



2024–2025 Annual Report

**Celebrating 30 years
of community-driven
health care**

AMSANT Members Map

This map highlights the primary locations of AMSANT's Member Services across the Northern Territory. While each dot represents a head office or main clinic, the true operational reach extends far beyond these points across remote communities in the Northern Territory, extending right to the borders of Western Australia, South Australia and Queensland. Each Member Service delivers a range of health care and outreach across multiple homelands and regions—providing comprehensive, culturally safe care throughout the NT.

AMSANT Offices

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Robert Randall
Indigenous
Health Workforce
Traineeship Program
Coordinator





Full Members

- 1 Ampilatwatja Health Centre Aboriginal Corporation
- 2 Anyinginyi Health Aboriginal Corporation
- 3 Central Australian Aboriginal Congress
- 4 Danila Dilba Health Service Aboriginal Corporation
- 5 Katherine West Health Board Aboriginal Corporation
- 6 Mala'la Health Service Aboriginal Corporation
- 7 Miwatj Health Aboriginal Corporation
- 8 Pintupi Homelands Health Service
- 9 Red Lily Health Board Aboriginal Corporation
- 10 Sunrise Health Service Aboriginal Corporation
- 11 Urapuntja Health Service Aboriginal Corporation
- 12 Wurli Wurlinjang Health Service Aboriginal Corporation



Associate Members

- 13 Amoonguna Health Clinic Aboriginal Corporation
- 14 Central Australian Aboriginal Alcohol Program Unit (CAAAPU)
- 15 Council for Aboriginal Alcohol Program Services (CAAPS)
- 16 FORWAARD Aboriginal Corporation
- 17 Laynhapuy Homelands Aboriginal Corporation
- 18 Marthakal Homelands Health Service
- 19 Mpwelarre Health Service (Santa Teresa)
- 20 Mutitjulu Health Service
- 21 Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women's Council
- 22 Northern Territory Stolen Generations Aboriginal Corporation (NTSGAC)
- 23 Peppimenarti Health Association
- 24 Utju Health Aboriginal Corporation
- 25 Warnumamalya Health Services Aboriginal Corporation (WHSAC)
- 26 Western Arnernte Health Aboriginal Corporation
- 27 Western Desert Nganampa Walytja Palyantjaku Tjutaku (Purple House) Aboriginal Corporation



Ayesha Kay
TIS Social
Media Officer

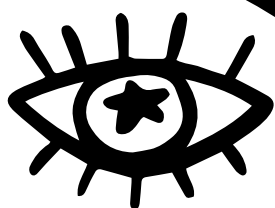
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Mission Statement and Values

L-R: Ngarla Kunothe-Monks, SEWB Facilitator with Amy Lewis, SEWB Workforce Development Unit Coordinator





Our Vision

That Aboriginal people live meaningful and productive lives on our own terms, enriched by culture and wellbeing.



Our Mission

To improve the health of Aboriginal people in the Northern Territory through promoting and extending the principle of local Aboriginal community control over primary health care services to Aboriginal people.



About

AMSANT is the peak body for Aboriginal Community Controlled Health Services (ACCHSs) in the Northern Territory.



Strengthening the Sector

Building a strong Aboriginal community-controlled primary health sector by supporting Members to deliver culturally safe, high-quality, comprehensive care and advocating for the social determinants of health through advocacy, policy, planning, and research.



Board and Community-driven Knowledge

With decades of experience, our Members deliver trusted, high-quality health care. Their community-elected Boards provide deep health and cultural insight into local strengths, challenges, and needs.



Identified Support

Our Members vary from large organisations with hundreds of staff to small single-community services. AMSANT delivers tailored support to meet each Member's needs.

Chairperson Report

A Word From our Chairperson, Rob McPhee

ROB
MCPHEE



This year, we also celebrated a remarkable milestone—30 years since the establishment of AMSANT. Over three decades, AMSANT has grown from a small collective voice into a strong and respected peak body, representing our sector with authority and integrity. This anniversary has been a chance to honour the vision and courage of those who founded AMSANT, to reflect on the progress we have made together, and to recommit ourselves to the ongoing struggle for health equality and Aboriginal self-determination in health.



L-R: Rob McPhee
and Dr Jenny
Summerville



The Red
Lily Team

It has been an absolute honour to serve as the Chair of AMSANT for my second year. When I reflect on this past year, I am reminded that the mission of AMSANT is being lived every day by the hundreds of passionate staff across our member Aboriginal Community Controlled Health Services (ACCHSs). Their tireless commitment continues to strengthen the health and wellbeing of Aboriginal and Torres Strait Islander people living across the Northern Territory.

I want to thank the AMSANT Board of Directors for their ongoing commitment and leadership in 2024–25. I also acknowledge our ACCHS leaders, who have helped to shape the direction of our sector through their wisdom and strong advocacy.

The Board farewelled Director Leisa McCarthy this year and thanked her for the strength and vision she brought during her time on the board and as



Ross Jakamarra Williams at the 30th Anniversary Gala Dinner

30th Anniversary Gala Dinner of AMSANT 2024

CEO of Anyinginyi Health. We also welcomed Ross Jakamarra Williams, who co-founded Anyinginyi Health in 1984, to the AMSANT Board. Ross has joined us while also managing his own health journey, and we are grateful for his continued involvement and guidance. I want to especially thank all Directors who have stepped up throughout the year—your dedication is the driving force that keeps AMSANT moving forward.

As part of our commitment to strong governance, the Board has undertaken a review of our governance structures. This has included the introduction of a new annual governance calendar to ensure accountability and a detailed review of our Rule Book. These changes strengthen our foundation and ensure AMSANT is well-positioned for the future.

AMSANT's new five-year Strategic Plan is now in its final stages of completion. This plan will continue to guide us to:

Support our member ACCHSs to deliver culturally safe, high-quality, comprehensive primary health care that addresses the social determinants of health.

Represent the views and aspirations of AMSANT members through strong advocacy, policy development, planning, and research.

The plan also reaffirms our priorities in workforce development, cultural safety, data sovereignty, and systemic reform, ensuring AMSANT continues to be a strong voice for our members and our communities.



Advocacy was a top priority for AMSANT in 2024–25. Meetings with several Federal Ministers have strengthened our voice on the urgent need for reform in primary health care funding, infrastructure, workforce support, and the transition of Aboriginal Community Controlled Health Services across the NT. We look forward to seeing the outcomes of these important representations in the year ahead.

As AMSANT Chair, I also had the privilege of chairing the NT Aboriginal Health Forum (NTAHF). This important group has been meeting for over 26 years and brings together our sector as well as the NT and Commonwealth Governments to help shape health policy, planning, and coordination across the Territory. AMSANT's role in the Forum ensures that the voices and priorities of our member services and their communities remain central to decision-making.

This year, AMSANT also developed new grassroots media campaigns, soon to be released, highlighting the importance of culturally safe care. These videos will be used both as advocacy tools and as educational resources for health professionals across the NT and Australia.

Like many organisations across the NT, AMSANT has faced staffing challenges over the past year. Despite this, our team has remained focused on progressing the priorities of our members, supported at times by consultants in key areas. I want to acknowledge the resilience and commitment of the AMSANT staff, who continue to demonstrate their dedication to our vision. Strengthening long-term workforce stability and supporting pathways for Aboriginal leadership remain central priorities for AMSANT and our members.

A particular highlight of this year was acknowledging the extraordinary contribution of Dr John Paterson, who announced his retirement following 19 years of dedicated service to the NT ACCHS sector. Patto's leadership, advocacy, and courage have inspired all of us. His commitment to health equality and his ability to engage in challenging conversations—always respectfully and inclusively—have set a standard we will carry forward. It has been an honour to work alongside him during my time as AMSANT Chair.

AMSANT's 30th Celebrations



Central Australian Aboriginal Congress Members



The Board is supporting succession and transition planning for a new CEO.

We also welcomed Warnumamalya Health Services Aboriginal Corporation (WHSAC) as an Associate Member of AMSANT this year. We look forward to supporting WHSAC on their journey toward full membership in the years to come.

As we look to the year ahead, AMSANT is entering a new chapter with a strengthened governance framework, a clear strategic direction, and a renewed commitment to advocacy and sector support. The need for systemic reform, sustainable funding, and strong workforce development remains urgent, but we are well-positioned to continue driving change.

Together with our members, partners, and communities, AMSANT will continue to ensure that Aboriginal Community Control remains at the heart of health service delivery and reform in the Northern Territory.

I want to once again thank all our members, staff, and Directors for your ongoing commitment and hard work. Together, we will continue to build on the legacy of those who came before us and strengthen our shared vision for a healthier, stronger future for Aboriginal and Torres Strait Islander people across the NT.

ROB MCPHEE
Chairperson

Deputy Chairperson Report

During 2024 - 2025 AMSANT saw the departure of former Deputy Chairperson Dr Leisa McCarthy and the incoming role supported by acting Deputy Chairperson Dr Donna Ah Chee.

**DR DONNA
AH CHEE**



This year has been a time of transition and sustained advocacy for AMSANT. As acting Deputy Chairperson, I want to acknowledge the shared effort from AMSANT member services, staff and the Board that has helped us meet strategic goals and uphold the values of self-determination and community control in Aboriginal health.

AMSANT is in its final stages of finishing our Strategic Plan and associated Key Performance Indicators, to help guide the organisation towards shared goals to be achieved by 2029. We have also progressed constitutional reform, receiving the first draft of AMSANT's renewed Rule Book, with preparations underway for the Board to formally review this document.

AMSANT's strength lies in the capability and commitment of its members, and I thank all our member services for continuing to lead the way in delivering comprehensive primary health care in their communities. Your work remains the foundation of AMSANT's work.

I wish to acknowledge and sincerely thank the many Directors who stepped into Acting roles throughout the year. Your willingness to support the governance of the organisation at short notice, particularly during periods of leave and change, has ensured our continuity and stability as a Board.

Finally, thank you to the AMSANT staff for your dedication to the organisation throughout the year. Your support to our members and your work behind the scenes is noted and makes a difference across the NT every day. It is a privilege to serve alongside such a strong network. We look forward to continuing our work in the year ahead.

Thank you.

A handwritten signature in black ink, appearing to read 'Dr Ah Chee'.

DR DONNA AH CHEE
Acting Deputy Chairperson

Thank you and Best Wishes

Dr John “Patto” Paterson

“

A leader who walked with community,
not ahead of it.

For nearly two decades, Dr John “Patto” Paterson has led AMSANT and the Aboriginal Community Controlled Health sector with courage, compassion, and conviction. His steady leadership has carried the organisation through times of challenge, growth, and transformation — always grounded in the belief that Aboriginal Community Controlled Health is the way forward.

Patto’s leadership has guided AMSANT through defining moments in the Northern Territory’s history — from the Northern Territory Emergency Response to the COVID-19 pandemic, and through major sector reforms that strengthened the foundations of Aboriginal Primary Health Care. Known for his calm presence and strong sense of fairness, Patto built trust with governments, communities, and colleagues alike.

Under his leadership AMSANT grew from a small team into a strong, well-respected organisation of more than 70 staff, recognised nationally for its advocacy, policy leadership, and commitment to Aboriginal community control. Beyond his strategic achievements, those who worked beside him speak of his generosity, humour, and ability to unite people — qualities that have made him not only an exceptional CEO but also a mentor, colleague, and friend.

**CEO, DR JOHN
“PATTO”
PATERSON**



TRIBUTE FROM LIZ MOORE,
Public Health Medical Officer — AMSANT

“Over nearly two decades as CEO, Dr John ‘Patto’ Paterson has led AMSANT and the Aboriginal Community Controlled Health sector with strength, compassion, and integrity. At a time when fear and uncertainty were high, Patto provided the strong, calm presence that was needed. He worked tirelessly across countless high-level meetings, engaged effectively with the media, and built trust with Aboriginal leadership in health and beyond. His leadership has been defined by compassion, fairness, and credibility. He knows when to stand firm, when to negotiate, and always brings wisdom to the table. He can lighten a meeting with humour and has a wonderful capacity to motivate others by example.”

The AMSANT family thanks Dr John Paterson for his extraordinary contribution and wishes him every success in the journey ahead.



Protest against
proposed Dan
Murphy's Liquor
Store

“

TRIBUTE FROM ERIN LEW FATT,
Deputy CEO — AMSANT

“Patto — you are a leader, mentor, and confidant. Your calm wisdom and generosity have guided us all. I can’t thank you enough for your dedication to the AMSANT family and the sector. Your retirement is so well-deserved — may this next chapter bring you all the happiness you’ve earned.”

AMSANT's
Executive
Team

TRIBUTE FROM GRAHAM DOWLING,
General Manager, Central Australia — AMSANT

“During the NT Emergency Response, Patto provided steady leadership and a calming influence during what was an extremely difficult time for Aboriginal people living in communities. As convener and face of APONT, he fronted the media and engaged with politicians with conviction and passion, ensuring Aboriginal voices were heard when it mattered most. His advocacy around the proposed Dan Murphy's superstore in Darwin, and the alliances formed to oppose it, demonstrated his deep commitment to protecting community health.”





TRIBUTE FROM ROB MCPHEE,
Chairperson — AMSANT Board

Patto has been a steady and guiding presence for AMSANT and the Aboriginal Community Controlled Health sector across the NT — and beyond. Over more than two decades, his leadership and vision have helped shape AMSANT into the strong, respected organisation it is today.

He's led with integrity, calmness and deep commitment to our people. Whether advocating at the Territory or Commonwealth level, supporting communities to take control of their own health services, or bringing people together through challenges, Patto has always kept the focus on what matters most — improving health and wellbeing for our mob.

Patto is known for his reliability, generosity, and quiet strength. He's the kind of leader who listens, finds common ground and brings optimism into every room.

The foundations Patto has built will continue to guide AMSANT and the NT ACCHS sector well into the future. On behalf of the AMSANT Board, we thank him deeply for his leadership, dedication and everything he's done for our communities.





**TRIBUTE FROM
DAWN CASEY PSM FAHA,
Deputy CEO — NACCHO**

“John, your leadership and unwavering commitment to our people’s health over the past 19 years have been remarkable. You have always stood firm in your belief that Aboriginal Community Controlled Health is the way forward, led by our people, for our people. Your determination, integrity, and strength have guided AMSANT and inspired so many across our sector. It has been a privilege to work alongside you and witness the difference you’ve made. Thank you for your dedication and leadership. Your legacy will continue to shape and strengthen our communities for generations to come.”

**TRIBUTE FROM DR DONNA AH CHEE,
CEO — Central Australian Aboriginal Congress**

Patto’s leadership has been central to AMSANT’s growth, influence, and standing across the Northern Territory and nationally. Since his appointment as CEO, he has worked closely with the leadership of Congress building a strong, collaborative relationship founded on shared values of Aboriginal community control and social justice.

Patto has strategically positioned AMSANT as the leading partner within APONT over recent years and this has strengthened the health sectors ability to impact on the social determinants of health beyond the health system.

His tireless engagement with the media, often day and night, positioned AMSANT as a trusted voice for Aboriginal Territorians, ensuring that key issues received national attention and that governments knew accountability would follow when “Patto wasn’t happy.”

Patto is known as a loyal, compassionate, and deeply respectful leader, a “gentle giant” who has supported many young Aboriginal people with progressing their careers and he will use his networks in every way he can to this end.

His courage to speak truth to power, always with care and conviction, has left an indelible mark on the sector.

Patto’s legacy is an AMSANT that stands united, respected, and stronger than ever, a testament to his unwavering advocacy and commitment to improving the health and wellbeing of Aboriginal people.

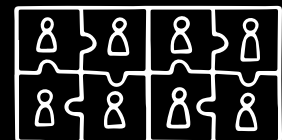


Meet our Board of Directors

The AMSANT Board of Directors, together, bring a wealth of cultural authority, professional expertise, and lived community experience. With backgrounds spanning Aboriginal community-controlled health, executive experience, governance, public health, and advocacy, the Board provides strong leadership and ensures Aboriginal voices remain central in shaping health policy and services across the Northern Territory.

THE AMSANT BOARD
IS MADE UP OF

8



Directors elected
from Full Members

L-R FRONT: Steve Rossingh,
Dr Donna Ah Chee, Professor
Jeanette Ward, Anne-Marie Lee,
Giselle Barku, Sinon Cooney
and David Galvin
L-R BACK: Charlie Gunabarra AM
and Rob McPhee



“

Walking into an Aboriginal Community Controlled Health Service (ACCHS) is so much more than coming to the clinic when you're sick. The model empowers Aboriginal communities with a way to tell their health services what they need to stay well...and calls on our services to listen and act. This is exactly how it should be for Aboriginal clients accessing our services, to know that their cultural beliefs and values will be respected and that the interconnectedness of their physical, social and emotional health will be taken into account each time they visit.

ROB MCPHEE
CHAIRPERSON



AMSANT CHAIRPERSON,
Rob McPhee

Rob McPhee is the current CEO of Danila Dilba Health Service in Darwin and has over 30 years' experience in Indigenous affairs. His family connections are to Derby in the West Kimberley, as well as the Pilbara and Midwest regions of Western Australia.

Before joining Danila Dilba, Rob was Deputy CEO and Chief Operating Officer at Kimberley Aboriginal Medical Services in Broome. He holds a degree in Aboriginal Community Management and Development and a Graduate Certificate in Human Rights. His career spans executive leadership in Aboriginal health, teaching roles at Curtin University and the University of Western Australia, and senior advisory positions in community relations and Indigenous affairs.

As AMSANT Chairperson, Rob combines strong governance, cultural knowledge, and a lifelong commitment to social justice for Aboriginal people.



AMSANT MEMBER DIRECTOR,
Anne-Marie Lee

Anne-Marie Lee is the longest serving Chairperson of Sunrise Health Service Aboriginal Corporation and has represented her community of Barunga as a director for more than 18 years. She began her career as an Aboriginal Health Worker and has remained committed to improving health outcomes in her region.

Alongside her leadership at Sunrise, Anne-Marie has served as Deputy Chair on the Northern Land Council and as a member of the Barunga Local Authority of the Roper Gulf Regional Council. She has driven key initiatives such as the highly successful 'Reduction of Anaemia in Children' strategy and contributed to the 'Stay Strong on Community' program.

More recently, Anne-Marie has supported health promotion and leadership during the COVID-19 vaccination rollout and partnered with Menzies School of Health Research on community screening for rheumatic heart disease. Her experience and dedication bring a strong community voice and practical health leadership to the AMSANT Board.

AND UP TO



Non-Member
Directors,

WITH DIRECTORS
SERVING A



year
term.



**AMSANT MEMBER DIRECTOR,
Charlie Gunabarra AM**

Charlie Gunabarra AM has dedicated more than four decades to Aboriginal health, beginning his career in 1976 at the Maningrida Clinic and completing his training as an Aboriginal Health Practitioner in 1978. His family and community connections to Maningrida have shaped his lifelong commitment to improving health outcomes.

Over the years, Charlie has witnessed significant changes in Maningrida. When he started, the community had around 200 people, with most residents living on homelands and outstations. Today, the population has grown to approximately 3,000.

Charlie has managed major programs including leprosy treatment and men's health, and he played a key role in the transition of primary health services to Mala'la Health Service in 2021. His leadership ensured that the Community needs and voices guided the process.

In recognition of his service, Charlie was awarded the Member of the Order of Australia in 2007 and the Chief Minister's Public Sector Medal in 2020. He continues to provide strong leadership through Mala'la Health Service and the AMSANT Board, particularly in health advocacy and community engagement.

Mala'la is very proud of what we have achieved in the past four years since being granted community control. We are being recognised by funding bodies and other health agencies as doing a good job and seeing the change of people wanting to come and work for and with us.

