

CABRINI OUTREACH ANNUAL REPORT

2017-18



Cabrini
OUTREACH

ACKNOWLEDGEMENT OF COUNTRY

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 Nation's Peoples – past, present and emerging – as they hold the memories, traditions, culture and hopes of Aboriginal Australia.

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KEY STATISTICS



258M

The number international migrants worldwide in 2017



15x

The national imprisonment rate is 15 times higher for Aboriginal people



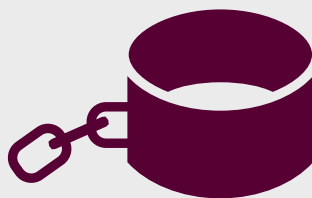
2x

Aboriginal Australians are more than twice as likely to have a severe or profound disability

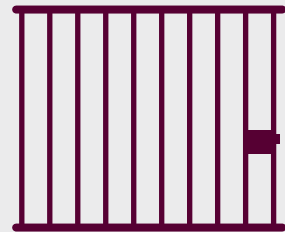


24,000

The number of humanitarian places Australia offered during the year



It is estimated there are
15,000
victims of modern slavery in Australia



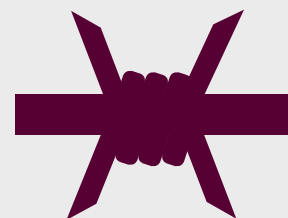
109

The estimated number of children still on Nauru awaiting resettlement



4 YEARS

The time Asylum seekers can wait before being able to submit their claim



\$5BN

The approximate cost of Australia's offshore detention system since 2012



4km

The distance from
Australia's northern border
to Papua New Guinea



95%

of Health Hub clients have
no access to Medicare
and/or no income



\$17,473

has been spent on pharmacy waivers for
clients at the Cabrini Asylum Seeker and
Refugee Health Hub in 2017-18



49%

of clients at the Cabrini Asylum
Seeker and Refugee Health Hub
have a diagnosed mental illness



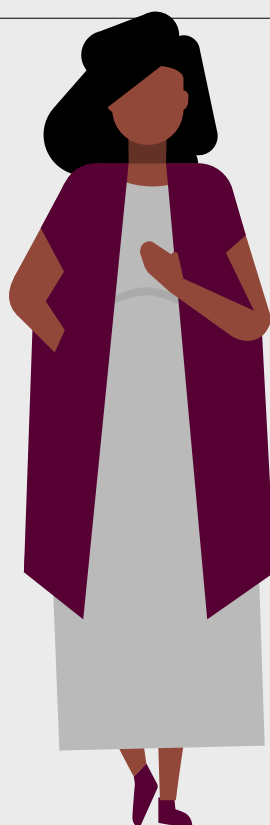
\$10,506

donated by staff for the emergency
food relief in response to the
drought in Wolayta, Ethiopia



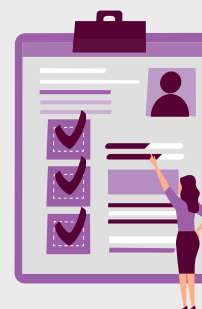
8272

individuals were reached by Cabrini
Ministries Swaziland community
education program in the six
months to June 2018



761

women accessed free childbirth
services at St Mary's Hospital in
Ethiopia in the first six months of 2018



01/2018

Cabrini Ministries Swaziland
commenced a cervical
cancer screening program
in January 2018

ABOUT US

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

In January 1948, the Missionary Sisters of the Sacred Heart of Jesus (known as the Cabrini Sisters) arrived in Melbourne from Italy. The then-Catholic Archbishop of Melbourne Daniel Mannix (1864-1963) had invited them to care for the Italian immigrants fleeing post-war Europe and to take over St Benedict's, a small suburban hospital in Malvern that was previously operated by the Sisters of Mercy.

Since the Cabrini Sisters were unable to get passage on a ship, an aeroplane was chartered for their journey from Rome to Melbourne. The diary of the ten-day journey brims with wonder at the strange sights, smells and sounds encountered on the Sisters' journey. Their excitement at following in the footsteps of their founder, Saint Frances Xavier Cabrini (1850-1917), is palpable. Her first missionary outreach in 1889 was to the Italian immigrants in New York, USA.

