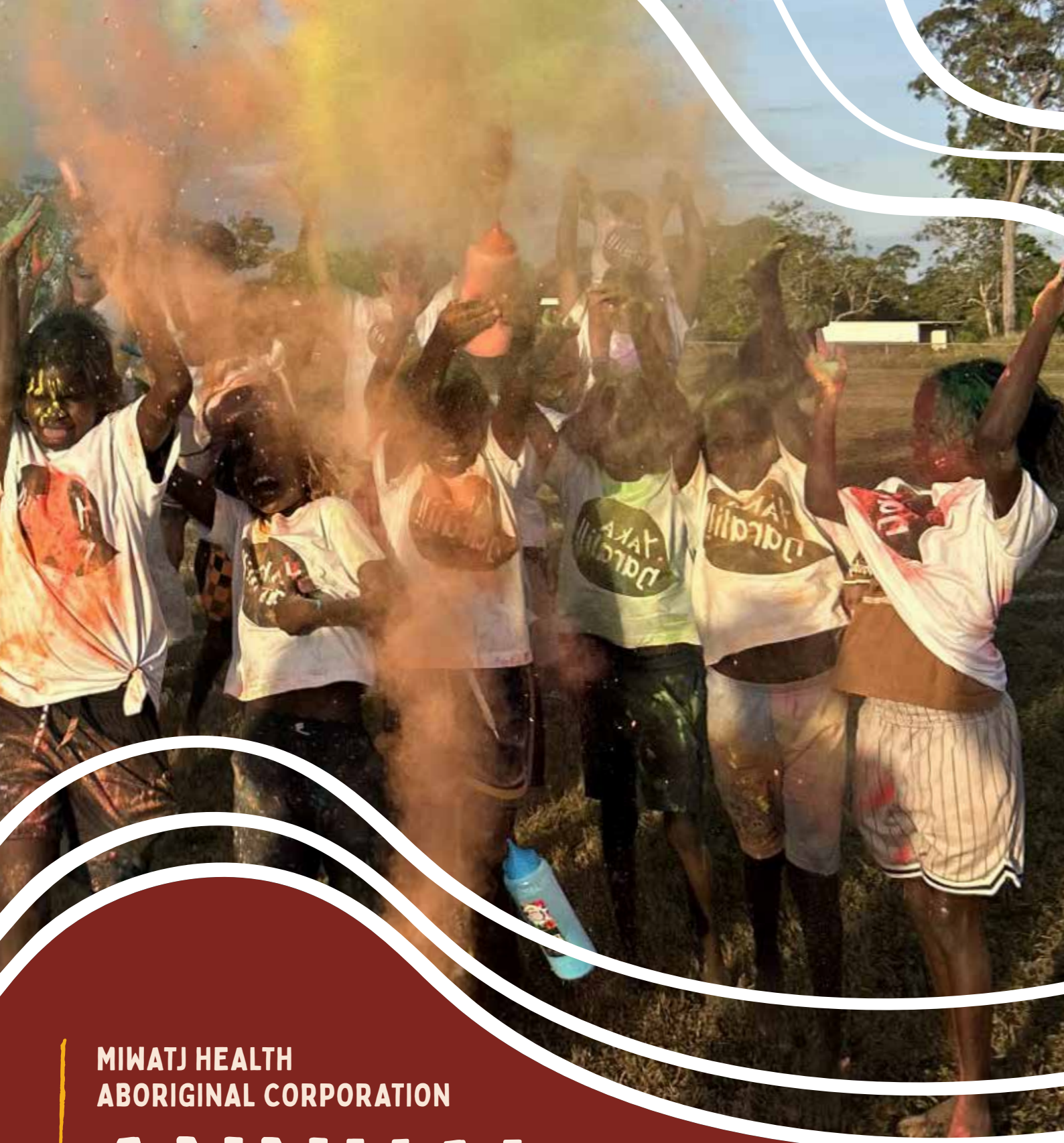


MIWATJ HEALTH
ABORIGINAL CORPORATION

ANNUAL REPORT

2025-2026

MIWATJ HEALTH
ABORIGINAL CORPORATION
BUILDING STRONGER COMMUNITIES TOGETHER



Acknowledgement of Country

Miwatj Health Aboriginal Corporation acknowledges Yolŋu people as the Traditional Custodians of the lands on which we live, work and play. We pay our respects to Elders past and present and honour their continuing connection to land, sea, culture and community.

Cultural Warning

Aboriginal and Torres Strait Islander people should be aware that this document may contain images and names of deceased persons.

CONTENTS

01. ABOUT MIWATJ HEALTH 5

WHO WE ARE 6
OUR VALUES 7
OUR CONTEXT 8
STRATEGIC GOALS 9
OUR COMMUNITIES 10
OUR ORGANISATIONAL STRUCTURE 11

02. YEAR IN REVIEW 14

BOARD CHAIR REPORT 15
CEO REPORT 16
OUR YEAR IN A GLANCE 18
NTAHKPI REPORT 18

03. CLINICAL CARE & PERFORMANCE 20

CLINICAL GOVERNANCE REPORT 21
DIRECTOR OF MEDICAL SERVICES REPORT 22
DIRECTOR OF NURSING & MIDWIFERY REPORT 23
OUR CLINICS 24

04. OUR PROGRAMS & SERVICES 30

RAYPIRRI ROM 31
INTEGRATED SERVICES REPORT 33

05. OUR ORGANISATION 58

PEOPLE, CULTURE & CAPACITY REPORT 59
FINANCE, GRANTS & MEDICARE REPORT 62
FINANCIAL STATEMENTS 64

ABOUT MIWATJ

ABOUT MIWATJ HEALTH 5
WHO WE ARE 6
OUR VALUES 7
OUR CONTEXT 8
STRATEGIC GOALS 9
OUR COMMUNITIES 10
OUR ORGANISATIONAL STRUCTURE 11



01

ABOUT MIWATJ HEALTH

Miwatj Health Aboriginal Corporation (Miwatj Health) is an independent, Aboriginal community controlled health organisation based in East Arnhem Land.

We carry forward the vision of the Elders who advocated for self-determination and a Yolŋu-led health service, guided today by our Yolŋu Board of Directors.

Across seven clinics at five sites, Yolŋu ga Balanda work together to provide comprehensive primary health care that respects Yolŋu culture, knowledge and ways of life.

Our approach combines clinical care with wrap-around support, recognising the deep connections between health, family, community, culture and Country. From prevention and early detection through to treatment, rehabilitation and recovery, we work alongside individuals and families to provide culturally sensitive care that responds to their needs and circumstances. We also collaborate with communities and partner organisations to address the social determinants of health, including housing, education, employment and access to essential services.

Through training and employment opportunities, we support Yolŋu to build skills, pursue careers and take on leadership roles. Together, we strengthen Yolŋu leadership, uphold community control and work towards a future where Yolŋu shape the decisions that affect their health and wellbeing.

