

# A year of change







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 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.



$\Delta$  (Delta) is the mathematical symbol for 'change'.



# About us

→ Cabrini Outreach is a community development organisation and member of an international family of services inspired by the spirit and vision of Mother Cabrini and the Missionary Sisters of the Sacred Heart of Jesus.

We are part of a long tradition of healthcare that operates today in some of the poorest countries in the world. Our heritage teaches us that every person has inherent dignity and deserves the opportunity to reach their potential. Our experience reveals socio-economic factors are mostly responsible for the unfair and avoidable differences in health status seen within and between countries.

Addressing the social determinants of health is at the heart of our mandate to seek social justice, alleviate social inequality, and enable better healthcare for people seeking asylum and those experiencing place-based entrenched disadvantage in Australia and overseas. We work as a health service provider and a capacity-strengthening partner to disrupt disadvantage and contribute to the development of more inclusive, equitable and compassionate communities.



As a service provider, we have learnt both lived experience and professional expertise are fundamental to effective service design and delivery, so we seek to know and understand each of the communities we serve. We identify and address gaps in health service provision and collaborate with others, including all levels of government and social institutions, making a long-term commitment to enable sustainable change.

The belief that mutual respect and trust are the foundation for effective partnerships is at the heart of our work in capacity-strengthening. For us, mutuality involves listening to one another, transparency, probity, flexibility and accountability — and we have long-standing partnerships with organisations that share our vision and values. We support health projects that meet an identified community need and where we are able to leverage our human, financial and material resources to make a difference to health outcomes.

**We are proud to be part of the Cabrini family in Australia. We are here for good, the common good.**

*Cabrini Outreach recognises the traditional rights of Aboriginal and Torres Strait Islanders and we pay our respects to the elders of all First Nations peoples across the globe. We acknowledge past and current injustices experienced by Australia's Indigenous people and seek reconciliation between Indigenous and non-Indigenous Australians.*

*Cabrini Outreach also recognises the human rights of Australia's newest arrivals, and we extend our welcome, compassion and service to those seeking asylum.*

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# Message from the Chief of Mental Health and Cabrini Outreach

—▶ As we come to the end of an eventful and trying year, we can collectively reflect on the tremendous achievements and progress we have made during the past 12 months and our humbling and enduring resilience during these uncertain times.

2020-21 was a challenging and rewarding year for Cabrini Outreach. We worked hard to continue providing our much-needed services, while also adapting to the changing demands of the communities we serve.

A highlight during the year was the Asylum Seeker and Refugee Health Hub's fifth birthday. Making an impact on over 1000 people's lives makes this one of our greatest achievements. While it was a celebration of the progress made during the past five years, it was also an opportunity to spread awareness of the challenges refugees and people seeking asylum continue to face in Australia.

In early 2021, Cabrini Australia launched its new, five-year strategic plan. The plan sets out our mission, future direction, focus areas, plans and underpinning philosophies.

Cabrini Outreach identified two key focus areas, which we believe will deliver Cabrini's Mission, meet unmet needs and provide quality, compassionate care.

- Asylum seeker health service delivery and advocacy
- Health capacity strengthening across the Cabrini community

While we are only approaching the end of the first year of this plan, I am very proud of the work we have done in both these areas. Of course, this is only the beginning and we remain acutely aware of the work to be continued, however, optimistic about the opportunities that lie ahead.

During 2020-21, we had a valuable opportunity to look for growth opportunities and increase our services closer to home. The expansion of our specialist mental health services to regional Victoria was particularly significant. We witnessed the birth of our new primary healthcare clinic, Clinic Sihat, for vulnerable people seeking asylum in the Shepparton region, as well as an expansion of our psychosocial support services to regional Mildura.

Unlike former years, the COVID-19 pandemic meant it was not possible to travel overseas to provide support and build relationships as Cabrini Outreach has done previously. This has provided an opportunity for Cabrini Outreach to review how we support our international partners in Eswatini (formerly Swaziland), Ethiopia and New York.

Cabrini Outreach has been acutely aware of the significant impacts the COVID-19 pandemic has had on people seeking asylum, and how the pandemic has disproportionately affected disadvantaged and culturally and linguistically diverse (CALD) communities.



Chief of Mental Health and Cabrini Outreach,  
Sharon Sherwood.

Our healthcare workers at the Cabrini Asylum Seeker and Refugee Health Hub have adapted to new procedures and protocols in the face of COVID-19. Staff have transitioned their clinical care to telehealth, dealt with the inherent challenges this created in the therapeutic relationship and client risk assessments, focused on care-coordination for material aid and provided health literacy regarding COVID-19.

More recently, the Hub established a project to reach out to clients and families seeking asylum with translated resources to support them to make informed decisions about COVID-19 vaccination and to assist with booking appointments. This program has greatly assisted clients to feel empowered to make better health decisions.

As we near the end of 2021, restrictions are starting to ease in Victoria, and we are becoming optimistic a return to some sort of normality draws closer. However, we know the impact of this pandemic will exist in our community well beyond this time, and we remain ready to support our clients through this.

I thank our employed and pro bono teams at Cabrini Outreach for their tireless work and efforts during 2020-21 and for their unwavering commitment to providing treatment, care and support for the physical and mental health care needs of the most adversely affected clients.

I would also like to take this opportunity to acknowledge the members of the Cabrini Outreach team who left during the year, who all made a valued contribution to our service.

I also acknowledge the strength, power, generosity and courage of our valued supporters, donors, and partners overseas who continue to remind us of the generosity and strength we are all capable of.

On a personal note, I would like to thank both the Cabrini Outreach team and the Cabrini Australia Board and Executive for such a warm welcome to this wonderful organisation. I am very proud to be leading Cabrini's Outreach work, alongside my mental health portfolio, and I look forward to seeing how we continue delivering Cabrini's mission, and supporting some of our most vulnerable community members, through these important services.

As has been proven in these recent months, it is now more important than ever for us all to spread kindness, patience and perseverance.

SHARON SHERWOOD  
CHIEF OF MENTAL HEALTH AND OUTREACH SERVICES  
CABRINI AUSTRALIA

MORE THAN

# 70 million

ESTIMATED REFUGEES AND  
INTERNALLY DISPLACED  
PERSONS WORLDWIDE.  
(UNHCR, 2019)



# 5332

PEOPLE ESTIMATED TO BE ON BRIDGING VISAS  
SEEKING ASYLUM IN VICTORIA, WITH OVER  
30% FROM IRAN AND 30% FROM SRI LANKA.  
(RCOA, JUNE 2021)

# 2326

CLIENTS ENROLLED  
BY CABRINI  
MINISTRIES  
ESWATINI IN THEIR  
HIV TREATMENT  
PROGRAM



# \$107k

SPENT ON PHARMACY AND  
HEALTH WAIVERS FOR PEOPLE  
SEEKING ASYLUM IN FY21



# 412

MATERNAL DEATHS  
IN ETHIOPIA  
PER 100,000  
LIVE BIRTHS

# 346

NEW REFERRALS WERE  
RECEIVED FOR OUR  
ASYLUM SEEKER  
HEALTH SERVICES IN  
MELBOURNE AND  
SHEPPARTON  
IN FY21

# 31<sup>00</sup>

CLIENTS WERE  
SUPPORTED  
WITH FREE  
PRESCRIPTION  
GLASSES  
IN FY21

MORE THAN

# 50%

OF CLIENTS IN OUR ASYLUM  
SEEKER HEALTH SERVICES ARE  
NOT ELIGIBLE FOR MEDICARE

# 2020-21 context and highlights

60%

OF ESWATINI'S HIV INFECTIONS OCCUR AMONGST FEMALES AGED 15 AND OVER

11,891



PEOPLE WHO SOUGHT ASYLUM ARRIVING BY BOAT REMAIN IN THE COMMUNITY IN AUSTRALIA ON BRIDGING VISAS

20

CLIENTS WERE PROVIDED WITH ONGOING MENTAL HEALTH SUPPORT IN SHEPPARTON IN FY21

452

WOMEN SCREENED FOR CERVICAL CANCER BY CABRINI MINISTRIES ESWATINI

361



CHILDREN AND ADULTS HAVE RECEIVED FULL CATCH-UP VACCINATIONS ACCORDING TO THE VICTORIAN IMMUNISATION SCHEDULE

200,000

PEOPLE ESTIMATED LIVING WITH HIV IN ESWATINI

1077

WOMEN IN PNG ARE DIAGNOSED WITH CERVICAL CANCER AND 650 DIE FROM THE DISEASE EVERY YEAR

1300



PRO BONO HOURS DELIVERED WORKED BY SEVEN GPs, FOUR PSYCHIATRISTS AND ONE PHYSIOTHERAPIST FOR ASYLUM SEEKER HEALTH SERVICES IN FY21





# 01

## Asylum Seeker health services

# Cabrini Asylum Seeker and Refugee Health Hub

## Annual Hub Fundraising Event and fifth birthday celebration

In May 2021, our Cabrini Asylum Seeker and Refugee Health Hub (the Hub) held their annual fundraising event in Brunswick, welcoming trustees, donors and other special supporters such as Federal MP for Wills, Peter Khalil. It is also marked the Hub's fifth birthday — a proud achievement where we have provided care and support to more than 1000 clients.