CHARLIE GUNABARRA



**AMSANT MEMBER DIRECTOR,
Dr Donna Ah Chee**

Dr Donna Ah Chee is the current CEO of Central Australian Aboriginal Congress (aka Congress). She is a Bundjalung woman from the far north coast of New South Wales who has lived in Mparntwe (Alice Springs) for more than 30 years. She has held the CEO position at Central Australian Aboriginal Congress since 2012 and is a respected national voice in Aboriginal community-controlled health.

Donna represents AMSANT on the Northern Territory Aboriginal Health Forum (NTAHF) and is an Aboriginal Peak Organisations NT (APONT) representative on the NT Children and Families Tripartite Forum. She also contributes to local advocacy as Congress's representative on the Alice Springs People's Alcohol Action Coalition.

With decades of experience in Aboriginal health leadership and policy advocacy, Donna brings a strong focus on service delivery, governance, and child and family health to the AMSANT Board.



**AMSANT MEMBER DIRECTOR,
Giselle Barku**

Giselle Barku is a proud Pintupi woman from Walungurru (Kintore), 550 km west of Mparntwe (Alice Springs). As Chairperson of Pintupi Homelands Health Service, she is a strong advocate for culturally safe healthcare and the rights of her community to access high-quality services.

Her leadership has focused on aligning the organisation's values with community needs, advocating a culturally safe, responsive and community-driven approach to health care. She has been instrumental in ensuring that local voices guide decision-making and that services reflect the unique priorities of the Luritja Pintupi people.

Giselle also advocates for long-term sustainability and strategic growth in Aboriginal health services. Through her role on the AMSANT Board, she continues to influence regional and national policy to secure better health outcomes for her people.





**AMSANT MEMBER DIRECTOR,
Sinon Cooney**

Sinon Cooney has worked with Katherine West Health Aboriginal Board since 2007 and has been its Chief Executive Officer since 2019. He began his career as a Remote Area Nurse in Lajamanu and has dedicated his professional life to Aboriginal primary health care and addressing the broader determinants of health.

Over more than a decade in leadership roles, Sinon has helped guide the organisation's service delivery across the Katherine region. He holds a Master's Degree in Public Health, is a graduate of the Australian Institute of Company Directors, and represents AMSANT on the Northern Territory Aboriginal Health Forum (NTAHF).

Through his clinical experience, governance expertise, and commitment to community-controlled health, Sinon provides strong leadership and advocacy to the AMSANT Board.

**AMSANT MEMBER DIRECTOR,
Steve Rossingh**

Steve Rossingh is a descendant of the Kamilaroi people of northern New South Wales and has lived and worked in the Northern Territory for more than 25 years. He became Chief Executive Officer of Miwatj Health Service in 2022 and brings extensive governance and financial management expertise to the role.

Steve holds a Bachelor of Business, is a Fellow Certified Practising Accountant, a Graduate of the Australian Institute of Company Directors, and has an MBA from Deakin University. His career includes executive roles in the Northern Territory public service, the legal sector, and the not-for-profit sector, as well as serving as the inaugural Director of the NT Treaty Commission.

With a strong background in leadership, governance, and financial accountability, Steve contributes valuable strategic expertise to the AMSANT Board.

**AMSANT MEMBER DIRECTOR,
Ross Jakamarra Williams**

Ross Jakamarra Williams is a Warumungu elder from Philip Creek who has dedicated his life to the health and wellbeing of Aboriginal communities in the Barkly region. As the Co-founder and current Chairperson of Anyinginyi Health Aboriginal Corporation, he has played a leading role in shaping its services and strengthening community-controlled health care.

Under his leadership, Anyinginyi Health established the Maakaja-Jja-Yawanari-Kari Men's Health Clinic, creating a culturally secure space for Aboriginal men to access vital primary health care. Ross has consistently championed unity, cultural preservation, and collective action as pathways to better health outcomes.

His deep cultural authority and long-standing commitment to community wellbeing guide his contribution to the AMSANT Board, where he continues to advocate for stronger, culturally grounded health services.



**AMSANT NON-MEMBER
DIRECTOR,**

David Galvin

David Galvin is an experienced executive and Board Director with a strong background in Indigenous affairs, governance, and corporate leadership. He serves as Chairperson of AMSANT's Finance, Risk and Audit Committee and is the Managing Director of Tubarao Investments, alongside several other directorships and advisory roles.

David previously held senior national leadership positions, including Chief Executive Officer of the Torres Strait Regional Authority (1995–2000) and Chief Executive Officer of the Indigenous Land Corporation (2001–2012). He has also served as Chair of the Australian Livestock Export Corporation.

He holds a Masters in International Development, is a Member of the Australian Institute of Company Directors, and is a CEO. David brings financial oversight, governance expertise, and strategic guidance to the AMSANT Board.



**AMSANT NON-MEMBER
DIRECTOR,**

**Professor
Jeanette Ward**

Professor Jeanette Ward is a public health physician with extensive experience in population health, system reform, and governance. She has served in numerous non-executive director roles and earned her Fellowship with the Australian Institute of Company Directors (FAICD) in 2011.

Jeanette is President of the Australasian Faculty of Public Health Medicine and has worked across Australia to improve public health systems and outcomes. She currently lives in Broome, Western Australia, and continues to contribute her expertise in health policy and reform at national and regional levels.

Through her background in governance and her leadership in public health, Jeanette brings valuable knowledge and independent insight to the AMSANT Board.

“

Aboriginal people initiated community-controlled primary health care well before it became recognised in the mainstream as the essential foundation for an effective and affordable health system. Commitments in the National Agreement on Closing the Gap should accelerate transition in the Northern Territory and I am keen to see progress in 2026.

JEANETTE WARD

The AMSANT
Board Gathering
at Q1 Board
Meeting Darwin



Governance and Members

AMSANT is incorporated under the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*.

As the peak body for Aboriginal Community Controlled Health Services (ACCHSs) in the Northern Territory, AMSANT's governance is directed by our Members, who elect our Board of Directors at the Annual General Meeting. The Board can also appoint up to three Non-Member Directors, with two positions currently filled.

This governance model ensures accountability to our member services and supports a strong, united voice for communities. As the peak body, we guide efforts to advance comprehensive Community Controlled PHC, keeping the principles of Community Control at the forefront of the government agenda by embedding member priorities into all strategic decision-making and advocacy we take.



How our membership works

AMSANT represents 12 Full Members and 15 Associate Members across the Northern Territory, ranging from large organisations with multiple clinics to small single-community services. Members share a commitment to community control, with Boards elected locally to ensure services are responsive to community strengths, challenges, and priorities.

Full Members (12)

- Ampilatwatja Health Centre Aboriginal Corporation
- Anyinginyi Health Aboriginal Corporation
- Central Australian Aboriginal Congress
- Danila Dilba Health Service Aboriginal Corporation
- Katherine West Health Board Aboriginal Corporation
- Mala'la Health Service Aboriginal Corporation
- Miwatj Health Aboriginal Corporation
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- Red Lily Health Board Aboriginal Corporation
- Sunrise Health Service Aboriginal Corporation
- Urapuntja Health Service Aboriginal Corporation
- Wurli Wurlinjang Health Service Aboriginal Corporation



Associate Members (15)

- Amoonguna Health Clinic Aboriginal Corporation
- Central Australian Aboriginal Alcohol Program Unit (CAAAPU)
- Council for Aboriginal Alcohol Program Services (CAAPS)
- FORWAARD Aboriginal Corporation
- Laynhapuy Homelands Aboriginal Corporation
- Marthakal Homelands Health Service
- Mpwelarre Health Service (Santa Teresa)
- Mutitjulu Health Service
- Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women's Council
- Northern Territory Stolen Generations Aboriginal Corporation (NTSGAC)
- Peppimenarti Health Association
- Utju Health Aboriginal Corporation
- Warnumamalya Health Services Aboriginal Corporation (WHSAC)
- Western Arrernte Health Aboriginal Corporation
- Western Desert Nganampa Walytja Palyantjaku Tjutaku (Purple House) Aboriginal Corporation

Organisational Chart

AMSANT
Members

AMSANT
Board

AMSANT
CEO

AMSANT
Deputy
CEO

AMSANT
Teams and
Staff



Vicki Torrefiel,
Finance Team



Larn Norris,
Corporate Services
Officer

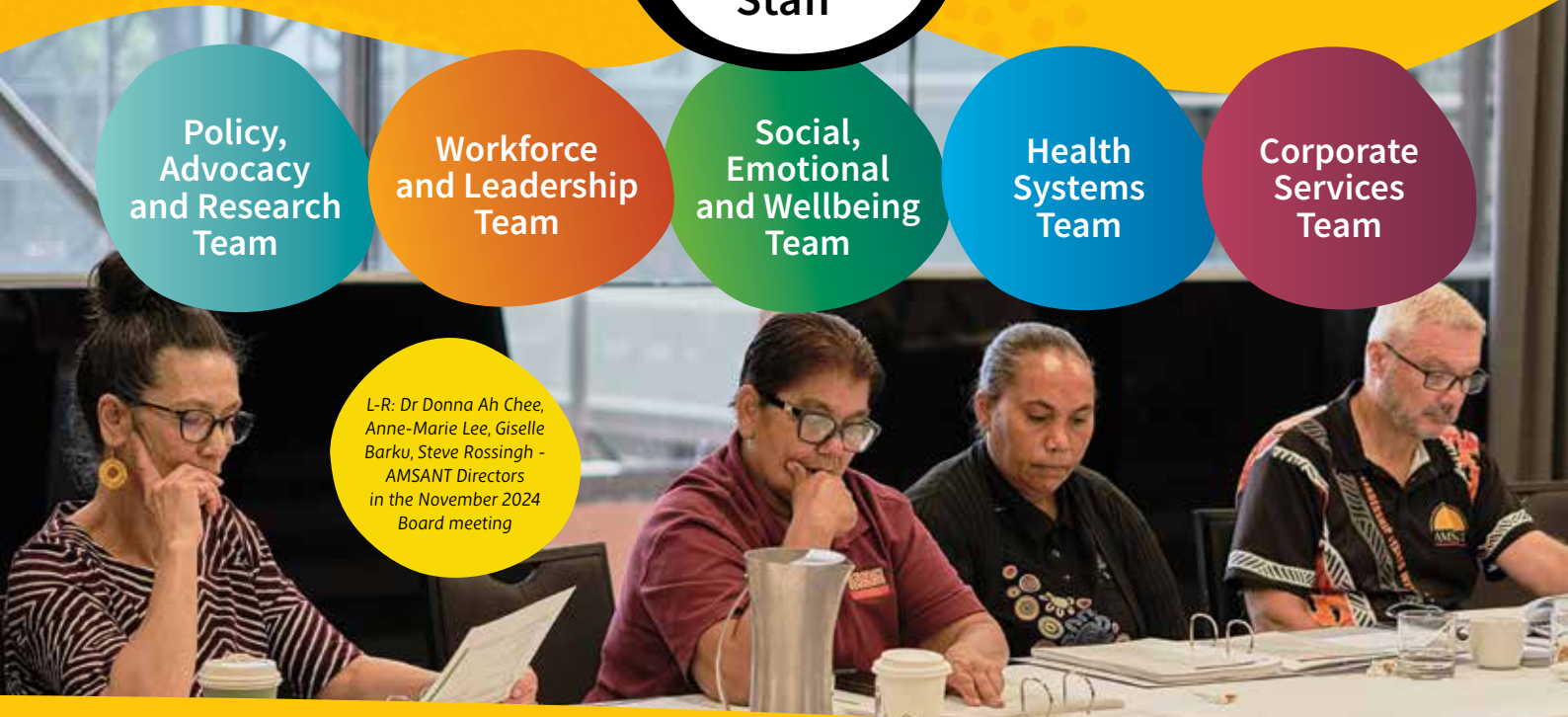
Policy,
Advocacy
and Research
Team

Workforce
and Leadership
Team

Social,
Emotional
and Wellbeing
Team

Health
Systems
Team

Corporate
Services
Team



L-R: Dr Donna Ah Chee,
Anne-Marie Lee, Giselle
Barku, Steve Rossingh -
AMSANT Directors
in the November 2024
Board meeting

CEO Report

Dr John Paterson

Chief Executive Officer, AMSANT



DR JOHN
PATERSON



As I pen my final CEO Annual Report, I feel a mixture of sadness and excitement about what lies ahead. After nineteen years as CEO, one year serving as Chairperson, and two decades in the Aboriginal Community Controlled Health Sector (ACCHS), I look back with deep pride and gratitude.



Executive
Assistant, Sonia
Lew Fatt

Being CEO has been the best role of my career. From my very first day, my job satisfaction only grew, and I now leave on a high note.

I want to sincerely thank AMSANT members, Board Directors, Chairpersons, and staff for your trust, friendship, and support throughout my tenure. I also acknowledge our senior managers for their leadership and offer my deepest gratitude to my loyal and dependable Executive Assistant, Sonia Lew Fatt.

Our wonderful staff have worked tirelessly to support members on the ground, from the Social, Emotional Wellbeing (SEWB) Team, delivering trauma-informed care workshops, to the Health Systems Team, strengthening clinical data analysis. Congratulations to the Workforce and Leadership Support (WALS) Team for advancing the establishment of an Aboriginal Community Controlled Registered Training Organisation (ACCRTTO) while building an environmental health workforce. Each team has contributed significantly. At the Territory level, AMSANT has reinforced its position in health governance through active participation in the Northern Territory Health Network (NTPHN), ensuring Aboriginal community voices remain central.

This year, Deputy CEO Erin Lew Fatt dedicated significant time to supporting Anyinginyi Aboriginal Health Corporation in Tennant Creek. Her guidance was crucial in helping the organisation through a challenging executive transition.

John and
Executive TeamDeputy CEO
Erin Lew Fatt

AMSANT's profile has grown through a refreshed media strategy. By using tools such as Meltwater to better target messaging and working with the Insight Centre on member surveys and message testing. At the same time, our presence remained strong on the ground. Staff turned out in numbers for the 2024 NAIDOC March, the Barunga Festival, and our 20th anniversary gala dinner celebrating achievements since 1994.

Reflecting on my nineteen years with AMSANT, I am proud of what has been achieved. Our annual budget grew from approximately \$900,000 in 2005/06 to around \$13 million in 2024/25. The staffing expanded from six staff to more than 72 in a part-time or full-time capacity.

Other key legacies I am proud of during my time at AMSANT include:

- **Advocating for safe, culturally appropriate child health checks** during the *Northern Territory National Emergency Response Act 2007*.
- **Primary health funding expansion**
AMSANT led negotiations for a very significant expansion in Aboriginal primary health funding which was targeted to ensure funding was more equitable across health services. Services were able to decide what their key priorities were when deciding how to allocate this money as long as the priorities were included in the NTAHF core services policy.
- **Leading the Aboriginal community-controlled health sector response to COVID-19 in 2019.**
AMSANT provided strong advocacy and leadership to ensure all communities received a safe and culturally appropriate response to the pandemic.

VACCINATE!

To protect
our Elders!

- **Working with allies to stop the proposed Dan Murphy's super liquor store.** AMSANT, together with Danila Dilba, NTCOSS, Aunty Helen Fejo-Frith (Bagot community leader), and other advocates, campaigned strongly against the planned Dan Murphy's super liquor store development. After many months of fearless advocacy, Woolworths announced in April 2021 that it would not proceed. This was a major win for community-led people power — a true 'David vs Goliath' battle where David was declared the winner.

On a more celebratory note, it has been a privilege to preside over AMSANT's 20th and 30th-anniversary milestones. These events highlighted that the Aboriginal community-controlled health sector is not only resilient but an essential part of the NT health system.

As I step down, I remain proud of what we have built together. AMSANT's strength lies in its people, its members, and its unwavering commitment to community control.

Thank you.

DR JOHN PATERSON
Chief Executive Officer

AMSANT Celebrated its 30th Anniversary in Style

Constantina Bush,
entertainer at the
30th Anniversary
Gala Dinner 2024



AMSANT proudly
celebrated three decades
of Aboriginal Community
Controlled Health leadership
at its 30th Birthday Gala
Dinner in Darwin.

Rob McPhee,
MC at the 30th
Anniversary Gala
Dinner, or should
we say, "Rob
McFeast"!



Dr Shellie Morris
AO at the 30th
Anniversary Gala
Dinner 2024





Pat Anderson,
former Chair
of AMSANT,
presenting at the
30th Anniversary
Gala Dinner

Donnella Mills,
Chair of NACCHO,
presenting at the
30th Anniversary
Gala Dinner



The evening brought together more than 300 guests, including Aboriginal leaders, health professionals, community representatives, government and partners, to mark a milestone in advancing Aboriginal health and wellbeing across the NT, and the importance of remaining committed to continuing work.

The evening also paid tribute to the visionaries like former CEO and Chairperson Pat Anderson and John Paterson who established AMSANT in the early 1990s, providing an insight into the legacy of community control. There were also performances by NT musicians Shellie Morris and Constantina Bush, leaving a lasting impression.

AMSANT's role as a peak body that continues to advocate, collaborate, and deliver for ACCHSs was evident in the range of people who attended, from Minister Brown to Minister Bayliss.

The celebration was not only a reflection of AMSANT's achievements but also a recognition of the strength of community control.

We look forward to achieving many more transitions to community-controlled health in the next decade and beyond.



AMSANT Strategic
Conference

30th Celebrations continued...





AMSANT Strategic Priorities

Our Strategic Priorities

That Aboriginal people live meaningful and productive lives on our own terms, enriched by culture and wellbeing.

1

**Strong & supported
AMSANT Members**

Providing support

Identifying the needs of our Members

Filling the gaps

Learning from each other

Chris Perry, Senior Policy Officer, working hard on submissions in Alice Springs

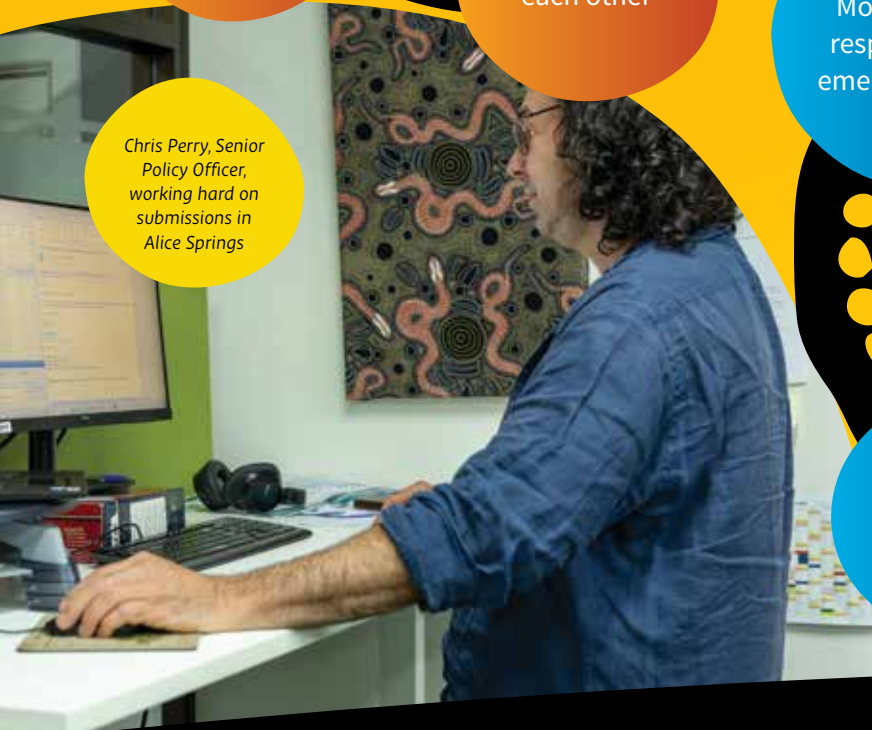
2

Growing Aboriginal community controlled comprehensive primary health care

Monitoring & responding to emerging needs

Advocating for needs-based resourcing for our sector

Supporting the transition to community control



AMSANT's Strategic Priorities set the foundation for strengthening Aboriginal Community Controlled Health Services across the Northern Territory. Guided by the principle of self-determination, these priorities focus on supporting members, expanding comprehensive primary health care, driving advocacy and research, and ensuring AMSANT itself remains strong and sustainable. Together, they provide a roadmap for improving health outcomes, building leadership, and addressing the broader social determinants of health in ways that are culturally safe and community driven. The new AMSANT strategic plan will be released in late 2025.

