



CABRINI OUTREACH:
ANNUAL REPORT 2019-20



Cabrini
OUTREACH



ACFID
MEMBER



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.

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.





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(Left): Practice nurse Cathy Timcke provides primary healthcare at the Cabrini Asylum Seeker and Refugee Health Hub.



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 that 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 that 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.





Message from the Chief of Operations

What a year it has been! It's hard to remember the time before the COVID-19 pandemic arrived in Australia in mid-March. Like the rest of the community, our lives changed overnight and, as I write this report, some of our northern and south-eastern suburbs are resuming lockdown due to a surge in the infection rate.

During the pandemic, we have been particularly concerned about our Asylum Seeker Health Service clients. More than 50 per cent are not eligible for Medicare, which creates barriers to accessing testing. Many of those with Medicare have lost employment as workplaces have shut down and, as people seeking asylum do not have access to the Federal Government support packages, are facing economic stress and risk of destitution. They are already a vulnerable population with a higher burden of chronic disease compared to the general population and more complex mental health issues compared with public mental health services.

Our paid and pro bono staff at the Cabrini Asylum Seeker Health Hub responded by introducing telehealth as the standard method of consultation. They identified and reached out to the most vulnerable clients, ensuring they had enough medication and putting a plan in place should they become ill.

In August 2019, the Department of Health and Human Services provided a grant to expand our Specialist Mental Health Service for people seeking asylum to Melbourne's western suburbs. This enabled us to increase capacity for case coordination and counselling and add a psychiatry registrar to the team, in collaboration with North Western Area Mental Health Service.

In late 2019, we completed the planned internal restructure and began the new calendar year with four new staff. Catherine Balnionis replaced Louisa Timbrell, who completed her 12 month internship in January. The recruitment of Megan Keyes to the role of Grant



The Cabrini Asylum Seeker and Refugee Health Hub in Brunswick, Victoria.

Acquisition and Engagement Manager completed our small administration and accountability team. Lana Webb took up the position of Primary Care Manager for Papua New Guinea. This was to be our first permanent in-country role, however the COVID-19 border closures have delayed her deployment. Loretta Hoban was appointed to the second new role, Program Manager, with responsibility for leading the capacity strengthening work with our partners in Australia and overseas.



Both Lana and Loretta commenced in March, around the time that the pandemic started in Melbourne. Lana was quickly redeployed to Cabrini Health for nearly three months, working as a registered nurse in the emergency department. Loretta joined the rest of the administrative team in working from home, a difficult way to join a new team. As at the end of June, they have still not been able to return to the office.

Despite the complexities associated with working from home, we were able to complete the planned company restructure. In December 2019, Cabrini Outreach Limited was incorporated as a separate legal entity and subsidiary of Cabrini Australia Limited, sitting side-by-side with Cabrini Health Limited. Subsequent registration as a charity with the Australian Charities and Not-for-profits Commission and endorsement from the Australian Taxation Office for charity concessions and as a deductible gift recipient enabled a staged 'go live' from 1 April 2020.

The pandemic has made us feel both more connected to the global community as we suffer the effects together and, at the same time, more disconnected as our international borders close and our personal worlds shrink with physical distancing and limitations on freedoms. We feel very lucky to be in Australia with a government that understands the public health emergency and has the capacity to respond with an effective health system and investment in welfare measures. Equally, we despair that our international partners do not have access to the same resources and the need for health service capacity is escalating at the time when we are least able to respond.

In late March, in a rain-drenched and empty St Peter's Square, Pope Francis likened the pandemic to a storm where the whole world is on the same boat, fragile and disoriented. Like the disciples in the Gospel, we were caught off guard by the unexpected, turbulent events. He indicated we can now see how our lives are woven together. We are being sustained by ordinary people – often forgotten people – who do not appear in the newspaper or magazine headlines but are serving others and making life possible during the pandemic. We are being called to put into practice solidarity and hope capable of giving strength, support and meaning when everything seems to be foundering. He reminded us each person has a contribution to make, at least in comforting each other.

In 2015 in his encyclical on the environment, Pope Francis introduced the concept of integral ecology and explained how decisions we make for ourselves affect future generations, the poor and marginalised and the environment, as everything is intimately connected. He believes the pandemic is providing us with the choice to heal the world by living differently, living better, loving more and caring for others. We pledge to play our part in bringing this vision to life.

CATHERINE GARNER
CHIEF OF OPERATIONS

2019-20 Statistics

700,000

APPROXIMATE NUMBER OF AUSTRALIANS WHO HAVE
EXPERIENCED INCOME POVERTY FOR AT LEAST FOUR YEARS

62

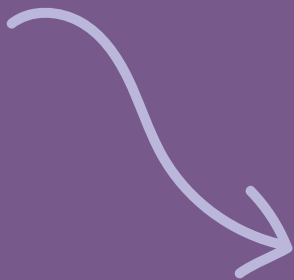
NUMBER OF DOCTORS
COVERING 6.8 MILLION
PEOPLE IN RURAL AND
REMOTE PAPUA NEW
GUINEA

57

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

67

PERCENTAGE OF
ESWATINI'S HIV
INFECTIONS THAT
OCCUR AMONGST
FEMALES AGED
15-49 YEARS



MORE THAN

1 in 6

NUMBER OF VICTORIAN CHILDREN LIVING IN POVERTY

✓

37,000

APPROXIMATE NUMBER OF PEOPLE AWAITING A PROTECTION CLAIM
IN AUSTRALIA WHO DO NOT HAVE ANY INCOME SUPPORT



1000+

NUMBER OF WOMEN WHO DIE
EACH YEAR FROM CERVICAL CANCER
IN PAPUA NEW GUINEA

470

NUMBER OF MATERNAL
DEATHS IN ETHIOPIA PER
100,000 LIVE BIRTHS

200,000

NUMBER OF PEOPLE IN ESWATINI LIVING WITH HIV



Activities and Impact – Program Areas



01.







1050

NUMBER OF PRO BONO HOURS
WORKED BY GENERAL PRACTITIONERS,
PSYCHIATRISTS, PHYSIOTHERAPIST
FOR ASYLUM SEEKER HEALTH
SERVICES IN FY20

\$74,500

AMOUNT SPENT ON PHARMACY AND
HEALTH WAIVERS FOR PEOPLE SEEKING
ASYLUM IN FY20

55

PERCENTAGE OF CLIENTS OF OUR
ASYLUM SEEKER HEALTH SERVICES WHO
HAVE A MENTAL HEALTH DIAGNOSIS



Asylum seeker and refugee health program

Around 50,000 people are currently living in communities across Australia awaiting a decision on their claim for protection.

The 2019-20 financial year was a busy one for our asylum seeker and refugee health program, and a very difficult one for our clients. Around 37,000 of the 50,000 people across Australia awaiting a protection claim have work rights, but no access to income support. When the COVID-19 pandemic hit, large numbers of people seeking asylum lost employment and, being ineligible for government support, had no other means by which to pay for food and housing. Emergency hardship payments and material aid were the only means by which they could survive.

Like many other services and businesses, the COVID-19 pandemic compelled us to change the way we delivered our services to people seeking asylum. We rapidly implemented telehealth capabilities into our service system, enabling us to continue to deliver our primary health and mental health services to the majority of clients while keeping them and our staff safe. At the same time, the Cabrini Asylum Seeker and Refugee Health Hub remained open for clients whose healthcare needs required an in-person consultation and for those without the means to access telehealth. Over the course of the year, our primary health nurses, general practitioners, physiotherapist, mental health clinicians, psychiatrists and psychiatry registrar and



The Cabrini Outreach team leading our asylum seeker health services program.

clinical psychologists delivered more than 7000 hours of service across these two delivery modes.

We are grateful to Cabrini Health for supporting our pivot to telehealth delivery and in providing appropriate Personal Protective Equipment (PPE) to enable our health practitioners to safely continue to work with our clients.