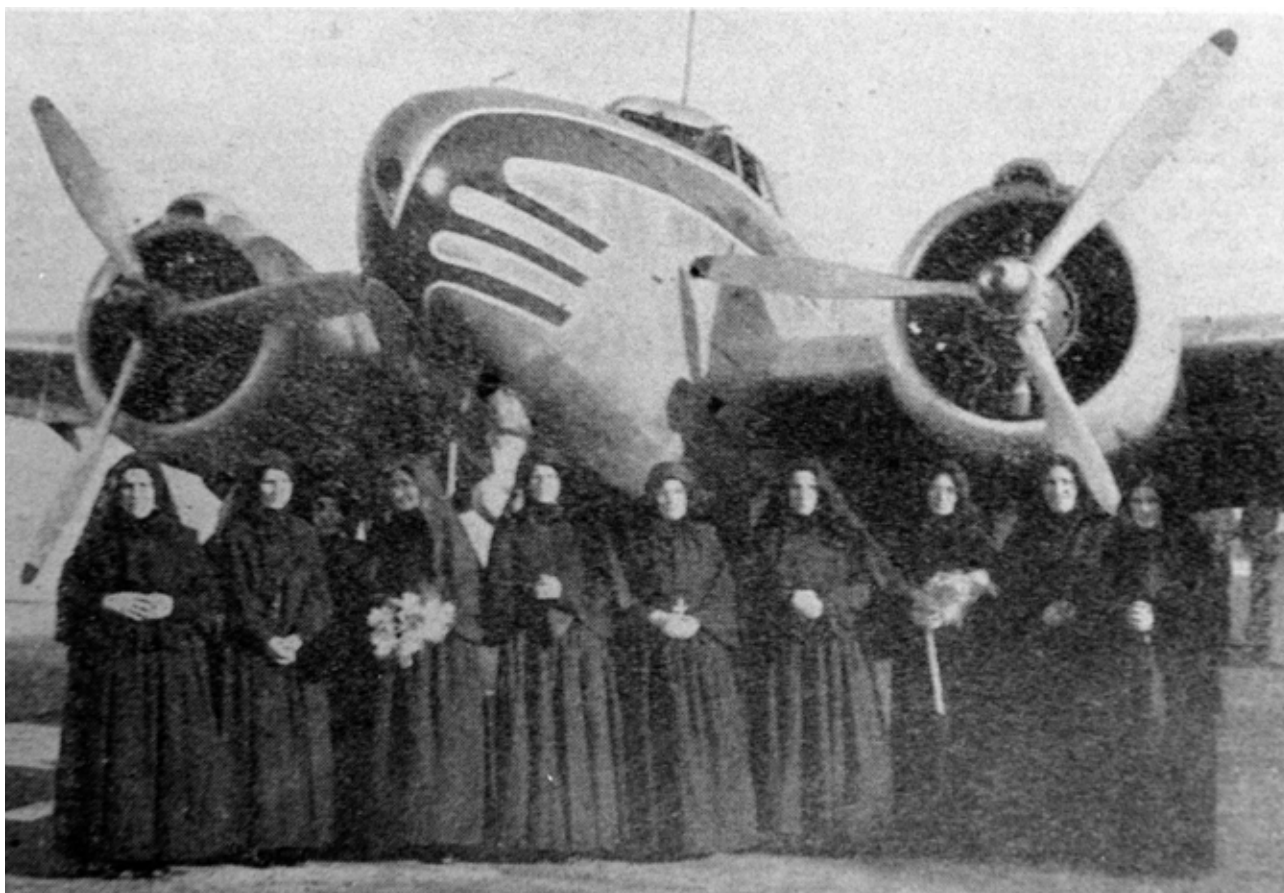
The Cabrini Sisters' early years in Melbourne were difficult. They struggled with the new language and culture, just like the compatriots they had come to serve. With passion, courage

and trust in providence, they worked hard to establish a strong foundation. Over time, as the Italians settled into their new lives, the Sisters were able to focus their efforts on healthcare. They drew a loyal and committed band of lay people to work alongside them in their mission of care and service.

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

With the establishment of Cabrini Outreach and the formal launch of our strategy in March 2018, we are signalling our renewed missionary vision. Building on our past experience, we are now moving to the frontline of service delivery. Our mandate is to seek social justice, alleviate social inequality and enable better healthcare for all, particularly the most marginalised. We are committed to responding to unmet needs in areas where we believe we can make a difference.

Since the Cabrini Sisters were unable to get passage on a ship, an aeroplane was chartered for their journey from Rome to Melbourne



Missionary Sisters arrival at Essendon Airport, Melbourne on 24 January 1948. From left: Sr Eleanora, Sr Archangela, Sr Alfonsa, Sr Candida (Mother Superior), Sr Erminia, Sr Benedict, Sr Mercedes, Sr Bernedini, Sr Thomasina, Sr Elizabeth.

It has been a busy and exciting year. In August 2017, the Board approved a new strategy for charitable and social services. This set in motion the repositioning of social outreach as Cabrini's third service arm, alongside health and technology. We formally launched our new brand Cabrini Outreach and our strategy in March 2018.

With the Board's approval given, we immediately began to develop and deploy a plan to achieve our strategy. Our initial goals are to:

- Deliver services within Australia that respond to unmet need
- Improve the quality of healthcare delivered by our international health partners
- Engage people in our social justice issues
- Develop foundational capabilities and diversify funding streams

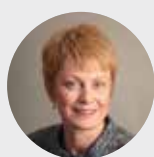
In May 2016, we opened the Cabrini Asylum Seeker and Refugee Health Hub in the Melbourne suburb of Brunswick. This service provides primary healthcare and a specialist mental health services for asylum seekers who live in Melbourne's northern corridor. Our priority remains asylum seekers who do not have access to Medicare and those who have Medicare but no income. In the first 12 months of operation, we received 176 referrals. At the end of our second year, our referrals stood at 450, more than double the previous year. Almost 300 people are accessing our primary and/or specialist mental health service regularly. This would not have been possible without our dedicated staff (both paid and pro

bono), fundraising efforts across the organisation and financial support from our small but growing body of donors.

We are acutely aware of the detrimental impact that Australia's current policy framework has on the mental health of asylum seekers, both from our research and through our experience at the Cabrini Asylum Seeker and Refugee Health Hub. We are dismayed by the number of people who remain in offshore detention without any hope of being resettled in Australia. Recent changes to the support available to people who are living onshore and awaiting the outcome of their refugee claim could place many more people at risk. We are exploring new ways in which we can respond to meet these emerging needs.

During the past 12 months, we have continued to pursue new opportunities for partnerships, such as the proposed joint Catholic health, education and social service project in Melbourne's northern suburbs. This project builds on our long-standing partnership with CatholicCare and is aligned with the strategies of both of our organisations. The aim of the project is to address intergenerational inequity by tackling the social determinants of health for a defined at risk population.

We have continued our partnerships with Apunipima Cape York Health Council in Queensland and Mpwelarrre Health Service in the Northern Territory. As our agenda speaks to the requests of our partner organisations, we are more active in some years than in others. This year has seen the strengthening of our relationship with Apunipima through supporting the appointment of a Research Coordinator and the beginning of another more active phase with Mpwelarrre including linking to the Catholic Health Australia workforce exchange project.