Staff of Cabrini Outreach at the Annual 2021 Hub Fundraising Event

Our experienced staff took the opportunity to showcase the important progress the Hub has made during the past five years, spread awareness of the challenges that refugees and people seeking asylum continue to face in Australia, and reaching out for offerings in the effort to bolster the important work being done. Dr Suresh Sundram, co-founder of the Hub and Director of Research, had this to say:

**“The people who come to us are the most traumatised of the traumatised. The vision of the Hub is not one of making do — it is to be the best, leading cutting-edge health service for refugees and asylum seekers in Australia, and globally.”**

\*Amir, one of our clients from Iran, also offered some touching words: **“I have seen how there can be so much joy in putting smiles on people’s faces, like Cabrini Outreach does. Living in uncertainty is hard, and a lot of people can crack under the pressure. It is very hard to reflect on those tough times, but I am glad that they are over. I now see myself as an Aussie.”**

We have been so successful due to the unwavering generosity of our pro bono staff, donors, Cabrini Health Executive and the passion of our team. By supporting us, it not only helps strengthen one of the only accessible primary and mental health care services for people seeking asylum in Melbourne, but also helps fund ground-breaking



Manager  
of Cabrini  
Asylum Seeker  
and Refugee  
Health Hub,  
Tracey Cabrié

research into the ways trauma can be managed in this vulnerable cohort.

*\*Name changed to protect identity*

## The importance of mental health services for asylum seekers and refugees

### Why we exist

The Cabrini Asylum Seeker and Refugee Health Hub in Melbourne, Australia was established in 2016 to provide care to people seeking asylum and newly arrived refugees in Melbourne and regional Victoria. Although there are key paid roles within the Hub, it is reliant on the pro bono contributions of numerous health workers. Many people seeking asylum do not have access to Medicare or a Healthcare Card and are not permitted to work — and are therefore reliant on charity. It then becomes a forced financial choice for what is prioritised; where food and shelter often override health needs. Moreover, the lack of work — intensified by the COVID-19 economic slowdown — has exacerbated housing insecurity leaving many people in transient accommodation complicating the provision of care.

### The essentiality of mental health services especially during this time of a pandemic

The public health measures imposed because of the COVID-19 pandemic have caused increased stress and pressure in our lives. The marginalisation of asylum seekers within the community through their enforced

disconnection from mainstream modes such as employment, housing and welfare support has caused even greater hardship for this group. The increased isolation and loneliness, compounded by enforced lockdowns has further eroded people's resilience exacerbating distress and mental illness.

The Hub staff have worked tirelessly to provide treatment, care and support for the physical and mental health care needs of those most adversely affected clients. There has been a deterioration in mental health, an increase in higher risk presentation (family violence, substance use) and social vulnerability (destitution, food insecurity, homeless risk). Staff have transitioned their clinical care to telehealth, dealt with the inherent challenges this created in the therapeutic relationship and client risk assessments, focused on care-coordination for material aid and provided health literacy regarding COVID-19.

### The future of our work

Our research team have developed a simple mental health screening tool, the STAR-MH, for all workers regardless of their training to complete with their adult asylum seeker or refugee clients. The tool will indicate the likelihood of a serious mental health issue that requires

further clinical evaluation. It has been very positively received globally and we are now trying to secure funding to complete adolescent and child versions of the tool.

In understanding the complexity and nuance of how past and current experiences weave to create resilience and vulnerability to mental health and illness we hope to be able to characterise specific windows where targeting interventions will be most effective. By moving beyond generic and unsophisticated conceptions of how trauma and social factors impact on mental health to more nuanced and subtle understandings, we can develop and customise treatments for asylum seekers and refugees to improve mental health. Most importantly it will allow us to identify at-risk children and adolescents before they become unwell and ultimately prevent illness.

**Called to be human and humanising, bearing witness brings healing**

In treating and trying to understand asylum seekers and refugees, one of our most critical roles is to bear witness to their experiences, past and current. This validation, at the core of all healing, is maybe most apposite in the context of what many asylum seekers and refugees are experiencing in host societies where they are ostracised, excluded and rejected. We hope to provide an alternate experience through our work. A contemporary expression of our Cabrinian heritage.

**Hunger and homelessness among people seeking asylum**

Since the beginning of the COVID-19 pandemic, the Hub has been inundated with referrals for individuals and families struggling to survive with no income. Widespread job losses compounded by prolonged uncertainty and the impending risk of destitution have led to rapid physical and mental deterioration of people seeking asylum.

Our friends at the Refugee Council of Australia have been working hard with charities and other organisations to understand the true impact of the COVID-19 pandemic on people seeking asylum. Their new report — *Homelessness and hunger among people seeking asylum during COVID-19* — reveals the stark reality of those vulnerable communities:



of people have been forced to skip meals due to hardship



are currently experiencing homelessness, while 55% are at imminent risk of homelessness



have struggled to pay their rent since the COVID-19 pandemic began

\*Fatima and her children have accessed Cabrini for both primary care and mental health needs. Their medication and medical aids (glasses) have been provided by the health waiver program and the children have received all their immunisations. During the COVID-19 pandemic, the mental health of all the family deteriorated, resulting in educational struggles for the children and family violence perpetrated by Fatima’s husband. The specialist mental health service advocated for the children to have access to onsite school supervision and provided linkages to family services, family violence sector and legal services. Fatima’s husband was also provided with counselling and supported to access men’s behavioural change services. Fatima and her children have now been re-housed in safe accommodation, and they continue to attend Cabrini for their health needs, while they wait for their protection claim to be finalised.

\*Name changed to protect identity



Dr Gill Singleton, Medical Director at the Hub, has seen firsthand the difficult decisions families are forced to make. Lack of income and ineligibility for welfare support are leading to families skipping meals or relying on charity food banks. As a result, doctors at the Hub are starting to see signs of nutritional deficiencies in children.

In 2020, Cabrini Outreach joined the call to make information about hunger and homelessness among the asylum seeker population known to the general public. A collaborative media release resulted in numerous requests for interviews with Dr Gill Singleton across print, radio and television.

### Filling in the gaps: catch-up immunisations for people seeking asylum

When people seeking asylum and refugees arrive here in Melbourne, they often have not had access to the same immunisations that others born and raised here might have.

These clients are a particularly vulnerable group, and many have come from countries overseas where there is a high prevalence of infectious diseases. With funding support from the Department of Health's PRIME Immunisation Project, the Hub's immunisation service ensures that new arrivals can be on par with the general public when it comes to being vaccinated. Whenever a new client presents at the Hub, our nurses meet with them to undergo a full refugee health screening assessment, and a 'catch-up immunisation schedule' is created outlining what vaccinations they need and when. This can include Polio, Diphtheria, Tetanus, Pertussis (whooping cough), Measles, Mumps, Rubella, Varicella (chicken pox), as well as Hepatitis B. They also provide Influenza, Meningococcal ACWY, Gardasil, Pneumococcal and Herpes Zoster Vaccine for adults who are eligible. As it takes about three to six months for adults to catch up, and this also allows the time and opportunity to check in with clients monthly and build rapport.

**"Offering this service to clients leaves them feeling extremely happy and grateful afterwards. There is extremely little hesitance — if only from needle phobia — and it makes them feel like they are on the same level as others in the community. As nurses, it is a privilege to provide the service, and it is lovely that clients are so open and trusting with us."** Maymun Mohamud, Refugee Practice Nurse

While the peaks of COVID-19 have posed a challenge in bringing clients in for their immunisations, our team of nurses and doctors have worked hard to re-arrange the catch-up schedules whilst wisely weighing up the risks of bringing clients onsite. As we witness the COVID-19 vaccine roll-out throughout Australia, we are further reminded as to why free and accessible vaccinations are so important. With support from the Victorian Government through the Priority Response to Multicultural Communities (PRMC) grant, the Hub has continued to play its part and be involved working with partners to ensure equity of access for our clients to receive the COVID-19 vaccine.