Our health and pharmacy waiver program, which provides free essential medicines and other medical devices to people seeking asylum, also pivoted to online delivery. Not surprisingly, as the pandemic spread, we saw an increase in people seeking health and pharmacy waivers.

Due to the number of people reaching out to us for support and our reputation for delivering quality care, we were fortunate to receive funding support via two Victorian Department of Health and Human Services (DHHS) programs. *Stepping in to support people seeking asylum* provided additional funding to support the expansion of our mental health service for people seeking asylum to the western corridor of Melbourne. The *Keeping Victorians Connected and Supported – Mental Health and Wellbeing Coronavirus Response Package* will help us meet the escalating mental health and psychosocial support needs of people seeking asylum and other temporary visa holders in Melbourne and will enable us to expand our services into regional Victoria.

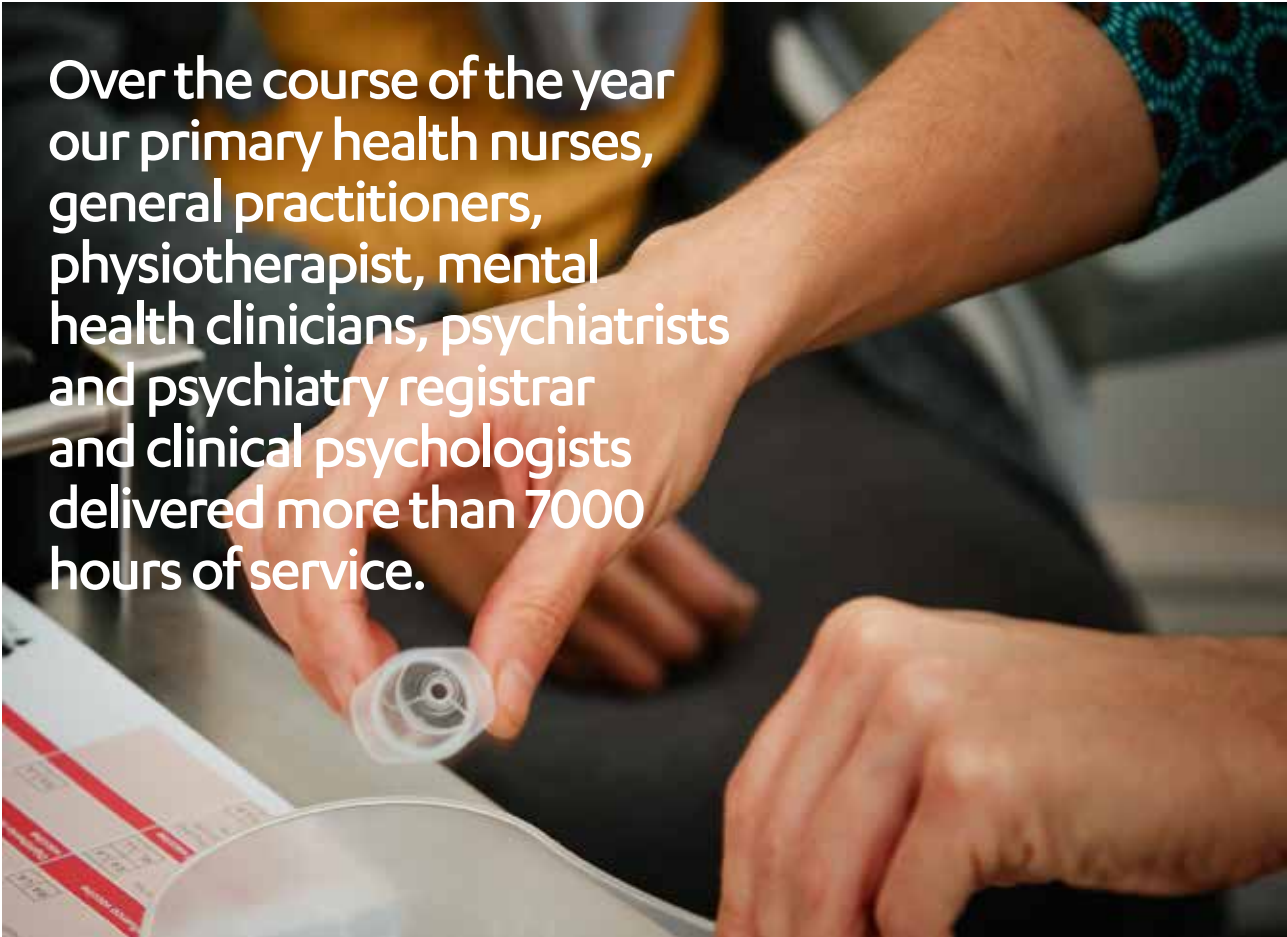
Our advocacy for access to Medicare for people seeking asylum continued strongly over the year. We worked both individually and in conjunction with the Refugee

Council of Australia and Catholic refugee and social services to call for equitable access to Medicare, regardless of visa status.

Our asylum seeker health research program also continued to make great strides towards its goals. We integrated STAR-MH – a research validated tool to screen for post-traumatic stress disorder and major depressive disorder in asylum seeker and refugee populations – into our referral process. We also supported other agencies that refer to us to build their capacity in the use of the tool.

We were successful in obtaining two philanthropic grants related to the STAR-MH tool. One will support initial development of an online version of the tool (with the eventual intention for offline capability to be built in to address internet access issues), and the second will extend the STAR-MH into three additional languages of critical global and Australian significance: Bengali, Burmese and Rohingya.

Many people are involved in enabling our services. We would like to extend a huge thank you to the general practitioners, physiotherapist and psychiatrists who provided many hours of pro bono service at the Asylum Seeker and Refugee Health Hub over the year, to the Cabrini staff and friends who have contributed funds through workplace giving and local fundraising events and to all those who have contributed in-kind services. Their generosity enables us to deliver the quality service we are proud to provide to people seeking asylum and their families.



Over the course of the year
our primary health nurses,
general practitioners,
physiotherapist, mental
health clinicians, psychiatrists
and psychiatry registrar
and clinical psychologists
delivered more than 7000
hours of service.

Providing holistic primary and mental health care for some of the most vulnerable people in our communities

When Maya* fled to Australia to escape physical and sexual violence in her home country, she was forced to leave her three children behind with her sister. She hoped that the process of applying for protection would not take long, but soon realised it could take years.

Now, while struggling to deal with the trauma of the years of violence she suffered, Maya is also heartbroken at what has become a two-year separation from her small children.

Many people seeking asylum in Australia find themselves in this position. They flee the violence or persecution of their home country with hope for a better future, only to find themselves experiencing more trauma, fear and uncertainty in their country of arrival.

This is reflected in the majority of clients we see at the Cabrini Asylum Seeker and Refugee Health Hub who have a diagnosable mental illness. Many also suffer from chronic disease, including diabetes and cardiovascular disease. These conditions are exacerbated by the physical and psychological impact of living in destitution and of being separated from loved ones, as Maya has been.

Many people seeking asylum fear people of authority, making them reluctant to seek support for their health needs. Others are simply unaware that support exists. For those who are desperate enough to seek out support, health services – particularly mental health services –

are extremely limited for those not eligible for Medicare, and are often inadequate for such complex needs.

Our Asylum Seeker and Refugee Health Hub specialises in providing holistic primary care and a multidisciplinary mental health service for people seeking asylum. Our refugee health nurses, general practitioners and physiotherapist have specialist expertise in assessing and treating the needs of people seeking asylum, as do our mental health clinicians, psychologists and psychiatrists.

When our refugee health nurses reached out to Maya, they discovered she had run out of medication for her health conditions. They organised a home visit, provided a flu vaccination and organised scripts for her medication. They also set up a telehealth appointment with one of our GPs and a weekly video consultation with a mental health clinician to assist Maya to work through her past and present trauma.

