Hub).



Cabrini Outreach

ph (03) 9508 3518/3532

email: cabrinioutreach@cabrini.com.au

www.cabrinioutreach.com.au



Cabrini
OUTREACH