WHO WE ARE

WHAT WE WANT TO SEE (OUR VISION)

Self-Determined Yolŋu.

WHAT WE WANT TO DO (OUR PURPOSE)

Provide quality, comprehensive and holistic primary and preventative health care to improve health outcomes in East Arnhem Land.

HOW WE WANT TO BE SEEN (OUR ORGANISATION)

As an organisation that is accountable to Yolŋu, authentically Aboriginal community controlled and drives positive impact.

OUR VALUES

COMMUNITY CONTROL

We have been established as a community-controlled organisation and know that the better we practice authentic community control and a holistic based model of care, the better the outcomes will be for Yolŋu.

YOLŊU-FOCUSED

Our clients are at the centre of our model of care and our focus is always on what is best for them.

CULTURAL AWARENESS

Cultural awareness is one of the key drivers of cultural safety that underpins every service we provide.

QUALITY

We always strive to be the best we can through embracing continuous quality improvement, ensuring we are externally accredited and maintaining those standards and identifying and treating risks.

RAYPIRRI

We exhibit respectful behaviours at all times and respect ourselves, others and culture.

TOGETHER

Yolŋu and Balanda work as a united team. We support and care for each other, are kind to each other and we collaborate across our organisation.



OUR CONTEXT

The peoples of East Arnhem Land have a high burden of disease and the highest rate of preventable deaths in Australia. Rates of chronic conditions are especially disproportionate.

Many of the things that make our clients sick are outside the influence of the services we are funded to deliver. This includes social determinants such as poverty, poor environmental health, overcrowded housing, and insufficient education and employment opportunities.

Miwatj Health has a strong focus on improving population health by building capability, encouraging healthy lifestyles, and advocating for structural improvements that address these social determinants of health.

This makes it essential for us to work closely with other community organisations and government bodies to advance public health goals.

STRATEGIC GOALS

01 YOLŊU POWERED COMMUNITY HEALTH AND WELLBEING

We are a truly community controlled organisation that enables Yolŋu to take control of their own health and wellbeing.

02 YOLŊU VOICES DIRECTING SYSTEMIC CHANGE

Miwatj Health is a leader in advocacy at the local, Territory and national levels that is making a difference for Yolŋu.

03 HOLISTIC HEALTH SERVICES ON COUNTRY

We deliver holistic, evidence-based, culturally appropriate services that follow a comprehensive, population health and needs-based approach, with a preventative focus, that has led to improved health standards.

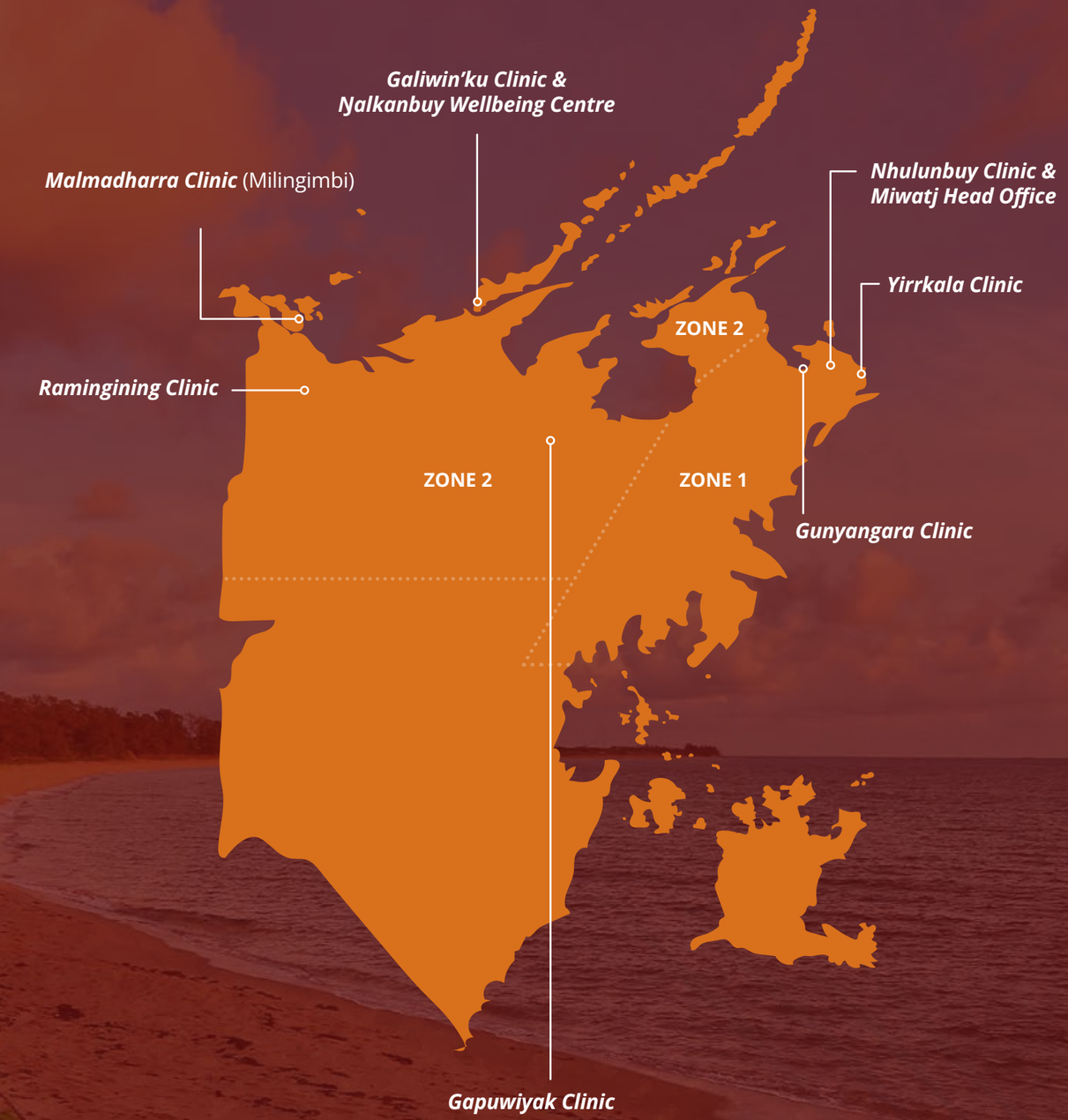
04 MEANINGFUL CAREER PATHWAYS, ESPECIALLY FOR YOLŊU

We attract and retain the best people, Yolŋu and Balanda, and give them the support, empowerment and opportunities they need to succeed.

05 HEALTHY BUSINESS OPERATIONS AND SYSTEMS

Our governance is strong, and our business operations and systems enable us to be effective, efficient, and financially sustainable.