Without the services of the Hub, people like Maya would find themselves in exceedingly desperate situations, unable to access the most basic of healthcare needs that Australians take for granted.

*Name changed to protect identity

Pharmacy Waiver program provides much-needed relief for people seeking asylum during COVID-19 pandemic

Abbad* knows how it feels to worry about his family's health. He has two children with disabilities and one child with asthma, and he and his family are living on the edge of poverty while they await the outcome of their protection claim in Australia.

It is why Abbad is so grateful for the Cabrini Outreach Pharmacy Waiver program, run in partnership with Hume Whittlesea Community Connections. The Pharmacy Waiver program provides free, essential medicines to people seeking asylum who are not eligible for Medicare or who have no or low income. Abbad is not eligible for support from the Australian government, and so he relies on this program to maintain his and his family's health.

"Honestly, without the free medication, my family would be facing many more problems both in the house and financially. Our health would be much worse and we would get sick much more often," Abbad commented. "I cannot thank you enough. This program has saved us."

During the COVID-19 pandemic, the Cabrini Asylum Seeker and Refugee Health Hub has seen a doubling in the number of people seeking support from the Pharmacy Waiver program. Many of our clients suffer from chronic disease, placing them at higher risk if they were to be infected with the coronavirus. Many are also living in the current Melbourne COVID-19 'hotspot' suburbs.

Cabrini Outreach, in collaboration with the Australian Red Cross and the Asylum Seeker Resource Centre, will continue to provide relief for medication costs for people seeking asylum, to work towards ensuring that everyone in Australia can maintain basic standards of health.



**Name changed to protect identity*

Screening tool for asylum seeker and refugee populations supports identification of mental health problems



The Screening Tool for Asylum Seeker and Refugee Mental Health (STAR-MH), developed by research team Dr Debbie Hocking and Professor Suresh Sundram, continues to be taken up by the refugee resettlement and refugee health sectors. This screening tool is designed to assist non health workers to screen for likely mental disorders in adult asylum seekers and new refugees.

The STAR-MH has been translated into six languages other than English and is embedded in the refugee health assessment at Cabrini Asylum Seeker and Refugee Health Hub and other agencies who care for asylum seekers and refugees, such as the Asylum Seeker Resource

Centre, the Hoppers Crossing and Sunshine IPC refugee health programs and the IPC GP practices at Deer Park and Wyndham Vale. It will also soon be incorporated into the intake process for Cabrini Immigrant Services, New York City (USA) with their predominantly Spanish-speaking population.

Additionally, a mental health screening tool for asylum seeker and refugee adolescents is being developed, with the first phase having been completed. Newly arrived refugee adolescents were recruited through English language schools in Melbourne's inner and outer western suburbs. The findings of this initial phase are currently being prepared for publication in an international journal.



8-9

THE AVERAGE NUMBER OF YEARS
LOWER LIFE EXPECTANCY FOR
INDIGENOUS AUSTRALIANS

12

THE NUMBER OF ABORIGINAL-LED
INITIATIVES CABRINI OUTREACH
HAVE SUPPORTED SINCE 1994

64

THE PERCENTAGE OF THE BURDEN OF
DISEASE AMONG INDIGENOUS AUSTRALIANS
THAT IS DUE TO CHRONIC DISEASE

Supporting better health for Australia's First Peoples

Despite years of investment in 'closing the gap', Australia's First Peoples experience significant marginalisation and disadvantage and this is reflected in the wide disparity in their health outcomes compared to non-indigenous Australians.

The health disparities suffered by Australia's First Peoples are unacceptable. We understand strong culture and self-determination are intimately linked to improving the health outcomes and wellbeing of Aboriginal and Torres Strait Islander Peoples. We also know that the social determinants of health – the conditions in which people are born, grow, live, work and age – are mostly responsible for health inequities.

Since 1994, we have been playing our part in closing the gap by working with Aboriginal controlled organisations and others who are investing in building the capacity of Aboriginal leaders and communities. We have supported more than 12 Aboriginal-led health-focused initiatives, with our current relationships consisting of the following:

Mpwelarre Health Service (Santa Teresa Health Centre)

Cabrini's introduction to the Santa Teresa community began in the mid 1990's and has continued for over 20 years. The health centre, originally run by the Cluny Sisters, reached out to Cabrini for assistance with holiday staffing. This led to a nursing placement program over the December-January holidays where Cabrini nurses could



Santa Teresa Health Centre, Northern Territory.



Cabrini Outreach has had a long relationship with the Aboriginal community in Santa Teresa, 85km south-east of Alice Springs in the Northern Territory.

cover the leave in Santa Teresa while improving their nursing skills in a new environment.

When the clinic was handed over to the local community, the placement program went into hiatus. In 2004, Ltyentye Apurte Aboriginal Council reached out to Cabrini to assist in staff shortages at the clinic. Two programs were launched, one involving a voluntary placement to provide an experience in remote nursing skills and the second for short term contract positions involving Cabrini giving the employee leave without pay during the contracted position. The longest contract placement was for 15 months. Cabrini also provided material aid (including knitted scarves and hats made by residents at Cabrini Ashwood) and biomedical advice.

The program again fell dormant following the institution of regional health services. It was revived again in 2017, with another call for staff, and was incorporated into the Catholic Health Australia (CHA) Workforce Exchange Program. The most recent Cabrini-sponsored exchange was in 2018.

Apunipima Cape York Health Council

From 2017 to 2019, we provided grant funding to the Apunipima Cape York Health Council to fund a research coordinator position. The project is co-funded by CHA, with matched funding from Apunipima. The goals of the research role are to facilitate quality research for the benefit of the remote communities in Cape York, enable the establishment of research administration processes and support translation of research findings. In 2019, we provided a scholarship to enable the research coordinator to present at the Cabrini Institute's research symposium.

We were also founding members of the CHA – Apunipima workforce exchange program, established at Apunipima's request to assist in meeting workforce shortages. In 2018, Cabrini Outreach was contacted to support community members who had been injured following a car accident. Cabrini Technology Group donated equipment such as mobility aids and crutches, and two Cabrini Health allied health professionals spent two weeks in the community assisting with orthopaedic rehabilitation.

Under our previous status, when Cabrini Outreach was primarily a grant-maker, we provided a number of grants to Aboriginal-led organisations and initiatives in Victoria. Though these have since been wound up, we are keen to develop future partnerships with Aboriginal-led organisations or initiatives within Victoria, to complement our interstate partnerships.

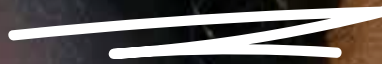
The concepts of mutual respect and mutual obligation are important to us, in developing new partnerships. We believe partnerships should be progressed on the basis that each organisation has something to offer to and learn from the other. We are conscious of being purposeful about why a partnership might be necessary and what we hope the partnership will achieve.

We believe we have much to offer from a technical health and resource perspective and we have much to learn from Aboriginal culture, particularly the connection between country, spirituality, health and wellbeing. Working together in a way that supports Aboriginal self-determination is at the heart of our commitment to reconciliation.

A close-up photograph of two Indigenous Australian children smiling. The child on the right is in the foreground, showing their teeth, while the child on the left is slightly behind. The background is a soft, out-of-focus green field.

65

PERCENTAGE OF DEATHS AMONG
INDIGENOUS PEOPLE THAT OCCUR
BEFORE THE AGE OF 65



1,000,000

THE NUMBER OF PEOPLE WHO
EXPERIENCE DEEP SOCIAL ISOLATION OR
EXCLUSION IN AUSTRALIA EACH YEAR



700,000

THE APPROXIMATE NUMBER OF AUSTRALIANS
WHO HAVE EXPERIENCED INCOME POVERTY
FOR AT LEAST FOUR YEARS

774,000

THE NUMBER OF VICTORIANS
LIVING IN POVERTY

Entrenched community disadvantage

Despite Australia's status as a prosperous nation, too many individuals and families continue to experience entrenched disadvantage and social exclusion.