Chris Perry and
Ngarla Kunoth-
Monks

Strengthening
corporate
governance

Increasing
sustainability

4

A strong,
sustainable
accountable
organisation

Supporting
our staff

Building
Aboriginal
leadership

Reforming the
health system

Addressing
the social
determinants

3

Advocacy
and research

Translating
evidence into
policy & practice

Being
proactive

Building
partnerships

Rebecca Bradley,
Workforce
Policy Officer,
collaborating with
stakeholders



A Year in Reflection

‘This year underscored the challenges of infrastructure, workforce and funding, yet also celebrated the achievements and advocacy strength of AMSANT and its members. Together, we remain firmly committed to embedding community control, equity and cultural safety across the Territory’s health system’

Ngalkunbuy Health Centre in Ramingining is part of Miwatj Health Aboriginal Corporation



The 2024-25 year has been one of progress, advocacy and consolidation for AMSANT and its members. We began the financial year in July 2024 with significant system reforms and public advocacy. The announcement of six new Urgent Care Clinics across the Northern Territory, alongside the launch of the NT Prevention and Early Intervention Framework for Chronic Conditions, marked important steps in recognising Aboriginal community needs.

MID – LATE 2024

AMSANT issued strong media calls on run-down health facilities, workforce and housing, placing infrastructure at the centre of national attention.

“The workforce crisis is being experienced across all professions, but the decline in numbers of doctors, nurses and Aboriginal Health Practitioners is particularly concerning and is threatening to reverse some of the life expectancy gains we have made for Aboriginal people during the last 20 years,”

Dr Paterson, AMSANT CEO



This expansion of Remote Urgent Care Clinics is a welcome step forward in providing urgent care for our communities outside normal clinic hours.

These clinics will support our already stretched primary health care workforce and enable appropriate clinic care to be delivered within communities and with support of families, removing the difficult burdens of travel and separation.

We thank the Albanese government and relevant Ministers for their ongoing commitment to closing the gap.

AMSANT CEO DR JOHN PATERSON

AMSANT's 30th Celebrations

**EARLY 2025**

AMSANT adapted its Federal Election advocacy to manage political risks, while preparing a broader post-election campaign. Ongoing media and community engagement showcased positive stories of community-controlled health services, strengthening AMSANT's voice on workforce, funding and infrastructure reform. At the governance level, AMSANT engaged in NACCHO constitutional reform, NT Primary Health Networks (NTHPN) reviews, and the Northern Territory Health Forum (NTAHF) strategic planning.

NOVEMBER 2024

AMSANT celebrated its 30-year anniversary, a milestone that reflected the resilience and strength of the Aboriginal Community Controlled Health sector. That same month, CEO Dr John Paterson announced his intention to retire.

AUGUST 2024

PwC Indigenous Consulting commenced work on AMSANT's Strategic Plan and Operational Review, engaging Directors and Members through yarning circles and surveys. This strategic renewal has been supported by further work with Yamagigu consultants, resulting in draft priorities and a shared vision for the sector's future.



Health Systems and Public Health

AMSANT's Health Systems and Public Health Teams implement several programs for its members while ensuring quality assurance and accreditation are a priority.

Health
Systems
Manager
David Reeve

Ngarla Kunoth-
Monks, Chris Perry
and Amy Lewis



Programs under Health Systems include



CQI



Digital Health



Sexual Health



Ear Health



Strong Feet Project

Cancer Team,
Medicare BenefitsAccreditation
Support

Strengthening Immunisation Across the NT

Immunisation remains a key priority for AMSANT and its member services. This year, AMSANT convened a dedicated working group with key partners to address barriers and share strategies that improve vaccination access and uptake.

Through collaboration and regular information-sharing, the group developed an informal Immunisation Network, connecting member services and providing ongoing peer support. Health promotion materials — including posters on influenza and COVID-19 vaccines — were distributed to services to help strengthen community messaging.

Importantly, immunisation rates have continued to recover following pandemic-related declines, with childhood vaccination completeness improving across all three age groups.



Dr John Boffa and
NT Minister Steven
Edgington at the
NT Health Forum



The Strong Feet Project, keeping our feet healthy and connected to country

The Strong Feet Project (formally known as the Top End Diabetes Foot Project) coordinated by AMSANT in partnership with our members across the Top End, Big Rivers and East Arnhem regions developed a strength-based name and visual identity with Sharon Manhire (nee Roe) artwork (pictured).



That represents the importance of foot care in connection with cultural practices and health. The artwork focuses on the connection to country, the strength of feet, and maintaining good glucose levels for healthy feet.

SHARON MANHIRE (NEE ROE)



Artwork title –
Keeping our Feet
Healthy and
Connected to
Country



Participants in our first hands-on, upskilling workshop on Offloading to support preventing and healing of diabetes foot ulcers in primary care, delivered in partnership with the Australian Podiatry Association 06 September 2024

Our Regional Oversight Committee and Clinical Working Group continue to work to enhance service integration and develop our foot health care pathways. Supported by our digital health team and member services, we now have a standardised diabetes foot check clinical item on Communicare available for all ACCHSs to use. We have also provided policy recommendations and continued to advocate for a Medical Grade Footwear subsidy and to ensure appropriate footwear can be made available through remote community stores.

The program has also delivered a range of events, workshops, and education sessions on foot care, wound management, and offloading. Highlighting the importance of conducting foot screenings for early detection of complications and identifying individuals at high risk.

Foot Health Upskilling and Training

In September 2024 we co-delivered the *For Feet's Sake! (High Risk Foot Advocacy & Networking) Live & Local Darwin* event, including our first '**Offloading to support preventing and healing of diabetes foot ulcers in primary care**', hands on upskilling workshop, in partnership with the Australian Podiatry Association.

The workshop was designed to enable the ACCHSs workforce with certified foot health training and improved access to foot health care which is critical for people with diabetes. Through collaboration between our Workforce and Leadership (WALS) team, AMSANT obtained approval from the National Training Register Allied Health Assistance – Podiatry Skill Set (HLTSS00079) to be added to the Indigenous Health Workforce Traineeship Program course list.

In May 2025, we also convened the NT Diabetes Feet Network meeting, which brought together cross-sector partners. A key highlight of the meeting was the strong support and valuable feedback received to guide future program development.



L-R: Our AMSANT family (pictured) Darshan Tiwari, Alana Liedloff and Frances Elcoate, packing the Offloading Kits and Daniel Norris delivering the kits to our members



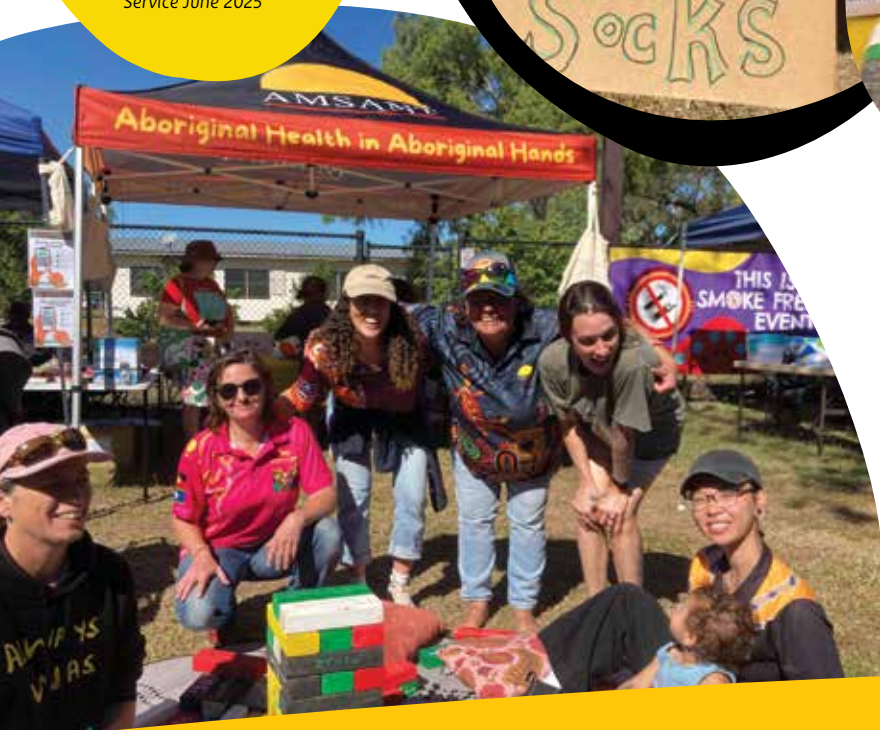
Delivering Diabetes Foot Offloading Kits

Most recently our AMSANT family helped pack up and deliver the Primary Care Diabetes Foot Offloading Kits to Member services across the Top End, Big Rivers and East Arnhem regions to prevent and manage diabetes foot disease. Expanding on the initiative developed by Congress in Central Australia and Barkly region.

The AMSANT team at Barunga Festival, L-R Barbara Molanus, Frances Elcoate, Tessa Stockburger Ngarla Kunoth-Monks, with Zoe and Trang Nguyen from Sunrise Health Service June 2025



Giving away socks and Footcare Kits donated by Foot Scape at the Barunga Festival June 2025



Foot health and footwear at the Barunga Festival 2025

The Barunga Festival provided a great opportunity to yarn about about foot health and the importance of footwear. It was a great way to build awareness and help people understand how foot health connects to overall health and wellbeing.



Food Security Strategy

In 2023-2024, AMSANT co-led alongside the Commonwealth National Indigenous Australians Agency (NIAA) the development of a National Strategy for Food Security in Remote Indigenous Communities. The development of this Strategy followed AMSANT's Food Summit in 2021 and a Parliamentary Inquiry recommendation in 2022. The high-level strategy was published in late 2024 and is available on the NIAA's website.

AMSANT advocated for a holistic view of food security that includes a primary healthcare foods security strategy centred around the local community workforce. This included Ranger program funding to increase access to traditional foods, and also affordability through including healthy food subsidies in stores and increasing Centrelink's Remote Area Allowance.

The next steps will be to establish a governance group to oversee implementation of the Strategy.

Sonia Lew Fatt
hard at work
organising Dr John
Paterson's busy
schedule



28

professional
development
webinars

Empowering Primary Health Care Through Education

Well-informed primary health care staff are better equipped to deliver high-quality, responsive, and culturally safe care to Aboriginal and Torres Strait Islander peoples and their communities.

In 2024-25, AMSANT delivered 28 professional development webinars covering best practice, clinical guideline updates, emerging health issues, and culturally responsive care strategies. To further strengthen the sector, AMSANT also distributed 35 weekly clinical updates to the network, providing timely advice on cold chain management, immunisation, system changes, and communicable diseases.

35

weekly
clinical updates

Cancer Project



This year, the AMSANT Cancer Project commenced, focusing on improving cancer outcomes for patients within the Aboriginal Community Controlled (ACCH) sector through reviewing health systems and barriers in cancer care. The Cancer Team had the privilege of representing the Northern Territory at the Australian Comprehensive Cancer Network's Inaugural First Nations Health Community Workshop at the Peter MacCallum Cancer Centre in Melbourne. This gathering brought together passionate clinicians from NT member services, researchers, state ACCHS affiliates and influential First Nations health practitioners from across the country. We built new connections, strengthened partnerships, and helped put NT ACCH's cancer challenges and successes in national conversations.



New Medicare Benefits Scheme Project Officers Join the Team

Sharon Manhire and Alana Liedloff have recently taken on new roles within our Health Systems team, as MBS Project Officers. They will help roll out the *Optimal Utilisation of the Medicare Benefits Schedule (MBS)* project in the Northern Territory.

This is a national initiative with coordinators in most states, supporting ACCHSs to deliver high-quality, culturally appropriate care. The project also helps services share tools and systems to make the most of MBS funding and strengthen their models of care.

Heidi Perner and
Amy Lewis from
SEWB Team



L-R: Mandy Draper (QLD
Cancer Liaison Officer), Marissa
Mulcahy (VIC Cancer Liaison
Officer and Shelly Maher (NT
Cancer Liaison Officer AMSANT)



Mala'la Health
Service Team

Youth Week in Maningrida

Mala'la Health Service held its first ever Youth Week in May, with the themes of Healthy Lifestyles, Healthy Culture, Healthy Habits and Healthy Relationships. It was a huge week full of activities for young people including breakdancing, modelling, haircuts, boxing, a music video featuring the Maningrida community, and a Friday night disco!

AMSANT staff Barb, Margie and Ruwani went to help with community screening for syphilis and other STIs. Together the screening team tested 280 people in the community. Highlights included the night run - screening young people at the basketball courts by the headlights of a car at 9pm! A huge thank you and congratulations to Mala'la for a successful and fun week.



Sexual Health Coordinator

2024 NT ACCHS Sexual Health Workshop

In October 2024, AMSANT's Sexual Health Coordinator facilitated the annual NT Aboriginal Community Controlled Health Services (ACCHS) Sexual Health Workshop. The two-day event brought together 24 participants from 10 ACCHSs across the NT, including sexual health program leads, Aboriginal Health Practitioners, trainees, men's health nurses, doctors, and health managers.

Barbara Molanus,
Sexual Health
Coordinator,
Alice Springs

Barbara Molanus
and Ngarla
Kunoth-Monks

The workshop created a collaborative space for **knowledge sharing, clinical updates, and practical learning** to strengthen sexual health care delivery in Aboriginal communities.

Key sessions included:



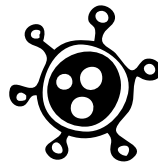
Communicare for STI Management

Improving recall systems and building centralised items for consistent health delivery and data capture.



Data Review

Analysing local sexual health data to identify gaps and improve outcomes.



Clinical Updates

Syphilis, Mpox, PPNG, and HTLV1.



Case-based Learning

Scenario discussions to strengthen clinical practice.



Mandatory Reporting

Legal updates and guidance delivered by TEWLS.

The interactive format, including group discussions and scenario-based exercises, reinforced a strong **community of practice** and built professional confidence. The workshop closed with feedback, shared learnings, and a renewed commitment to improving sexual health outcomes across the NT.



Continuous Quality Improvement

AMSANT's Continuous Quality Improvement (CQI) Team is there to make sure that our member services have the tools, support and advice needed for improving the quality of care delivery in Aboriginal primary health.

Our program centres on CQI principles and frameworks that give a practical approach for Aboriginal Community Controlled Health Services (ACCHS) and NT Government (NTG) health services. Our members continue to embrace CQI enthusiastically, using tools and techniques for identifying improvement areas via action planning and monitoring. CQI is recognised by our member services as part of core daily business; demonstrated by their strong commitment to sustainable improvements in patient health outcomes by bringing systems, technology and multi-disciplinary teams together.

The NTAH KPI pooled data for 2024/2025 financial year continued to improve for the second consecutive year after declining during the pandemic.

Highlights include

8%
INCREASE
IN EPISODES OF
CARE WITH THE
COMMUNITY

13%
INCREASE IN
CARDIOVASCULAR
RISK
ASSESSMENTS
RECORDED

5%
INCREASE
IN FULLY
IMMUNISED
CHILDREN

4%
INCREASE
IN CERVICAL
SCREENING

3%
INCREASE
IN CHILDREN
HAVING AN
EAR EXAM

The increase in cardiovascular risk screening is particularly pleasing given that effective management of patients at high cardiovascular risk can substantially reduce the risk of heart attacks and strokes.

The 2024 NT CQI Collaborative – Bright Beginnings: Empowering Communities for Child Health

We held a very successful annual conference, the 2024 NT CQI Collaborative, with over 120 practitioners and Aboriginal health service staff from across the NT sharing and workshoping to find new ways to improve as individuals and as organisations. 2024's theme was *'Bright Beginnings: Empowering Communities for Child Health'*, and there were some outstanding quality improvement stories and projects centred around child and maternal health, and panel discussions and projects focused on community engagement. The conference had attendees from the ACCHS sector, from NT Health services, and from other education and child development organisations.

AMSANT's David Reeve and Anita Graham, with CQI Award recipients, the Congress Child and Youth Assessment & Therapeutic Services (CYATS) Team



Attendees at the 2024 NT CQI Collaborative held in Darwin, 'Bright Beginnings: Empowering Communities for Child Health'



Evelynna Dhamarrandji & Elizabeth Dhurrkay – CQI Award recipients from Miwatj Health, Galiwin'ku Clinic

AMSANT's Health Systems Manager, David Reeve, speaking at the NT Aboriginal Health KPI Development Forum



NT Continuous Quality Improvement (CQI) Awards

2024 saw the successful establishment of the NT's CQI Awards, recognising outstanding achievement in continuous quality improvement - with five individuals and teams rewarded for completing successful CQI projects or demonstrating strong commitment to the program through regular improvement work. AMSANT's Deputy CEO Erin Lew Fatt was there to congratulate each winner:

- Elizabeth Dhurrkay, Galiwin'ku Clinic AHP Team Leader, Miwatj Health
- Azeema Perkins, CQI Facilitator Top End Central District, NT Health
- Jessica Gaddi, Manager Primary Health Care, Mala'la Health Service
- Evelynna Dhamarrandji, Galiwin'ku AHP Trainee, Miwatj Health
- Congress Child and Youth Assessment & Therapeutic Services (CYATS) Team.

CQI Performance & Strategic Development

AMSANT promoted the strategic development of the CQI Program by facilitating and providing support to the NT CQI Steering Committee, delivering an avenue for cross-sectoral strategic collaboration and guiding future directions for CQI; by facilitating and chairing the NT CQI Data Working Group where trends in performance data are identified and discussed; and by ensuring that CQI is effectively considered and promoted at multiple levels, through leading and participating in various data and public health forums and committees.

The 2024/25 financial year has seen some positive performance trends in Aboriginal primary health care, driven by effective analysis of clinical data, and through collaborative knowledge sharing. Our team creates supportive networks and coordinates regular meetings for CQI Facilitators, Managers and Health Informatics staff. Our team held well-attended CQI and clinical governance webinars, facilitated personal development workshops and regional forums. The CQI Team also facilitated the NT Aboriginal Health KPI Development Forum, where service representatives provided their input on whether we should add targets to improve how we utilise the NT primary health data set.