A LANDMARK YEAR

On the international health front, we began preparation for the inaugural meeting of the International Health Commission, a body established by Sr Barbara Staley MSC, General Superior of the Missionary Sisters of the Sacred Heart of Jesus. The meeting will take place in Melbourne in early August 2018. We look forward to welcoming representatives from our sister organisations in Argentina, Ethiopia, Guatemala and Swaziland, as well as our partners from Cape York and Papua New Guinea. The meeting will provide us with an opportunity to get to know one another better and develop shared goals for our partnerships.

We have identified three social justice causes that are consistent with our heritage and the challenges in the world today:

- Promoting a more compassionate response to asylum seekers
- Reconciliation with Australia's First Peoples
- Combatting modern slavery

Our efforts in relation to asylum seekers is the most advanced of the three priorities. Over the next 12 months, we will implement a program of activities to better address our goals related to reconciliation with Australia's First Nation's Peoples and combatting modern slavery.

We have invested significant effort in building the foundational capabilities that will be critical to achieving our new vision. This includes an internal restructure of our team whereby we have rearranged responsibilities and created a new position to strengthen managerial capacity. We have developed a

brand and communication strategy, and will soon launch our new website. We have begun to diversify our funding sources through government and philanthropic grants and donations.

We have continued to wind down our long-standing partnerships that are not in line with our new strategic direction. In this period, we acknowledged the end of Cabrini Lighthouse, established 25 years ago with Lighthouse Foundation. We were Lighthouse's first community partner and have learnt much from one another over our journey together. We also ended a longstanding partnership with Sacred Heart Mission. Over the years we have worked together, we supported many aspects of their programs and were early funders of the *Journey to Social Inclusion* pilot and research evaluation. We are pleased to see the rigour of implementation and evaluation has positioned the program for sustainable funding as one of Victoria's first social impact investment projects.

I am most grateful to Chief Executive Dr Michael Walsh, the members of the Mission Governance Board Committee and the Directors of Cabrini Health Limited for their encouragement and support for our work this year. As the year draws to a close, I am confident we have the appropriate skills and capacity to bring our new vision to fruition.



CATHERINE GARNER
GROUP DIRECTOR, MISSION AND CABRINI OUTREACH

During the past 12 months, we have continued to pursue new opportunities for partnerships, such as the proposed joint Catholic health, education and social service project in Melbourne's northern suburb

OUR GOALS AND OUTCOMES

Over the past 12 months, we have sought to strengthen programs and set in place a management and governance framework consistent with the new strategy. We are pleased to report the following outcomes:

ASYLUM SEEKER HEALTH PROGRAM

- Strengthening of our asylum seeker health program, bringing together research, service delivery and advocacy under one umbrella
- Delivery of a regular primary health and/or specialist mental health service to nearly 300 asylum seekers without access to Medicare or with Medicare but no income;
- Acceptance of our first Cabrini-Monash research paper on asylum seeker mental health for publication in a peer-reviewed journal
- Promotion of our public facing campaign for a more compassionate response to asylum seekers

INDIGENOUS HEALTH AND WELLBEING

- Establishment of a permanent acknowledgement of the traditional custodians of the land at Cabrini Malvern
- Provision of support for the implementation of a research governance framework at Cape York Apunipima Health Service
- Facilitation of a partnership between Santa Teresa Primary Health Service and Catholic Health Australia's workforce exchange program to assist in meeting their workforce needs
- Seven people participated in a Western Arrente Indigenous cultural experience



Welcome to country by Elder – Arweet Carolyn Briggs at the launch of the Cabrini Outreach Strategy.



We were joined on the occasion by Provincial Superior Sr Diane Olmstead, MSC and past provincial Sr Pietrina Raccuglia MSC (Centre left).

INTERNATIONAL HEALTH

- Funding of organisational development at Cabrini Ministries in Swaziland to position the mission for success in their first million-dollar multilateral grant
- Strengthening of governance and operational capacity at St Mary's Catholic Primary Hospital in Dubbo, Ethiopia
- Provision of a histopathology service to Modilon Hospital in Madang, Papua New Guinea to enhance diagnostic capability
- Funding of Interplast to conduct a plastic surgery service and education program at Modilon Hospital

MANAGEMENT AND GOVERNANCE OUTCOMES

- Launch of Cabrini Outreach in March 2018 as part of our celebration of the seventieth anniversary of the arrival of the Cabrini Sisters in Melbourne
- Development of a separate visual and brand identity to appeal to distinguish our service and appeal to our target audiences

- Strengthening of program governance through oversight by the Mission Governance Committee of the Board
- Alignment of our internal policies with the Australian Council for International Development's Code of Conduct as the first step toward accreditation
- Identification of capability gaps and establishment of a new position, General Manager of Cabrini Outreach with Tom Roth joining the team in this capacity in July 2018
- Realignment of existing responsibilities to create a Manager of International Partnerships and Manager of Regional Partnerships and transition of existing staff to these new roles
- Collaboration with Cabrini Foundation to relaunch workplace giving at Cabrini Health and attract more external philanthropic support
- Achievement of our first Victorian Government grant and establishment of contracts with International Health Medical Service and the North Western Primary Health Network Care-in-Mind Program to diversify our funding streams.



Sr Margaret Noone founder Very Special Kids and other guests receive a copy of the plan.



The official launch was followed by refreshments and hospitality.



OUR SOCIAL JUSTICE CAUSES

Catholic social teaching creates a vision for a community where every person is respected and enabled to fully participate in society, where the most vulnerable are supported and where decisions are made based on the good of the community. We have identified three social justice causes that are consistent with our heritage and where we believe we can make a difference.