Entrenched disadvantage and social isolation or exclusion is an often hidden but very real feature of the Australian socio-economic landscape. For a number of reasons – often complex – families, individuals and people in particular locations can become locked into adverse economic and social circumstances, and these circumstances have a significant effect on health and wellbeing.

Estimates of the number of people experiencing entrenched disadvantage and social exclusion vary, depending on the definitions used. But for a country with a relatively low population, the numbers are quite startling. Around 700,000 Australians have experienced income poverty for at least four years and around 1,000,000 Australians experience deep social isolation or exclusion each year.

Additionally, people in certain groups are more likely to experience social exclusion – including women, people aged over 65, migrants from non-English speaking countries, Aboriginal and Torres Strait Islander people and people with a disability or long-term health condition.

Over the past year, we have continued our commitment to addressing entrenched community disadvantage in Victoria.



Despite significant investment, the most disadvantaged communities have remained in the bottom 10th percentile for disadvantage for the past two decades.



Along with St Joseph's Catholic Parish in Malvern, we continue to sponsor JoCare, a volunteer-based service that aims to improve neighbourhood connectedness and reduce the isolation of members of the Stonnington community in Melbourne. JoCare volunteers provide acts of service for people living independently in the area experiencing social isolation.

The service has been particularly vital during the pandemic, despite the service having to move from in-person visits to telephone calls. Around 1500 neighbourhood visits (or calls) have been conducted by JoCare since 2015, by approximately 26 volunteers who actively contribute to JoCare's neighbourhood program.

We provide a grant enabling JoCare to remain a free service and sit on the steering committee to support JoCare's strategy and direction.

The persistent and complex nature of entrenched disadvantage means that new approaches to addressing disadvantage are needed. Cabrini Outreach has partnered with CatholicCare and Catholic Education Melbourne to co-design, with community, a collective impact approach to address entrenched disadvantage in the Victorian suburb of Melton South, City of Melton.

Melton is one of the fastest growing local government areas in Australia. It faces challenges similar to other growth corridors, particularly in relation to the availability of local services and infrastructure, including transport. Melton's overall unemployment rate is 25 per cent higher than the Victorian average and the level of workforce participation is 15 per cent lower than the Victorian average. The percentage of low income and welfare dependent families with children is approximately 20 per cent higher in Melton than in the metropolitan Melbourne area.

The community and health service system in the North Western Melbourne Primary Health Network region is recognised as one of the most complex in all Primary Health Network regions across Australia. Community members have indicated that it is difficult to navigate this service system to obtain the support they need, and there is also a documented under-supply of key local health services.

Drawing on community consultation conducted over the past year, we are seeking to implement services designed to fill gaps identified by local families, with a focus on supporting family relationships, family wellbeing, and facilitating strong links between families and local Catholic primary school, St Anthony of Padua.

Joining up health, education and social services to address intergenerational disadvantage in Melton South



Cabrini and CatholicCare have worked together for 28 years. In the development of the current strategic focus for both organisations, it was identified that positive outcomes for families would be better achieved if the factors that led to entrenched disadvantage were disrupted.

We approached Catholic Education Melbourne (CEM) to help us determine a community that might benefit from us working with them. We later invited CEM to join the partnership as we believe collaboration of the three service arms of the Church (health, social services and education) will be an important enabler for integrated and responsive services.

The initiative aims to address the social determinants of health in Melton South, a suburb that has many characteristics that indicate entrenched disadvantage. A collective impact approach to change is at the heart of the collaboration, which means co-designing, with community, an effective, holistic and sustainable service response that contributes to the development of an inclusive and empowered community.

Several early stages of the project have been completed, which led to the identification of St Anthony of Padua Primary School as the

community around which a service response would be centred. Defining this school and associated community as the focus for our initiative will enable us to more clearly track changes over time. This does not, however, preclude the service response from ultimately being accessible to members of the wider Melton South community.

During 2019-20, we completed phase 2 of the project, which involved community consultation to identify the community's most pressing needs. We engaged The Australian Centre for Social Innovation to mentor us in this activity. The key findings of this phase of the project indicated that families have health support needs that are not being met, and that families are finding it difficult to navigate the service system.

The next phase of the project will commence in the second half of 2020, and will result in community co-design of service responses to fill current gaps identified by the community. We are looking forward to moving into this next phase and to cementing our commitment to addressing disadvantage within the Melton South community.

0

NUMBER OF MATERNAL DEATHS AT
ST MARY'S CATHOLIC PRIMARY HOSPITAL,
ETHIOPIA IN THE LAST 12 MONTHS

491

THE NUMBER OF WOMEN SCREENED
FOR CERVICAL CANCER BY CABRINI
MINISTRIES ESWATINI

5500

THE NUMBER OF HIV-RELATED EPISODES
OF CARE CONDUCTED BY CABRINI
MINISTRIES ESWATINI

85

THE NUMBER OF CHILDREN SUPPORTED BY
CABRINI MINISTRIES ETHIOPIA'S CHILD
HEALTH AND NUTRITION PROGRAM

International development



We continued to work closely with our international partners in Eswatini (formerly Swaziland), Ethiopia and Papua New Guinea over the past year to orient our support to the most pressing needs of the 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.

Eswatini

Cabrini Outreach has partnered with Cabrini Ministries Eswatini, which operates from St Philip's Mission in the Lubombo lowveld region, since 2002. Cabrini Ministries' services are designed to respond to the needs of the vulnerable local communities, where the average life expectancy is 58 years and around 63 per cent of people live below the poverty line. With funding and support from Cabrini Outreach, Cabrini



Cabrini Outreach's Cath Garner and Tom Roth participating with Cabrini Ministries Eswatini's leadership team at a strategic planning workshop.

Ministries is contributing to improving health outcomes, largely through targeted prevention, treatment, care and support services relating to HIV.

Cabrini Ministries reintroduced a comprehensive primary care health service in 2015, as the country has made great strides in turning around the HIV epidemic with improved access to HIV testing and provision of free antiretroviral treatment. For the prior decade, their health service efforts were focused on HIV and TB education, testing, counselling, treatment and follow-up. It is therefore notable that over the 2019-20 financial year, only 32 per cent of clients presented to Cabrini Ministries' primary care clinic with HIV-related healthcare issues. While HIV/AIDS remains an issue in Eswatini, Cabrini Ministries has developed an international reputation for effective treatment initiation and compliance. Over the past year, 98 per cent of clients who tested positive to HIV were initiated on to antiretroviral therapy (ART) within 24 hours.

Recognising the critical link between cervical cancer and HIV, Cabrini Ministries has prioritised the surveillance and screening, testing and treatment of cervical cancer, targeting women who have tested HIV positive and are on ART. A total of 491 female clients were screened for cervical cancer over the last financial year.

Disability is another issue that has arisen out of the combined impact of poverty and HIV/AIDS. To address this, Cabrini Ministries launched a program to deliver services to people living with disability, most of whom were children. By 30 June 2020, a total of 51 children living with disabilities were accessing services through the program.

Cabrini Ministries also sees many clients for other chronic conditions, including skin disorders, diarrhoea and upper respiratory conditions. In total, 17,931 clients visited the outpatient department over the year, and a further 18,414 clients in local communities received health education.

In December 2019, Cabrini Ministries transitioned its childcare from hostels to family care in communities, while ensuring support for health services continued. Thanks to the generous support of staff who contributed to the Cabrini workplace giving program, a total of 35 food parcels were periodically distributed to families facing particular adversity.

Ethiopia

Over the 2019-20 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.

St Mary's serves a population of approximately 300,000 and provides a significant service to the community with over

30,000 outpatient visits per annum, 6000 inpatients per annum and an average inpatient intake of 55 clients daily.

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 2,173 live births with zero maternal deaths recorded. Of these births, 174 babies were delivered by caesarean section and 560 clients were first time mothers.