OUR COMMUNITIES



OUR ORGANISATIONAL STRUCTURE

Interim CEO
Fiona Djerrkura

- Executive Assistant

Chief Financial Officer
Bernard Ho
- Accounting & Finance
- Payroll
- Grants
- Travel
- Medicare
- Assets
- Major Project Management

Interim Chief People & Culture Officer
Michelle Napier
- Human Resources
- Talent Acquisition
- Learning & Development
- Safety, Health & Wellbeing

Projects Director - Finance & Analytics
- ICT

Executive Director Integrated Services
Helen Mobbs
- Mental Health, Social & Emotional Wellbeing
- Public Health
- Men's Health
- Young Fathers
- Yothuw Mulka
- RAMF
- Allied Health
- Aged & Elder Care
- Research
- Medical Dhäwu Dhäwu
- NDIS
- Maternal & Women's Health
- Cancer Care
- Child Health
- Chronic Conditions
- Eye Health
- Oral Health
- Nutrition
- Renal Program

Executive Director Medical Services
Stephen McKernan
- General Practitioners
- Clinical Governance

- Marketing and Communications
- Corporate Secretary

Executive Director Nursing & Midwifery
Vacant
- Primary Health Care Clinics
- Patient Travel
- Infection Prevention

Raypirri Rom Manager
- Raypirri Rom

Chief Operating Officer
Vacant

OUR BOARD OF DIRECTORS

ZONE ONE



KERRY WUNUNGMURRA
Home Community: Yirrkala



BARAYUWA MUNUNGGURR
Home Community: Yirrkala



BOYAN YUNUPINGU
Home Community: Yirrkala

ZONE TWO



DON WININBA GANAMBARR (BOARD CHAIR)
Home Community: Galiwin'ku



CHARLIE RAMANDJARRI
Home Community: Ramingining



SOPHIA YINAKARRANGARR
Home Community: Ramingining



DION WUNUNGMURRA
Home Community: Gapuwiyak



SHERILYN DHAMARRANDJI
Home Community: Galiwin'ku



TED GONDARRA
Home Community: Galiwin'ku



JULIE GAPALATHANA
Home Community: Milingimbi

ZONE THREE



ROLAND NUNDHIRRIBALA
Home Community: Numbulwar



RHONDA SIMON
Home Community: Numbulwar

INDEPENDENT



DR MARCO BRICENO



YEAR IN REVIEW

BOARD CHAIR REPORT 15
CEO REPORT 16
OUR YEAR IN A GLANCE 18
NTAHKPI REPORT 18



02

BOARD CHAIR REPORT

DON WININBA, CHAIRPERSON



I was honoured to take on the role of Board Chair in May 2026 and would like to thank the Board of Directors for their ongoing support, leadership and commitment to the communities we serve across East Arnhem Land.

This year, we were pleased to welcome Dr Marco Briceno as an Independent Director. Dr Briceno brings invaluable clinical expertise and extensive experience within the health sector, strengthening the Board's ability to make informed and strategic decisions. We remain focused on recruiting two additional independent members to ensure we continue to bring the right expertise to the Board table.

I would like to thank Roland Nundhirribala and Rhonda Simon for their dedicated service and valued contribution in representing the Numbulwar community. The Board has determined that Director representation for Zone 3 will conclude at the end of 2026.

Over the past 12 months, Miwatj Health has continued to grow and strengthen its workforce, with 120 Yolŋu employed across the organisation. This reflects our commitment to creating meaningful career pathways for Yolŋu.

While we still face many challenges, with high rates of preventable death and chronic disease still an unacceptable reality for Yolŋu people, we have continued to work together as a united Board and organisation. We remain focused on delivering comprehensive, holistic care that supports the health and wellbeing of our people.

Preventative health remains a key priority. Keeping Yolŋu people healthy through early intervention, health promotion and community-led programs is essential to creating lasting improvements in health outcomes and advance meaningful change towards closing the health gap between Yolŋu and Balanda people.

Our Strategic Plan provides a clear direction through to 2033 with five strategic goals: Yolŋu-powered community health and wellbeing, Yolŋu voices directing systemic change, holistic health services on Country, meaningful career pathways, particularly for Yolŋu, and healthy business operations and systems.

Central to each of these goals is our vision of a self-determined Yolŋu future - where Yolŋu direct and lead the decisions that affect their health.

As a collective Board, our lived experience, cultural knowledge and strong connection to community continue to guide our leadership. I thank our staff, partners and communities for their dedication throughout the year. It is inspiring to see Yolŋu and Balanda working together with a shared purpose as we continue advancing Yolŋu-powered community control and delivering better health outcomes for future generations.

Don Wininba
Board Chairperson
Miwatj Health Aboriginal Corporation

CEO REPORT

FIONA DJERRKURA, ACTING CEO

Miwatj Health's purpose is grounded in the vision of the Elders who advocated for self-determination and a Yolŋu-led health service. Guided by our Yolŋu Board of Directors, we continue to carry that vision forward through Yolŋu ga Balanda working together to strengthen the health and wellbeing of our communities across North East Arnhem Land.

This year has brought challenges for our organisation, requiring honest reflection, difficult decisions and a shared commitment to strengthening how we work. Throughout this, our people have continued to show up, often going above and beyond to support one another and work alongside Yolŋu individuals, families and communities.

The burden of chronic illness and preventable deaths experienced by Yolŋu gives urgency to our work. We must continue striving to change this narrative, recognising both the unacceptable health inequities our communities face and the strength, knowledge and leadership within them. Meaningful progress requires sustained investment, culturally safe care and action on the social conditions that shape health. Above all, it requires Yolŋu to lead the decisions affecting their lives.

We welcome Professor Marco Briceno as our new Independent Director. Professor Briceno brings experience across the continuum of health care, from remote clinics to senior government executive leadership. Having spent more than a decade based in Nhulunbuy, including as Regional Director of East Arnhem and Director of Medical Services at Gove District Hospital, he brings valuable regional knowledge and clinical expertise. We look forward to his contribution in supporting our Yolŋu Directors and strengthening the Board's collective knowledge.

Detailed design, planning and consultation has progressed for the redevelopment of the Galiwin'ku Old Clinic and six chair renal unit. A Project Leadership Group, facilitated by a Project Lead and involving our Chairperson and senior Yolŋu staff, is helping ensure cultural considerations and protocols guide discussions and decisions about the design and layout.

There has been overwhelming agreement that the redevelopment should create a culturally grounded place of healing, safety, storytelling and community ownership. This shared understanding provides a strong foundation for the project, and we look forward to progressing towards construction. Design has commenced for renal staff housing to support the future expansion of the renal dialysis service.

I also acknowledge the Northern Territory Government's commitment to undertake fencing works for properties in Milingimbi and Gapuwiyak. This is an important step towards improving safety and security for our staff and services. We remain committed to advocating for funding for fit-for-purpose health facilities and safe, secure staff housing, recognising that these are essential to supporting our workforce and maintaining consistent, quality care in our communities.