### Agile response to people seeking asylum released from alternative places of detention

Cabrini Asylum Seeker and Refugee Health, as a reputable service in the sector, was approached to provide the initial healthcare for men who were released from alternative places of detention (hotel detention) into north-west Melbourne. The Hub worked in close partnership with Life Without Barriers, the community-based organisation supporting these clients. Within a fortnight of their release into the community, the nursing team was able to access their previous health records, triage clients most at risk, provide thorough refugee health assessments, continuation or initiation of required physical and mental health treatments, and make referrals to specialists as required.

**\*Mohammed was one of those these men. He had been on Manus Island and suffered a severe psychotic episode leading to a self-inflicted injury with subsequent nerve pain. He had a distrust of medical services due to previous negative experiences. Mohammed is socially isolated as he worries about being stigmatised due to his mental illness. The service was able to engage Mohammed and understand him through culturally-sensitive and trauma-informed practice. He currently attends Cabrini weekly for the multidisciplinary care of his physical and mental health, seeing a GP, psychiatrist, mental health clinician and physiotherapist, and is working towards recovery. Without the proactive engagement and healthcare from Cabrini, there was the likelihood that Mohammed would have required an admission to a psychiatric inpatient unit for his mental health condition.**

*\*Name changed to protect identity*

# Asylum Seeker health services — regional expansion

## Mental health support for Asylum Seekers in regional Victoria

This year we expanded our specialist mental health services to regional Victoria in response to increasing need during the COVID-19 pandemic. In partnership with local support agencies and GP clinics, Cabrini Outreach expanded its services to people seeking asylum and temporary visa holders in Mildura and Shepparton. Funding received as part of the Victorian Government's *Keeping Victorians Connected and Supported — Mental Health and Wellbeing Coronavirus Response Package* now allows referrals for psycho-social support, psychiatric care and consultation.

Medical Director of Mental Health at Cabrini Outreach, Dr Tram Nguyen, said the introduction of Stage 3 restrictions in regional Victoria, in addition to the growing number of positive COVID-19 cases, had added new layers of fear and uncertainty among the community. She said this had resulted in an increased risk of destitution for people seeking asylum and people on temporary visas.

"COVID-19, the pandemic and the measures to control it, have come at a cost to everyone, especially in terms of their mental health," Dr Nguyen said. "Access to mental health care should be universal. It shouldn't depend on your visa status or your postcode. That's why we applaud this initiative from the Victorian Government."

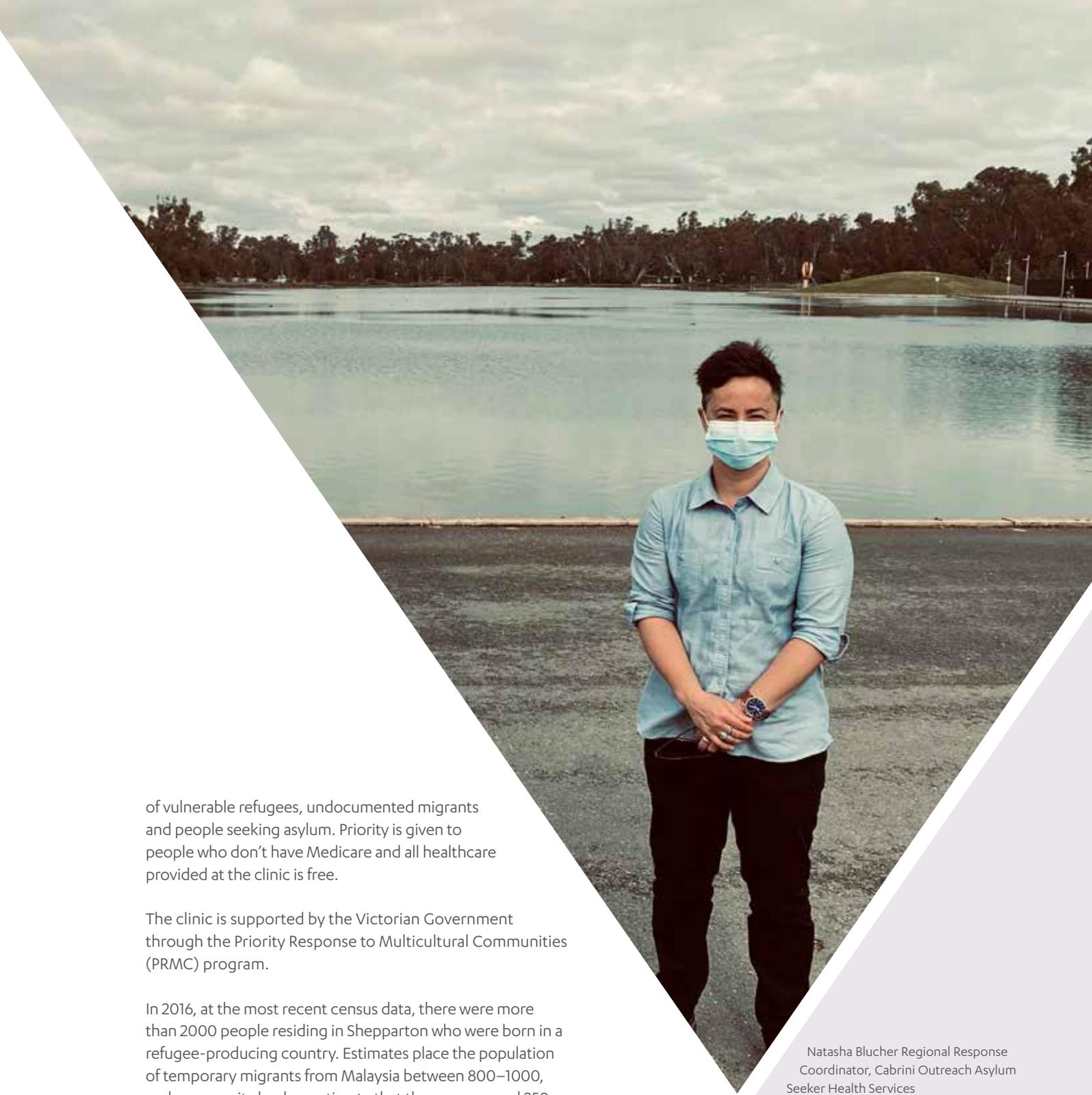
Cabrini Outreach has been acutely aware of the significant impacts of the COVID-19 pandemic on people seeking asylum. Without access to a financial support safety net, job losses and increasing restrictions have had serious impacts on the people we work with. "After many years of uncertainty, separation from family members and restrictive visa conditions, this pandemic is adding to the devastation experienced by people seeking asylum," Dr Nguyen said. "Communities in regional Victoria are no exception."

## Primary care clinic opened in Shepparton by Cabrini Outreach and Primary Care Connect

In June 2021, Cabrini Outreach expanded its specialist primary health service to Shepparton, to address the needs



The Cabrini Outreach, Uniting VicTas and Primary Care Connect team at the opening of Clinic Sihat, Shepparton.



of vulnerable refugees, undocumented migrants and people seeking asylum. Priority is given to people who don't have Medicare and all healthcare provided at the clinic is free.

The clinic is supported by the Victorian Government through the Priority Response to Multicultural Communities (PRMC) program.

In 2016, at the most recent census data, there were more than 2000 people residing in Shepparton who were born in a refugee-producing country. Estimates place the population of temporary migrants from Malaysia between 800–1000, and community leaders estimate that there are around 250 people seeking asylum from the Hazara, Iraqi and Iranian communities in the region. A large proportion of this population will not be eligible for Medicare, and therefore are unable to access healthcare unless they are in a financial position to pay, or they choose to attend the local hospital. Unfortunately, there are no general practitioners (GPs) in Shepparton willing to see people seeking asylum and migrants without Medicare free of charge.

As part of the expansion of our specialist mental health service to the region, we consulted extensively with local community leaders and services. It became acutely apparent there was a serious need for primary care.

Natasha Blucher Regional Response  
Coordinator, Cabrini Outreach Asylum  
Seeker Health Services

Through a partnership with Primary Care Connect, a community health service that engages with vulnerable and hard to reach community groups, we have expanded our health service to Shepparton, to address this need.

The new clinic was named *Clinic Sihat*; 'Sihat' meaning 'health and wellbeing' in Malay, Arabic, Hazaragi and Urdu. It now offers on ground presence of an experienced pro bono GP and practise nurse, as well as a specialist mental health clinician who works with clients via telehealth. We offer the provision of immunisations, pathology tests, clinical referrals and a pharmacy waiver service — all provided free of charge to the clients.

As a pilot program, we hope that this will build capacity for local GPs to accept referrals and provide appropriate clinical care to refugees.