Ear Health Coordinator Program



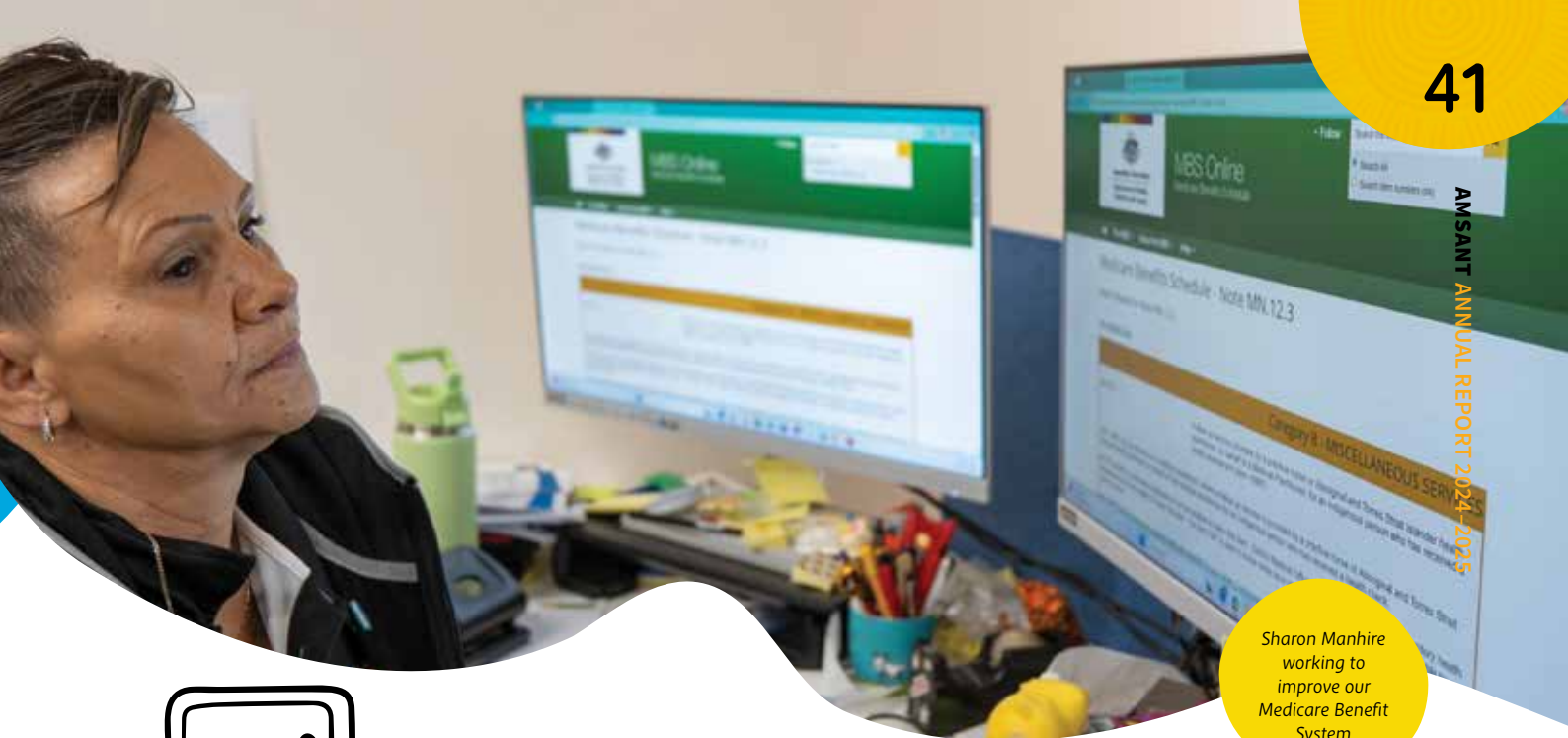
The Ear Health Coordinator Program continues to strengthen ear and hearing care across the Aboriginal Community Controlled Health Services (ACCHS) sector. Using a Continuous Quality Improvement (CQI) approach, the program helps clinics embed best practice, build capacity, and improve outcomes for Aboriginal children and families across the NT.

Key achievements in 2024–25 include:

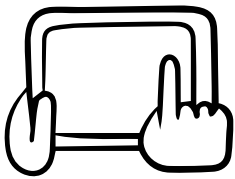
- **Practical Training Resource:** In partnership with Congress, AMSANT developed an instructional video on safe ear irrigation (ear syringing), filling a critical training gap for primary health care staff. The video has received positive feedback and is now available on AMSANT's website. Based on its success, similar resources are being developed for otoscopy, tympanometry, and medication administration.
- **Equipment Support:** Through the Sonic Equipment Program, Urapuntja Health Service adopted video otoscopes in every clinic and on outreach vehicles. This innovation has transformed assessments, improved diagnostic accuracy, and helped patients and families better understand their ear health through real-time visuals.
- **World Hearing Day 2025:** In collaboration with Danila Dilba Aged Care, AMSANT hosted an awareness-raising event focusing on hearing health in older populations. Activities included hearing screenings, demonstrations, and family discussions about hearing loss and dementia risk.
- **Ear Health Workshop:** AMSANT convened a workshop in Darwin with around 40 attendees from 12 Member Services. Participants gained new clinical skills, system insights, and practical knowledge. Feedback was overwhelmingly positive, with many reporting greater confidence in managing middle ear disease in community settings.



Casey Manhire
and Sharon
Manhire conduct
ear health checks



Sharon Manhire
working to
improve our
Medicare Benefit
System



Digital Health

Digital Health Members' Forum

In September 2024, the Digital Health team held its annual Digital Health Forum. The forum was well attended and covered a range of key topics, including cyber security, Medicare updates, and Communicare developments. Attendees shared insights, built stronger connections, and found the networking especially valuable. The forum helped strengthen collaboration across services, demonstrating a shared commitment to improving healthcare through digital solutions.

Territory Wide Provider Directory Project

AMSANT is contributing to the development of a comprehensive, up-to-date directory to help connect people with the right services across the NT.

This work will strengthen referral and clinical pathways through connecting our member service staff with Tertiary and Primary health providers, supporting continuity of care and improved health outcomes for Aboriginal people.

Our involvement ensures the needs and priorities of our members are front and centre, with a focus on culturally safe and community-led care.



Policy, Research & Advocacy

The Policy, Research & Advocacy team drives AMSANT's efforts to influence health policy, shape research agendas, and strengthen the voice of Aboriginal Community Controlled Health Services (ACCHSs) across the NT. Guided by Member priorities, the team engages with governments and stakeholders through submissions, forums, and strategic campaigns, ensuring that policy is evidence-based and grounded in community needs. By addressing critical issues such as health workforce, funding reform, infrastructure, and the transition to community control, the team plays a central role in advancing culturally safe, self-determined, and equitable health outcomes for Aboriginal people.

L-R: Anne-Marie Lee (Sunrise Health Chairerson), Carol Stanislaus (Danila Dilba Chair) Anthony Beven





**Health
Workforce Crisis**



**Funding
Reform**



**Infrastructure
Upgrades**



**Community
Control Transition**



**Research &
Evidence**



**Advocacy &
Partnerships**

Tim Ramm,
Senior Researcher



Walbira Murray,
Senior Researcher



Alicia Grenfell,
Research Lead



Research Team Expands!

This year, AMSANT's Research team reached an important milestone with the addition of two new Aboriginal researchers, Walbira Murray, an experienced member of the team, was joined by Tim Ramm and Alicia Grenfell who both have extensive experience working in remote communities across Central Australia with diverse stakeholders across jurisdictions.

Together, Alicia, Walbira and Tim strengthen the organisation's community-guided approach, ensuring that our research remains grounded in community priorities, lived experience, and cultural integrity. Their combined knowledge and connection to community support AMSANT's commitment to producing research that is both rigorous and deeply relevant to the people we serve.

Walbira Murray
and Tim Ramm



AMSANT Research on the International Stage

In June 2025, Walbira Murray and Shez Cairney represented AMSANT at the Lowitja Institute 4th International Indigenous Health and Wellbeing Conference, held on Kaurna Country (Adelaide). With over 200 presentations from First Nations voices across Australia and internationally, the three-day event showcased diverse perspectives in Indigenous health research.

On the main stage, Walbira and Shez presented *Non-Clinical Indicators for Aboriginal Primary Health Care in the NT*, a project developed with two NT Aboriginal Community Controlled Health Services (ACCHSs). The presentation generated significant interest, with the team being approached by the National Commission on Quality and Safety in Primary Healthcare to discuss application of the indicators nationally. The project's next phase will advocate for the inclusion of key indicators in the Northern Territory Aboriginal Health Key Performance Indicators (NTAHKPIs) and refine the current survey into a continuous quality improvement (CQI) self-assessment tool for ACCHSs.

They also shared findings from *Our People, Our Strength (OPOS): A Framework to Develop the Aboriginal Health Workforce*, based on insights from Aboriginal people working in NT ACCHSs. Walbira's personal reflections enriched the presentation, bringing depth and cultural resonance to the research. This foundational work is informing the current *Aboriginal Workforce Development* project, which will deliver tools and resources to support the Aboriginal health workforce and ACCHSs across the NT and beyond.

The 2025 Lowitja Conference was a space of inspiration, challenge, and connection. AMSANT's research team is energised by the opportunity to contribute on the international stage and looks forward to future engagements.

Professor Shez Cairney and Walbira Murray



Mapping the Future: Reforming PHC Funding in the NT

AMSANT played a key role in concluding a major project to reform how Aboriginal Primary Health Care (PHC) is funded in the Northern Territory.

Delivered through the Northern Territory Aboriginal Health Forum (NTAHF), PHC Funding Reform Working Group and co-led by AMSANT and NT Health, the project mapped the allocation and flow of PHC funding across Aboriginal Community Controlled Health Services (ACCHSs) and government services in the NT.

The results confirmed what our sector has long known, that the funding system was fragmented, administratively burdensome and inequitable. **In 2023–24, the 14 NT ACCHSs managed 485 separate grants and submitted over 2,000 reports — averaging eight reports per working day and costing the sector an estimated \$8 million in labour alone.** The high volume of small, inflexible and duplicative grants disproportionately impacted smaller services and diverted resources away from delivering care.



\$8M
LABOUR COST

The mapping also revealed significant variation in funding per client and highlighted how short-term, restricted grants constrained recruitment, retention, and service continuity.

Importantly, the project delivered a robust evidence base to support reform. Its findings were shared with NTAHF partners and senior government officials, with agreement that the mapping will be updated annually to monitor progress and support accountability.

AMSANT remains committed to working in partnership to achieve a more equitable, efficient and community-led funding model — one that recognises the true costs of service delivery and strengthens Aboriginal control over health care in the Northern Territory.



**PARTNERSHIP BETWEEN
AMSANT AND NTAHF,
PHC AND NT HEALTH**

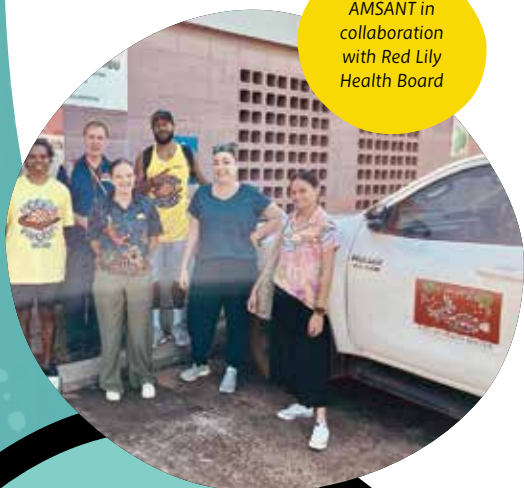
Workplace videos

The recent filming project involved visiting several ACCHSs covering every region of the NT. These videos are critical to our advocacy. We know the most powerful way to tell the story of Aboriginal health services is not through data but through imagery. This gives us the chance to tell our own stories about the unique challenges we face and the positive impact of our staff. Since most people will never see an Aboriginal health facility firsthand, showing the realities on the ground — through the lens of those working and living there — helps bridge that gap and motivate action.



Policy, Research
and Advocacy
Manager Tessa
Snowdon

AMSANT in
collaboration
with Red Lily
Health Board



MINJILANG

Minjilang was among the first to transition, with services strengthened by outreach child and women's health programs and chronic disease education. The Minjilang Health Centre (Croker Island) formally transitioned to Red Lily in July 2021, marking an important step in showing that community control could work in practice.

Minister Manual Brown, Member for Arafura, cutting the ribbon at the clinic opening



Red Lily Health

The Red Lily Health Board Aboriginal Corporation was established in 2011 to empower Aboriginal people of West Arnhem to lead their own health services. Its long-term vision has been to transition primary health care from the Northern Territory Government to Aboriginal Community Controlled Health Services management.

The original plan was for all four communities, Minjilang, Warruwi, Jabiru and Gunbalanya, to transition between 2020 and 2023. COVID-19 delayed this timeline, but by 2025, Red Lily is on the verge of achieving full community control.



Minjilang Health Service official opening

Red Lily Health Clinic opening



WARRUWI

In 2022, **Waruwi** was highlighted as a strong example of Aboriginal healthcare management encouraging self-determination. Local leaders and community members shaped how services were delivered, showing that community control is not only about governance, but about Aboriginal voices determining priorities and practices in health care.

On 1 August 2024, the Waruwi Community Health Centre was officially opened. Red Lily had been running its primary health operations for around two years at that point and continues up to this day.

GUNBALANYA

In Gunbalanya, a development application was submitted in early 2024 detailing plans for a facility including renal, pathology, dental, X-ray, emergency, and gender-separated services, along with a morgue and ambulance bay, however, with the change in government, the tender process for the clinic was deferred quietly in the 2025-26 Budget. The proposed \$20 million budget appears to have been redirected without public explanation.

“

The end of transition is the start line for community-controlled health services.

RED LILY CEO, BRAD PALMER

JABIRU

Jabiru transitioned in September 2024 into a new, purpose-built clinic. This milestone marked Red Lily's "coming of age" as an organisation.

*New Red Lily
Health Board
Jabiru Clinic*





AMSANT and Closing the Gap in the Northern Territory

AMSANT plays a central role in advancing Closing the Gap (CtG) reforms and targets through its leadership in the Northern Territory Aboriginal Health Forum (NTAHF). As a founding partner, AMSANT ensures Aboriginal voices are at the centre of planning, decision-making and action on health reform across the Territory.

A key example is AMSANT's partnership with Territory and Commonwealth Governments on the Pathways to Community Control program, a national priority under **Priority Reform 2: Building the Community-Controlled Sector**. This program supports the staged transition of government-run primary health care clinics to Aboriginal Community Control.



Strengthening community control builds local leadership and ensures services are culturally responsive and driven by community priorities, now and into the future.

AMSANT also contributes to broader CtG socio-economic targets that focus on health and wellbeing.



This includes improving life expectancy, supporting healthy child development, and strengthening social and emotional wellbeing across communities.

Through the Northern Territory Aboriginal Health Forum (NTAHF), AMSANT has further advanced reforms in funding, workforce planning and alcohol policy, linking health outcomes to housing, early childhood and other social determinants.

By championing community control and comprehensive primary health care, AMSANT is embedding Aboriginal leadership in CtG reforms and helping deliver lasting benefits for communities across the Northern Territory.

Deputy CEO,
Erin Lew Fatt

Professor
Jeanette
Ward

Chairperson,
Rob McPhee

2025 Board
meeting underway
in Darwin



Social and Emotional Wellbeing

L-R: Heidi Perner,
Senior SEWB
Facilitator, Amy
Lewis, Workforce
Development
Coordinator



AMSANT's Social and Emotional Wellbeing (SEWB) Team supports the sector through workforce training, engaging in policy development and advocacy and delivering Suicide Prevention programs. The team are also involved in several projects tailored to the needs of Member Services strengthening community-led approaches in Social and Emotional Wellbeing.

SEWB Team with
We Al-li staff
members



L-R: Ngarla Kunoth-Monks, Nina Ah-Wong, SEWB Project Officer, Dana McDonald, SEWB Postvention Member Support Coordinator, Heidi Perner, Senior SEWB Facilitator

“

In the last financial year the Workforce Development and Support Unit delivered training to 282 people in the sector.

Workforce Development and Support Unit

AMSANT's Workforce Development and Support Unit (WDSU) provides comprehensive training, workshops, forums, and holistic support to health and AOD workers throughout the NT. The unit offers a range of training workshops, including:



Culturally Responsive Trauma-Informed Practice



Aboriginal and Torres Strait Islander Mental Health First Aid



SEWB and Self-Care



Case Notes and Case Management



Narrative Practice

This training equips health workers with essential skills that are sensitive to the needs of Aboriginal and Torres Strait Islander communities.

Some of the services the team delivered training to include: Laynhapuy, Miwatj, Congress, Anyinginyi, BRADAAG, Wurli Wurlijang Health Service, Danila Dilba Health Service, Katherine West Health Board and Sunrise Health Service.

Tessa Stockburger, SEWB Manager facilitating activities during the We Al-li training





Narrative Practice sees that a person's culture shapes their story and that everyone's story is unique. There has been increasing demand for SEWB Workforce and Narrative Practice training; however, we have challenges because of the limited training providers available in the Northern Territory.

Daniel Fejo, Ngarla Kunoth-Monks, Daniel Norris and Nina Ah-Wong from AMSANT delivering Narrative Practice training in Alice Springs



Ngarla Kunoth-Monks, SEWB Facilitator

Narrative Practice Launch

AMSANT has upskilled a number of facilitators in Narrative Practice to then develop a Narrative Practice Workshop rolled out to AMSANT's ACCHS membership through the Northern Territory.

The Narrative Practice content development was designed in-house in consultation with ACCHS and the SEWB Workforce. Following content development, AMSANT's Narrative Practice training package was launched in May 2025 for the first time by the following AMSANT staff members Ngarla Kunoth-Monks, Daniel Norris, Nina Ah-Wong and Daniel Fejo.

This full-day workshop covered topics including creating story webs and timelines, the importance of language, worry stories and finding strong stories. This training was well received by the 18 attendees from a range of services including Congress, Miwatj, Bushmob, StandBy, Katherine West Health Board and Wonkylines. This training package is currently available to our Member services and the interest out from this workshop has continued to grow.

Participants from Member organisations

Tamara Young
– Wonkylines
Counselling





Group photo of participants and facilitators in front of the 'Fire Chart'

The Suicide Story Program

The *Suicide Story Program* is a culturally grounded suicide prevention initiative developed by, and for, Aboriginal people in the Northern Territory. For over a decade, it has supported communities by sharing knowledge and tools that empower individuals and communities to identify early warning signs in friends and family, build confidence to have difficult conversations, and provide meaningful support before crisis point is reached.

Throughout the past year, the Suicide Story Aboriginal Advisory Group (SSAAG) has focused on reviewing and strengthening the Suicide Story Workshop and its supporting resources. This work ensures that communities receive the most current, relevant knowledge and culturally safe tools to help protect and support their clients, families and kin.

Together with AMSANT, SSAAG conducted pre-visits to four communities—Galiwin'ku, Tennant Creek, Elliott and Maningrida—to prepare for the delivery of workshops in the upcoming financial year. Additionally, Night Patrol teams across Alice Springs communities have expressed strong interest in hosting future workshops.

In November 2024, SSAAG facilitated a workshop in Alice Springs, enabling 19 attendees to experience the unique program. Feedback was overwhelmingly positive, with participants sharing that the workshop “*strengthened their fire*”, and another noting the “*whole presentation was very good. Very good discussion overall.*”

'Fire Chart' - Participants place themselves 'close to the fire' on the 'Fire Chart' to show their strength and confidence to help and support friends, family, and community



Facilitator Raymond Campbell works with participants to create their Community Response Plan

Building Postvention Supports in East Arnhem

On 9 May 2025, AMSANT's SEWB Postvention Member Support Coordinator, Dana McDonald, joined the StandBy NT team in Nhulunbuy to connect with local stakeholders and strengthen awareness of the StandBy-AMSANT partnership.