We welcomed important funding for Men's Health, creating opportunities to strengthen support for Yolŋu men. Our staff's achievements, recognised through award nominations and wins throughout the year, have been another source of pride. These acknowledgements reflect the dedication, skill and care our people bring to their work and the difference they make within our communities.

As I reflect on the year, I am privileged to work alongside a strong and passionate Yolŋu Board whose members bring cultural knowledge, lived experience and a deep understanding of the challenges facing their respective communities. I thank our Directors for their leadership and for keeping community priorities at the centre of our work. I am humbled by their trust and belief in me to undertake the Acting Chief Executive Officer role and provide continuity and stability for Miwatj Health.

I sincerely thank our Senior Leadership Team for the knowledge, experience and leadership they bring to translating the Board's strategic vision into operational priorities and everyday practice. Their commitment to supporting our workforce and maintaining essential services has been particularly important during a period of change.

To all our staff, thank you for your commitment and efforts throughout the year. Whether working behind the scenes in administration and support roles or on the frontline delivering health care, education and awareness, your contribution matters. Across our seven clinics at five sites, and through our broader programs, your work helps individuals and families access care, understand their health and receive support that considers their circumstances, culture and wellbeing.



I acknowledge and thank our key funders and sector partners: the Australian Government Department of Health, Disability and Ageing; NT Health; Northern Territory Primary Health Network (NTPHN); the National Indigenous Australians Agency (NIAA); the Aboriginal Medical Services Alliance Northern Territory (AMSANT); and the National Aboriginal Community Controlled Health Organisation (NACCHO). Your funding, advocacy, collaboration and ongoing support are vital to our work.

Finally, I offer a heartfelt thank you to everyone who chooses to work at Miwatj Health or alongside our organisation and communities. Thank you for your belief in our purpose and your willingness to contribute to the work ahead. Together, we carry forward our Elders' vision of a strong, Yolŋu-led health service, where our people can access quality care, determine their own futures and live healthy lives connected to family, community, culture and Country.

Fiona Djerrkura
Acting Chief Executive Officer
Miwatj Health Aboriginal Corporation

OUR YEAR IN A GLANCE

7
CLINICS

18
HEALTH PROGRAMS

345
EMPLOYEES

35%
YOLŊU EMPLOYEES

8,160
RESIDENT POPULATION

8,946
VACCINES ADMINISTERED

91%
OF CHILDREN AGED 2-6 FULLY IMMUNISED

137
BABIES BORN

NORTHERN TERRITORY ABORIGINAL HEALTH KEY PERFORMANCE INDICATORS (NTAHKPI) REPORT

MIWATJ CLINIC	RESIDENT CLIENT POPULATION	EPISODES OF CARE	EPISODES OF CARE PER PERSON
Galiwinku	2,161	25,346	11.7
Gapuwiyak	1,133	16,043	14.2
Gunyangara	368	3,994	10.9
Milingimbi	1,266	15,970	12.6
Nhulunbuy	887	10,126	11.4
Ramingining	1,312	17,893	13.6
Yirrkala	1,033	12,180	11.8
Total	8,160	101,552	



CLINICAL CARE & PERFORMANCE

CLINICAL GOVERNANCE REPORT 21
DIRECTOR OF MEDICAL SERVICES REPORT 22
DIRECTOR OF NURSING & MIDWIFERY REPORT 23
OUR CLINICS 24



CLINICAL GOVERNANCE REPORT

The past year has focused on strengthening community immunisation coverage in response to a diphtheria outbreak in the Northern Territory (NT), emergency preparedness, and organisational oversight through structured committee governance.

A robust committee structure underpins clinical governance across the organisation. The Medication Management Committee oversees safe medication practices and incident review; the Clinical Governance Committee provides organisational oversight of clinical safety, quality, and risk; the Controlled Documents Committee maintains the integrity and currency of clinical policies and procedures; and the Communicare Action Group Committee drives optimisation of the Communicare clinical information system. These committees met regularly, providing structured mechanisms for identifying risk and embedding continuous improvement.

In March 2026, an outbreak of diphtheria was declared in the NT. Miwatj Health responded with contact tracing coordination and targeted vaccination. With the support of the NT Primary Health Network (NTPHN), Australian Medical Assistance Teams (AUSMAT) and the Centre for Disease Control, vaccine drives took place in Galiwink'u, Milingimbi, Gapuwiyak, and Ramingining. A vaccine nurse was employed in a fly-in-fly-out (FIFO) capacity, supporting cold-chain integrity and timely recall actions.

New emergency equipment bags were implemented across clinics to standardise access to critical resources during medical emergencies. Sepsis kits were also introduced to support early recognition and rapid response to sepsis presentations, reducing delays in treatment for this time-critical condition.

Significant work was done to ensure Miwatj Health is ready for accreditation, including internal audits, documentation review, staff education, and gap analysis against clinical standards.



DIRECTOR OF MEDICAL SERVICES REPORT

Over the past year, Miwatj Health has continued to deliver high-quality, culturally responsive primary health care across East Arnhem Land, while responding to the broader national challenges of recruiting and retaining doctors in remote primary health care. The team has continued to provide essential clinical services, support community priorities, and strengthen the systems that underpin safe, coordinated and accessible care.

While workforce gaps remain, Miwatj Health has sustained its ability to attract doctors who are committed to Aboriginal community controlled health care and remote practice. The registrar program continues to be an important part of this strategy, with successful recruitment of new registrars and the notable retention of two registrars who, after achieving Fellowship, have remained with Miwatj Health as General Practitioners (GPs). Their transition reflects the value of supportive training pathways in building a sustainable remote medical workforce.

Miwatj Health has continued to support registrar training, medical student placements and opportunities for hospital doctors to experience remote comprehensive primary health care. These placements expose future doctors to Aboriginal community controlled practice, deepen understanding of Yolŋu health priorities, and help build interest in long-term careers in remote general practice. They also contribute to a strong learning culture across clinics, with experienced clinicians, registrars, students and hospital doctors sharing knowledge and building capability together.

Alongside this workforce and training focus, Miwatj Health has continued to improve the way care is organised and delivered. Work has progressed to refine clinical workflows, improve coordination of outreach, and make better use of available medical capacity. These improvements are helping the service operate more efficiently in a context of high demand and variable staffing availability.

Miwatj Health has advanced the development of outreach activity through Medical Dhäwu Dhäwu. This shared medical appointment model has matured over the year, supporting more team-based and coordinated outreach to communities. By bringing medical staff together with clinical, public health, allied health and local teams, Medical Dhäwu Dhäwu provides an important platform for chronic disease care, health education and culturally safe engagement.

These achievements in recruitment, retention, outreach maturity, medical education and service improvement provide a strong foundation for Miwatj Health to continue strengthening medical care in partnership with communities across the region.