**"It is vital that all people in our community have access to good quality primary care where they live. It is a demonstration of our commitment to improving the health of our often vulnerable and marginalised community members through the lens of the social model of health. Our partnership will assist in creating inclusive community health care opportunities through collaboration."** Primary Care Connect's CEO Rebecca Lorains

**"Primary care is too important to just let a whole segment of the community go without. I hope other local General Practitioners will be willing to help us provide this critical care."** Cabrini Outreach Pro Bono General Practitioner, Dr Malcolm Altson

**"People seeking asylum have specific needs in primary care, requiring the use of interpreting services, refugee health screening, and understanding of the psychosocial impacts of their protection application process."** Practice Implementation Nurse Hannah Juhrmann

**"Our people really need healthcare. If they cannot pay, many people are just sitting at home with serious health problems — asthma, heart conditions, and even pregnant women. They need somewhere to go for help."** Mr Faizal, President of the Goulburn Valley Malaysian Association

## Project Sihat Psychosocial Support in the Shepparton and Mildura regions

In November 2020, Cabrini entered a partnership arrangement with Uniting Vic. Tas to provide culturally appropriate psychosocial support casework in Shepparton. The caseworker is employed to provide referrals, information, practical support and emotional support to people seeking asylum, undocumented migrants and temporary visa holders with particular vulnerabilities. At the same time as opening Clinic Sihat, we launched Project Sihat. As an initiative, it responds to the mental health needs of people seeking asylum and other temporary visa holders in regional areas.

Clients referred must be experiencing mental health concerns that impact on their day to day lives. The aim of the program is to support clients with the situational issues that are impacting on their mental health, and to refer to the Cabrini Outreach Specialist Mental Health Service when clinical mental health intervention is needed. Project Sihat caseworkers are employed from the communities they work in and are embedded in local organisations. They are supported by our specialist mental health clinical team to provide a holistic response to psychosocial issues for people seeking asylum, vulnerable temporary visa holders and undocumented migrants.

Now, in partnership with Catholic Care, we have commenced the same project in the Mildura region, where our newest psychosocial support caseworker has commenced work.



GP Dr Malcolm Altson (left) and practice nurse Hannah Juhrmann (right) at Clinic Sihat.

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**Project Sihat caseworkers are employed from the communities that they work in and are embedded in local organisations.**

# Asylum Seeker health services — Health Waiver Programs

**Health Waiver Program provided much-needed relief for people seeking asylum during COVID-19 pandemic in the north and west of Melbourne and Shepparton.**

—————▶ The Health Waiver Program, first established in 2016, has continued from the Cabrini Asylum Seeker and Refugee Health Hub providing essential medications and medical aids such as glasses to clients attending the service. As many clients have not been able to attend onsite, the general practitioner and nursing teams have worked exceptionally hard to ensure people have been able to access ongoing medication, in particular for their chronic disease, by posting scripts and waivers, sending them through to the pharmacy or having medications posted to their home. The Brunswick Pharmacy who partners with us in the program have been incredibly accommodating to the change in service delivery. A total of 890 client episodes received 1221 waivers for 1941 individual scripts at a cost of over \$59,000.

The Hume Whittlesea Pharmacy Waiver Program commenced in 2018 in partnership with Whittlesea Community Connections, a community-based organisation that fosters relationships with the local community and offers services that address disadvantages in the Whittlesea local government area, and Chemist Depot Pharmacy in Epping. The waiver program has continued to provide access to essential medications and medical aids and equipment for people seeking asylum who have no income and no access to a Healthcare card making the cost prohibitive for essential medical care.

The impacts of COVID-19 mean having to pivot from a face-to-face service once a week to an online and telehealth service, increasing the administration and logistics burden for both the clients and staff involved as well impacting the pharmacy staff dispensing the medication. Despite the challenges in the last financial year, the Hume Whittlesea Pharmacy Waiver Program was able to successfully support 115 clients with pharmacy waivers at a cost of \$47,446.

The Health Waiver Program in Shepparton is new and commenced when Clinic Sihat and Project Sihat commenced. Both services have been able to provide support to people who have previously struggled financially with access to their essential medications for example for their diabetes for example. In the first month of the program, we supported four clients with their medications, and we expect the service to grow with increased referrals to our 'Sihat' programs.

**These programs have been well supported by the generosity of Cabrini Outreach's donors.**

# Asylum Seeker health services — research

## Development of a Screening Tool for Asylum Seeker and Refugee Mental Health (STAR-MH)

The Screening Tool for Asylum Seeker and Refugee Mental Health (STAR-MH), developed by research team Dr Debbie Hocking and Professor Suresh Sundram, has been taken up by a number of local agencies. These include the Cabrini Asylum Seeker and Refugee Health Hub, the Asylum Seeker Resource Centre (ASRC), Monash Health Refugee Health, and IPC community health refugee program. It is also integrated into the referral form for Cabrini Outreach's asylum seeker health programs.

A digital platform is underway to facilitate greater accessibility of the tool and expand to a global reach. This platform, the eSTAR-MH, will enable clients to complete the screening in their own language in the presence

of a worker. The STAR-MH is currently available in 13 languages including English. The eSTAR-MH includes oral translations for individuals who are not literate.

The eSTAR-MH will be launched in the coming months. In the meantime, protocols are being finalised for trials of the STAR-MH in Italy and Malaysia to determine its effectiveness in refugee and asylum-seeking populations outside Australia.

The first phase of an adolescent mental health screening tool has been completed and written up. This paper is currently under peer-review in an international journal.

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**The STAR-MH is currently available in 13 languages including English. The eSTAR-MH includes oral translations for individuals who are not literate.**



Research fellow and clinical psychologist,  
Dr Debbie Hocking





# 02

## International development

—▶ We have continued to work closely with our international partners in **Eswatini (formerly Swaziland), Ethiopia, New York and Papua New Guinea** over the past year to orient our support to the most pressing needs of their local communities. Our partnerships are directed to supporting the health of women and children and our specific goals are to:

- Increase immunisation rates for women and children to lower the unacceptably high rates of maternal and infant mortality
- Improve detection and treatment of cervical cancer
- Improve access to treatment for infectious diseases such as malaria, HIV and tuberculosis — focusing on the higher vulnerability of women and children
- Lower rates of child malnutrition and infection.



# Cabrini Missionaries St Philip's Mission, Eswatini

→ **Cabrini Outreach partners with Cabrini Ministries Eswatini (CME) — a Catholic faith-based and community-based not-for-profit organisation operating from St Philip's Mission in the Lubombo lowveld region of Eswatini. Cabrini Ministries' services are designed to respond to the needs of the vulnerable local communities, where the average life expectancy is 58-59 years, and around 63 per cent of people live below the poverty line. Delivery of services is primarily achieved through four integrated departments: healthcare, childcare, education, and family services. With funding and support from Cabrini Outreach, Cabrini Ministries is contributing to improving health outcomes largely through targeted prevention, treatment, care and support services relating to HIV.**

Since June 2020, CME has provided support to more than 19,000 people in the surrounding communities to help them stay safe and learn about the newest threat to their health, COVID-19. While the pandemic has caused jobs and income to be lost and schools to be closed with limited education throughout 2020-21, with additional COVID-19 support from Cabrini Outreach they have been able to maintain services and vital health indicators, including the management of thousands of HIV client with zero deaths. Staff were able to maintain personal protective equipment (PPE) at best-practice standards, however, four Cabrini clients sadly passed away as a result of the virus.

While HIV/AIDS remains an issue in Eswatini, Cabrini Ministries has developed an international reputation for effective treatment initiation and compliance. Cabrini Ministries continues to provide a comprehensive primary care health service as they continue to turn around the HIV pandemic in the country, with improved access to HIV testing and provision of free antiretroviral treatment. Over the past year 100 per cent of clients were screened for HIV, tuberculosis (TB) and non-communicable diseases (NCD), and 2326 clients were enrolled in their HIV treatment program. 1628 clients accessed NCD treatment services from the facility.

Recognising the critical link between cervical cancer and HIV, Cabrini Ministries continues to prioritise the surveillance, screening, testing and treatment of cervical cancer — targeting women who have tested HIV positive and are on ART. A total of 452 female clients were screened for cervical cancer over the last financial year, and 22 received preventative care. More than 16,000 clients were reached with health education at clinic in 15 communities, and 69 people living with disabilities were monitored and provided with consultations.

## **Eswatini tackling HIV crisis amid the COVID-19 pandemic.**

Despite its small population, Eswatini has the highest prevalence of HIV among adults aged 15 to 49 in the world.

However, through the *Strengthening the quality of life for communities in St Philips* program, Cabrini Ministries Eswatini has been able to make significant advances in the screening, health and education of people living with or at risk of contracting, HIV.