WE BELIEVE WE CAN MAKE A DIFFERENCE

1) A COMPASSIONATE RESPONSE TO ASYLUM SEEKERS AND REFUGEES

When Mother Cabrini first arrived in New York in 1889, the situation of the Italian immigrants was deplorable. Living in their midst in equally squalid conditions, she saw first-hand the exploitation and discrimination they suffered. In less than a month, her Sisters were teaching children in Little Italy and she had opened her first orphanage. It was there that she decided all of the Cabrini Sisters should bear the title 'mother', to better express their responsibility for the children in their care. This story was repeated in many parts of the USA as well as in the Americas (Argentina, Brazil, Nicaragua and Panama) and England, France and Spain. Although at first, Mother Cabrini's programs were for Italians, she soon learnt that all immigrants face the same problems on arrival in a new country. Her life's work for their cause led to her being named Universal Patron Saint of Immigrants in 1950.

This same spirit of service is expressed through Cabrini Outreach today in our health services for Medicare ineligible asylum seekers and those who have access to Medicare but no income. Through our research and services, we see the impact of Australia's policies on the mental health of people seeking asylum. We believe our findings make an important contribution to creating a more compassionate response for asylum seekers in Australia.

We echo Pope Francis's call to follow in the footsteps of Mother Cabrini and treat refugees and asylum seekers with greater compassion.

2) ABORIGINAL RECONCILIATION

Our First People experience significant marginalisation and disadvantage, which has a detrimental effect on their health and wellbeing. This is captured in the words of the Uluru Statement from the Heart, released in May 2017:

Proportionately, we are the most incarcerated people on the planet. We are not an innately criminal people. Our children are alienated from their families at unprecedented rates. This cannot be because we have no love for them. Our youth languish in detention in obscene numbers. They should be our hope for the future.

Research demonstrates between one-third and half of the difference in life expectancy between Aboriginal and non-Aboriginal Australians can be explained by the social determinants of health¹ such as unemployment, social exclusion, poor educational opportunities, lack of social support, stress and addiction. Addressing these disparities requires a systemic view of health and wellbeing. Respect and empowerment are the cornerstones of change.

To this end, we respond to the invitation to walk with our indigenous brothers and sisters in the movement of the Australian people for a better future. We believe we have much to learn from our indigenous brothers and sisters on the journey.

3) COMBATTING MODERN SLAVERY

It is shocking fact that men, women and children remain victims of slavery today. In 2016, a reported 15.4 million people were in forced marriages and 24.9 million were in forced labour².

Of the estimated 4 million people who are trafficked annually both within and outside their country, 80 per cent are women and girls, 50 per cent are children and more than 90 per cent of trafficked persons are sexually exploited.³

The International Labour Organization estimates that there are 152 million child labourers and 24.9 million victims of forced labour.⁴ We believe workers should be protected, not harmed. Every person deserves to work in a dignified job without risk of exploitation.

Unfortunately, many people in the first world unwittingly contribute to the problem through uninformed purchasing. Ethical purchasing helps to shut down the trade. We all have a role to play in ending the exploitation through the purchasing choices we make.

We are pleased the Australian Federal Government has decided to enact legislation that will require businesses earning more than \$100m in revenue to report on their efforts to stamp out modern slavery in their supply chains. We believe this will strengthen the procurement practices within our organisation. We also commit to providing information to our staff to encourage them to consider their purchasing practices and to support ethical businesses.

¹ 'The Social Determinants of Health' in the National Aboriginal and Torres Strait Islander Health Plan 2013 – 2023 (see www.health.gov.au/internet/publications/publishing.nsf/Content/oatsih-healthplan-toc)

² See Global Slavery Index (www.globalslaveryindex.org/2018/findings/highlights/)

³ See UNANIMA International (www.unanima-international.org/what-we-do/programs/human-trafficking)

⁴ See Baptist World Aid (www.baptistworldaid.org.au/faith-in-action/behind-the-barcode/)

NOT QUITE HOME

Tan's story is typical of many newly arrived asylum seekers and refugees. This is her story.

Tan is a 35-year-old, single mother of two daughters. She and her children, aged six and ten, arrived in Australia by aeroplane from south-east Asia seeking asylum in mid-2018. Tan has severe post-traumatic stress disorder (PTSD) as a consequence of experiencing prolonged and severe domestic violence and sexual violence by authority figures. She was forced to flee her country of origin due to this violence, as she feared that her life and the lives of her daughters was at risk and that she could not be protected if she remained.

When she first presented to the Cabrini Asylum Seeker and Refugee Health Hub in the Melbourne suburb of Brunswick, she complained of insomnia, inability to experience any positive emotions, frequent flashbacks, hyper-vigilance, a sense of helplessness and frequent thoughts of suicide. She finds it difficult to be around men, and struggles to catch public transport without experiencing anxiety. She has ongoing chronic bodily pain with neuropathic pain in her legs following a severe assault in her country of origin.

After being assessed at the Cabrini Asylum Seeker and Refugee Health Hub, she was identified as having PTSC with anxiety and depressive features, as well as a spinal injury secondary to an assault she experienced in her country of origin. Sadly, she was also identified as having previously undiagnosed breast cancer and hepatitis B. These diagnoses were all explained to Tan using an interpreter and she was referred to our specialist mental health based at the Cabrini Asylum Seeker and Refugee

Health Hub, in order to assist with her PTSD and to external services to access treatment for her breast cancer and spinal injury. Her hepatitis B will continue to be monitored at the Cabrini Asylum Seeker and Refugee Health Hub to identify when she requires intervention.

Tan is on a bridging visa while she waits for her protection claim to be assessed. This visa does not allow her to access Medicare, work rights or any income to access food or essential needs of her young family. She is receiving temporary rental assistance from another asylum seeker support service. She has no family or support in Australia, and is unable to contact any of her family in south-east Asia, as she is concerned for their safety given the circumstances in which she was forced to flee.

The Cabrini Asylum Seeker and Refugee Health Hub provides Tan with medical assistance and mental health support, as well as free medication through our pharmacy waiver program. At the Cabrini Asylum Seeker and Refugee Health Hub, Tan receives the comprehensive and holistic case management support she requires for herself and her children including advocacy to access income support from a Federal government funded program to enable her to begin her recovery process.