St Mary's has achieved this outcome by focusing on the provision of good antenatal and postnatal care as part of their 'Free Childbirth Program'. As a result, antenatal care appointments have increased from 3227 in 2017 to 6389 in 2019. With approximately 1118 women using the service over the 2019-20 financial year, that equates to around six appointments per person.

In addition, all women presenting for antenatal and birth care received postnatal care, which included 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 were also 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 five years of age. The most common reasons for children to present related to conditions such as pneumonia, diarrhoea and severe malnutrition. Children also presented for screening for HIV, tuberculosis and malaria.

A total of 6322 patients were administered care by St Mary's Hospital including 1784 children aged five years and under. Surgical intervention was required for 840 adult patients.

Over the 2019-20 financial year, St Mary's went through a change in leadership. Sr Maureen Bennett stepped down and was replaced by Bongani Khumalo



Cabrini nurse Jovie DeCoyna (left) with members of Cabrini Ministries Eswatini.



In line for maternal and child health services at Malala Health Clinic, Papua New Guinea.

as Interim Manager. Past Chief Executive of Cabrini Health, Dr Michael Walsh, stepped down from the St Mary's Board and the Board went through a restructure. All change brings new opportunities and new challenges, and we aimed to provide as much support as practicable from afar as the new leadership team settled in to their roles.

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. We currently partner with the government-owned Madang Provincial Hospital and, during the year, signed an agreement with Catholic Church Health Services (CCHS) in the Archdiocese of Madang to support primary health.

Malala Health Centre was identified as an appropriate platform to begin strengthening and expanding primary health services in remote PNG. The focus was to be on maternal and child health, by working with CCHS to build local capacity and expertise and to promote midwife assisted deliveries. Only 53 per cent of PNG women have access to a skilled doctor or midwife when giving birth; the other 47 per cent give birth at home.

The expansion of primary health also incorporated

a vaccination program, to reduce mortality rates resulting from preventable disease. Following a successful grant application to the New Zealand Pacific Development and Conservation Trust, we were able to secure funds to purchase a vaccine refrigerator, medical ice-machine for vaccine transportation to outreach locations and a bench-top steriliser for the Malala Health Centre.

In February 2020, with the support of Cabrini Technology Group (CTG), we sent a biomedical engineer to Madang Provincial Hospital to help test, diagnose and repair medical equipment in preparation for a planned orthopaedic service and education program. Although the program was not able to proceed due to COVID-19, CTG continues to remotely support the hospital's biomedical engineering department as needed.

In March 2020, we recruited a Primary Care Manager – Lana Webb – to provide clinical and administrative support in pursuit of our partnership goals with CCHS. Unfortunately, recruitment of this position coincided with the first COVID-19 lockdown and Lana was unable to travel to PNG. Despite not having a presence on the ground, Lana has continued to work with our PNG partners remotely, working to understand their needs and challenges, and investigating avenues for the provision of remote training and education.

The research component of an innovative 'test and treat' cervical cancer program that we have been monitoring and supporting from the sidelines for a number of years is winding down. We hope to be able to support the program transition from operational research to an ongoing service with the goal of screening and treating up to 7000 women each year in an attempt to reduce PNG's high burden of preventable cervical cancer.

Biomed trip to Papua New Guinea gets critical equipment up and running



When Cabrini Outreach needed someone to repair medical equipment in Papua New Guinea's Madang Provincial Hospital, we knew we could call on Cabrini Technology Group.

Greg Niedzielski is Cabrini Technology Group's Regional Operations Manager for South Australia, Tasmania and the Northern Territory for the Chemtronics Biomedical Engineering division. Greg has more than 20 years biomedical engineering management and operational management experience across both private and public healthcare sectors and, importantly, he knows the developing country context. For many years, Greg has been using his annual leave to volunteer his time installing and repairing equipment at Da Nang's Hospital for Women and Children in Vietnam.

Despite already giving so much of his time, Greg was happy to put his hand up for the visit to PNG alongside Cabrini Outreach General Manager, Tom Roth. Greg's task was by no means a small one. When our staff visited Madang Provincial Hospital in January – a 270-bed facility

servicing a population of more than 500,000 – they found three of four anaesthetic machines out of action, as were the operating lights in all four theatres. When critical medical equipment fails in a country like PNG, where the health system is already under enormous strain and resources are scarce, patient health outcomes and lives are put on the line.

During Greg's four-day visit, he and PNG biomedical engineers Samuel and Brendon went above and beyond to complete a truly remarkable volume of work. In addition to repairing the anaesthetic machines and theatre lights, they repaired or diagnosed for follow-up repair problems relating to the oxygen manifold (used to supply oxygen to the hospital), oxygen alarm, tourniquet machine, X-ray machine, ICU ventilators, vacuum pump system, blood analyser, centrifuge, ECG machine, ultrasound machine and other equipment too numerous to list. Together with Greg, Samuel and Brendon are now looking at how they can support ongoing maintenance of medical equipment.

Collaborative treatment turns a child's life around

St Mary's Hospital in Dubbo, Ethiopia, sees many cases of child malnutrition, like little Ayana*, who was admitted to the hospital at 18 months of age, weighing only 5.1kg.

On arrival, Ayana was showing signs of dehydration and severe body wasting, and was not meeting any of her developmental milestones.

St Mary's began treatment for malnutrition including antibiotics, therapeutic feeding and intravenous fluids. After two weeks of treatment in hospital, Ayana was transferred to the Baby Jesus Center of Life, run by Cabrini Ministries Ethiopia, for close monitoring and follow-up. At the same time, Ayana's mother received education on how to use locally available food to ensure Ayana receives a well-balanced diet.

By 22 months of age, Ayana had gained 8kgs. Ayana started smiling more and interacting with the other children in the centre. She could move her legs, roll over and reach for toys. She could also lift her head without assistance.

At 24 months, Ayana could sit up unassisted and had started crawling. Her mother is now looking forward to watching her take her first steps.

Without the collaborative efforts of St Mary's Hospital and the Baby Jesus Center of Life, Ayana's outcomes would have been very different.



**Name changed to protect identity*

Antenatal care prevents HIV transmission

Hlengiwe* is a mother of two who visited the St Philip's clinic in Eswatini while pregnant with her second child. During a routine antenatal check, clinicians at St Philips asked if Hlengiwe was aware of her HIV status. Testing was arranged, and Hlengiwe's test came back positive.

Hlengiwe was immediately referred for HIV care and was initiated onto lifelong antiretroviral treatment. Hlengiwe's husband was also referred for HIV testing, which returned a negative result. The couple received initial counselling and education on how to support each other during this difficult period of adjustment and how to adhere to treatment to suppress viral load in order to have a healthy baby. Hlengiwe was also enrolled into enhanced adherence counselling sessions delivered by a dedicated nurse during her monthly visits to the clinic for check-ups and medication.

Three months later, Hlengiwe's viral load was tested and she and medical staff were thrilled to find that she was virally suppressed. As the delivery date drew closer, Hlengiwe was supplied with daily prophylaxis medication for the baby,

which aims to prevent HIV transmission.

Hlengiwe was also advised and supported to deliver at a healthcare centre rather than at home, to give her and her baby the best chance of a healthy delivery.

At six weeks, Hlengiwe's healthy baby tested negative for HIV. Adherence counselling continued as Hlengiwe attended the mother baby clinic to receive her monthly medication and the baby's immunisations. Hlengiwe also followed recommendations to exclusively breastfeed her newborn until six months of age while giving the prescribed medication.

Hlengiwe and her family are grateful for the care and support she received, which resulted in the delivery of a healthy baby and protected her baby and her husband from HIV transmission.