In only six months last year, Cabrini Ministries Eswatini screened more than 2000 people for HIV. Of those who tested positive, 100 per cent were able to be initiated onto antiretroviral treatment within 24 hours of receiving their result. Once initiated, ensuring that clients adhere to treatment is a further challenge. However, the holistic nature of the wrap-around service — testing, treatment, counselling and education — is making a difference. Cabrini Ministries Eswatini has been able to

Nurse David Cabrini  
Missionaries Hlophe,  
Outreach Eswatini



achieve a 95 per cent adherence to treatment rate, and this has resulted in a sharp decline in the number of clients presenting with a high viral load.

Eswatini's ability to continue to provide HIV services has come under pressure during the COVID-19 pandemic. On 14 December 2020, Eswatini's Prime Minister Ambrose Dlamini became the first head of government in the world to die in office from COVID-19. Since then, Eswatini's Labor Minister and Minister of Public Service have also succumbed to the virus. Eswatini's total number of confirmed cases is over 46,000, as of this publication. However, on a positive note, the Eswatini Ministry of Health set aside a budget to roll out vaccines to its 1.3 million population.

We acknowledge Cabrini Ministries Eswatini's ongoing achievements in the face of extreme adversity and look forward to continuing to support their efforts in ensuring the people of Eswatini live long and productive lives.

### Donating face masks for St Philips' children during COVID-19.

Last year, when masks were mandated in Melbourne, around 25–30 people valiantly volunteered to sew fabric face masks for the clients and families of our Cabrini Outreach asylum seeker health programs. Having made more than 2000 at the time, all extra masks were shipped to our partners in Cabrini Ministries Eswatini, where teachers and parents were overjoyed to see their children receiving the free masks at school. The adult masks were also distributed to their elderly and HIV positive patients, who are at higher risk of infection if exposed to COVID-19.

**“Pre-school has been running now for four weeks, and of course most of our children have lost or destroyed their masks, so this stock will ensure our kids remain compliant with our national regulations until they hopefully ease later in the year. We are so grateful to have this gift**



Children at Cabrini Ministries Eswatini wearing face masks sewed by Cabrini volunteers

**to support us in our determination to beat this virus!”**

### Achieving community education at St Philips, Eswatini

Over the decades the St Philips community in Eswatini has received health information from our partners at the local clinic, they have come to trust them, allowing for the delivery of trusted health information both from within the clinic and during outreach visits.

Each time a new health threat emerges, or an intervention is introduced, the community engages with the clinic staff at St Phillip's Mission, Eswatini. There are always many questions and in-depth dialogue.

As a result, over time these groups learn and accept new health ideas and share these with their families. In more modern and westernised cultures, health decision-making is seen as an individual choice; one can believe what they wish to about their health and the health care that is available to them. In Eswatini, the individual makes their own choices, but this may be more greatly influenced by the collective community or family-based decisions to change practices or start new ones for their overall wellbeing.

This image to the right depicts a group from the community sitting under a tree, about to learn about COVID-19 vaccinations from St Philip's health clinic nurse, David. Throughout his time, David has introduced thousands of people to HIV counselling and care, and is now working hard to reach remote communities and teach correct information with the hope of dispelling any circulating myths which could threaten lives. Health education in a pandemic may be more challenging, but it is still possible!

**Teachers and parents were overjoyed to see their children receiving the free masks at school. The adult masks were also distributed to their elderly and HIV positive patients...**



People from the St Philips community in Eswatini, waiting to learn about COVID-19 from clinic nurse David.

# Cabrini Missionaries St Mary's Catholic Private Hospital, Ethiopia

→ During the 2020-21 financial year, Cabrini Outreach continued its partnership with St Mary's Catholic Primary Hospital in Dubbo, Ethiopia, to progress our goal of supporting St Mary's to improve maternal and child health outcomes. This is a 100-bed Catholic hospital in Dubbo provides medical, surgical, paediatric and maternity services to the local community of around 100,000 people. Cabrini Outreach continues to contribute funds to the hospital's maternal and child health program, which has fortunately witnessed the continuation of pregnant mothers attending for assisted births, their antenatal education program boosting engagement, malnutrition being addressed and clients receiving surgical care when needed.

In the St Mary's catchment, family and societal practices coupled with a lack of health knowledge often contributes to delayed access to obstetric health services — especially in emergency health institutions. However, over the last financial year, St Mary's reported a total of 3209 pregnant mothers accessing maternal health service and 3033 babies born in the facility (313 through caesarean section) without any child or mother deaths. All women presenting for antenatal and birth care continued to receive postnatal care, including checking bleeding post-delivery, and providing support and education on the importance of breast milk, signs of ill-health in newborns, and good hygiene practices. The postnatal care sessions give an opportunity to refer women and their babies to their local health centre for immunisation.

St Mary's also continues to provide care and treatment to children, most of whom are under 5 years of age. The most common reasons for children to present related to conditions such as upper respiratory tract infections, diarrhoea and severe malnutrition. Children also presented for screening for HIV, tuberculosis and malaria. A total of 12,632 patients accessed health care services to address various ailments that they presented in this period, and a total of 142 children were admitted and accessed health care services to address malnutrition. These clients access comprehensive services through a successful referral to Cabrini Ministries Ethiopia. Furthermore, 281 adults accessed surgical care services,



whilst a total of 28 children under the age of five years were reached with surgical care services.

With the civil war taking place around Ethiopia, the past year has been a difficult and tumultuous period for the staff and patients of St Mary's, but they continue to move forward with a determination and drive to deliver the best primary health care services they can. We aimed to provide as much support as practicable from afar during this period, and as the new leadership team from early 2020 settled into their roles.

Right: School children, Ethiopia



# Papua New Guinea

→ **Despite its proximity to Australia, Papua New Guinea (PNG) faces significant global development challenges. The health system is under-resourced and deteriorating and maternal and child health outcomes are the worst in the Pacific region. Given Papua New Guinea's close historical connection to Australia, we feel particularly called to reach out to our nearest neighbour. We have supported health-related programs in PNG for nearly two decades, with our strongest relationships in Madang Province. During the past year we continued our partnership with the government-owned Madang Provincial Hospital, as well as Catholic Church Health Services (CCHS) in the Archdiocese of Madang to support primary health.**

Unfortunately, with the travel restrictions in place during the last financial year, on-ground support and contribution proved more difficult than usual. It became physically impossible to get our surgeons, nurses and biomedical experts to PNG for the service and education program and biomedical visit. As a result, these services could not take place, and our work in PNG moved away from on-ground support and towards capacity strengthening. From afar, we maintained communication with our partners and were able to contribute in other ways.

This included the establishment and funding of a cervical cancer screening program at Madang Provincial Hospital,

tabled and accepted in conjunction with funding from the Kirby Institute. Funding for a registered nurse for this program was proposed and accepted, and a total contribution of \$80,000 was provided to them in March 2021.

In May 2021, thanks to the generosity of the Pacific Development and Conservation Trust, we were able to secure funds to source and purchase a much-needed autoclave machine and a vaccination fridge, and ship them to our partners at Malala Health Clinic for their internal and outreach health services. This donation will allow for better management, implementation and provision of vaccinations — including for COVID-19. As the COVID-19 pandemic has begun to affect the people of Papua New Guinea more severely, we hope with this equipment they will be able to strengthen their maternal and child health programs in the Malala region.

Finally, our Histopathology Service with Modilon Provincial Hospital continued over the year — a pro-bono service which we have been engaged with since 2014. Pathology specimens from the hospital were couriered to Melbourne for testing, with results able to be reported and sent back within 13 days. This continues to be a vast improvement on the turnaround previously experience through their in-country service, which was approximately six months to two years.



## Cervical cancer research in PNG

Up to 93 per cent of cervical cancers are preventable. A combination of vaccination and screening has halved the rate of diagnoses and deaths for Australian women since 1991 and increased five-year survival rates to 74 per cent. For the women of Papua New Guinea however, the story is vastly different. PNG has among the highest estimated burden of cervical cancer cases and deaths globally. Cervical cancer is the most common cancer diagnosis for females in PNG, and more than 1000 women die from the disease each year.

Fortunately, a doctor in PNG has taken up the fight against this insidious disease and, together with the PNG Institute of Medical Research (PNGIMR) and the Kirby Institute at UNSW Sydney, we're doing all we can to back him. Dr John Bolnga sees the best and the worst of life for women in PNG. As the Head of Obstetrics and Gynaecology Services at the provincial referral hospital in Madang Province, Dr Bolnga has chosen to dedicate his life to improving outcomes for women and girls in PNG. This includes tackling cervical cancer — a cancer that the World Health Organisation is seeking to eliminate globally by 2030.