The visit included a presentation to Miwatj Health Service and meetings with local organisations such as ALPA, the Northern Land Council, Anglicare, Fire and Police, and the Rirratjingu Aboriginal Corporation. Flyers and information were shared about the supports available through StandBy, alongside AMSANT's vision to build capacity and ensure culturally safe, coordinated responses to suicide bereavement.

The team also discussed opportunities for collaboration with Miwatj and highlighted the importance of working in partnership with services like Thirrili, who play a vital role in supporting Aboriginal and Torres Strait Islander peoples after suicide or traumatic loss.

The visit reinforced that effective postvention care must be collaborative, community-led, and culturally informed. By combining AMSANT's Aboriginal-led network with StandBy's national expertise, the partnership aims to ensure no one has to navigate grief and loss alone.

L-R: Sam Snell - StandBy Regional Coordinator NT, Chloe Wright - StandBy Support Worker, Dana McDonald - SEWB Postvention Member Support Coordinator, Aishita Singh - Social Work student on placement



Dana McDonald Postvention Support Coordinator in the charter flight to Nhulunbuy with key partners.





66

Over the past financial year, the Moodle learning platform has welcomed over 50 new participant registrations, with 37 completions recorded to date and more expected as learners continue progressing at their own pace.

Everything Moodle

Moodle is an online learning platform designed to deliver training and education in a flexible, accessible way. It allows users to complete courses at their own pace and is widely used by organisations, schools, and universities. Moodle is especially useful for remote or regional workforces, as it supports consistent learning and helps different types of education, like Culturally Responsive Trauma Informed Practices across diverse teams throughout the Northern Territory and Australia wide.

The Moodle platform has undergone ongoing development to ensure it is culturally appropriate, safe, and accessible for all users. Rosie Schubert, SEWB Facilitator and Program Developer, has been instrumental in designing a learning environment that reflects trauma-informed principles and culturally grounded practices.



Participant Feedback

Participants and partner organisations have shared positive feedback, highlighting Moodle as a valuable tool for embedding trauma-informed approaches. It supports increased awareness, the development of responsive practices, and the integration of culturally respectful ways of working – all within a flexible, self-directed learning model.



Learner Support

SEWB Support Officer Nina Ah-Wong has provided tailored support to participants navigating the platform, with a growing number of learners requiring and receiving assistance to enhance their experience and understanding.



Future Directions

Looking ahead, our focus is to update and enrich the Moodle content. Planned enhancements include the integration of First Nations languages, immersive visual learning experiences, and more engaging, culturally immersive content. These updates aim to ensure continued relevance and to strengthen the cultural competency of professionals working in the Territory.



Daniel Norris,
SEWB Facilitator



L-R: Jordan Braver,
StandBy, Charity
Weymouth, Thirili &
Dana McDonald, AMSANT
presenting on their joint
Postvention Collaborative
partnership



Sharing Stories, Strengthening Healing:

AMSANT Social Emotional & Wellbeing and Alcohol & Other Drugs Workforce Forum 2025

On 27-28 May 2025, AMSANT's SEWB Team hosted the 6th Annual SEWB and AOD Workforce Forum in Alice Springs, Mparntwe Country, under the theme *"Sharing Your Story Your Way."* More than 80 participants came together to strengthen connections, share knowledge, and build culturally safe pathways for healing and wellbeing.

The forum featured cultural models of health and wellbeing, expert presentations, and inspiring community-led initiatives. Highlights included Tellisa Ferguson (CAAC Link-Up), Alice Campbell-Jones (Culture Care Connect), and representatives from Miwatj, Katherine West Health Board, and Congress, alongside Natalie McCabe (BRADAGG) who shared their Model of Care.

This event reinforced the importance of Aboriginal-centred approaches and equipped participants with practical tools and insights to support their work. With the continued support of NT PHN and NIAA, AMSANT looks forward to fostering ongoing collaboration and dialogue at future forums.



**Storytelling
and discussion**



**Healing and
wellbeing**



**Alice Springs,
Mparntwe
Country**



Group photo
with the SEWB
AMSANT team,
Member services
and partnerships
at the Workforce
Forum 2025

Health, Culture & Connection:

AMSANT at Barunga Festival 2025

AMSANT was proud to be part of the 2025 Barunga Festival, a three-day celebration of culture, community, and wellbeing. Seven AMSANT staff members hosted an engaging stall that connected with more than 150 people through fun, culturally grounded activities.

The SEWB team led health yarns with a game of Jenga, while the Health Systems team turned wooden shoe lasts (molds) into canvases to raise awareness about foot health and diabetes prevention. Children enjoyed slime-based ear health science, painting, and creative arts, while families accessed AMSANT health resources.

Beyond the stall, AMSANT strengthened relationships with partners including NT Health, NACCHS, Flinders University, Batchelor Institute, Wurli Wurlinjang Health Service, and many more. These conversations sparked ideas for future initiatives such as on-site health screenings and workforce recruitment at festivals.

AMSANT thanks Sunrise Health Service for the invitation and collaboration, and acknowledges the dedication of our team. The festival reinforced the power of community, culture, and partnership in promoting health and wellbeing—and we look forward to returning in 2026.

AMSANT staff
at Barunga
Festival 2025



Jamie
Shrimpton
and Elanor
Fenge



Ruby Bethune
building a
tower

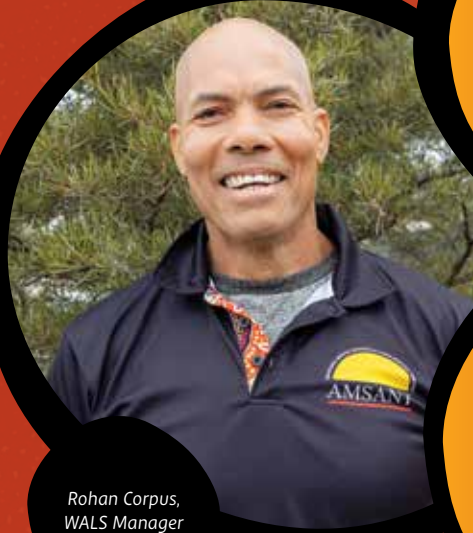


Workforce and Leadership Support

The Workforce and Leadership Support Team plays a vital role in strengthening AMSANT's capacity to deliver high-quality, culturally safe health services. By focusing on workforce development, leadership pathways, and professional support, the team empowers Aboriginal Community Controlled Health Services to attract, retain, and grow skilled staff. Their work also champions Aboriginal leadership across the sector, ensuring that workforce strategies reflect community needs and aspirations while building sustainability for the future.

Workforce & Aboriginal Leadership Support Team - Rohan Corpus, Sarina Martin, Casey Manhire, Ayesha Kay, Gemina Corpus and Robert Randall





Rohan Corpus,
WALS Manager

Providing advice and tools to member services on workforce policy, planning, and compliance.

Promoting Aboriginal leadership by building career pathways and supporting professional advancement.

Supporting recruitment and retention through workforce planning and targeted development initiatives.

Delivering training, workshops, and mentoring to strengthen skills across clinical and non-clinical roles.

Collaborating with partners to address systemic challenges and advocate for sustainable workforce growth.



Rebecca Bradley,
Workforce Policy Officer

Rohan Corpus,
WALS Manager
and Rebecca
Bradley, Workforce
Policy Officer



Integrated Team Care (ITC Program)

The ITC (Integrated Team Care) Program was established and funded under the Indigenous Australians Health Program to better treat and manage chronic conditions among Aboriginal and Torres Strait Islander people and to:

- Improve the health of Aboriginal and Torres Strait Islander people with chronic health conditions
- Improve access to culturally appropriate mainstream primary health care services
- Foster collaboration and support between the mainstream and Aboriginal and Torres Strait Islander health sector.



**Almost half of
Aboriginal and
Torres Strait
Islander people live
with at least one
chronic condition.**

ITC Forum converges on Mparntwe

On Wednesday 11 June 2025, AMSANT hosted the annual ITC Forum at the Doubletree Hilton in Mparntwe (Alice Springs). This forum was a joint effort with the NT PHN and saw around 40 participants attend from our various Member services to share everything ITC.

We began the day with an introduction from talented Aboriginal, Alice Springs artist, Raymond Walters who provided the Artwork for this year's ITC Forum.

We were also fortunate enough to hear from AMSANT Podiatrist Frances Elcoate who gave a detailed demonstration of the AMSANT Podiatry

Offloading Kits which are to be disbursed to our member clinics.

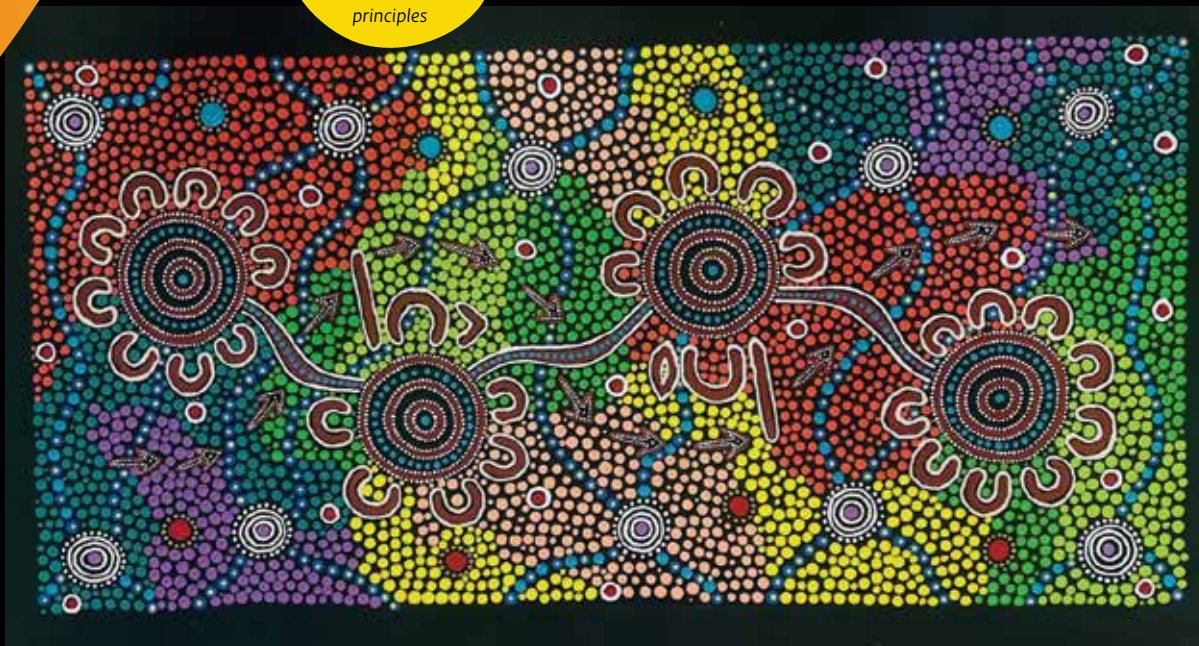
There were many great discussions had about the ITC program and participants were able to come together as a community of practice to share experiences, identify areas of need and suggest better ways to move forward.

NT PHN's Dr Beatrix Cardona also heard from our audience and took on board any suggestions / input where there will be a full evaluation of the program. Armed with this knowledge and hearing the lived experience, AMSANT is better positioned to advocate and enhance service capability and impact.

Resources
available at
AMSANT ITC
workshop



Artist Raymond Walter Penangke's artwork reflects the Integrated Team Care's principles



ARTIST RAYMOND WALTERS PENANGKE WAS BORN IN MPARNTWE (ALICE SPRINGS).

His grandfather's country is Ngarleyekwerlang near Yuendumu and his grandmother's country is Alhalkerre (a Boundary Bore of Utopia). They are both from the Anmatyerre language group. Amongst his extended family members are speakers of the Arrernte, Western Aranda, Alywarre, Warlpiri and Kaytetye language groups. Through art, Raymond shares his love for his culture passed down by his grandparents and other family members. This art piece depicts a connected journey, individuals and communities travelling and working to improve Aboriginal health. The centric circles depict community and leadership connected with other surrounding communities and stakeholders invested in achieving health journey outcomes for our most marginalised. The coloured dots depict the land, our pharmacy. The land is filled with medicine, the healing flora and fauna (our family), reinforcing our spiritual connection as beings. Together western medicine and our old peoples' knowledge and wisdom, is required to coexist with respect and in celebration. Aboriginal people's wellbeing depends on two systems working together. The emu tracks and feathers signify leadership as understood in our culture, leading with purpose and excellence, bringing science and spirituality together to continually strive to improve Aboriginal health.

ITC Forum
underway in
Alice Springs





ECS Training in
Alice Springs in
March 2025



NT ECS team
participated in
NT yarning circle

Elder Care Support Program

The AMSANT NT Yarning Circle, held on 28–29 May 2025 in Mparntwe (Alice Springs), brought together strong Aboriginal voices from across the Northern Territory to share stories, wisdom, and lived experiences that continue to shape the Elder Care Support (ECS) program.

Five Aboriginal people from diverse language groups gathered to yarn about their journeys into ECS and how they walk alongside Elders in their communities.

AMSANT enriched the gathering by inviting culturally grounded services to engage with the workforce through traditional cooking and storytelling. Kuamile, a respected Arrernte Elder, led cultural cooking activities and shared stories that brought warmth, laughter, and learning to the group.

“One Arrernte woman shared how she travels out bush to sit with Elders, listen deeply, and speak about the support available through the ECS program—always guided by respect and cultural ways of being.”

“Two Gunbalanya (Kunwinjku) young women spoke of visiting Elders in their community, ensuring the ECS program is inclusive, safe, and responsive to the unique needs of both Aboriginal and Torres Strait Islander Elders.”

“The Ngalkbun people also joined the circle, sharing their cultural knowledge and the challenges of reaching Elders in remote homelands. Their voices reminded us of the importance of flexibility, cultural connection, and community-led care.”

“This is the first time I’ve felt safe to share ideas and talk openly.” “We feel proud and stronger knowing AMSANT is listening to us.”

This comprehensive training equipped ECS staff with practical skills to support elders through culturally respectful, trauma-informed, and person-centred approaches. The realistic case discussions helped contextualise care strategies that promote dignity, choice, and cultural integrity.





ECS workforce in the
National Yarning
Circle in Adelaide



National Yarning Circle (Adelaide)

AMSANT staff and ECS workers participated in the National Yarning Circle in Adelaide, connecting with nearly 200 attendees from across Australia. This national gathering gave ECS workers a chance to share stories, cultural responsibilities, and challenges in aged care delivery.

It marked a significant milestone in amplifying the voice of the ECS workforce on a national platform.

May – NT Yarning Circle (Alice Springs)

AMSANT hosted the NT Yarning Circle in Alice Springs, with 20–25 participants each day from remote and regional communities. The event focused on building cultural safety, trust, and connection among ECS staff and provided a culturally safe space for open dialogue and shared learning along with guest speakers.

Beyond discussion, the circle included hands-on cultural activities such as kangaroo tail and damper cooking sessions, which fostered team spirit and connection. These moments brought joy and refreshment to the group, while firewood crackling nearby provided warmth and comfort against the crisp Central Australian winter.

Key themes included:

- Cultural recognition & emotional support: Calls for trauma-informed, culturally safe care that respects languages, community knowledge, and cultural structures.
- Remote service challenges: Ongoing issues with geographical isolation, workforce shortages, and limited access to assessment and allied health services.

AMSANT listened closely, gathered direct feedback, and pledged to take these issues to assessment teams, government, and NACCHS. The insights will shape future training, planning, and service delivery models—reaffirming AMSANT's role in driving community-led aged care reform.



ECS workforce in
NT yarning circle
in Alice Springs
in May

Kangaroo Tail
cooking session
in NT yarning
circle in Alice
Springs





Four-Day ECS Training Builds Knowledge and Community

AMSANT's ECS training continues to empower communities through dynamic four-day workshops held in towns and on Country. Each session is tailored to the needs, knowledge, and cultural contexts of participants.

- Up-to-date and responsive: Training content is regularly reviewed and shaped by participant feedback.
- Collaborative and practical: The ECS team works with the Continuous Quality Improvement (CQI) team and completes NACCHO's online training to stay current.
- Enriched by partnerships: Expert input from Relationships Australia NT, Dementia Support Australia, Carers NT, NT Health, Congress, Services Australia and others strengthens both knowledge and service connections.

Participants from Arrernte, Gunbalang, Jawoyn, and Mangarrayi language groups brought lived experience and cultural depth, making the training not just educational, but a movement of knowledge-sharing, pride, and care.

ECS Workforce Strengthens Connections Across Language Groups

The ECS workforce is dedicated to walking alongside Elders, travelling out bush and meeting people on Country. By listening, yarning, and assisting Elders to navigate the aged care system, they ensure dignity and respect remain at the heart of support.

The team proudly supports a wide range of Aboriginal language groups including Yolŋu Matha, Anindilyakwa, Nunggubuyu, Arrernte, Pitjantjatjara, Luritja, Warlpiri, Anmatyerre, Alyawarre, Western

Desert languages (such as Ngaanyatjarra and Pintupi), Kaytetye, Warumungu, Warlmanpa, and Malak Malak.

In regions such as Miwatj, ECS workers collaborate closely with AMSANT member services to ensure services are guided by cultural protocols and community leadership. Whether in Arnhem Land, the Barkly, or the Central Desert, this workforce builds trust, pride, and belonging through consistent cultural engagement.

Partnerships That Strengthen Elder Care Across the NT

Strong partnerships are central to the ECS program. AMSANT works alongside ACCHSs, aged care providers, hospitals, GPs, and Primary Health Networks to ensure holistic and culturally safe support for Elders.

Key collaborations include Relationships Australia NT, Dementia Support Australia, Carers NT, NT Health, Congress, Catholic Care NT, Services Australia, APM Assessors, NTPHN, and the Department of Health and Aged Care NT Branch. Charles Darwin University also contributes to workforce development.

Local ACCHSs such as Danila Dilba, Urapuntja, Katherine West, NPY Women's Council, Purple House, Alawa, Sunrise, Laynhapuy, Mala'la, Miwatj, and Pintubi Homelands play a vital role in delivering ECS services on Country, guided by cultural knowledge and community leadership.

Together, these partnerships reflect AMSANT's vision: to walk with Elders, honour their stories, and ensure care is delivered with respect, dignity, and cultural integrity—wherever Elders live, and in the language they speak.



WALS Manager
Rohan Corpus
and daughter
Mena Waller

THE 5Ls and Rs

Our Workforce & Leadership Support Manager Rohan Corpus and his daughter Mena Waller created the 5Rs & the 5Ls that echo the sentiments and values of our ancestral lineage

The Vision Shared

RESPECT,

for each other and the land we walk upon

RELATIONSHIPS,

that bind us together in unity

RECIPROCITY,

that teaches us to give and receive

RIGHTS,

that empower us to stand tall

RESPONSIBILITY,

that reminds us of our duty now, and to future generations

A Legacy Worth Leaving

LOVE,

the heartbeat of community

LABOUR,

the effort we give to build and sustain

LEARNING,

the wisdom we seek and share

LISTENING,

the humility to hear and understand

LAUGHTER,

the joy that lifts our spirits and brings us together

By Rohan Corpus and Daughter Mena Waller

Environmental Health Workforce Program Design

AMSANT, in partnership with NT Health, has designed a trial-ready Aboriginal Community Based Environmental Health Workforce Program to improve environmental health outcomes in communities. Guided by an Expert Panel, the program defines the role of Environmental Health Workers (EHWs) and creates practical resources to support their work in homes and communities.

Key features include:

- A proposed three-year trial with EHWs employed at both AMSANT member services and NT Health clinics.
- Accredited Certificate II training, combined with structured workplace support and technical mentoring.