DIRECTOR OF NURSING & MIDWIFERY REPORT

Throughout 2025-26, Miwatj Health's nursing and midwifery workforce continued to demonstrate commitment, adaptability and professionalism in delivering high quality, culturally safe health care across East Arnhem Land. Working in partnership with Yolŋu communities, Aboriginal Health Practitioners (AHPs), GPs and the broader multidisciplinary team, our nurses and midwives remain central to ensuring people can access care as close to home as possible.

Recruitment, retention and workforce sustainability continued to be a major focus. Like many remote health services, Miwatj Health operates within a challenging national workforce environment. Despite these pressures, 52 casual and permanent appointments were made across clinical, administrative and support roles during the year.

A significant achievement was the commencement of the Digital After Hours service in May 2026, providing additional overnight clinical support across Zone 2 communities. The service has already supported more than 1,000 calls and 800 clinical triage assessments, with more than 540 patients safely handed over to local on call teams. The introduction of the Manchester Triage System has further strengthened clinical governance and safety in remote clinical decision-making.

Supporting patients to access care beyond community remained a priority. The Centralised Patient Assistance Travel Scheme team continued to coordinate complex patient journeys despite workforce, flight and accommodation challenges, while collaboration with NT Health and Aboriginal Medical Services Alliance Northern Territory (AMSANT) supported advocacy for improvements to the patient journey.

The achievements of the past year reflect the dedication of Miwatj Health nurses, midwives, AHPs, Yolŋu workforce and multidisciplinary teams. Their local knowledge, clinical expertise and commitment to community are fundamental to delivering care that is safe, culturally responsive and community led.

As we move into 2026–27, the focus will be on continuing to build a sustainable workforce, strengthened clinical governance and professional development, reduced reliance on agency staffing, and supported pathways for nurses and midwives entering remote practice.



OUR CLINICS

NHULUNBUY & GUNYANGARA

It was a year of growth and service enhancement across the Nhulunbuy and Gunyangara Clinics, with significant investment in workforce capacity, maternal and child health services, and collaborative healthcare delivery. The clinics continued to strengthen partnerships with schools, community organisations and specialist services to improve health outcomes for Yolŋu families.

Key workforce achievements included the recruitment of child health nurses, a full-time midwife, and two acute remote area nurses. The clinics retained experienced Miwatj Health nurses who transitioned into frontline clinical roles, supporting continuity of care.

A Peninsula-wide approach to Child Health and Maternal and Women's Health programs continued under strong leadership, helping ensure consistent service delivery. The Child Health, Men's Health and Maternal Health teams worked closely with Clontarf, Stars Foundation and Nhulunbuy High School to provide health checks and education for young people.

Workforce development, in particular AHP training, remained a priority, and the purchase of new emergency response equipment and developmental screening resources enhanced patient care.

A highlight of the year was the successful coordination of care for a patient requiring heart valve surgery in Adelaide, demonstrating strong collaboration across multiple health services. The clinics remained committed to strengthening local healthcare and creating pathways for Yolŋu employment.





YIRRKALA

Yirrkala Clinic had a strong focus on child and family health, specialist service access, and strengthening partnerships. The team continued to enhance care delivery while responding to growing service demands and infrastructure constraints.

A key achievement was the commencement of weekly child health assessment days at Yirrkala School, with a doctor and child health nurse providing regular outreach. This initiative has improved access to care for children and supported the early identification of health concerns. Outreach activities will be further enhanced with the introduction of Starlink Mini technology to improve connectivity and documentation while working away from the clinic.

Collaboration remained a key focus, with the Medically Vulnerable Client list reviewed alongside Country Connect, Purple House, NDIS and Yirrkala Aged Care, strengthening care coordination for clients with complex needs. The clinic also resumed participation in Gove District Hospital's multidisciplinary meetings, improving communication and follow-up care for clients returning home after hospital admission.

Workforce and service capacity expanded during the year with the appointment of a midwife and the successful recruitment of complex care coordinator and acute remote area nurse positions. Yirrkala continued to host a wide range of visiting specialist services and secured a $20,000 grant to support vaccination uptake and purchase new clinical equipment.

MILINGIMBI

Milingimbi Clinic continued to strengthen healthcare delivery through innovative clinical services, workforce stability, and strong community engagement. The team's commitment to culturally responsive care and continuous improvement has supported positive outcomes for the community.

A significant milestone during the year was the successful delivery of the community's first local Intravenous Immunoglobulin (IVIg) infusion, removing the need for monthly travel to Darwin for one client and significantly improving access to care. The Lung Bus visited, resulting in strong participation from the local community and neighbouring Ramingining.

Community engagement remained a priority, with outreach activities promoting preventative healthcare and the presentation of the first Deadly Choices Health Check shirt.

Workforce stability remained a strength, supported by GP Registrar rotations, returning locums, and a cohesive team willing to step into higher-duty roles to maintain service continuity. The clinic achieved improvements in Rheumatic Heart Disease management, while earlier engagement with antenatal services supported improved maternity care.

Operational improvements included the arrival of a new Troopy Ambulance, along with enhancements to equipment management and mobile communication systems.





RAMINGINING

Ramingining Clinic saw a strong focus on outreach services, collaboration with health partners, and supporting Yolŋu-led health initiatives - all while responding to increasing demand for acute care.

Yothuw Mulka house continues to be a popular and welcoming space where women gather, support each other, and engage with midwives. Medical Dhäwu Dhäwu also built on its success this year, with 100% positive feedback from clients.

Community engagement deepened across all areas, with more community voices shaping services. Staff showcased strong local leadership, with staff continuing their AHP training and undertaking the Certificate II in Primary Health Care. The 2025 NT Primary Health Network (PHN) award for Primary Health Care Service of the Year was awarded to Ramingining.

While recruitment of new clinical staff and casuals progressed and interest from Yolŋu in health careers grew, the clinic still relied heavily on locum staff. Despite these pressures, the clinic team remained committed to delivering responsive, respectful, and community-led care.



GALIWIN`KU

Galiwin'ku Clinic continued to deliver high quality healthcare through strong teamwork, expanded outreach services, and a commitment to improving community health outcomes.

A major highlight was the successful Strong Hearts visit, during which 52 cardiology patients and 50% of antenatal clients were reviewed in a single week. The clinic hosted more than 12 specialist outreach clinics and welcomed the Lung Cancer Screening Bus, providing screening for approximately 30 Yolŋu patients.

An outreach-focused rostering model strengthened preventative healthcare, chronic disease management, patient recalls and follow-up for at-risk clients.

Galiwin'ku achieved the highest STI screening rate across Miwatj Health and recorded reductions in mental health-related evacuations and police call-outs. The addition of two permanent rotating mental health nurses strengthened support for clients and staff. Collaboration between visiting pharmacists and the chronic disease team also improved medication management and treatment adherence.

Workforce development remained a priority, with the introduction of primary health care community worker roles creating pathways for Yolŋu staff into future AHP training.