In 2012, a partnership was formed between Dr Bolnga, Dr Andrew Vallely from PNGIMR and the Kirby Institute, and Professor Glen Mola from the University of PNG, to carry out research on cervical cancer in PNG. The research program

was designed to determine whether a new method of screening could identify and treat women with cervical pre-cancer to reduce the high rates of mortality from cervical cancer. The research found the new 'test and treat' method was able to appropriately treat at least 95 per cent of all women with high-grade disease, which was a substantially better result than other screening methods currently used in countries with low medical resources.

We have worked with Madang Hospital, PNG since 2005 to strengthen health services in the Province, and so we have been thrilled to see the results of this cervical cancer research. We are hopeful as the research transitions into an ongoing screening program that we will soon start to see declining cervical cancer mortality rates in PNG, consistent with our aim to improve the health of women and children in low resource countries.

Above: Clients waiting for maternal and child health services at Malala Clinic, PNG

# Cabrini Immigrant Services, New York City (CIS-NYC)

→ Cabrini Immigrant Services opened their doors in New York City in 1999, and since then have been a leading organization helping the newest Americans realize their dreams. In the spirit of the Saint Frances Xavier Cabrini, Patroness of Immigrants, their goal is to provide vital services to their clients with excellence; and to advocate for changes in policies which will help the immigrant population as they continue to closely watch and respond to the shifts in American government policies. Cabrini Outreach's partnership with CIS-NYC commenced in 2015, with the aim of helping them achieve their overall objective of improving health, mental health and wellbeing of low-income immigrant families in New York City.

During the past year Cabrini Outreach provided financial support to CIS-NYC, and through regular engagement and communication was able to witness this contribution make a difference to the lives of those being served. This included supporting their immigration legal services, basic case management and support (healthcare, housing, education, employment, financial resources, and public benefits), food pantry, immigrant family programs, community and adult education, and short-term counselling services.



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During the past year Cabrini Outreach provided financial support to CIS-NYC, and through regular engagement and communication was able to witness this contribution make a difference to the lives of those being served.



Staff and volunteers bringing in donations for their food pantry

# On a mission: how the hub educated clients about COVID-19 vaccinations

→ Throughout the past year, COVID-19 has disproportionately affected disadvantaged and culturally and linguistically diverse (CALD) communities.

Since the COVID-19 vaccine became available to the Victorian public, it has been more important than ever that whole communities are offered easy and accessible pathways to receive the vaccine.

However, for communities who may be culturally or linguistically diverse, communicating key information about the vaccine program has been difficult, as the government has been inconsistent with its messaging and there are many myths and misconceptions about the COVID-19 vaccines. These issues have often meant there is hesitancy around the vaccine — and for people who want it, it can be difficult to navigate how and where to book. Adding to the complexity, some of our clients don't have Medicare or identification.

In response to this, the Cabrini Asylum Seeker and Refugee Health Hub established a project to reach out individually to clients and families seeking asylum with translated resources to support them to make informed

decisions about the vaccine, and to assist with booking appointments. Our refugee health nurses worked hard to understand and bridge the gap in communication and misinformation by spending extra time with clients during their consultations, cold calling them between appointments, and posting and emailing information in their language. This has involved sharing educational videos, engaging in interactive discussions with interpreters, and addressing any concerns, myths and misconceptions they might have about the vaccine. Clients have been encouraged to speak with their GPs if they have major hesitations or are guided through the process of booking a vaccine appointment.

Since the beginning of this education program, clients have been better able to understand how COVID-19 can affect their community, families and themselves, empowering them to make better decisions for the health and safety of their community. This additional work would not have been possible without the generous support of the Victorian Government through the Priority Response to Multicultural Communities during Coronavirus (PRMC) program.

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**This has involved sharing educational videos, engaging in interactive discussions with interpreters, and addressing any concerns, myths and misconceptions they might have about the vaccine.**



# Compassionate treatment for people seeking asylum

## 2021 Tax Appeal

With Cabrini Outreach already providing healthcare to people seeking asylum around the north of Melbourne, this year's Tax Appeal asked for help in providing similar health services in regional Victoria, where there was an urgent need. The proceeds of this appeal went towards the very successful implementation of Clinic Sihat in Shepparton, and Project Sihat in Shepparton and Mildura. A needs assessment conducted by Cabrini Outreach in regional Victoria showed there is a drastic shortage of primary healthcare services for people seeking asylum, which is why the new primary health service in Shepparton was launched, providing a GP, primary care nurse and essential medications for people who have no other means to access vital health services.

Left untreated, many health issues clients are experiencing can lead to serious health implications.

"They are afraid to go to the doctor," regional psychosocial support worker Ali said, "they don't have money to pay for this... so they try to tolerate the pain until their condition becomes more severe."

Many asylum seekers have experienced trauma from persecution or conflict in their home countries, often leading to struggles with mental health conditions in addition to primary health issues.

Thanks to our dedicated supporters, old and new, we were able to collect tax-deductible donations and begin the journey of making a difference to these people in regional Victoria who had no other avenue for support.

## #TimeForAHome campaign

July 19 2021 marked exactly eight, long years since the announcement was made that people seeking asylum who arrive by boat 'will never be settled in Australia'. Since that day in 2013, thousands of men, women and children have lived in debilitating states of limbo and uncertainty in offshore detention on either Nauru or Papua New Guinea. They have experienced significant physical and mental

trauma, and have been denied access to work, education and even necessary healthcare.

When need for medical treatment became acute and urgent, some have been brought to Australia. Many still remain either in detention, community detention, or on bridging visas without certainty. Some others have been offered resettlement options in the United States, but the slow and difficult process means many remain in limbo.

At Cabrini Outreach Asylum Seeker Health Services, our team provides care to those impacted by this policy. Our namesake, Mother Cabrini, is the Universal Patron Saint of Immigrants. We aim to continue her spirit of service through Cabrini Outreach today in our health services and contribution to creating a more compassionate response for those seeking asylum in Australia.

This #TimeForAHome campaign became a major priority and advocacy focus over the past year. We have been deeply concerned by the plight of people seeking asylum during the pandemic, and so will continue to advocate for their health and wellbeing.

## Nobody Left Behind campaign

Cabrini Outreach supported Refugee Council of Australia's Nobody Left Behind and No Child Left Behind campaigns. During the past year, our doctors at the Asylum Seeker and Refugee Health Hub have become increasingly concerned by the number of children with nutritional deficiencies. Loss of employment throughout the pandemic resulted in families relying on emergency food relief — which often lacked in fresh fruit and vegetables, or made people skip meals altogether.

Our campaign alliance reached out to the media on this story, and received an impressive response. Medical Director of the Hub, Dr Gillian Singleton, received numerous requests for interviews and the coverage included print, radio and television. As a result, we're continuing our work on this campaign and advocacy strategy with our partners who work with people seeking asylum.



Psychologist at Cabrini Asylum Seeker and Refugee Health Hub, Nicholas Mueller with client

Back garden at Cabrini Asylum Seeker  
and Refugee Health Hub



# 03

## Program management and governance

# Leadership

## Governance and management

It has been a momentous year for Cabrini Outreach from a governance and restructuring perspective. After recruiting three new positions in early 2020, in anticipation of strategic growth within Australia and overseas, our plans were impacted by the COVID-19 pandemic which restricted travel and relationship building, and prevented deployment of international staff. Partially as a result of these circumstances, in late 2020 and early 2021 Cabrini Outreach was saddened to farewell various team members, some newly recruited and others such as Tom Roth, appointed in 2018 as the inaugural General Manager who led the anticipated growth of the international programs.

A special mention goes to Cath Garner who left the role of Chief of Operations Cabrini Outreach and Group Director of Mission Services after 29 years of committed service and significant contribution to Cabrini.

Cath was involved in Cabrini Outreach since its inception in 1992 and assumed responsibility for its operations in 2002. During the last five years, she successfully implemented the vision to become a service provider rather than a grant maker, such as through the establishment of the Cabrini Asylum Seeker and Refugee Health Hub. She was active in the Catholic sector in Australia, serving on peak body committees for nearly two decades and contributing to the development of sector-wide programs and resources. Her longstanding relationship with the Cabrini Sisters enabled her to contribute to the global MSC Institute participating in many international meetings, such as the Cabrini International Health Commission, an advisory body to the General Superior and Council. Cath brought much wisdom and integrity to her work ensuring Cabrini's mission and

charism were always at the forefront of decision making. Cath also developed and delivered a variety of formation programs which strengthened the understanding of our Catholic identity and mission, and was been pivotal in developing Cabrini's response to social policies.

We thank Cath for her leadership and for her significant contribution to our service.