A focus on preventing health issues caused by environmental factors through shared responsibility between communities, EHWs, government, and local services.

The long-term goal is to secure sustainable funding for a permanent EHW workforce across both the Aboriginal community-controlled and government health sectors.



Healthy homes and preventing health issues from living conditions.



Environment, growth, and sustainability.



Environmental Health Workers and their role in community care.

Training for the Future

Growing the Aboriginal health workforce is one of the most important ways we can improve health outcomes for our people. It's also a top priority for our members.

In 2024, our Workforce and Leadership Support (WALS) team worked closely with services to employ and support trainees while they studied for nationally accredited primary health care qualifications.

First Nations Health Workforce Traineeship Program (FNHWTP)

Through NACCHO's program, staff at Member services were able to study for Certificate III and IV in Aboriginal and Torres Strait Islander Primary Health Care. The program also funds AMSANT's Jurisdictional Traineeship Coordinator (JTC), who plays a big role in supporting trainees and services, troubleshooting issues, and making sure trainee needs are heard. In 2024, 32 trainees across 6 member services were supported through this program.

Indigenous Health Workforce Traineeship Program (IHWTP)

This Commonwealth-funded program supported trainees at 8 Member services to begin Certificate II training. It also allowed us to trial a blended delivery model in Laynhapuy Homelands and start new collaborations with the Aboriginal Health & Medical Research Council (AH&MRC).

Looking ahead, we'll use what we've learned this year to grow even stronger programs with a new round of funding.



Certificate II trainees and trainers in Darwin



The Road to becoming Aboriginal Health Practitioners

Kamika Pollard - Aboriginal and Torres Strait Islander Health Practitioner Trainee

DANILA DILBA HEALTH SERVICE



Kamika Pollard



Reflecting on my journey so far, the advice I would give myself is "don't give up, you're stronger than you know". I'm excited about what's ahead, and once I finish my training, I hope to make a real difference by building strong relationships with our mob and helping care for our community.

My name is Kamika Pollard, I am an Aboriginal and Torres Strait Islander woman, born and raised in Darwin on Larrakia country and a mummy to my 4-year-old daughter. I joined Danila Dilba Health Services in late 2023 as an Indigenous Outreach Worker (IOW). During my short time as an IOW, I was exposed to the health challenges faced by our mob, both local and transient.

Seeing the work of an Aboriginal Health Practitioner (AHPs) and the impact they make, I was quickly inspired. This also led me to strongly believe that when mob look after mob, we see better health outcomes, so with that and the encouragement from my peers, I began my AHP training in February 2024. Early in my journey, I was faced with my first challenge, a very sudden and unexpected change which would affect my life as a whole and ultimately led to me having to decide if I wanted to continue my training as a AHP or not.

Remembering why I wanted to start in the first place made it easier for me to say yes and remain in my traineeship. With the continued support from my student support manager, I have been able to manage the demands and balance home life, studying and on the job training. The skills and knowledge I have gained, and the feedback received not only from my peers but also from clients has been nothing short of amazing.



Danila Dilba
Shared Medical
Appointments
Coordinator

Danila Dilba
Malak Clinic has
been operating
since 2016

Danila Dilba staff
performing youth
health checks



Doing Old Business in a New & Innovative Way - Shared Medical Appointments (SMA)

Shared Medical Appointments (SMAs) bring patients, GPs, Aboriginal Health Practitioners, and Nurses together in a group setting to combine medical care with cultural connection and shared learning. Each 90-minute session includes a full medical consultation—history, assessment, decision-making, and advice—while also encouraging patients to share experiences and take an active role in their health journey.

After 2.5 years, the SMA Proof-of-Concept project wrapped up in June 2025, with three participating ACCHSs—Central Australian Aboriginal Congress, Danila Dilba, and Miwatj Health—receiving 12 months of ongoing funding to embed this model of care into everyday practice.

The final evaluation (June 2025) gathered rich feedback from community members, facilitators, GPs, allied health staff, and project coordinators. Conversations were enthusiastic, culturally grounded, and clear in their message: SMAs empower patients, strengthen self-management, and should continue as the way forward in Aboriginal health care.

The evaluation was led by NT PHN and AMSANT's SMA Coordinator alongside the Australian Society of Lifestyle Medicine and Waminda (NSW), ensuring a transparent and independent review. NT PHN's findings will lead to the development of the evaluation framework submitted to the Commonwealth Government.



AMSANT's Tackling Indigenous Smoking program has a big social media presence



'No Smoking, Strong Body' Television Campaign

In 2025, AMSANT's *No Smoking, Strong Body* television advertisement reached audiences across the NT (outside Darwin) during free-to-air AFL games and other programs on Channel 7, 7mate and 7two.

Key highlights:

- **Community partnerships:** The Top End Tackling Indigenous Smoking team worked with Mala'la, Red Lily, NT Health, Menzies and Katherine West to support smoke-free living from Wadeye to Maningrida.
- **Inspiring voices:** The ad featured Graham Hayes and Beth Ali from Maningrida, who shared their personal quit-smoking journeys. Beth's message—"For family, for culture, for the future, choose to live smoke-free"—resonated strongly with viewers.
- **Cultural connection:** Filmed during the Kick the Habit Festival in Maningrida (November 2024) led by the Sydney Swans, Mala'la, AMSANT, and other partners.
- **Social media impact:** The campaign extended online, with posts viewed over 80,000 times, reaching more than 20,000 people. Graham's story alone has been watched more than 11,000 times.

Ayesha Kay
updating the
AMSANT socials



Corporate Services

The Corporate Services team is the backbone of AMSANT, ensuring financial stability, operational efficiency, and strong governance across the organisation. The team manages finances and compliance, drives digital transformation through improved systems and cybersecurity, and streamlines processes to support day-to-day operations. By investing in staff training, promoting diversity and leadership, and maintaining ISO 9001 accreditation, Corporate Services strengthens AMSANT's internal capacity so that Members and programs can remain focused on delivering high-quality, culturally safe health services to communities.

Finance
Team: Caselyn
Kwiatkowski and
Vicki Torrefiel



This year, AMSANT's Corporate Services team strengthened our foundations — reinforcing governance, driving digital transformation, supporting our people, and creating a safer, more sustainable workplace.



1. Governance, Risk & Compliance

We reinforced our governance framework by enhancing internal controls and updating key policies to align with evolving regulatory requirements. A major focus was placed on cybersecurity, with the rollout of multi-factor authentication and a comprehensive staff awareness campaign and online training. Our compliance position was further strengthened through regular audits and the implementation of an improved centralised risk management platform.



3. Our Employees

Our employees remain at the heart of everything we do. This year, we launched a new leadership development program and expanded our learning and development opportunities. 19 employees successfully completed the Diploma of Leadership and Management. Employee engagement scores improved, reflecting a more connected and supported workforce.



2. Digital Transformation & Innovation

This year marked a significant leap forward in our digital transformation journey. We successfully reviewed the corporation's IT Systems, Hardware, and IT Governance. We are currently working with an IT Consultant to implement improvements across document management redesign and full audit of Microsoft 365 settings; implementation of improved people management software and installation of new network switches and Wi-Fi streamlining finance, procurement, and HR processes across the organisation.

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STAFF
GRADUATED
WITH A

Diploma of
Leadership &
Management



Jemma Joyce,
SEWB Northern
Australia Suicide
Prevention
Coordinator





Finance
Team: Caselyn
Kwiatkowski and
Vicki Torrefiel



4. Facilities & Workplace Strategy

In response to evolving workplace needs, we redesigned several office spaces to support merged working and collaboration between departments. Our workplace strategy focused on optimising office space utilisation and reducing our environmental footprint. Health and Safety remained a top priority, with updated protocols and wellness initiatives ensuring a safe and supportive work environment.



5. Customer & Stakeholder Support

Corporate Services continued to enhance our internal service delivery through improved support systems and feedback loops. Cross-functional collaboration was a key theme, with Corporate Services partnering closely with departments to co-design solutions that meet everyone's needs.

Finance Team

In 2024–25, the Finance Team continued to strengthen AMSANT's financial systems and support the organisation's everyday work. Known for combining numbers with purpose, the Finance Team works closely with staff across AMSANT to manage budgets, track spending and keep finances on track. The team managed different types of funding and made sure budgets, reports and compliance tasks were completed on time.

The team have also begun scoping upgrades to payroll, purchasing and financial reporting tools as part of the Corporation's ongoing process improvements. Our team stays focused on improving how things are done—building clear systems and reliable processes that help AMSANT stay financially strong and well managed.

Financial Report

**For The Year Ended
30 June 2025**

**ABORIGINAL MEDICAL SERVICES
ALLIANCE NORTHERN TERRITORY
ABORIGINAL CORPORATION**

ABN: 26 263 401 676

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APPENDIX: These Audited financials have been graphically designed for the purposes of the annual report's design consistency. Please note you can request a copy of the original audited financials from AMSANT. These will also have the correct page numbers. The design has caused the financials in this report to have extra pages.

DIRECTORS' REPORT

FOR THE YEAR ENDED 30 JUNE 2025

The Directors present their report together with the financial report of the Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation for the financial year ended 30 June 2025.

Directors

The following persons were Directors of the Corporation during the whole of the financial year and up to the date of this report.

DIRECTOR NAME	POSITION	DURATION
Donna Ah Chee	CEO Congress	26/06/2015 To Current
Rob McPhee	CEO Danila Dilba	2/03/2022 To Current
Leisa McCarthy	CEO Anyinginyi (Resigned August 2024)	2/03/2022 To August 2024
Giselle Barku	Chair PHHS	8/11/2023 To Current
Steve Rossingh	CEO Miwatj	2/03/2022 To Current
Anne-Marie Lee	Chair Sunrise	2/03/2022 To Current
Simon Cooney	CEO KWHB	10/11/2020 To Current
Charlie Gunabarra	Chair Mala'la	8/11/2023 To Current
David Galvin	Independent Director	2/06/2017 To Current

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

Meetings of Directors

The number of meetings of the Corporation's Board of Directors held during the year ended 30 June 2025 and the number of meetings attended by each Director were:

DIRECTOR NAME	NUMBER OF MEETINGS ELIGIBLE TO ATTEND	NUMBER OF MEETINGS ATTENDED
Donna Ah Chee	4	2
Rob McPhee	4	4
Leisa McCarthy	1	1
Giselle Barku	4	4
Steve Rossingh	4	4
Anne-Marie Lee	4	4
Simon Cooney	4	4
Charlie Gunabarra	4	4
David Galvin	4	1
Jeanette Ward	4	4
Ross Jakamarra Williams	2	2

Principal Activities

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

- Serving as a peak body and a forum for the Aboriginal Medical Services in the Northern Territory;
- Supporting Aboriginal Community Controlled Health Services (AMSANT) Members to deliver culturally safe, high-quality comprehensive primary health care that supports action on the social determinants of health; and
- Representing AMSANT Members' views and aspirations through advocacy, policy, planning and research.

No significant changes in the Corporation's state of affairs occurred during the financial year.

Significant Changes

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

Operating Result

The reported loss for the year amounted to \$4,684,378 (2024: profit of \$2,311,486). The 2025 result primarily reflects the recognition of \$5,370,532 in unspent grant funds with contractual obligations and funding agreements extending into the following financial year. In accordance with AASB 15 Revenue from Contracts with Customers, these funds were reclassified from retained earnings to contract liabilities in 2024/25 to reflect the corporation's obligation to deliver services in the following year.

This is a non-cash adjustment and does not represent an overspending, as the funds remain held in the corporation's bank accounts and will be utilised in the 2025-26 year in line with approved program delivery schedules. The reclassification is not an error and therefore does not require restatement of prior-year balances, consistent with AASB 108 Accounting Policies, Changes in Accounting Estimates and Errors.

Excluding the reclassification, the Corporation recorded an underlying operating surplus of \$686,154 for the year.

For further information, refer to note 10 to the financial report.

Performance Measures

The Corporation monitors both financial and operational performance using a range of quantitative and qualitative benchmarks. Financial performance is assessed through measures such as budget-to-actual results, cash flow adequacy, and the level of unspent grant funds. Operational performance is evaluated through program delivery outcomes and compliance with funding obligations.

Events Subsequent to the End of the Reporting Period

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Corporation, the results of those operations, or the state of affairs of the Corporation in future financial years (2024 : Nil).

Likely Developments and Expected Results of Operations

Subject to the continued support of the Government and other donor funding, the Board intends to maintain and further strengthen the Corporation's role in supporting Aboriginal community-controlled health services across the Northern Territory.

The Corporation expects to remain financially sustainable while continuing to strengthen sector capacity and outcomes for its member services.

There are no significant future developments known or planned that require specific disclosure.

Environmental Regulation

The Corporation's operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a state or territory.

Indemnification of Officers

No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is, or has been, an officer or auditor of the Corporation.

Proceedings on Behalf of Corporation

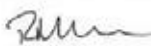

No person has applied for leave of court to bring proceedings on behalf of the Corporation or intervene in any proceedings to which the Corporation is a party for the purpose of taking responsibility on behalf of the Corporation for all or any part of those proceedings.

The Corporation was not a party to any such proceedings during the year.

Auditor's Independence Declaration

The lead auditor's independence declaration for the year ended 30 June 2025 has been received and can be found on page 78 of the financial report.

Signed in accordance with a resolution of the Board of Directors.

Director		Date: 21st	day of October 2025
Director	 STEVE ROSSINGH	Date: 21st	day of October 2025



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AUDITOR'S INDEPENDENCE DECLARATION UNDER SECTION 339-50 OF THE CORPORATIONS (ABORIGINAL AND TORRES STRAIT ISLANDER) ACT 2006 AND UNDER SUBDIVISION 60-40 OF THE AUSTRALIAN CHARITIES AND NOT-FOR-PROFITS COMMISSION ACT 2012

TO THE DIRECTORS OF ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY ABORIGINAL CORPORATION

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2025 there have been no contraventions of:

- (i) the auditor independence requirements as set out in *the Corporations (Aboriginal and Torres Strait Islander) Act 2006* and section 60-40 *Australian Charities Not-for-profits Commission Act 2012*, in relation to the audit; and
- (ii) any applicable code of professional conduct in relation to the audit.

Nexia Edwards Marshall NT
Chartered Accountants

Noel Clifford
Partner

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Email: ncclifford@nexiaemnt.com.au

Darwin, Northern Territory
Dated: 21 October 2025

Advisory. Tax. Audit.

Nexia Edwards Marshall NT (ABN 79 414 259 336) is a firm of Chartered Accountants. It is affiliated with, but independent from Nexia Australia Pty Ltd. Nexia Australia Pty Ltd is a member of Nexia International, a leading global network of independent accounting and consulting firms. For more information please see www.nexia.com.au/afn. Nexia is a trademark of Nexia Australia Pty Ltd provided services to clients.

Liability limited under a scheme approved under Professional Standards Legislation.

STATEMENT OF PROFIT AND LOSS AND OTHER COMPREHENSIVE INCOME

FOR THE YEAR ENDED 30 JUNE 2025

	NOTE	2025 \$	2024 \$
REVENUE			
Grant Income	2(a)	12,798,774	13,897,981
Other Income	2(b)	629,743	559,634
Total Revenue		13,428,517	14,457,615
EXPENSES			
Auditor's Remuneration	3(a)	52,513	55,322
Consultants and Contractors		1,577,273	988,985
Depreciation Expense	3(b)	484,223	463,262
Employee and Personnel Benefit Expenses	3(c)	7,407,164	7,090,662
Finance Expenses	3(d)	119,352	161,351
Information, Communication and Technology Costs		281,123	180,255
Legal Fees		19,527	-
Motor Vehicle Expenses		43,338	48,329
Operation Expenses		392,541	467,020
Project Expenses		1,244,407	1,920,097
Rental and Hire Charges	3(e)	40,784	12,424
Travel Expenses		1,080,118	758,422
Total Expenses		12,742,363	12,146,129
Net Current Year Operational Profit		686,154	2,311,486
RECOGNITION OF CONTRACT LIABILITIES:			
Being Unspent Grant Funding Previously Taken to Revenue:			
Unspent grant funds - Contracts finishing less than 12 months and refundable		(4,286,571)	-
Contract Liabilities - Unspent grant funding obligations		(1,083,961)	-
Total Recognition of Contract Liabilities		(5,370,532)	-
Net Profit (Loss)		(4,684,378)	2,311,486
Other Comprehensive Income		-	-
Total Comprehensive Income (Loss) for the year		(4,684,378)	2,311,486
PROFIT (LOSS) ATTRIBUTABLE TO MEMBERS OF THE CORPORATION		(4,684,378)	2,311,486
TOTAL COMPREHENSIVE INCOME (LOSS) ATTRIBUTABLE TO MEMBERS OF THE CORPORATION		(4,684,378)	2,311,486

The accompanying notes form part of these financial statements.

STATEMENT OF FINANCIAL POSITION

AS AT 30 JUNE 2025

	NOTE	2025 \$	2024 \$
ASSETS			
CURRENT ASSETS			
Cash and Cash Equivalents	4	12,312,676	12,474,361
Trade and Other Receivables	5	69,868	256,993
Other Current Assets	6	218,927	267,342
TOTAL CURRENT ASSETS		12,601,471	12,998,696
NON-CURRENT ASSETS			
Property, Plant and Equipment	7	319,209	90,516
Right of Use Assets	8	1,376,458	1,567,536
TOTAL NON-CURRENT ASSETS		1,695,667	1,658,052
TOTAL ASSETS		14,297,138	14,656,748
LIABILITIES			
CURRENT LIABILITIES			
Trade and Other Payables	9	1,298,769	3,473,737
Contract Liabilities	10	6,719,785	-
Lease Liabilities	11	401,473	378,802
Employee Provisions	12	893,151	956,258
TOTAL CURRENT LIABILITIES		9,313,178	4,808,797
NON-CURRENT LIABILITIES			
Lease Liabilities	11	1,092,914	1,264,480
Employee Provisions	12	121,154	129,201
TOTAL NON-CURRENT LIABILITIES		1,214,068	1,393,681
TOTAL LIABILITIES		10,527,246	6,202,478
NET ASSETS		3,769,892	8,454,270
EQUITY			
Retained Surplus		3,769,892	8,454,270
TOTAL EQUITY		3,769,892	8,454,270

The accompanying notes form part of these financial statements.

STATEMENT OF CHANGES IN EQUITY

FOR THE YEAR ENDED 30 JUNE 2025

	RETAINED SURPLUS \$	TOTAL EQUITY \$
BALANCE AT 1 JULY 2023	6,142,784	6,142,784
Comprehensive income:		
Net profit for the year	2,311,486	2,311,486
Other comprehensive income for the year	-	-
Total comprehensive income attributable to Members of the Corporation for the year	2,311,486	2,311,486
Balance at 30 June 2024	8,454,270	8,454,270
BALANCE AT 1 JULY 2024	8,454,270	8,454,270
Comprehensive income:		
Net loss for the year	(4,684,378)	(4,684,378)
Other comprehensive income for the year	-	-
Total comprehensive income (loss) attributable to Members of the Corporation for the year	(4,684,378)	(4,684,378)
BALANCE AT 30 JUNE 2025	3,769,892	3,769,892

The accompanying notes form part of these financial statements.