Community partnerships were strengthened through Arnhem Sports and the establishment of the Galiwin'ku Miyalk Group, supporting staff wellbeing and connection.

52

CARDIOLOGY PATIENTS REVIEWED
DURING THE STRONG HEARTS VISIT

12+

SPECIALIST OUTREACH CLINICS HOSTED

30

YOLŊU PATIENTS SCREENED
AT LUNG CANCER SCREENING BUS





GAPUWIYAK

Gapuwiyak Clinic continued to build on its strong reputation for community-centred care, with a focus on outreach, local workforce development and culturally safe service delivery.

Regular outreach services to surrounding homelands remained a key focus throughout the year, with increased support provided to Donydji through telehealth services and planned education visits. Group primary healthcare education sessions, coordinated by visiting GPs, encouraged greater participation in preventive healthcare activities and health checks.

Yolŋu-only staff meetings and the introduction of combined Yolŋu and Balanda health calendars supported stronger collaboration and cultural understanding within the workplace. Several local staff members transitioned into permanent roles, while pathways for future AHP trainees were developed.

Clinical performance remained strong, achieving 96% childhood immunisation coverage and 715 health checks.

Visiting specialist services, including cardiology, optometry, dental and midwifery clinics, continued to improve access to care close to home.

Ongoing improvements to communications systems, equipment and the introduction of Starlink technology are expected to further strengthen service delivery for the Gapuwiyak community.

96%

CHILDHOOD IMMUNISATION COVERAGE

715

HEALTH CHECKS COMPLETED

OUR PROGRAMS & SERVICES

RAYPIRRI ROM 31
INTEGRATED SERVICES REPORT 33

MENTAL HEALTH, SOCIAL & EMOTIONAL WELLBEING . . 34
PUBLIC HEALTH 35
EYE HEALTH 36
ORAL HEALTH 37
NUTRITION 38
CHRONIC CONDITIONS 39
RENAL PROGRAM 40
RISK ASSESSMENT & MANAGEMENT FRAMEWORK 41
MEN`S HEALTH 42
CANCER CARE 44
ELDER CARE SUPPORT 45
MEDICAL DHAWU DHAWU 46
YOTHUW MULKA 48
MATERNAL & WOMEN`S HEALTH 49
CHILD HEALTH 50
NDIS 52
RESEARCH 54



04

RAYPIRRI ROM

The past year has been one of growth, learning and connection for the Raypirri Rom team. At its heart, our work remains grounded in Raypirri and Rom, the teachings, values and cultural authority that guide how we care for one another, strengthen relationships, and support safer and healthier communities.

As a predominantly Yolŋu workforce, our team shares many of the same realities experienced by the people we support, including housing pressures, family responsibilities, grief and loss, and broader social and economic challenges. While these realities can be difficult, they also strengthen our understanding of community needs and reinforce the importance of culturally led responses built on trust, relationships and lived experience.

Throughout the year, the team continued to support conversations around family and domestic violence, harmful behaviours, respect, accountability and community wellbeing. These discussions are approached through Yolŋu ways of mentoring, storytelling, teaching and role modeling, recognising that lasting change is most powerful when grounded in culture, connection and mutual respect.

One of the highlights was the growth of the Yaka Mari, Show Respect campaign. Through community engagement initiatives such as the AFL 9s Round Robin Carnival and Garma Festival, the team created opportunities for people of all ages to come together, have fun and engage in positive conversations about respect, healthy relationships and cultural strength. The team's culturally designed resources, including the Raypirri Rom Wheel and Stronger Together, Hand in Hand activity, encouraged meaningful engagement.

The team proudly partnered with Project Love to deliver the Love and Respect campaign, combining music, youth activities, wellbeing workshops and community celebration. A particularly special achievement was the creation of an original song written and performed by Raypirri Rom staff, celebrating respect for Elders, culture, family, Country and self.



Other memorable moments included partnering with the Melbourne International Comedy Festival's Deadly Funny program, which showcased the power of humour and storytelling, and using the Raypirri Rom LED screen at local football games to promote positive messaging.

The team continued investing in its own growth through professional development opportunities, including attendance at the 2026 Queensland Indigenous Family Violence Legal Service Overcoming Indigenous Violence Conference and the 2026 AMSANT Workforce Forum. These experiences strengthened the team's skills, leadership and understanding while reinforcing the value of culturally grounded approaches to healing and prevention.

Like many First Nations programs operating in remote Australia, we continue to navigate service systems and funding models that are often designed around western measures of success. Yet we know that some of the most important outcomes are not easily measured. Stronger relationships, cultural pride, respectful behaviours, community participation and the continuation of Yolŋu knowledge and lore remain central to the work we do.

Most importantly, throughout every conversation, activity and event, Yolŋu culture and Rom remained at the centre. It is this cultural foundation that continues to guide our work and strengthen the wellbeing of individuals, families and communities across East Arnhem Land.



INTEGRATED SERVICES REPORT

The Executive Director Integrated Services position and associated portfolio was introduced in January 2026 and provides executive leadership and strategic oversight across Miwatj Health to ensure delivery of high quality, holistic, evidence-based, and culturally appropriate services.

The portfolio is focused on improving health outcomes for Yolŋu people by continuously improving workforce strategies and service delivery across a broad range of programs.

These programs follow a comprehensive population health and needs-based approach, with a preventative focus that leads to improved health standards. There has been a large focus on increasing the integration and collaboration between teams within the portfolio and other clinical teams providing direct care.

- MENTAL HEALTH, SOCIAL & EMOTIONAL WELLBEING
- PUBLIC HEALTH
- EYE HEALTH
- ORAL HEALTH
- NUTRITION
- CHRONIC CONDITIONS
- RENAL PROGRAM
- MEN'S HEALTH
- RISK ASSESSMENT & MANAGEMENT FRAMEWORK
- CANCER CARE
- ELDER CARE SUPPORT
- MEDICAL DHÄWU DHÄWU
- YOTHUW MULKA
- MATERNAL & WOMEN'S HEALTH
- CHILD HEALTH
- NDIS
- RESEARCH

MENTAL HEALTH, SOCIAL & EMOTIONAL WELLBEING

The Mental Health, Social and Emotional Wellbeing team strengthened access to culturally safe, relationship-based care across East Arnhem through clinical mental health care, suicide aftercare, care coordination, advocacy, practical support and community wellbeing activities.

Across Mental Health Stepped Care and the NT Aftercare Service there were:



214
PEOPLE SUPPORTED



2,194
CARE ENCOUNTERS

The team provided support following suicide and traumatic events, assisted a young person to return to school and worked with their family towards secure housing, supported access to residential alcohol and other drug rehabilitation, advocated for culturally responsive cancer care, and supported victim-survivors of domestic, family and sexual violence.