**Name changed to protect identity*

A large, leafy tree dominates the upper half of the image. Its thick, gnarled trunk and sprawling branches are covered in green leaves. In the lower half, several people are sitting on the ground at the base of the tree, partially in its shade. To the left, a small building with a corrugated metal roof and a large green water tank is visible. The background shows a dry, open landscape with more trees and hills under a clear blue sky.

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THE PERCENTAGE OF ESWATINI'S
HIV INFECTIONS THAT OCCUR AMONGST
FEMALES AGED 15-49 YEARS



The impact of COVID-19

Like almost every organisation in the world, Cabrini Outreach and our partner organisations have been significantly affected by the COVID-19 pandemic. Just prior to the first Victorian lockdown, we had been preparing to send our team of orthopaedic surgeons, anaesthetists and nurses to PNG as part of our annual service and education program. This is a highlight of our year, and we were bitterly disappointed for the people of PNG and for our surgical team that this program could not go ahead.

Also affected was our Primary Care Manager for PNG, Lana Webb, who was not able to take up her position on the ground in Madang Province, and was instead required to provide support to our PNG partners remotely. Despite internet access issues and the additional pressures placed on our friends and colleagues in PNG as a result of the pandemic, Lana continued to work hard to acquire critical medical equipment to support health delivery in rural PNG.

Our health services program for people seeking asylum in Australia was also significantly affected. Our team at the Cabrini Asylum Seeker and Refugee Health Hub were required to quickly pivot to offering the majority of services (primary care, care coordination and specialist mental health care) via telehealth. We retained some face-to-face service delivery for those without access to reliable internet and for cases that could not appropriately be treated remotely. We also worked with our most vulnerable clients to make sure they had adequate medication and to put a plan in place should they become ill.

We also moved components of our health and pharmacy waiver programs (which waive the cost of essential medicines and other health supplies for people seeking asylum) online, supported by the use of interpreters, and posted or delivered medications to those who were unable to pick them up.

Since the start of the pandemic, we have seen a 30 per cent increase in referral rate for our asylum seeker health services, and this has substantially increased the cost of service provision. We welcomed the announcement of a COVID-19 response from the Victorian Department of Health and Human Services and were successful in our application for funding. This has allowed us to increase our capacity to provide mental health support in Melbourne's northern suburbs and in regional Victoria.

We have become increasingly concerned for the health and welfare of all recipients of our health services, whether in Australia or delivered overseas via our partners. The isolation imposed on communities throughout the pandemic has meant many have gone without work for months, compromising food and housing security for many individuals and families.

Cabrini Ministries Eswatini and St Mary's Hospital Ethiopia both experienced significant challenges as the pandemic progressed. Low supplies of Personal Protective Equipment (PPE) hampered the ability of the health services to respond rapidly to outbreaks. Mandated restrictions on movement meant that community outreach and community education activities were reduced or stopped. Emergency preparations for a COVID-19 response inhibited other prevention services, such as cervical cancer screening, from taking place.

The necessary increase in the promotion of hygiene practices to prevent the spread of COVID-19 and the increase in clients accessing services for COVID-19 testing came at a high cost for all of our international partners. Accessing additional supplies of PPE was, and continues to be, difficult and an added cost burden for services already relying on philanthropy to meet core operating costs.

Within Australia, the health and wellbeing of our asylum seeker population was also significantly affected. Clients fortunate enough to have employment lost their jobs in the first lockdown in March, and were not eligible for JobKeeper, JobSeeker or other government income support. This caused a surge in the number of people now completely reliant on emergency hardship funding and material aid to survive. Given the level of unemployment in the general community, it is hard to know when or how this situation will be able to be reversed.

For this reason, the Cabrini Outreach end-of-financial-year appeal focused on raising funds for people seeking asylum, and we were pleased by the response given the difficult economic circumstances faced by many Australians.

As the pandemic persists within Australia and across the globe, we will continue to offer our partners and clients as much support as we are able, and will continue to advocate for government and other support for the most vulnerable.



Caroline Natrass, Receptionist at the Cabrini Asylum Seeker and Refugee Health Hub.

Activities and Impact – Social Justice Causes



02.





Compassionate treatment for people seeking asylum

Our namesake, Mother Cabrini, was canonised in 1946 and later declared the Universal Patron Saint of Immigrants for her lifelong service to those displaced or starting new lives in a foreign country. This same spirit of service is expressed through Cabrini Outreach today in our health services and in our contribution to creating a more compassionate response for people seeking asylum in Australia.

During the year, we made a number of submissions drawing attention to the impact of the current policy framework on this particularly vulnerable population. In April, we met with the Minister for Mental Health and Equality, the Honourable Martin Foley, to discuss our concerns regarding the increasing mental health impacts and escalating levels of destitution amongst people seeking asylum as a result of the pandemic. We subsequently received support from the Victorian Department of Health and Human Services to meet some of this increased demand in Melbourne and to expand our mental health support into regional Victoria (see further detail under 'Asylum seeker and refugee health program').

Medical Director of the Asylum Seeker and Refugee Health Hub, Dr Gill Singleton, played a key role in a media release from the Royal Australian College of General

Practitioners on 'Supporting non-English speaking patients during COVID-19', and we provided a written submission in response to the Australian Commission's draft of the 'NSQHS Standards User Guide for health service organisations providing care for patients from migrant and refugee backgrounds'.

We also contributed to and signed two open letters; one to the Commonwealth Minister for Health, the Honourable Greg Hunt and one to the Prime Minister, the Honourable Scott Morrison, both seeking to ensure people seeking asylum, refugees and other vulnerable groups were included in COVID-19 responses.

We have been deeply concerned by the plight of people seeking asylum during the pandemic and will continue to advocate for their health and wellbeing.

End to modern slavery



We believe every person deserves to work in a dignified job without risk of exploitation, and workers should be protected, not harmed. We also believe we all have a role to play in ending exploitation through the purchasing choices we make.

An estimated 40.3 million people were enslaved across the world in 2016, with 71 per cent being female. Around 15.4 million were in forced marriages, while the remaining 24.9 million were in forced labour.

Unfortunately, Australia and New Zealand are not immune from modern slavery. There are an estimated 15,000 people living in modern slavery conditions in Australia. Industries at risk of forced labour exploitation include agriculture, construction, domestic work, meat processing, cleaning, hospitality and food services.

Cabrini Australia has committed to eradicating all forms of modern slavery and Cabrini Outreach shares this commitment. Our Chief of Operations, Cath Garner, chairs the Cabrini Modern Slavery Working Group and, together with our Grant Acquisitions and Engagement Manager, is responsible for staff education and engagement with modern slavery as a social justice issue across the Cabrini Group.

Consistent with the Missionary Sisters' Cabrini Corporate Stance on Human Trafficking, Cabrini Australia pledges to:

- Condemn the use of violence, abduction, fraud, deception, coercion, or debt bondage to transport people, particularly women and children, from their homes for prostitution, sexual exploitation, forced labour, and/or real or virtual slavery.
- Educate ourselves and others regarding the prevalence, causes, and solutions to the worldwide trafficking of women and children.
- Work together with UNANIMA and other NGOs, with Australian Catholic Religious Against the Trafficking of Humans (ACRATH) and other religious congregations and advocacy groups to prevent trafficking, to eliminate its root causes, to identify it when we see it, and to provide alternatives to people who have already been or are in danger of being trafficked.

Over the last year, the Modern Slavery Working Group commenced drafting a social policy position statement outlining these commitments, which will shortly be published and circulated. This is the first step in one of many that Cabrini plans to take to help eradicate modern slavery.

Reconciliation with Australia's First Nations People

We value and celebrate the richness of Aboriginal and Torres Strait Islander culture, acknowledging the deep connection to country and the right for Aboriginal people to determine their own future.

In 1986 during his visit to Alice Springs, Pope John Paul II spoke with deep respect for Australia's indigenous peoples and culture. He expressed his compassion for those who had suffered, and condemned the attitudes and policies that had led to the continuing discrimination. He likened their experience to a tree standing in the middle of a bush-fire. Despite the leaves being scorched and the bark scarred and burned, the roots underground remain strong enabling the tree to survive. They too have the power to be reborn.