STATEMENT OF CASH FLOWS

FOR YEAR ENDED 30 JUNE 2025

	NOTE	2025 \$	2024 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipt of Commonwealth, Territory and Other grants		14,148,027	14,028,862
Other receipts		334,349	313,251
Interest received		394,714	361,562
Payments to suppliers and employees		(14,337,911)	(10,291,773)
Net cash provided by operating activities	16	539,179	4,411,902
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds from sale of property, plant and equipment		87,805	1,075
Payment for property, plant and equipment		(305,199)	(28,859)
Net cash used in investing activities		(217,394)	(27,784)
CASH FLOWS FROM FINANCING ACTIVITIES			
Payments for lease liabilities		(483,470)	(472,291)
Net cash used in financing activities		(483,470)	(472,291)
Net increase (decrease) in cash held		(161,685)	3,911,827
Cash and cash equivalents at beginning of the financial year		12,474,361	8,562,534
Cash and cash equivalents at end of the financial year	4, 16	12,312,676	12,474,361

The accompanying notes form part of these financial statements.

NOTES TO THE FINANCIAL REPORT

FOR THE YEAR ENDED 30 JUNE 2025

Note 1 Material Accounting Policy Information

The financial statements cover Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation as an individual entity, incorporated and domiciled in Australia. Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation is operating pursuant to the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* (CATSI Act) and the *Australian Charities and Not for Profits Commission Act 2012* (ACNC Act).

The financial statements were authorised for issue on 21 October 2025 by the Directors of the Corporation.

STATEMENT OF COMPLIANCE

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Simplified Disclosures of the Australian Accounting Standards Board (AASB), the *CATSI Act 2006* and the *Australian Charities and Not-for-profits Commission Act 2012*. The Corporation is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

BASIS OF PREPARATION

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements are in Australian Dollars and have been rounded to the nearest dollar.

CRITICAL ACCOUNTING ESTIMATES

The preparation of the financial statements requires the use of certain critical accounting estimates. It also requires management to exercise its judgement in the process of applying the Corporation's accounting policies. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates are significant to the financial statements, are disclosed in Note 1(p) Critical Accounting Judgements, Estimates and Assumptions.

CURRENT AND NON CURRENT CLASSIFICATION

Assets and liabilities are presented in the statement of financial position based on current and non current classifications.

An asset is classified as current when it is either expected to be realised or intended to be sold or consumed in the Corporation's normal operating cycle, it is held primarily for the purpose of trading, it is expected to be realised within 12 months after the reporting period and or the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least 12 months after the reporting period. All other assets are classified as non current.

A liability is classified as current when it is either expected to be settled in the Corporation's normal operating cycle, it is held primarily for the purpose of trading, it is due to be settled within 12 months after the reporting period and or there is no unconditional right to defer the settlement of the liability for at least 12 months after the reporting period. All other liabilities are classified as non current.

MATERIAL ACCOUNTING POLICIES

(a) Revenue and Other Income Recognition

The Corporation recognises revenue as follows :

Revenue from Contracts With Customers

Revenue is recognised at an amount that reflects the consideration to which the Corporation is expected to be entitled in exchange for transferring goods or services to a customer. For each contract with a customer, the Corporation identifies the contract with a customer; identifies the performance obligations in the contract; determines the transaction price which takes into account estimates of variable consideration and the time value of money; allocates the transaction price to the separate performance obligations on the basis of the relative stand alone selling price of each distinct good or service to be delivered; and recognises revenue when or as each performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised.

Operating Grants

Grant revenue is recognised in profit or loss when the Corporation satisfies the performance obligations stated within the funding agreements.

If conditions are attached to the grant which must be satisfied before the Corporation is eligible to retain the contribution, the grant will be recognised in the statement of financial position as a liability until those conditions are satisfied.

Capital Grant

When the Corporation receives a capital grant, it recognises a liability for the excess of the initial carrying amount of the financial asset received over any related amounts (being contributions by owners, lease liability, financial instruments, provisions) recognised under other Australian Accounting Standards.

The Corporation recognises income in profit or loss when or as the Corporation satisfies its obligations under the terms of the grant.

Interest Income

Interest income is recognised using the effective interest method.

Donations

Donations are recognised on receipt of the funds with control of this revenue having passed to the Corporation.

Income from Sale of Goods and Services

Revenue is recognised when control of the products has transferred to the customer and or the obligated services have been performed. For such transactions, this is when the products are delivered to the customers and or the services rendered. Discounts are not provided with the sale of these items.

A receivable will be recognised when the goods are delivered and or services provided. The Corporation's right to consideration is deemed unconditional at this time as only the passage of time is required before payment of that consideration is due. There is no significant financing component because sales are made within a credit term of 30 to 45 days.

All revenue is stated net of the amount of goods and services tax.

(b) Property, Plant and Equipment

Plant and Equipment

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than its estimated recoverable amount, the carrying amount is written down immediately to its estimated recoverable amount and impairment losses are recognised either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset. A formal assessment of recoverable amount is made when impairment indicators are present (refer to Note 1(f) for details of impairment).

Plant and equipment that have been contributed at no cost, or for nominal cost, are valued and recognised at the fair value of the asset at the date it is acquired.

Depreciation

The depreciable amount of all fixed assets, including buildings and capitalised lease assets but excluding freehold land, is depreciated on a straight-line basis over the asset's useful life to the entity commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The depreciation rates used for each class of depreciable assets are:

Class of Fixed Asset	Depreciation Rate
Plant and equipment	10-40%
Motor Vehicles	20-25%
Right of Use Assets - Leased Buildings	15-20%

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting period.

An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are recognised in profit or loss in the period in which they arise. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained earnings.

(c) Leases

The Corporation as Lessee

At inception of a contract, the Corporation assess if the contract contains or is a lease. If there is a lease present, a right-of-use asset and a corresponding

lease liability is recognised by the Corporation where the Corporation is a lessee. However all contracts that are classified as short term leases (lease with remaining lease term of 12 months or less) and leases of low value assets are recognised as an operating lease on a straight-line basis over the term of the lease.

Initially the lease liability is measured at the present value of the lease payments still to be paid at commencement date. The lease payments are discounted at the interest rate implicit in the lease. If this rate cannot be readily determined, the Corporation uses the incremental borrowing rate.

Lease payments included in the measurement of the lease liability are as follows:

- fixed lease payments less any lease incentives;
- variable lease payments that depend on an index or rate, initially measured using the index or rate at the commencement date;
- the amount expected to be payable by the lessee under residual value guarantees;
- the exercise price of purchase options, if the lessee is reasonably certain to exercise the options;
- lease payments under extension options, if the lessee is reasonably certain to exercise the options; and
- payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

The right-of-use assets comprise the initial measurement of the corresponding lease liability as mentioned above, any lease payments made at or before the commencement date as well as any initial direct costs. The subsequent measurement of the right-of-use assets is at cost less accumulated depreciation and impairment losses.

Right-of-use assets are depreciated over the lease term or useful life of the underlying asset whichever is the shortest. Where a lease transfers ownership of the underlying asset or the cost of the right-of-use asset reflects that the Corporation anticipates to exercise a purchase option, the specific asset is depreciated over the useful life of the underlying asset.

(d) Right of Use Assets

A Right of Use Asset is recognised at the commencement date of a lease. The right-of-use asset is measured at cost, which comprises the initial amount of the lease liability, adjusted for, as applicable, any lease payments made at or before the commencement date net of any lease incentives received, any initial direct costs incurred, and, except where included in the cost of inventories, an estimate of costs expected to be incurred for dismantling and removing the underlying asset, and restoring the site or asset.

Right of Use Assets are depreciated on a straight line basis over the unexpired period of the lease or the estimated useful life of the asset, whichever is the shorter. Where the Corporation expects to obtain ownership of the leased asset at the end of the lease term, the depreciation is over its estimated useful life. Right of Use Assets are subject to impairment or adjusted for any remeasurement of lease liabilities.

(e) Impairment of Financial Assets

The Corporation recognises a loss allowance for expected credit losses on :

- financial assets that are measured at amortised cost or fair value through other comprehensive income; and
- contract assets (eg amount due from customers under contracts).

The Corporation uses the following approach to impairment, as applicable under AASB 9: Financial Instruments:

- the simplified approach;

Simplified Approach

The simplified approach does not require tracking of changes in credit risk at every reporting period, but instead requires the recognition of lifetime expected credit loss at all times.

This approach is applicable to:

- trade receivables; and
- lease receivables.

In measuring the expected credit loss, a provision matrix for trade receivables is used taking into consideration various data to get to an expected credit loss (ie diversity of its customer base, appropriate groupings of its historical loss experience, etc).

Trade receivables are initially measured at the transaction price if the trade receivables do not contain significant financing component or if the practical expedient was applied as specified in AASB 15: Revenue from Contracts with Customers.

Recognition of Expected Credit Losses in Financial Statements

At each reporting date, the Corporation recognises the movement in the loss allowance as an impairment gain or loss in the statement of profit or loss and other comprehensive income.

(f) Impairment of Non Financial Assets

At the end of each reporting period, the Corporation reviews the carrying amounts of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs of disposal and value in use, is compared to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised in profit or loss.

Where the assets are not held primarily for their ability to generate net cash inflows – that is, they are specialised assets held for continuing use of their service capacity – the recoverable amounts are expected to be materially the same as fair value.

Where it is not possible to estimate the recoverable amount of an individual asset, the Corporation estimates the recoverable amount of the cash-generating unit to which the asset belongs.

Where an impairment loss on a revalued individual asset is identified, this is recognised against the revaluation surplus in respect of the same class of asset to the extent that the impairment loss does not exceed the amount in the revaluation surplus for that class of asset.

(g) Employee Benefits

Short-term employee benefits

Provision is made for the Corporation's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service, including wages, salaries and superannuation. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

The Corporation's obligations for short-term employee benefits such as wages, salaries and superannuation are recognised as a part of current trade and other payables in the statement of financial position.

Other long-term employee benefits

The Corporation classifies employees' long service leave and annual leave entitlements as other long-term employee benefits as they are not expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service. Provision is made for the Corporation's obligation for other long-term employee benefits, which are measured at the present value of the expected future payments to be made to employees. Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to market yields at the end of the reporting period on government bonds that have maturity dates that approximate the terms of the obligations. Any remeasurements for changes in assumptions of obligations for other long term employee benefits are recognised in profit or loss in the periods in which the changes occur.

The Corporation's obligations for long-term employee benefits are presented as non-current liabilities in its statement of financial position, except where the Corporation does not have an unconditional right to defer settlement for

at least twelve months after the reporting date, in which case the obligations are presented as current liabilities.

The Corporation based on past experience records employee's long service leave entitlements on commencement of their employment with the organisation.

Retirement benefit obligations Superannuation benefits

Contributions are made by the Corporation to employees superannuation funds and are charged as expenses when incurred.

All employees of the Corporation receive accumulated contribution superannuation entitlements, for which the Corporation pays the fixed superannuation guarantee contribution to the employee's superannuation fund of choice. For the period 1 July 2024 to 30 June 2025 this was 11.5% of the employee's ordinary average salary. From 1 July 2025 this rate has increased to 12%. All contributions in respect of employees' accumulated contribution entitlements are recognised as an expense when they become payable. The Corporation's obligation with respect to employees' accumulated contribution entitlements is limited to its obligation for any unpaid superannuation guarantee contributions at the end of the reporting period. All obligations for unpaid superannuation guarantee contributions are measured at the (undiscounted) amounts expected to be paid when the obligation is settled and are presented as current liabilities in the Corporation's statement of financial position.

(h) Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at-call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within short-term borrowings in current liabilities on the statement of financial position.

(i) Trade and Other Receivables

Trade and other receivables include amounts due from clients for fees and goods and services provided, from donors and any outstanding grant receipts. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

Accounts receivable are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for measurement. Refer to Note 1(f) for further discussions on the determination of impairment losses.

(j) Goods and Services Tax (GST)

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

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to, the ATO are presented as operating cash flows included in receipts from customers or payments to suppliers.

(k) Income Tax

No provision for income tax has been raised as the entity is exempt from income tax under Div 50 of the *Income Tax Assessment Act 1997*.

(l) Trade and Other Payables

Trade and other payables represent the liabilities for goods and services received by the Corporation during the reporting period that remain unpaid at the end of the reporting period. Trade payables are recognised at their transaction price. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

(m) Contract Liabilities

Contract liabilities represent the Corporation's obligation to transfer goods or services to a customer or complete required performance obligations and are recognised when a customer pays consideration, or when the Corporation recognises a receivable to reflect its unconditional right to consideration (whichever is earlier), before the Corporation has transferred the goods or services to the customer and or completed required performance obligations.

(n) Provisions

Provisions are recognised when the Corporation has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of reporting period.

(o) Comparative Figures

Where required by Accounting Standards comparative figures have been adjusted to conform with changes in presentation for the current financial year.

(p) Critical Accounting Judgements, Estimates and Assumptions

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgements, estimates and assumptions on historical experience and on other various factors, including expectations of future events, management believes to be reasonable under the circumstances. The resulting accounting judgements and estimates will seldom equal the related actual results. The judgements, estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities (refer to the

respective notes) within the next financial year are discussed below.

(i) Useful lives of property, plant and equipment

As described in Note 1(b), the Corporation reviews the estimated useful lives of property, plant and equipment assets at the end of each reporting period, based on the expected utility of the assets.

(ii) Impairment- General

The Corporation assesses impairment at the end of each reporting period by evaluating conditions and events specific to the Corporation that may be indicative of impairment triggers.

Impairment of plant and equipment assets

The Corporation assesses impairment of plant and equipment at each reporting date by evaluating conditions specific to the Corporation and to the particular asset that may lead to impairment. If an impairment trigger exists, the recoverable amount of the asset is determined. This involves fair value less costs to sell or value-in-use calculations, which incorporate a number of key estimates and assumptions. There was no provision for impairment of plant and equipment at 30 June 2025 (2024: \$Nil).

Impairment of accounts receivable

The provision for impairment of receivables assessment requires a degree of estimation and judgement. The level of provision is assessed by taking into account the recent sales experience, the ageing of receivables, historical collection rates and specific knowledge of the individual debtors' financial position. Provision for impairment of receivables at 30 June 2025 amounted to \$Nil (2024: \$Nil).

(iii) Performance Obligations Under AASB 15

To identify a performance obligation under AASB 15, the promise must be sufficiently specific to be able to determine when the obligation is satisfied. Management exercises judgement to determine whether the promise is sufficiently specific by taking into account any conditions specified in

the arrangement, explicit or implicit, regarding the promised goods or services. In making this assessment, management includes the nature / type, cost /value, quantity and the period of transfer related to the goods or services promised.

(iv) Lease Term and Options Under AASB 16

The lease term is a significant component in the measurement of both the right-of-use asset and lease liability. Judgement is exercised in determining whether there is reasonable certainty that an option to extend the lease or purchase the underlying asset will be exercised, or an option to terminate the lease will not be exercised, when ascertaining the periods to be included in the lease term. In determining the lease term, all facts and circumstances that create an economical incentive to exercise an extension option, or not to exercise a termination option, are considered at the lease commencement date. Factors considered may include the importance of the asset to the Corporation's operations; comparison of terms and conditions to prevailing market rates; incurrence of significant penalties; existence of significant leasehold improvements; and the costs and disruption to replace the asset. The Corporation reassesses whether it is reasonably certain to exercise an extension option, or not exercise a termination option, if there is a significant event or significant change in circumstances.

Where the interest rate implicit in a lease cannot be readily determined, an incremental borrowing rate is estimated to discount future lease payments to measure the present value of the lease liability at the lease commencement date. Such a rate is based on what the Corporation estimates it would have to pay a third party to borrow the funds necessary to obtain an asset of a similar value to the right-of-use asset, with similar terms, security and economic environment.

(q) Fair Value of Assets and Liabilities

The Corporation measures some of its assets at fair value on either a recurring or non-recurring basis, depending on the requirements of the applicable Accounting Standard.

When an asset or liability, financial or non-financial, is measured at fair value for recognition or disclosure purposes, the fair value is based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date; and assumes that the transaction will take place either: in the principal market; or in the absence of a principal market, in the most advantageous market.

Fair value is measured using the assumptions that market participants would use when pricing the asset or liability, assuming they act in their economic best interests. For non-financial assets, the fair value measurement is based on its highest and best use. Valuation techniques that are appropriate in the circumstances and for which sufficient data are available to measure fair value, are used, maximising the use of relevant observable inputs and minimising the use of unobservable inputs.

(r) Economic Dependence and Going Concern

The financial statements have been prepared on a going concern basis, which contemplates continuity of normal business activities and the realisation of assets and settlement of liabilities in the ordinary course of business.

The Corporation is dependent on the Commonwealth Departments of Health and Aged Care, and the NT Government Department of Health for the majority of its revenue to operate its programs and business. At the date of this report, the Board of Directors has no reason to believe that the above government departments will not continue to support the Corporation. The operations and future success of the Corporation is dependent upon the continued support and funding by the government bodies and the achievement of operating surpluses and positive operating cash flows.

The Corporation has successfully procured funding until 30 June, 2026. The Corporation continues to be offered continuation of contracts for new positions and programs through federal funding streams.

(s) New and Amended Accounting Standards Adopted By The Corporation

AASB 2022-5: Amendments to Australian Accounting Standards- Lease Liability in a Sale and Leaseback.

AASB 2022-5 amends AASB 16 to add subsequent measurement requirements for sale and leaseback transactions that satisfy the requirements in AASB 15: Revenue from Contracts with Customers to be accounted for as a sale.

The adoption of the amendment did not have a material impact on the financial statements.

AASB 2022-6: Amendments to Australian Accounting Standards - Non-current liabilities with covenants.

The Corporation adopted AASB 2022-6 Amendments to Australian Accounting Standards - Non-current liabilities with covenants which amends AASB 101 to improve the information an entity provides in its financial statements about liabilities from loan arrangements for which the entity's right to defer settlement of those liabilities for 12 months after the reporting period is subject to the entity complying with conditions specified in the loan arrangement.

The adoption of the amendment did not have a material impact on the financial statements.

AASB 2023-3: Amendments to Australian Accounting Standards – Disclosure of Non-current Liabilities with Covenants -Tier 2.

AASB 2023-3 amends AASB 1060 to align the disclosure requirements of Tier 2 entities with the Tier 1 equivalents in AASB 2020-1 and AASB 2022-6AASB 2023-3 amends AASB 1060 to:

- (a) Clarify that a liability is classified as non-current if an entity has the right at the reporting date to defer settlement of the liability for at least 12 months after the reporting date;
- (b) Clarify the reference to settlement of a liability by the issue of equity instruments in classifying liabilities; and
- (c) Require the disclosure of information that enables users of the financial statements to understand the risk that non- current liabilities with covenants could become repayable within twelve months.

The adoption of the amendment did not have a material impact on the financial statements.

Note 2 Revenue and Other Income

Government Grants

The majority of the Corporation's funding is in the form of grants from the Government. The Corporation has assessed that the majority of its grant agreements are enforceable and contain sufficiently specific performance obligations. This determination was made on the basis that the funding agreements require the Corporation to carry out various community support programs across member Aboriginal Community Controlled Health Organisations (ACCHOs) and remote communities. The Corporation therefore recognises funding received under such agreements as Revenue under AASB 15. Revenue is recognised as the Corporation delivers the required services over the duration of the underlying programs.