Community highlights included:

- R U OK? Day activities at Nhulunbuy High School and wellbeing activities in Galiwin'ku
- Mental Health Week activities in Ramingining, developed with Elders and local services
- Two International Women's Day sessions in Ramingining, bringing women together for yarning, damper making and tote-bag painting
- Weekly Peninsula barbecues with Raypirri Rom supporting community engagement in response to volatile substance use.

Workforce capability was strengthened through culturally responsive trauma-informed practice training delivered by AMSANT and collaboration with health, education, justice and community partners.





PUBLIC HEALTH

The public health team continued to grow and strengthen its contribution to prevention, health promotion and community wellbeing across East Arnhem Land.

The team has grown to **a workforce of more than 45 positions**, with **funding secured through to 2029** to support ongoing and sustainable delivery across our communities.

A key highlight was the expansion of the Strong Hearts partnership, providing echocardiography and cardiac screening for clients at risk of acute rheumatic fever and rheumatic heart disease. The team also supported Housing for Health Survey Fix activities, working alongside HealthHabitat to identify and address housing maintenance issues that impact health and wellbeing.

A recruitment highlight was strengthening local sexual health workforce capacity, with all **five public health coordinators and 22 public health community workers completing sexual health training.** This supported locally delivered sexual health and respectful relationships education, alongside syphilis surveillance, treatment follow-up and targeted outreach.

The Yaka Ŋarali' (Tackling Indigenous Smoking) program coordinated community education, Colour Fun Runs, Arnhem Sports and festival engagement, alongside targeted upskilling for community workers in smoking during pregnancy and tobacco education for young fathers.

Across all programs, the team continued to prioritise culturally safe, Yolŋu-led approaches, including the development of Yolŋu-language health resources, strengthening community worker career pathways and expanding programs such as Djamarrkuli'wu Mulka into Ramingining, Milingimbi and Gapuwiyak.



45+
POSITIONS ACROSS OUR GROWING WORKFORCE



2029
FUNDING SECURED FOR ONGOING, SUSTAINABLE COMMUNITY DELIVERY

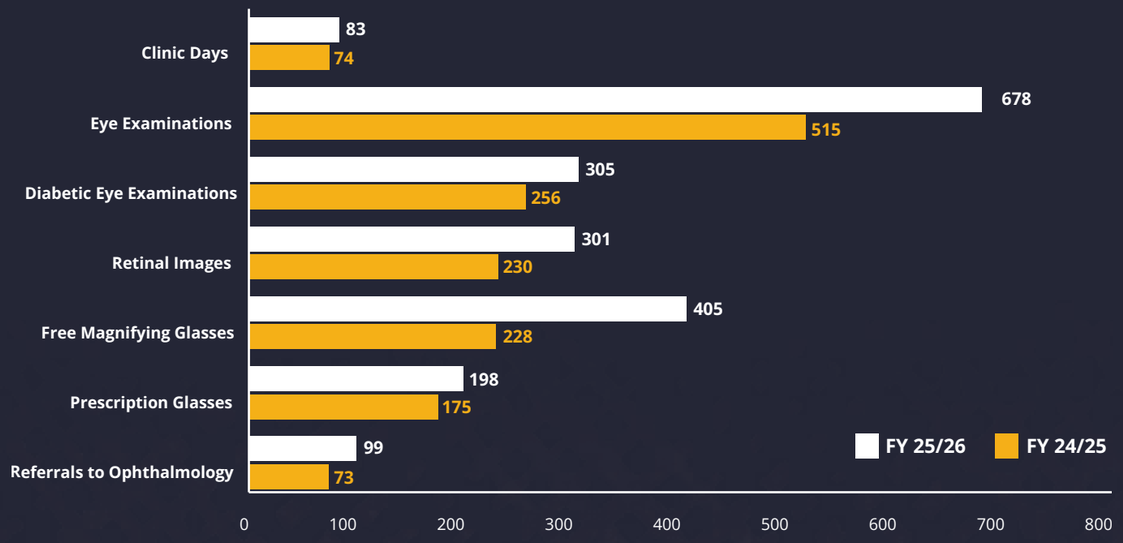


22
PUBLIC HEALTH COMMUNITY WORKERS COMPLETED SEXUAL HEALTH TRAINING

EYE HEALTH

The eye health program continues to deliver essential services across the region in partnership with the Brien Holden Foundation (BHF) under the Northern Territory Visiting Optometry Scheme. Our eye health coordinator supported the visiting BHF optometrists across all seven clinics, focusing on patients with diabetes, cataracts, glaucoma, and other vision-related conditions. Alongside comprehensive eye examinations, patients can receive free magnifying glasses and help to access prescription eyewear.

It was a successful year for the program, with increases in all areas.



Retinal imaging remains central to prevention, enabling early detection of diabetic retinopathy, glaucoma, cataracts, and macular degeneration. To strengthen local capacity, training was provided at Yirrkala and Nhulunbuy, encouraging greater use of retinal cameras. All Miwatj Health clinics (except Gunyaŋara) are now equipped with cameras.

Provision of good quality prescription glasses presented challenges due to slow delivery and a limited frame selection – meaning more free magnifying glasses were provided to patients during the optometry consultation as an interim solution. Options are being researched to establish Miwatj Health's own low-cost spectacle scheme to ensure better service to Yolŋu communities.

Through these efforts, the program improves specialist eye care access, builds local capability, and enhances community health outcomes across East Arnhem.



ORAL HEALTH

Miwatj Health communities continued to experience significant demand for dental services, with service schedules coordinated through NT Wide Oral Health Services and determined according to population.

Oral health treatments received by Miwatj Health clients, 2025–2026

601
EPISODES OF CARE PROVIDED TO ADULTS

209
EPISODES OF CARE PROVIDED TO DJAMARRKULI (CHILDREN)

Schools in all communities aside from Milingimbi received two visits from the school-based fluoride varnish program.

While staffing shortages remain a challenge, the oral health coordinator visited all communities at least twice. These visits provided support for clinical staff, community staff and the broader community through education on caring for mouths, teeth and gums.

To address clients regularly presenting with toothache, each clinic now has access to an emergency dental kit, with education provided on the effective use of these kits and positive feedback received.

Over the past 12 months, new oral health puppets have been purchased to support community education. Barru, a puppet with a large set of teeth, has been particularly effective in encouraging children and families to engage with toothbrushing in a practical and accessible way. Public Health teams in each community now have access to a puppet, and their ongoing support continues to strengthen the oral health program.

NUTRITION

The nutrition team has continued to work closely with other Miwatj Health programs, Yolŋu staff and community members to support Yolŋu to live healthier lives and create food environments where healthy choices are the easy choice.

The team have collaborated to ensure education resources align more closely to Yolŋu ways of being and doing and respond to what we hear from community members.

The nutrition team are leading the development of a health and chronic conditions education resource that shares dudhi dhäwu (deeper stories or conversations) in engaging and meaningful ways for Yolŋu.