Note: The client name and identifying characteristics in this case study have been changed to protect her anonymity.

Tan is on a bridging visa while she waits for her protection claim to be assessed. This visa does not allow her to access Medicare, work rights or any income to access food or essential needs of her young family.



Dr Tram Nguyen, Director Specialist Mental Health Service, leads the asylum seeker mental health multidisciplinary team.

FROM PATIENT TO ADVOCATE

Thuli's story is one of hope for the women of her community in Swaziland, for whom early screening for cervical cancer is life-saving.

Thuli is a 42-year-old woman who lives near Cabrini Ministries Swaziland. She is a mother of six children, and sole carer of five of her grandchildren despite having a very limited income.

Thuli heard that Cabrini Ministries would be bringing an education and screening day to the area in which she lives, and she made effort to attend. Previously, she had attended Cabrini's clinics for her healthcare and the children's immunisation needs.

During the morning education session, Thuli was surprised to hear that even if you do not have HIV-AIDS, as is her status, that a woman could still be at risk of developing cervical cancer, and also that this risk may be increased by the number of children a woman has.

Thuli knew women in her area that had the symptoms of cervical cancer and had stopped coming to church and gatherings before they were reported dead. Although she feared the disease she had never screened before and this she shared with the nurse.

Nurse Thandi managed to convince Thuli that screening sooner rather than later was essential, and when her screening test showed early-stage damage, Thandi spent time comforting and explaining the situation to Thuli.

Thuli was assisted by Cabrini Ministries to attend another facility for treatment of her pre-cancerous damage, and she has healed completely. Her damage was only months from becoming too complicated to treat simply, and if she had delayed screening any longer then she would have required surgery, which is costly and difficult given her role as carer to so many children. Thuli was grateful that Cabrini helped her avoid the pain and complications of later-stage damage. She has since sent a number of women from her family to the clinic for screening, as she has become a passionate advocate of preventing cervical cancer. Thuli boldly states that early cervical cancer screening saved her life, having avoided the disease herself.

In its first year of operation, Cabrini Ministries' Swaziland's cervical cancer program has helped 110 women prevent cervical cancer through early detection, using a low-cost screening method called visual inspection with acetic acid. For \$150, Cabrini can screen and support the treatment of ten Swazi women at the clinic. For \$175, Cabrini Ministries can provide onsite education and screening in a remote and rural community and allow ten financially disadvantaged women to be screened.

Thuli was surprised to hear that even if you do not have HIV-AIDS, as is her status, that a woman could still be at risk of developing cervical cancer.



Thandiwe Mathunjwa embraced the opportunity to retrain so Cabrini Ministries could establish a cervical cancer screening program.



OUR PROGRAMS

Our programs are directed to people experiencing entrenched disadvantage. According to the World Health Organization, social inequality and disadvantage are the main reasons for unfair and avoidable differences in health outcomes and life expectancy in society. We work to improve access to high quality healthcare and health related services to improve health outcomes for the people we serve.

ASYLUM SEEKER HEALTH

Asylum seeker health is the most developed of our programs. It comprises service delivery, research and advocacy.

HEALTH SERVICE DELIVERY

The Cabrini Asylum Seeker and Refugee Health Hub was officially opened on 28 April, 2016. Our target groups are asylum seekers with no access to Medicare and those with Medicare but no income. We saw our first client on 20 June 2016, a red letter day in the sector as it marks the annual observance of World Refugee Day. By the end of June 2018, we had 412 registered clients with 275 using the service regularly.

Since opening, we have rolled out our services in a methodical manner. Today our clients can access, free of charge:

- A nurse-led health assessment and vaccination catch-up service
- General practice
- Physiotherapy
- Specialist mental health service with psychiatry, counselling, case management and limited outreach providing comprehensive and integrated mental health support
- A pharmacy waiver program where clients who have no income can have their prescriptions filled at a local community pharmacy, which then bills the costs to the Cabrini Asylum Seeker and Refugee Health Hub

Our growing reputation in the sector led to our first student placement. We provided clinical experience for an undergraduate social work student studying at the University of Melbourne. Due to the mutually beneficial outcomes of the experience, we are scoping projects that might be attractive to Master of Public Health students studying at Australian Catholic University.

Given the majority of our clients are excluded from Medicare, the service relies on cross-subsidy from Cabrini Health. During

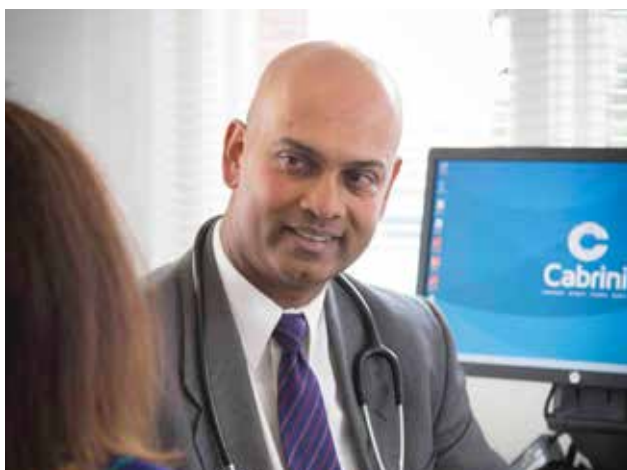
2017-18, we have had some success in diversifying our funding sources. We received a grant from the Victorian Department of Health and Human Services for the vaccination catch-up program. International Health and Medical Service has contracted us to provide a service to some of its clients with complex mental health issues. We have also worked with Cabrini Foundation to develop a strategic plan for fundraising, and have had some success in accessing external philanthropic grants.