	2025 \$	2024 \$
2(a) Grant Revenue:		
— Commonwealth Government Grants	1,767,261	1,908,467
— NT Government Grants	1,412,217	1,272,840
— NACCHO Grants	7,517,821	7,815,836
— NT PHN Grants	1,837,195	1,955,473
— Other Grants	646,936	1,607,161
— Grants Returned and or Refundable	(382,656)	(661,796)
Total Grant Revenue	12,798,774	13,897,981
2(b) Other Income:		
— Interest Income	394,714	361,562
— Other Income	12,544	30,940
— Profit on Sale of Assets	87,805	1,075
— Secondment Fees	134,680	166,057
Total Other Income	629,743	559,634

Note 3 Expenses

	2025 \$	2024 \$
3(a) Auditor's Remuneration :		
— Audit of financial statements	35,000	36,620
— Consulting and professional fees	17,513	18,702
Total Auditor's Remuneration	52,513	55,322
3(b) Depreciation Expense :		
— Depreciation Plant and Equipment	76,506	76,849
— Depreciation Right of Use Assets	407,717	386,413
Total Depreciation and Amortisation Expenses	484,223	463,262
3(c) Employee and Personnel Benefits Expenses:		
— Salaries and Wages	6,418,979	6,439,717
— Superannuation	740,902	695,664
— Work Cover Insurance	100,360	67,714
— Movements in Employee Leave Entitlements	(71,154)	(272,937)
— Other Employee Benefit Expenses	218,077	160,504
Total Employee Benefits Expense	7,407,164	7,090,662
3(d) Finance Expenses:		
— Bank Charges	1,416	443
— ROU Lease Interest - Buildings	117,936	160,908
Total Finance Expenses	119,352	161,351
3(e) Rental and Hire Charges		
— Equipment Hire	3,163	2,480
— Rental Costs	37,621	9,944
Total Rental and Hire Charges	40,784	12,424

Note 4 Cash and Cash Equivalents

	NOTE	2025 \$	2024 \$
CURRENT			
Cash on hand		264	253
Cash at bank		8,899,098	9,854,931
Term Deposits		3,413,314	2,619,177
Total Cash on hand and at bank	16(a), 17	12,312,676	12,474,361
Cash and Cash Equivalents are comprised of:			
Tied Cash Holdings:		10,094,046	10,807,074
Untied Cash Holdings:		2,218,630	1,667,287
Total Cash Holdings:		12,312,676	12,474,361

Note 5 Trade and Other Receivables

	NOTE	2025 \$	2024 \$
CURRENT			
Trade Receivables:			
Trade receivables		32,973	179,380
Total Trade Receivables		32,973	179,380
Other Receivables:			
Other receivables		36,895	77,613
Total Other receivables		36,895	77,613
Total Current Trade and Other Receivables	17	69,868	256,993

The Corporation's normal credit term is 30 days.

No collateral is held over trade and other receivables.

Note 6 Other Current Assets

	NOTE	2025 \$	2024 \$
CURRENT			
Rental bonds		1,652	1,652
Prepayments		217,275	265,690
Total Other Current Assets		218,927	267,342

Note 7 Property, Plant and Equipment

	2025 \$	2024 \$
NON CURRENT		
PLANT AND EQUIPMENT		
Plant and equipment:		
At cost	321,901	285,728
Less Accumulated depreciation	(260,984)	(239,206)
	60,917	46,522
Motor vehicles:		
At Cost	477,791	380,766
Less Accumulated depreciation	(246,499)	(336,772)
	231,292	43,994
Total Plant and Equipment	292,209	90,516
Capital Work In Progress (WIP)		
Leasehold improvements	27,000	-
Total Property, Plant and Equipment	319,209	90,516

Movements in Carrying Amounts

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

	PLANT AND EQUIPMENT \$	MOTOR VEHICLES \$	CAPITAL WIP \$	TOTAL \$
Carrying amount at 1 July 2024	46,522	43,994	-	90,516
Additions at cost	36,173	242,026	27,000	305,199
Disposals	-	-	-	-
Depreciation expense	(21,778)	(54,728)	-	(76,506)
Carrying amount at 30 June 2025	60,917	231,292	27,000	319,209

Note 8 Right of Use Assets

	2025 \$	2024 \$
NON CURRENT		
(a) AASB 16 Related Amounts Recognised in the Balance Sheet		
Right of Use Assets		
Leased Building	2,385,512	1,953,949
Less Accumulated depreciation	(1,009,054)	(386,413)
	1,376,458	1,567,536
Total Right of Use Assets	1,376,458	1,567,536

The Corporation's lease portfolio includes two building leases, one in Alice Springs and one in Darwin City. The property in Alice Springs is a six year lease, commenced on 1 July 2021 and expires on 30 June 2027. There is no rental extension option for this lease. The property in Darwin City is a three year lease, commenced on 1 July 2023 and expires on 30 June 2026. There is a rental extension option for this lease.

The option to extend or terminate is contained in the Darwin City property lease of the Corporation. These clauses provide the Corporation the opportunities to manage leases in order to align with its strategies. The extension or termination options which were probable to be exercised have been included in the calculation of the Right of Use Asset.

Movements in Carrying Amounts

	LEASED BUILDING \$	TOTAL \$
Carrying amount at 1 July 2024	1,567,536	1,567,536
Additions at cost	216,639	216,639
Disposals	-	-
Depreciation expense	(407,717)	(407,717)
Carrying amount at 30 June 2025	1,376,458	1,376,458

(b) AASB 16 Related Amounts Recognised in the Statement of Profit and Loss

	2025 \$	2024 \$
Depreciation charge related to right of use assets	407,717	386,413
Interest expense on lease liabilities	117,936	160,908
Short-term leases expenses	40,784	12,424
	566,437	559,745

Note 9 Trade and Other Payables

	NOTE	2025 \$	2024 \$
CURRENT			
Trade payables		600,028	848,641
Accrued expenses		289,665	1,206,906
Amounts payable to the ATO		274,720	-
Other sundry payables		134,356	1,418,190
Total Trade and Other Payables		1,298,769	3,473,737
Financial liabilities at amortised cost are classified as Trade and Other Payables:	17	1,298,769	3,473,737

Note 10 Contract Liabilities

	2025 \$	2024 \$
Unspent grants- grant funded programmes	5,370,532	-
Unspent grants - to be repaid	240,648	-
Revenue received in advance	1,108,605	-
Contract Liabilities- grant funded programmes	6,719,785	-
(a) Contract liabilities - movement in amounts :		
Balance at the beginning of the year	-	
Additions: Grants for which performance obligations will only be satisfied in subsequent years	6,479,137	
Expended: Grants acquitted or utilised during the year	-	
Closing balance	6,479,137	

Under AASB 15 Revenue from Contracts with Customers, grant funds are recognised as income when the entity obtains control of the funds and satisfies the performance obligations specified in the contract. In the first year of the contract, if the grant agreement is enforceable and contains sufficiently specific performance obligations, the entity typically recognises income for the portion of obligations fulfilled during that period. This often results in recognising most or all of the grant as income upfront if obligations are substantially met early. However, by the final year, any unspent funds that remain tied to unsatisfied obligations or refund clauses cannot be recognised as income. Instead, these amounts represent a present obligation to either deliver goods/services or return funds, which meets the definition of a liability under MSB 15. Consequently, the entity reverses previously recognised income for these unspent amounts and records an expense and a liability (often termed “contract liability” or “refund obligation”) to reflect the obligation to the granter. This approach ensures revenue recognition aligns with the transfer of control and avoids overstating income when obligations remain outstanding.

At the completion of 2025 several of the Corporation’s funding agreements have either expired or have less than twelve months for completion of the contract. All of these contracts have refund clauses requiring repayment of unspent funds. Consequently, the Corporation at 30 June 2025 has recognised a contract liability for these unspent funds of \$5,611,180.

(b) Unacquitted Grant Funding Recognised in Revenue and Retained Earnings

2025:

Recognised in Revenue and carried forward in Retained Surplus at 30 June 2024 is \$780,868 from 2025 and \$Nil From prior years. Under the terms of the grant agreement this grant revenue must be spent in the 2026 financial year.

2024:

Recognised in Revenue and carried forward in Retained Surplus at 30 June 2024 was \$5,998,277. Under the terms of the grant agreement this grant revenue was to be spent in the 2025 financial year.

Note 11 Lease Liabilities

	NOTE	2025 \$	2024 \$
CURRENT			
Leases - buildings		401,473	378,802
		401,473	378,802
NON-CURRENT			
Leases - buildings		1,092,914	1,264,480
		1,092,914	1,264,480
Total Lease Liabilities	17	1,494,387	1,643,282

The lease liabilities are secured by the underlying assets and are subject to the terms of their individual lease agreements.

Note 12 Employee Provisions

	2025 \$	2024 \$
CURRENT		
Provision for annual leave	520,906	496,871
Provision for time off in-lieu	16,460	9,643
Provision for long service leave	355,785	449,744
	893,151	956,258
NON-CURRENT		
Provision for long service leave	121,154	129,201
	121,154	129,201
Total Provisions for Employee Benefits	1,014,305	1,085,459

Analysis of total provisions:	Total
Opening balance at 1 July 2024	1,085,459
Additional provisions raised (taken) during the year (net)	(71,154)
Balance at 30 June 2025	1,014,305

Provision For Employee Benefits

Employee provisions represents amounts accrued for annual leave, TOIL and long service leave.

The current portion for this provision includes the total amount accrued for annual leave entitlements and the amount accrued for long service leave entitlements that have vested due to employees having completed the required period of service. Based on past experience, the Corporation does not expect the full amount of annual leave or long service leave balances classified as current liabilities to be settled within the next 12 months. However, these amounts must be classified as current liabilities since the Corporation does not have an unconditional right to defer the settlement of these amounts in the event employees wish to use their leave entitlement.

The non-current portion for this provision includes amounts accrued for long service leave entitlements that have not yet vested in relation to those employees who have not yet completed the required period of service.

In calculating the present value of future cash flows in respect of long service leave, the probability of long service leave being taken is based upon historical data. The measurement and recognition criteria for employee benefits have been discussed in Note 1(g).

Note 13 Capital and Leasing Commitments

	2025 \$	2024 \$
(a) Lease Liability Commitments:		
— not later than 1 year	492,836	483,470
— later than 1 year but not later than five years	1,203,754	1,696,590
— later than five years	-	-
Total Future Lease Payments at the End of the Reporting Period:	1,696,590	2,180,060
(b) Operating Lease Commitments		
Rental commitments: short term and low value assets		
Payable – minimum lease payments no later than 12 months:		
— Short term leases	3,432	3,432
— Low value assets	-	-
Total Operating Lease Commitments	3,432	3,432

The Corporation continues to pay a monthly rental of \$286 for a store shed, or \$3,432 per annum.

(c) Capital Expenditure Commitments

The Corporation has \$Nil capital expenditure commitments as at 30 June 2025 (2024 : \$Nil).

Note 14 Contingent Liabilities and Contingent Assets

The Directors are not aware of any contingent liabilities or assets as at 30 June 2025 (2024 : \$Nil).

Note 15 Events After the Reporting Period

The Directors are not aware of any significant events since the end of the reporting period that have significantly affected, or may significantly affect the Corporation's operations, the results of those operations, or the Corporation's state of affairs in future financial years (2024 : Nil).

Note 16 Cash Flow Information

	NOTE	2025 \$	2024 \$
(a) Reconciliation of cash and cash equivalents to Statement of Cash Flows:			
Cash on hand and at bank	4	12,312,676	12,474,361
Total cash as stated in the Statement of cash flows		12,312,676	12,474,361
(b) Reconciliation of Cash Flow from Operating Activities with Current Year Profit (Loss)			
Profit (Loss) for the current year		(4,684,378)	2,311,486
Non-cash flows:			
Depreciation and amortisation expense		484,223	463,262
(Profit) / Loss on sale of assets		(87,805)	(1,075)
Interest expense on lease liabilities		117,936	160,908
Changes in assets and liabilities:			
(Increase)/decrease in trade and other receivables		187,125	116,254
(Increase)/decrease in other current assets		48,415	(19,406)
Increase/(decrease) in accounts payable and other payables		(2,174,968)	477,277
Increase/(decrease) in contract liabilities		6,719,785	1,233,794
Increase/(decrease) in employee provisions		(71,154)	(330,598)
Net cash provided by operating activities		539,179	4,411,902

Note 17 Financial Risk Management

The Corporation's financial instruments consist mainly of deposits with banks, local money market instruments, short term and long-term investments, account receivables and payables, contract assets, lease liabilities and contract liabilities.

The totals for each category of financial instruments, measured in accordance with AASB 9 as detailed in the accounting policies to these financial statements, are as follows:

	NOTE	2025 \$	2024 \$
Financial assets			
Financial assets at amortised cost:			
Cash on hand	4	12,312,676	12,474,361
Trade and other receivables	5	69,868	256,993
Total financial assets		12,382,544	12,731,354
Financial liabilities			
Financial liabilities at amortised cost:			
Trade and other payables	9	1,298,769	3,473,737
Lease liabilities	11	1,494,387	1,643,282
Total financial liabilities		2,793,156	5,117,019

Refer to Note 18 for detailed disclosures regarding the fair value measurements of the Corporation's financial assets.

Note 18 Fair Values Measurements

The Corporation measures and recognises the following assets and liabilities at fair value on a recurring basis after initial recognition:

- financial assets at fair value through profit or loss;
- financial assets at fair value through other comprehensive income; and
- leasehold improvements.

The Corporation does not subsequently measure any liabilities at fair value on a recurring basis, or any assets or liabilities on a non- recurring basis.

The fair values of financial assets and financial liabilities are presented in the following table and can be compared to their carrying values as presented in the statement of financial position.

	NOTE	2025		2024	
		CARRYING AMOUNT \$	FAIR VALUE \$	CARRYING AMOUNT \$	FAIR VALUE \$
Financial assets					
Cash on hand and at bank	4, 17	12,312,676	12,312,676	12,474,361	12,474,361
Trade and other receivables	5, 17	69,868	69,868	256,993	256,993
Total financial assets		12,382,544	12,382,544	12,731,354	12,731,354
Financial liabilities					
Trade and other payables	9, 17	1,298,769	1,298,769	3,473,737	3,473,737
Lease liabilities	11, 17	1,494,387	1,494,387	1,643,282	1,643,282
Total financial liabilities		2,793,156	2,793,156	5,117,019	5,117,019

(i) Cash on hand and at bank, term deposits, accounts receivable and other debtors, and accounts payable and other payables and contract liabilities are short-term instruments in nature whose carrying value is equivalent to fair value. Trade and other payables exclude amounts provided for annual leave, which is outside the scope of AASB 9.

(ii) Lease liabilities fair values are assessed on an annual basis by Management and the Committee Members. Current available data is used in assessing their carrying and fair values.

A fair value measurement assumes that the transaction to sell the asset or transfer the liability takes place either:

- (a) in the principal market for the asset or liability; or
- (b) in the absence of a principal market, in the most advantageous market for the asset or liability.

Note 19 Key Management Remuneration

Any persons having authority and responsibility for planning, directing and controlling the activities of the Corporation, directly or indirectly, including any Committee Member (whether executive or otherwise) of the Corporation, is considered to be Key Management Personnel (KMP).

The totals of remuneration paid to KMP of the Corporation during the year are as follows:

	2025 \$	2024 \$
Short term employee benefits	1,795,313	1,661,154
Post employee benefits (superannuation)	201,388	170,415
Total Key Management Remuneration	1,996,701	1,831,569

Directors receive no remuneration for their services.

Note 20 Other Related Party Disclosure

Other related parties include close family members of key management personnel and entities that are controlled or jointly controlled by those key management personnel or individual or collectively with their close family members.

Transactions between related parties are on commercial terms and conditions no more favourable than those available to other parties unless otherwise stated.”

The related party of the Corporation where transactions occurred during the year is Northern Territory Primary Health Network (NTPHN). Aboriginal Medical Services Alliance Northern Territory is a member of NT PHN.

	2025 \$	2024 \$
During the year the Corporation received grant funding from NT PHN of:	1,837,195	1,955,473

There were no other related party transactions in 2025 (2024: \$Nil).

Note 21 Corporation Details

The Registered Office and Principal Place of Business of the Corporation is:

Aboriginal Medical Services Alliance Northern Territory
43 Mitchell Street
Darwin City NT 0801

Directors' Declaration

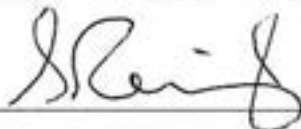
The Directors of Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation, declare that in the Directors' opinion:

1. The financial statements and notes, as set out on pages 79 to 104, are in accordance with the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* (CATSI Act 2006) and with the *Australian Charities and Not-for Profits Commission Act 2012* (ACNC Act) and:
 - (a) Comply with Australian Accounting Standards - Simplified Disclosures applicable to the entity; and
 - (b) Give a true and fair view of the financial position of the Corporation as at 30 June 2025, its performance and cash flows for the year ended on that date.
2. In the Directors' opinion there are reasonable grounds to believe that the Corporation will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors of Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation and with subsection 60.15(2) of the *Australian Charities and Not-for-profits Commission Regulation 2022*.



Dated 21st October 2025



STEVE ROSSING

Dated 21st October 2025





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INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY ABORIGINAL CORPORATION

Opinion

We have audited the financial report of Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation (the "Corporation"), which comprises the statement of financial position as at 30 June 2025, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including material accounting policy information, and the Directors' declaration.

In our opinion, the accompanying financial report of Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation, is in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* and the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* including:

- (i) giving a true and fair view of the Corporation's financial position as at 30 June 2025 and of its financial performance and its cashflows for the year then ended; and
- (ii) complying with Australian Accounting Standards – Simplified Disclosures, the *Corporations (Aboriginal and Torres Strait Islander) Regulations 2017* and Division 60 of the *Australian Charities and Not-for-profits Commission Regulations 2022*.

Basis for opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Corporation in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Matter

The financial report of Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation for the year ended 30 June 2024 was audited by another auditor who expressed an unqualified opinion on the financial report on 23 October 2024.

Other information

The Directors are responsible for the other information. The other information comprises the information in Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation's annual report for the year ended 30 June 2025 but does not include the financial report and the auditor's report thereon.

Our opinion on the financial report does not cover the other information and we do not express any form of assurance conclusion thereon.

Advisory. Tax. Audit.

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INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY ABORIGINAL CORPORATION (CONT.)

Other information (Cont.)

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of the other information we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the Directors for the Financial Report

The Directors of Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards, the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* and the *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as the Directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Directors are responsible for assessing the Corporation's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors either intend to liquidate the entity or to cease operations, or have no realistic alternative but to do so.

The Directors are responsible for overseeing the Corporation's financial reporting process.

Auditor's responsibility for the audit of the financial report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or taken together, they could reasonably be expected to influence the economic decisions of users taken based on this financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

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INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY ABORIGINAL CORPORATION (CONT.)

Auditor's responsibility for the audit of the financial report (Cont.)

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Corporation's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by those charged with governance.
- Conclude on the appropriateness of the Directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Corporation's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Corporation to cease to continue as a going concern.
- Evaluate the overall presentation, structure, and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Nexia Edwards Marshall NT
 Chartered Accountants

Noel Clifford
 Partner

Direct Line: 08 8981 5585 ext. 506
 Mobile: 0417 864 114
 Email: nclifford@nexiaem.com.au
 Darwin, Northern Territory
 Dated: 21 October 2025

Advisory. Tax. Audit.

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I hereby declare under a solemn approved oath (Professional Statement) as auditor



Full Members



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Associate Members

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CENTRAL AUSTRALIAN ABORIGINAL ALCOHOL PROGRAM UNIT (CAAAPU)

290 Ragonesi Rd, Alice Springs NT 0871
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COUNCIL FOR ABORIGINAL ALCOHOL PROGRAM SERVICES (CAAPS)

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FORWAARD ABORIGINAL CORPORATION

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(Santa Teresa) NT 0872
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MUTITJULU HEALTH SERVICE

Lot 36 Petermann Rd, Mutitjulu NT 0872
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PEPPIMENARTI HEALTH ASSOCIATION

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