Twenty years later, Pope Benedict visited Alice Springs. He acknowledged that although much had been achieved towards reconciliation, there is still much yet to do. He encouraged all Australians to tackle the underlying causes of the plight that afflicts so many indigenous citizens.

These themes have been repeated in successive statements from the Australian Catholic Bishops Conference Bishops Commission for Relations with Aboriginal and Torres Strait Islander Peoples. They remind us that any gulf between cultures that gives rise to exclusion, suffering, despair and injustice cannot be tolerated and they call on us to work towards a just relationship in order to achieve authentic unity. We believe we cannot be indifferent in the face of this problem and therefore indigenous health and wellbeing has been a social justice priority for Cabrini since 2000.

Cabrini's first relationship with an Indigenous community began in 1994 as part of our outreach program. Our involvement grew organically until 2009, when we

made a strategic decision to name reconciliation as one of our three social justice causes. Our commitment was encapsulated in a social justice policy position statement published in 2015.

In 2014, we published a social policy position statement entitled Australia's First People. Since that time, Cabrini Outreach has offered opportunities to engage staff in Indigenous issues.

In late 2019, Cabrini Outreach sought direction from the Cabrini Australia Executive about whether the Cabrini Group should consider developing a Reconciliation Action Plan. The Executive approved the establishment of a Reconciliation Working Group to consider how Cabrini Australia should best engage with Aboriginal and Torres Strait Islander communities to build reconciliation.

The recommendations of the Reconciliation Working Group were:

1. Build on the current approach through an overarching Cabrini-wide plan
2. Staged implementation of the plan, with specific activities to be undertaken in the first 12 months in consultation with local custodians
3. Conduct a review of progress against the goals in 12 months and reconsider the recommendation to develop a Reconciliation Action Plan

We look forward to working with our Cabrini family to build our reconciliation efforts.



65k+

THE NUMBER OF YEARS ABORIGINAL PEOPLE ARE
KNOWN TO HAVE OCCUPIED MAINLAND AUSTRALIA



Program Management and Governance



03.



Leadership

Governance and Management

It has been a momentous year for Cabrini Outreach from a governance perspective. In December 2019, Cabrini Outreach Limited was incorporated as the third subsidiary of Cabrini Australia Limited.

The proposal was first considered by the Board in February 2019. The goal was to create a separate but related vehicle which other members of the Cabrini Group could direct financial support in a way that is transparent and supports their charitable purpose. The restructure also offered a number of other benefits, including increased financial transparency of Cabrini Outreach operations and increased brand identity in the community health and international development sectors.

The directors, company secretary and public officer of the other Cabrini companies (Cabrini Australia Limited, Cabrini Health Limited and Cabrini Property Limited) were appointed to Cabrini Outreach Limited and Ernst & Young was appointed as auditor. Cabrini Outreach Limited was subsequently registered as a charity with the Australian Charities and Not-for-profits Commission and received endorsement from the Australian Taxation Office for charity concessions and as a deductible gift recipient. The Cabrini Outreach business, employees, assets and liabilities were progressively transferred from Cabrini Health Limited to Cabrini Outreach Limited with all of the transfers completed by 1 June 2020.

The change in company structure is reflected in the financial reports. We have prepared an audited statement of income and expenditure compared to prior year for the whole financial year that is published in this report, as well as audited financial statements for Cabrini Outreach Limited post incorporation that are available on our website.

A relationship agreement was established 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. Given the common membership, the Board functions as a concurrent Board of each of the companies. The committees that support the concurrent Board are the Audit and Risk Management Committee, Foundation Board, Patient

Experience and Clinical Governance Committee and People and Remuneration Committee.

The concurrent Cabrini Boards are supported in their role by the Chief Executive and 12 executive 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 Operations is the executive lead for Cabrini Outreach Limited, tasked with leading the strategy development and overseeing operational performance. The role is supported by:

- General Manager Cabrini Outreach, responsible 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.

We completed the planned internal restructure, recruiting to three new positions in anticipation of strategic growth within Australia and overseas. Unfortunately our plans were impacted by the COVID-19 pandemic that restricted travel and relationship building and prevented deployment of international staff.

Monitoring, evaluation and learning

Over the past financial year, we continued to utilise our Program Monitoring, Evaluation and Learning (PMEL) framework to ensure our programs meet best practise standards and contribute effectively to filling identified gaps in health services. We also continued to develop our international program manuals to ensure they represented the most up-to-date information on each country to ensure the safety of our staff who are required to travel.

Additionally we provided support to our international health partners to strengthen their programs through evaluation, learning and improvement of processes.

Over the last financial year we completed a formal

review of our Hume Whittlesea Pharmacy Waiver Program (HWPWP). Our evaluation determined that the program continues to meet an identified need for people seeking asylum. Feedback obtained from clients of the program was overwhelmingly positive. The program was found to:

- improve access to medication
- facilitate ongoing relationships with GPs
- reduce financial stress associated with meeting healthcare needs.

The evaluation found that the program could be further improved by providing clearer information about the program to referring agencies.

One of the overarching learnings we took from the evaluation and from our own ongoing monitoring and evaluation of our health and pharmacy waiver programs was that the majority of our clients have co-morbidities that require multiple types of medication. This puts them at heightened risk of being unable to function physically and mentally if they are not able to afford a consistent supply of medication.

We have also determined that better engagement with GPs in areas of high asylum seeker populations can help us learn more about how we and other services can work together to provide comprehensive wrap-around support to this vulnerable population.

In the third quarter of the 2019-20 financial year, we also commenced a review of our orthopaedic service and education program to ensure all policies, procedures and operational requirements were clear, effective and complied with Australian Council for International Development (ACFID) guidelines.

To date, the review has determined that improvements could be made in the areas of:

- documentation of program administration
- documentation of program operations
- data collection.

In response, we developed a service and education program manual in consultation with the surgical team. We also developed a logical framework and improved reporting mechanisms for better data collection.

At the conclusion of this evaluation, we also intend to review, and revise if necessary, the logical framework for the overarching Papua New Guinea program area.

Quality Management

Accreditation

Cabrini Outreach was granted interim full membership of the Australian Council for International Development (ACFID) in June 2019 and we remain compliant with the ACFID Code of Conduct.

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 that 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 occupational health and safety incidents and no incidents of sexual exploitation, harassment or abuse reported in any of our programs and activities during the year.

Financial Performance

Statement of Income and Expenditure

	2020	2019
REVENUE		
Donations and gifts		
Monetary	84,842	93,647
Non-monetary ¹	249,381	351,225
Grants		
Cabrini Australia Limited (cross subsidy)	2,188,842	2,746,735
Other ²	438,383	185,315
Non-developmental revenue		
Cabrini Australia Limited (cross subsidy)	-	250,000
Other income ³	113,899	116,867
Total revenue	3,075,348	3,743,789
EXPENDITURE		
International programs		
Aid & Development Program Expenditure		
Eswatini	173,255	216,872
Ethiopia	500,106	500,867
Papua New Guinea	102,685	275,525
USA	100,000	100,000
Other	5,000	0
Aid & development program support	131,974	76,650
Non-development expenditure	0	250,000
Australian programs		
Asylum seekers and refugees	1,092,654	1,108,738
Aboriginal health	0	156,364
Place-based disadvantage	0	350,622
Other	19,431	16,162
Non-monetary expenditure¹	249,381	351,225
Accountability and administration	416,403	340,764
Total expenditure	2,790,890	3,743,789
Surplus	284,458	

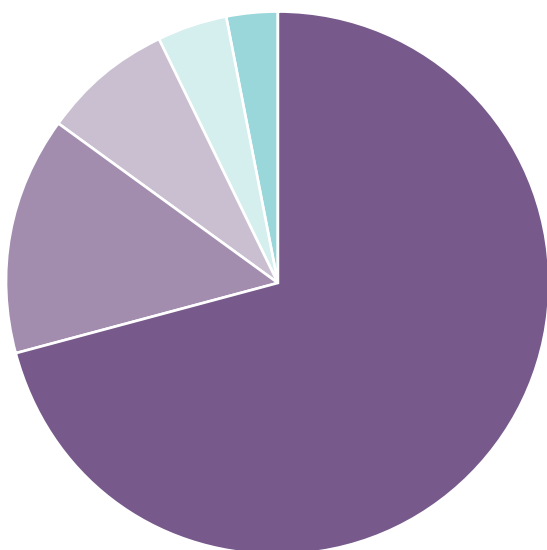
Notes

Cabrini Outreach is a subsidiary of Cabrini Australia Limited. The Statement of Income and Expenditure has been prepared in accordance with the presentation and disclosure requirements set out in the ACFID Code of Conduct. For further information on the Code please refer to the ACFID website at acfid.asn.au. The Statement of Income and Expenditure is presented in Australian dollars, which is Cabrini Outreach's functional and presentation currency.