We are most grateful to our pool of general practitioners and psychiatrists who work with us pro bono and to St Vincent's Hospital Melbourne for access to pathology and medical imaging services free of charge. Not only is their support critical to service provision, their willingness to work with us gives us hope that a more compassionate response to asylum seekers is possible.

RESEARCH

During the year, we celebrated the publication of our first asylum seeker mental health research paper in a peer reviewed journal. Entitled 'Development and validation of a mental health screening tool for asylum-seekers and refugees: the STAR-MH', the paper reports our efforts to develop a brief, sensitive and rapidly administrable tool for non-mental health workers to screen for major depressive disorder and post-traumatic stress disorder in the asylum seekers and refugee adult population. Based on the success of this research, we have been asked develop a similar tool for adolescents and children. Unfortunately there is no data available on the prevalence of mental health risk in the child population so we need this is the first research question we need to explore.

To date, the research effort has been funded through the Cabrini Health cross-subsidy. We are in the process of seeking external philanthropic support to enable us to redirect these funds to new service development.



The Cabrini Asylum Seeker and Refugee Health Hub relies on a mix of dedicated employed and pro bono staff.

ADVOCACY

Our research and service delivery experience highlights the detrimental impact on asylum seekers of Australia's current policy framework. We feel a need to communicate our experience to our staff and the wider community to help bring about a more compassionate response to asylum seekers.

ACCOMMODATION

During 2017-18, we saw an increasing number of clients asking for assistance with finding accommodation. Given the

shortage of publicly available accommodation, we looked internally with some success. We were pleased to make two apartments available to the Brigidine Asylum Seeker Project for six months. They placed a mother and her five children in one apartment and three single women in the other. Based on the success of the venture, we are in the process of negotiating access to another Cabrini property for a three month period.

INDIGENOUS HEALTH AND WELLBEING

The health disparities suffered by Australia's First People are unacceptable. We are committed to playing our part in closing the gap. We do this through education, engagement and capacity building. With respect to the latter, we recognise the importance of self-determination and cultural safety and therefore choose to work with Aboriginal controlled organisations to support their capacity for service delivery. We realise that long-term engagement that enables the development of trust is critical to the achievement of our goals.

RECOGNITION OF AUSTRALIA'S FIRST PEOPLE

In November 2017, we unveiled a plaque to permanently recognise the Yaluk-ut Weelam People of the Boon Wurrung language group, the traditional custodians of the land on which our hospitals now stand. The plaque is situated in the Memorial Garden, where we remember the contribution of everyone who has helped to make Cabrini what it is today. This resulted from a five-year engagement with the Boon Wurrung Foundation and was celebrated with a smoking ceremony and Christian blessing.

INDIGENOUS CULTURAL EXPERIENCE

Since 2004 we have offered an immersion experience to assist staff to gain an appreciation of Australia's Indigenous culture. Hosted by members of the Cook Family, the experience is based at Intjartnama, an Aboriginal outstation 125 km west of Alice Springs. A total of 163 individual staff have taken up the opportunity. Twenty-three staff have participated more than once, and ten have brought a family member or friend with them. There were seven participants in the last 12 months. The program is currently under review with the aim of strengthening its impact.

CHA-APUNIPIMA-MPWELARRE WORKFORCE EXCHANGE PROGRAM

We were founding members of the Catholic Health Australia-Apunipima workforce exchange program. Over the past 12 months, we have assisted in the development of program guidelines and recruitment. We also introduced Mpwelarre

Health Service to the program following their request to re-establish a similar program we had operated with them in the past. We also successfully recruited our first registered nurse for the staff pool. She will commence her first placement at Santa Teresa later in the 2018 calendar year.

APUNIPIMA RESEARCH CAPACITY BUILDING PROJECT

We were pleased to provide a grant to Apunipima to fund the establishment of a research coordinator position. The project is cofunded by CHA with matched funding from Apunipima.

The goal of the research coordinator is to facilitate quality research of benefit for Aboriginal and Torres Strait Islander communities in Cape York, support internal and external Apunipima research and enable the maintenance of Apunipima Research administration processes that support and review internal and external health research in Cape York communities.

Over the next 12 months, Apunipima plans to actively seek partnerships with research organisations to further research directed to achieving better health and wellbeing for Aboriginal and Torres Strait Islander communities in Cape York. They hope this additional engagement with the research sector will attract additional funding to ensure an ongoing and sustainable research coordinator role.



Partnerships | Australia's red centre and Cape York enable us to develop an appreciation for the people, culture and magnificent landscapes beyond the eastern seaboard.

INTERNATIONAL HEALTH

Australia is considered the lucky country when it comes to healthcare. Many of our near neighbours and others in more distant countries do not share the same good fortune. In this dimension of our program, we seek to leverage our knowledge, skills and resources to enable people beyond our borders to access better healthcare.

ESWATINI

In a unilateral decision by the King of Swaziland, the name of the country was changed to eSwatini in April 2018. Although the change was unexpected, our sister-organisation and partner Cabrini Ministries has taken the change in its stride and is carrying on as normal.

Despite a small population of around 1 million people, eSwatini has the highest prevalence of HIV-AIDS in the world. In 2017, an estimated 210,000 people were living with HIV-AIDS with 84 per cent of adults and 75 per cent of children on antiretroviral treatment. Over the past decade, the country has made significant progress towards stabilising the epidemic with the number of new infections having halved since 2011.

Although classified as a low-middle income country, 63 per cent of people live below the poverty line. The rural low veld, where Cabrini Ministries operates, has experienced intermittent years of drought adding to the challenges for the poor.

Cabrini Ministries provides integrated healthcare, childcare, education and social services, serving more than 6500 people each year. Our support predates the epidemic and has taken many forms over the years in response to the community's needs. Recently, we have supported the development of core management competencies. We were very excited to hear they were successful in receiving a large competitive grant to fund program delivery.