A new chapter began in June 2021, when we welcomed new Chief of Mental Health and Outreach Services, Sharon Sherwood, to continue to lead and drive the work and vision of Cabrini Outreach.

A relationship agreement continued between Cabrini Australia Limited, Cabrini Outreach Limited, Cabrini Health Limited and Cabrini Property Limited to enable Cabrini Outreach to continue to draw expertise, resources and support from other parts of the Cabrini group — including the committees which support the Board in its governance function. The committees that support Cabrini Outreach Limited are:

**Audit Risk Management Committee** assists the concurrent Cabrini Boards with setting financial performance indicators and monitoring financial performance, overseeing the internal audit and enterprise risk management programs, and preparing the annual audited financial reports.

**Foundation Board** assists the concurrent Cabrini Boards with the fundraising strategy and performance, overseeing the transparent management of donated funds and supporting donor engagement.

### **Patient Experience and Clinical Governance Committee**

assists the Cabrini Health and Cabrini Outreach Boards with engaging with consumers and monitoring consumer experience, managing clinical risks, overseeing the clinical quality improvement program and clinical accreditation reporting requirements.

**People and Remuneration Committee** assists the concurrent Cabrini Boards with recruitment and succession planning, formation and development, strategic workforce planning and work health and safety performance.

The Board is supported in its role by the Chief Executive and 11 group directors with responsibility for group functions and the health, technology and outreach service arms. Similar to the Board, the Executive functions concurrently for Cabrini Australia Limited and the three subsidiaries. The Chief of Mental Health and Outreach Services is the Executive lead for Cabrini Outreach Limited, tasked with leading the strategy development and overseeing operational performance.

## **Quality management**

### **Internal audit**

The Cabrini Group of companies 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 operations of Cabrini Outreach Limited are considered when setting the audit scope. The committee reviews the internal audit reports and closely 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.

## **Our commitment to safety and wellbeing**

We are committed to ensuring the health and wellbeing of our employees, volunteers and the communities we serve through the implementation of a best practice governance framework and easy to use reporting processes so concerns and opportunities for improvement can be raised.

We are also committed to working with our international partners to strengthen their safeguarding and inclusion practices.

We are pleased to report there were no serious workplace health and safety incidents and no incidents of sexual exploitation, harassment or abuse reported in any of our programs and activities during the year.

# Statement of Profit or Loss and other Comprehensive Income

For the year ended 30 June 2021

	Note	Year to 30 June 2021 \$	Period to 30 June 2020 <sup>1</sup> \$
Receipts from grants and services provided	4	708,364	383,842
Receipts of other donations and fundraising	4	3,033,775	672,802
		<b>3,742,139</b>	<b>1,056,644</b>
Interest income		370	339
Total revenue and other income		3,742,509	1,056,983
Employee costs		1,574,310	384,071
Donations		860,733	206,898
Non monetary expenditure		294,201	62,345
Other costs		189,117	63,077
Medical consumables and supplies		122,846	30,413
Depreciation	7, 8	87,616	21,671
Contracts, repairs and maintenance		49,372	3,906
Interest expense		1,412	144
<b>Total expenses</b>		<b>3,179,607</b>	<b>772,525</b>
<b>Net surplus</b>		<b>562,902</b>	<b>284,458</b>
Other comprehensive income		-	-
<b>Total comprehensive income</b>		<b>562,902</b>	<b>284,458</b>

(1) Refer to note 3 (b). Cabrini Outreach Limited was incorporated on 12 December 2019, and operations were transferred on 1 April 2020. The above Statement of Profit or Loss and Other Comprehensive Income should be read in conjunction with the accompanying notes.

## Notes to the Financial Statements For the year ended 30 June 2021

### 1. General information and statement of compliance

#### (a) Basis of preparation

Cabrini Outreach is a single reporting entity and prepares general purpose financial statements in accordance with Australian Accounting Standards — Reduced Disclosure Requirements and the Australian Charities and Not-for-profits Commission Act 2012. The financial statements have been prepared on a historical cost basis. Cabrini Outreach is limited by guarantee for the purpose of preparing the financial statements.

The financial statements for the year ended 30 June 2021 were approved and authorised for issue by the Board of Directors on 28 October 2021.

#### (b) Consideration of COVID-19

The COVID-19 pandemic as declared by the World Health Organisation is continuing to impact the Company's operations and financial performance subsequent to 30 June 2021.

Cabrini Australia Limited (Cabrini Outreach's parent) entered the Private Hospital Funding Agreement (COVID-19 comprehensive agreement) with the Department of Health and Human Services in the State of Victoria (or the State) in April 2020. The purpose of the agreement was for private hospital operators to make facilities and services (including equipment and staff) available to assist with the national COVID-19 response. The agreement has also provided assurance of financial viability to operators like Cabrini Australia Limited in a time where normal operations have been restricted.

The agreement was effective from 1 April 2020 and will continue until either Cabrini Australia Limited or the State provide notice or by mutual agreement. The agreement has a 12 month 'hibernation' clause whereby the State allows operators to return to normal operations whilst allowing for a restart to provide COVID-19 pandemic support when necessary.

### 2. Accounting standards and interpretations

#### *New accounting standards and interpretations adopted as at 30 June 2021*

#### (a) AASB 2018-6 Amendments to Australian Accounting Standards: Definition of a Business

The amendment clarifies that to be considered a business, an integrated set of activities and assets must include, at a minimum, an input and a substantive process that, together, significantly contribute to the ability to create output.

Furthermore, it clarifies that a business can exist without including all of the inputs and processes needed to create outputs. These amendments had no impact on the financial statements of the Company, but may impact future periods should the Company enter into any business combinations. The adoption of this standard did not have any significant impact on the disclosures or the amounts recognised in the Company's financial report.

#### (b) AASB 1060 General Purpose Financial Statements — Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities

AASB 1060 replaces the Reduced Disclosure Requirements (RDR) framework with the Simplified Disclosures Standard (SDS). SDS aims to reduce the reporting burden of those preparing GPFS (Tier 2) reports by requiring disclosures based on those in the IASB's IFRS for SMEs standard. This standard is effective 1 July 2021.

The key features of SDS are:

- A single standard (AASB 1060) with all disclosures required by entities preparing GPFS (Tier 2) reports (including public sector and NFP entities) standard with some modifications to account for differences in Australia's recognition and measurement requirements (that follow full IFRS recognition and measurement), and Australian specific disclosure needs
- Some Australian specific disclosures including disclosures of fees for audit and review services, disclosure of imputation tax credits (which were disclosures were previously under AASB 1054 Australian Additional Disclosures) and a numerical tax reconciliation
- The AASB has issued ED 306 to propose that NFPs early adopting SDS do not need to provide comparative information in the notes to the financial statements when its latest GPFS (Tier 2) report does not disclose such similar information

The Company has not early adopted this standard.

### 3. Summary of accounting policies

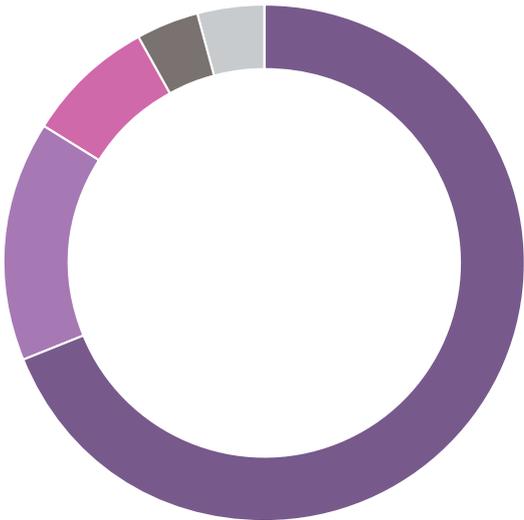
#### Overall considerations

The significant accounting policies that have been used in the preparation of these financial statements are summarised below.

The financial statements have been prepared using the measurement bases specified by Australian Accounting Standards for each type of asset, liability, income, and expense.