- 1 Non-monetary income and expenditure reflects the estimated value of pro bono general practitioner, psychiatrist and physiotherapist hours, the Department of Health and Human Services funded interpreting service and in-kind pathology and medical imaging services provided by St Vincent's Hospital Melbourne to the Cabrini Asylum Seeker and Refugee Health Hub.
- 2 Other grants includes Department of Health and Human Service funding for vaccination and pharmacy support for people seeking asylum.
- 3 Other income includes Medicare, International Health and Medical Service and CAREinMIND billings for medical services for people seeking asylum.

Where our money comes from

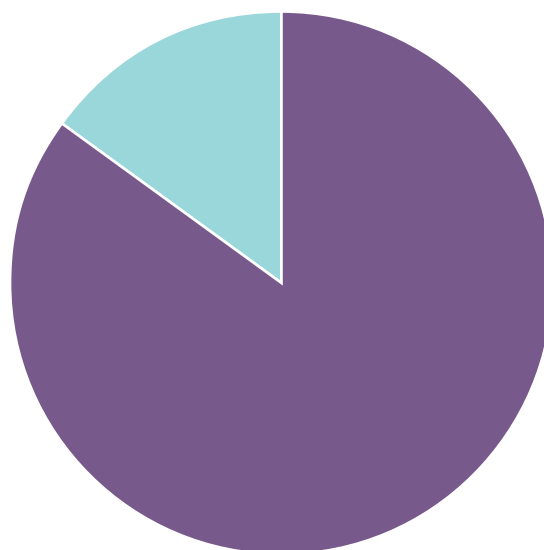
Cabrini Outreach revenue



- Cabrini Australia Limited (cross-subsidy) (71%)
- Government and philanthropic grants (14%)
- Non-monetary donations (8%)
- Medicare, IHMS and CAREinMIND billings (4%)
- Donations and gifts (3%)

Where our money is spent

Expenditure ratios



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

For every \$1 we raise:

71 cents is from a Cabrini Australia Ltd cross-subsidy for our health and development programs around the world

14 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

3 cents is from individual donors and event fundraising

For every \$1 we spend:

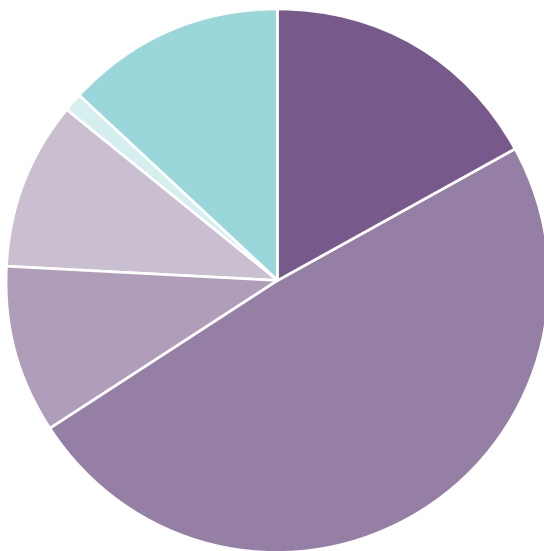
85 cents is used to directly support our health and development programs around the world

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

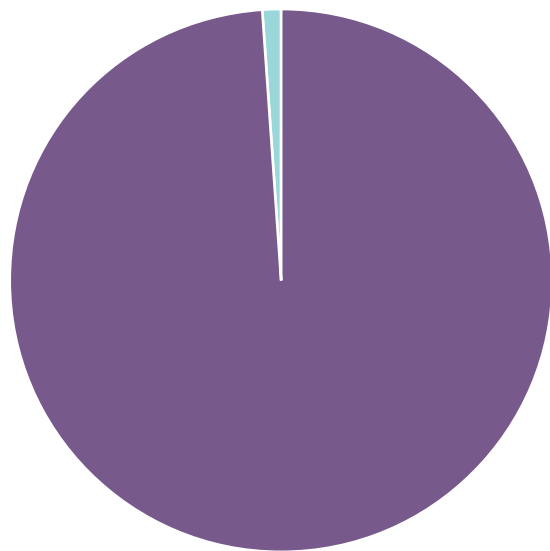
International program – aid and development program expenditure



- Eswatini (17%)
- Ethiopia (49%)
- Papua New Guinea (10%)
- USA (10%)
- Other (1%)
- Aid and development program support (13%)

Cabrini Outreach spends 37% of its expenditure on international programs with the majority going to St Mary's Hospital in Ethiopia followed by Eswatini.

Australian programs – aid and development program expenditure



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

Cabrini Outreach spends 49% 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 International Partnerships

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.

Partner since	2002
Funding in 2019-20	\$173,255 (excluding workplace giving)
Total funding over the life of the partnership	\$3,503,255

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 2019-20	\$500,000 (excluding workplace giving)
Total funding over the life of the partnership	\$2,300,000

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.

Partner since	2007
Funding in 2019-20	\$0
Total funding over the life of the partnership	\$794,000

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 healthcare.

Partner since	2019
Funding in 2019-20	\$102,685
Total funding over the life of the partnership	\$102,685

Acknowledgements

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

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- Cabrini Health, that provides a range of governance, administrative and corporate services support
- Cabrini Technology Group, that provides pro bono and low cost biomedical and bioengineering support for our national and international programs
- St Vincent's Hospital Melbourne, that provides access to free pathology and medical imaging for our clients without Medicare
- The Australian Red Cross and the Asylum Seeker Resource Centre, that work in partnership with us by contributing towards our pharmacy waiver program through funding they have received from the DHHS Stepping in to Support People Seeking Asylum contract

- Brunswick Pharmacy and Chemist Depot Epping, that supply our clients' essential medicines and other health provisions as part of our health and pharmacy waiver programs
- North West Melbourne Primary Health Network, that provides funding through the CAREinMIND program in support of our psychology services.

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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.



Cabrini Outreach is a member of the Australian for International Development and therefore a signatory to the ACFID Code of Conduct (the Code). The Code defines minimum standards of governance, management and accountability for non-government development organisations. Adherence to the Code is monitored by an independent Code of Conduct Committee, which is elected from the NGO community. Our voluntary adherence to the Code is our commitment to ethical practice and public accountability. More information about the ACFID Code of Conduct can be obtained from Cabrini Outreach and from ACFID at www.acfid.asn.au or email code@acfid.asn.au

To lodge a complaint against our organisation, please email the General Manager at cabrinioutreach@cabrini.com.au. Our complaints handling policy can be found on our website. If you are not satisfied with the response and believe our organisation has breached the Code, you can lodge a complaint with the ACFID Code of Conduct Committee at code@acfid.asn.au. Information about how to make a complaint can be found at www.acfid.asn.au.

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