ETHIOPIA

In Ethiopia, we partner with St Mary's Catholic Primary Hospital in Dubbo. The Cabrini Sisters assumed management of the hospital in 2016. It is located in the rural south where the people rely mainly on subsistence farming for their livelihood. The hospital is considered part of the Ethiopian health network from a standards and reporting perspective, however it does not receive any government funding. Instead, it relies on philanthropic funding to complement the small amount of fee-for-service revenue it is able to generate.

We are a major donor to the hospital. Our support is focused on helping improve management capacity and standards of care. In recent years, the Cabrini Foundation has provided three small capital grants that have funded the purchase of an ambulance and renovation of staff cafeteria kitchen. The latter will enable the hospital to expand its revenue base.

In the past 12 months, the board and management have produced their first strategic plan. The development process involved the entire leadership team and has resulted in achievable goals that are owned by the relevant managers. This will provide a strong foundation on which to grow.

During the year, Cabrini Ministries Ethiopia has also strengthened its family services program. Drought made conditions particularly difficult the local people. Our staff responded to the call for assistance with emergency relief, donating over \$10,000 to provide families with food staples for six months and seeds to plant when the rains finally came.



Primary Care eSwatini style.



Post-op recovery in the Orthopaedic ward at Modilon Hospital.

PAPUA NEW GUINEA

Given its proximity to Australia, Papua New Guinea (PNG) has a special call on our resources. The PNG health system is in crisis with an acute workforce shortage, ageing equipment, crumbling infrastructure and unreliable supplies.

Our primary relationship is with Modilon General Hospital, the government hospital for Madang Province. The hospital has approximately 80,000 outpatient attendances and 8500 inpatient admissions per year. Since our first involvement in 2004, we have assisted in construction of a new theatre suite and the refurbishment some of the other hospital facilities, funded regular orthopaedic and plastic surgery education and service programs, supported the training of clinical staff and complemented the hospital's diagnostic capacity with access to our histopathology service.

We have supported primary care in Wapendamanda, in Enga Province, since 2008. We were originally asked for a grant for three years, by which time it was anticipated the clinic would be self-funding. Unfortunately, financial sustainability has been unachievable. We are now gradually reducing our funding and encouraging the service to integrate into the PNG health system.

In 2008, we began a relationship with the Catholic Health Services in the Diocese of Kerema at the request of former Catholic Archbishop of Melbourne Denis Hart on behalf of the Catholic Archdiocese of Melbourne. In a recent visit to PNG, it was emphasised that health care in the Gulf Province is particularly disadvantaged so we anticipate reviewing our activity there in the near future.

PROGRAM MANAGEMENT AND GOVERNANCE

Strengthening our internal program governance and monitoring strategy deployment have been major foci for the year. The Mission Governance Committee oversees Cabrini Outreach on behalf of the Board. Strategy is a standing item on the Mission Governance Committee agenda and an annual report is provided to the Board. The Committee also monitors the pipeline of potential new services to provide advice and support.

A series of projects has been defined and scoped to enable deployment of the strategy. Four involved aligning our activities to the new strategic direction. Six related to developing the new capabilities the strategy required. The remaining six related to expanding our impact.

As 2017-18 draws to a close, we have completed six projects, five are in advanced stages and the remaining five are awaiting the appointment of the General Manager of Cabrini Outreach in July 2018. The status of the projects is summarised in the table below.

One of the projects involves achieving accreditation with the Australian Council for International Development (ACFID). We have submitted our assessment of compliance with the ACFID Code and are awaiting the outcome. The assessment process helped us identify and build on our strengths, and introduce best practice systems and processes to ensure robust and transparent program management. Implementing a program evaluation strategy and improving the documentation supporting our partnerships are essential elements. These projects are scheduled to commence in July.

We have had no complaints or security issues in the last 12 months.

ALIGN ACTIVITIES	BUILD CAPABILITIES	EXPAND IMPACT
● Review Aboriginal Projects	● Structure and governance review	● Service development pipeline
● Review community projects	● Brand and communications	● Asylum seeker social justice
● Review international projects	● Funding diversification	● Aboriginal reconciliation
● Refresh Workplace Giving	● ACFID accreditation	● Combatting modern slavery
	● Partnership strategy	● Pathways to employment
	● Program evaluation	● Partnership development plan

KEY

- Completed
- In progress
- Yet to commence



A highlight of the year was establishment of permanent recognition of the traditional custodians in the Memorial Garden at Cabrini Malvern. A smoking ceremony was conducted by the Boon Wurrung Foundation during Cabrini Week in November 2017.

A WIN FOR PNG MOTHERS AND BABIES

In the hope of bringing more babies safely into the world in Papua New Guinea, obstetrician Dr John Bolnga used the inaugural John Griffiths Research Scholarship to research and present a paper on maternal near-misses.

Dr John Bolnga, an obstetrician from Modilon Hospital in Madang, Papua New Guinea, is the inaugural recipient of the John Griffiths Research Scholarship.

The scholarship was established by Cabrini Outreach and Modilon Hospital in March 2018. It is named in honour of surgeon Mr John Griffiths, a doctor of long-standing at Cabrini, in recognition of his long-standing commitment to orthopaedic education and service at Modilon Hospital.

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

John Griffiths Research Scholarship recipients receive financial and inkind support to enable them to present a paper during annual Cabrini Research Week held in Melbourne. Dr Bolnga's paper was entitled 'Maternal near-misses at a provincial hospital'. Subsequently, the paper was published in the *Australian and New Zealand journal of Obstetrics and Gynaecology*.

Dr Bolnga's paper brought into focus the high maternal mortality rate in Papua New Guinea, which is 215 deaths per 100,000 births compared to Australia's rate of six deaths per 100,000 births. It provided the symposium participants with the opportunity to learn first-hand of the stark differences in our two health systems. This is particularly confronting, as Papua New Guinea is less than 4 km from Australia's northern border.