## Where our money comes from

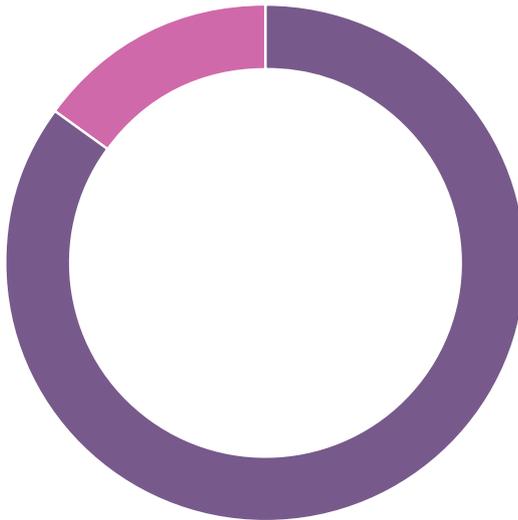
### Cabrini Outreach revenue



- Cabrini Australia Limited (cross-subsidy) (69%)
- Government and philanthropic grants (15%)
- Non-monetary donations (8%)
- Medicare, IHMS and CAREinMIND billings (4%)
- Donations and gifts (4%)

## Where our money is spent

### Expenditure ratios



- Program expenditure (85%)
- Accountability and administration (15%)

## For every \$1 we raise:

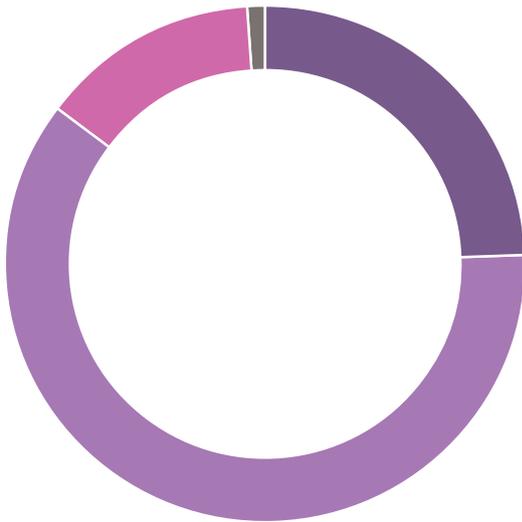
- **69 cents** is from a Cabrini Australia Ltd cross-subsidy for our health and development programs around the world
- **15 cents** is from government and philanthropic grants
- **8 cents** is from essential pro bono services that would otherwise require us to raise income
- **4 cents** is from billings from federally funded agencies such as Medicare
- **4 cents** is from individual donors and event fundraising

## For every \$1 we spend:

- **85 cents** is used to directly support our health and development programs around the world
- **15 cents** is spent on essential accountability and administration
- **0 cents** is spent on fundraising support as this is provided pro bono.

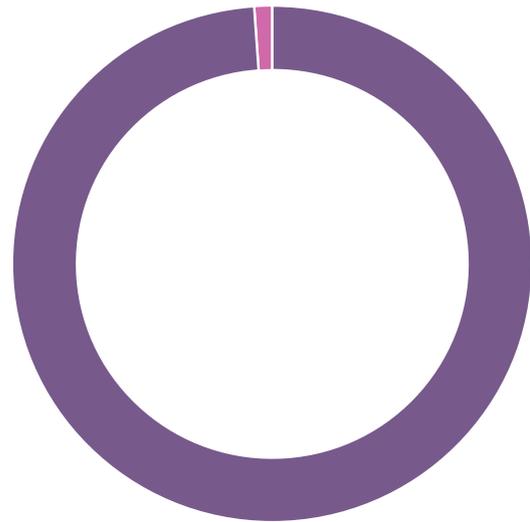
## Program expenditure by country and type

### International programs — aid and development program expenditure



- Eswatini (25%)
- Ethiopia (62%)
- Papua New Guinea (14%)
- Other (1%)

### Australian programs — aid and development program expenditure



- Asylum seekers and refugees (99%)
- Other (1%)

Cabrini Outreach **spends 26% of its expenditure on international programs** with the majority going to St Mary's Hospital in Ethiopia, followed by Eswatini, and Papua New Guinea. The -1% other relates to a service program grant that was accrued for in FY20 but which did not eventuate.

Cabrini Outreach **spends 59% of its expenditure on Australian programs** with the majority going to people seeking asylum and refugees (includes non-monetary expenditure which is the pro bono medical support to our asylum seeker health services program).

# Our service partners

In the 2020-21 financial year Cabrini Outreach has continued to provide funding support to the following service partners:

## 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 Eswatini (formerly Swaziland) in Southern Africa.

<b>Partner since</b>	2002
<b>Funding in 2020-21</b>	\$185,000 (excluding workplace giving)
<b>Total funding over the life of the partnership</b>	\$3,708,255

## Madang Provincial Hospital, Papua New Guinea

Madang Provincial Hospital is the 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. The funding from this financial year went towards their Cervical Cancer Research program.

<b>Partner since</b>	2007
<b>Funding in 2020-21</b>	\$80,000
<b>Total funding over the life of the partnership</b>	\$874,000

## St Mary's Hospital, Ethiopia

St Mary's is a 100-bed Catholic hospital in Dubbo, which is owned by the Apostolic 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.

<b>Partner since</b>	2012
<b>Funding in 2020-21</b>	\$500,000 (excluding workplace giving)
<b>Total funding over the life of the partnership</b>	\$2,800,000

## Catholic Church Health Services, Archdiocese of Madang, Papua New Guinea

Catholic Church Health Services is one of the main providers of rural health services in Madang Province, PNG. Their vision is to enhance the quality of life of the people by providing a holistic approach to health care.

<b>Partner since</b>	2019
<b>Funding in 2020-21</b>	\$0
<b>Total funding over the life of the partnership</b>	\$102,685

## Cabrini Immigrant Services, New York City

Cabrini Immigrant Services are a leading organization in New York City, helping the newest Americans realize their dreams. Their goal and vision is to provide essential services to the immigrant community, and advocate for policy changes that will help the immigrant population.

Partner since	2019
Funding in 2020-21	\$100,000
Total funding over the life of the partnership	\$200,000



# Acknowledgments

→ **Cabrini Outreach would like to acknowledge the contribution of our many supporters.**

We would particularly like to acknowledge and thank the **Victorian Department of Health (DH)** and the **Department of Families, Fairness and Housing (DFFH)** for their ongoing support of our Asylum Seeker Health Services program for people seeking asylum in Melbourne and the regional areas of Shepparton and Mildura. This includes support for our primary health response, our expansion to north-west Melbourne and regional Victoria in response to the COVID-19 pandemic, our vaccination catch-up program, our new COVID-19 vaccination project and access to interpreters for clients.

We would also like to acknowledge the support received from the following organisations:

- **Cabrini Health**, who provide financial support, a range of governance, administrative and corporate services support, as well as pathology services support to PNG.
- **Cabrini Brighton Mission Integration Committee** for their ongoing commitment and fundraising efforts that provides direct charitable support to clients both in Australia and overseas.
- **Cabrini Technology Group (CTG)**, who provide pro bono and low cost biomedical and bioengineering support for our national and international programs
- **St Vincent's Hospital Melbourne**, who provide access to free pathology and medical imaging for our clients without Medicare
- **North West Melbourne Primary Health Network**, who provide funding through the CAREinMIND program in support of our psychology services.
- **The Australian Red Cross and the Asylum Seeker Resource Centre**, who work in partnership with us by contributing towards our Pharmacy Waiver Program through funding they have received from the DH Stepping in to Support People Seeking Asylum contract
- **Brunswick Pharmacy, Chemist Depot Epping and Shepparton Centre Pharmacy**, who supply our clients' essential medicines and other health provisions as part of our health and Pharmacy Waiver Programs.

- **Whittlesea Community Connections** who work in partnership with us to implement the Hume Whittlesea Pharmacy Waiver Program in Epping.
- **The Australian College of Optometry** who provide free eye health checks and access to subsidised glasses.
- **Igniting Change** (a deliberately tiny charity, passionate about sparking big, positive change for people doing it tough in our communities), for providing one-off generous support to clients and families who urgently need it.
- **Uniting Asylum Seeker Welcome Centre and Asylum Seeker Project, Baptcare Sanctuary and the Salvation Army Asylum Seekers Support Service** for their dedication and collaboration with our health service and the mutual clients we support.
- **Primary Care Connect, Uniting Vic. Tas and Catholic Care Mildura** for their unwavering partnership, support and contributions as we expanded our primary and mental health care services regionally and launched Clinic Sihat and Project Sihat.

We are also grateful for the financial support provided by the **Australia Post Community Grant**, the **Psyche Foundation** and the **Australian Communities Foundation (B B & A Miller Fund)** in support of our asylum seeker health research, and the **New Zealand Pacific Conservation and Development Trust** in support of our work in Papua New Guinea.

We thank our **pro bono staff**, who gave significant time during the year to support people in very vulnerable circumstances. We also thank all the **volunteers** who supported our fundraising efforts.

We offer our sincere gratitude to all those who made financial contributions to support our programs. Special thanks to the **Loreto Sisters** for their ongoing support, to our donors who generously provided gifts, and to the **staff who consistently support us via the Cabrini workplace giving program**. These seemingly small acts made an enormous impact on the people we support.



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