"Often, we lack very basic medicine or we will run into a shortage of a necessary medication but we just have to do what we can with what we have available," said Dr John Bolnga. "Our labour ward used to be regularly flooded with heavy rains and power outages were common which meant our midwives were sometimes forced to deliver babies by torchlight."

Research can be a lonely endeavour and a commitment that is difficult to maintain in a busy clinical environment, according to Dr Bolnga. He found participating in the symposium to be a rewarding experience.

"It exposed me to new developments in medical research and best practice processes in Australia," said Dr Bolnga. "I've made research contacts at Cabrini, so that we can collaborate with research in the future between our two hospitals."

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



Dr John Bolnga, inaugural scholarship recipient with Mr John Griffiths.

FINANCIAL PERFORMANCE

TOTAL INCOME

	\$'000
Revenue generated ¹	\$54
Cabrini Health cross subsidy ²	\$2839
Other grants and donations	
workplace giving	\$38
appeals, donations, grants ³	\$37
event fundraising	\$5
Pro bono	\$103
In-kind (Cabrini, SVHM, Interpreter)	\$47
TOTAL INCOME	\$3,123

TOTAL DISBURSEMENTS

	\$'000
Administration ⁶	\$182
Australian programs	
Social inequality ⁷	\$461
Aboriginal health & reconciliation ⁸	\$292
Asylum seeker health ⁹	\$1,012
International Programs	
Ethiopia ¹⁰	\$539
Papua New Guinea ¹¹	\$50
Swaziland ¹²	\$210
United States ¹³	\$350
Other ¹⁴	\$27
TOTAL DISBURSEMENTS	\$3123

NOTES:**Revenue**

- 1 Revenue generated comprises Medicare and International Medical Health Service revenue received by the Cabrini Asylum Seeker and Refugee Health Hub
- 2 Cabrini Health donation is a cross-subsidy to Cabrini Outreach
- 3 An Ethiopia drought relief internal appeal generated \$11,000 and donations were received for the Cabrini Asylum Seeker and Refugee Health Hub, Cabrini Ministries Swaziland, St Mary's Hospital Ethiopia and the PNG Orthopaedic Service and Education Program
- 4 Estimated value of GPs, psychiatrists and physiotherapist working pro bono at the Cabrini Asylum Seeker and Refugee Health Hub
- 5 Estimated value of St Vincent's Hospital Melbourne providing a free pathology service and access to the state-based interpreter services

In addition, we secured funding for 2018-19 as follows:

- \$80,000 from DHHS (\$60,000 grant for the vaccination program at the Cabrini Asylum Seeker and Refugee Health Hub and \$20,000 grant as seed funding for a new pharmacy waiver program)
- \$9600 Care-in-Mind funding through the North Western Primary Health Network for the Health Hub psychology service
- \$120,000 grant from Equity Trustees for the asylum seeker research program

Expenditure

- 6 Expenditure on program administration was \$182,000 or 6 per cent of total expenditure. The industry benchmark is 15 per cent although it must be noted we do not have the usual overhead costs of a standalone social service agency.
- 7 Expenditure on social inequality comprises:
 - Funding for the 'Project in the North' collaboration with CatholicCare (\$60,000)
 - Cabrini Outreach grants to Lighthouse Foundation (\$36,000), Sacred Heart Mission (\$30,000), Very Special Kids (\$40,000), The Way Community (\$73,000), Family Life (\$30,000), Stonnington Council Youth Project (\$110,000), Malvern Emergency Food Program (\$2000), CatholicCare Counselling Program (\$70,000) and JoCare (\$10,000). With the exception of Very Special Kids and JoCare, this is either the final or penultimate payment on the current grant agreements.

- 8 The major Aboriginal health and reconciliation projects were Cabrini Outreach grants for Jesuit Social Services' eastern Arrente capacity building program (\$120,000), Boonwurrung Foundation Connecting to Country Program (\$75,000), \$39,000 towards a co-funded research position at Apunipima Cape York Health Service and community dialysis at Santa Teresa (\$33,000 and co-funded by St Vincent's Health Australia and Caritas Australia).
- 9 The asylum seeker program expenditure comprises:
 - \$77,000 on asylum seeker research (development of a mental health screening tool)
 - \$798 on the Health Hub (\$653 in cash plus \$145 *pro bono* and in kind value)
 - \$137,000 in Cabrini Outreach grants to Catholic Care (\$42,000 asylum seeker support program and \$95,000 refugee settlement program)
- 10 Ethiopia expenditure comprised a donation of \$527,000 to St Mary's Hospital (\$500,000 Cabrini Outreach grant, \$25,000 from Cabrini Foundation and \$2000 from workplace giving) and \$12,000 to Cabrini Ministries Ethiopia (\$11,000 from the drought appeal and \$1000 workplace giving).
- 11 PNG expenditure comprised i kind expenditure of \$5000 on the histopathology service provided to Modilon Hospital by Cabrini Pathology, \$25,000 to Interplast to fund a plastic surgery service and education program at Modilon Hospital, and \$20,000 to Wapenamanda Centre for Primary Health.
- 12 Swaziland expenditure was directed to Cabrini Ministries and comprised \$175,000 Cabrini Outreach grant and \$35,000 workplace giving.
- 13 USA expenditure comprised \$250,000 to the Province for non-development activities and \$100,000 to Cabrini Immigrant Services
- 14 The balance of expenditure was related to staff volunteering abroad and small grants to programs in India and Afghanistan. These latter two are in the final year of the grant agreement.

OUR MISSION

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

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

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

OUR VALUES

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

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

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

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



OUR LOGO

Our logo comprises a heart placed at the centre of open hands. The heart represents love, both human and divine, connecting us to Cabrini's mission of compassionate care. The hands represent our desire to reach out in response to unmet needs using all resources available to us, in order 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.

CABRINI

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