The team has worked hard to share different ways of working with student dietitians. Over the year, we supervised four student dietitians who had opportunities to work with other Miwatj Health teams and Yolŋu staff. Miwatj Health are proud to share that of the eight interstate students supervised in the past two years, three have returned to work in the NT.

The nutrition team is excited for the year ahead as we continue to work towards Yolŋu self-determination and improved food security across the region.





CHRONIC CONDITIONS

It's been another full year for the chronic conditions program, working on system improvements to support capacity and the introduction of SMS reminders.

There have been sustained improvements in attendance at Zone 2 clinics in specialist doctor visits including heart (doturrk), liver (barilla), respiratory (burrwutj), general medicine, diabetes education, heart education and echocardiograph.

Miwatj Health has started case discussion sessions, where a multidisciplinary team looks at the best care and medicines for people with heart conditions. This new service has helped over 100 people since February 2026.

100+
PEOPLE SUPPORTED
THROUGH CASE DISCUSSION SESSIONS SINCE FEBRUARY 2026

Orientation for program teams has seen an improved targeted approach with incoming staff spending time with Yolŋu team members right from the beginning. Chronic disease program work has been integrated with the public health team's Strong Hearts visits at Milingimbi, Galiwin'ku, Gapuwiyak and Ramingining.

This year was the first year for Lung Cancer screening and through the Strong Heart work we were also able to deliver screenings for Milingimbi, Ramingining and Galiwin'ku over a four-week period and set up processes to guide care into the future.

Clinical support and systems were provided during a potential outbreak of post-streptococcal glomerulonephritis (PSGN) in Milingimbi. The team responded rapidly to prevent a public health outbreak, and Miwatj Health now has systems in place.

Both small and big things make a difference to families. This year has seen:

IMPROVED ACCESS TO SHOES FOR PEOPLE LIVING WITH DIABETES

IMPROVED ACCESS TO PALLIATIVE CARE EQUIPMENT

FREE ACCESS TO STOMA SUPPLIES FOR ALL PATIENTS

COURIER SERVICE TO SUPPORT DELIVERY FOR URGENT ITEMS

RENAL PROGRAM

The renal program continues to strengthen kidney care across East Arnhem, with an increased focus on early chronic kidney disease (CKD) education, improving access to specialist renal care and supporting Yolŋu to understand their kidney health and treatment options.

A key achievement this year has been embedding specialist renal outreach clinics in Milingimbi and Yirrkala, following successful trials. These community-based outreach clinics have improved attendance, including engagement with people who previously had limited contact with renal services. Yolŋu-supported telehealth has allowed access to specialist care closer to home.

The renal team coordinated Healthy Living Week in Gapuwiyak in collaboration with the public health team, delivering kidney health education through men's and women's groups, a healthy cooking session and the Renal Reference Group. Participation from up to 30 high school students supported greater awareness about kidney disease, prevention and early detection.

Renal Community Reference Groups continued across East Arnhem, strengthening Yolŋu voices in service planning, health promotion and dialysis transition. The renal team also continued outreach education with patients and families, supporting informed decision-making and advocating for culturally safe renal care closer to home.

Development of the Yolŋu-specific 'Dhukarr' kidney journey roadmap progressed, with a renal home therapies patient commencing a new artwork to support this.



Gapuwiyak Ladies



Renal Outreach Education

RISK ASSESSMENT & MANAGEMENT FRAMEWORK

With the Risk Assessment & Management Framework (RAMF) Champion role now sitting within the Integrated Services portfolio, there has been increased awareness of RAMF and domestic, family and sexual violence (DFSV), with opportunities to work with teams outside of the clinical space.

Collaboration included:

- A presentation to the Gakal Rom in Gapuwiyak – which includes a variety of services that support pregnant women – about the importance of taking action when indicators of violence are observed.
- Working with the Raypirri Rom team and Project Love to develop a video resource in Yolŋu Matha on the importance of looking after each other, and violence not being a part of culture. This enabled us to work directly with the men's health team and look at what accountability looks like - identifying the need to support male Yolŋu role models.
- Providing Safer Communities for Children Training with community workers from SEWB, maternity services, Young Father's and Raypirri Rom.

This program supported the development of a mandatory reporting policy including guidance on the possibility for increased risk following mandatory reporting and supporting ongoing safety.

Regular travel to community allowed the RAMF champion to begin mapping the services and supports provided in each community against various risk factors. Close collaboration with the Raypirri Rom team provided guidance on best practice for working with high-risk cases and identifying the best way to discuss topics such as sexual assault and child abuse.

In Zone 2 communities, regular travel has strengthened relationships with key Yolŋu staff across SEWB, Yothu Mulka and Young Fathers as well with Galiwin'ku Women's Space, Yalu, and ARDS.

Miwatj Health was successful in our application for funding to continue this work into the next financial year.

MEN`S HEALTH

Over the past 12 months, a focus has been on developing the foundations of the Holistic Men's Health Program, with the aim of establishing a sustainable, culturally safe and community-led approach to improving the health and wellbeing of men across East Arnhem Land.



This work has included developing the program's direction, workforce model and implementation approach, with a strong focus on establishing and supporting a Yolŋu-led team and embedding relationships and on country engagement opportunities. Looking forward, there is a big focus on workforce development, training opportunities, and strengthening connections between men, community programs and Miwatj Health clinical services.

Another key focus has been developing successful preventative health activities including **715 health checks,** health education, physical activity, mental health and social and emotional wellbeing engagements, men's groups and on-Country activities.

We have explored ways to support young Yolŋu fathers through culturally appropriate fatherhood education, engagement and resources, helping strengthen their confidence, health knowledge and connection with their partners, children, families and community.

Alongside program development, we have progressed internal and external partnerships, funding opportunities and explored options for digital data collection to support the program's long-term sustainability and growth.

715 **PREVENTATIVE HEALTH ACTIVITIES DELIVERED**

PREVENTATIVE HEALTH ACTIVITIES INCLUDED:

- **HEALTH CHECKS AND HEALTH EDUCATION**
- **PHYSICAL ACTIVITY PROGRAMS**
- **MENTAL HEALTH, SOCIAL & EMOTIONAL WELLBEING PROGRAMS**
- **MEN'S GROUPS AND ON-COUNTRY ACTIVITIES**









CANCER CARE

2026 marked the establishment of Miwatj Health's National Aboriginal Community Controlled Health Organisation (NACCHO) Cancer Care Program.

A key priority during the program's first six months was building the foundations for implementation. This included the recruitment and onboarding of a cancer care lead and a health promotion officer, the development of an implementation plan, and the establishment of partnerships across the cancer care network and NT Health services.

Engagement with key stakeholders took place to better understand regional priorities and inform future program activities.

Two major achievements during the year were the establishment of a partnership with 1 Minute Media to co-design resources on mammography and breast screening, and the planning of upcoming breast and lung screening visits across the region.









ELDER CARE SUPPORT

The elder care support program was established in 2024-2025, and the implementation of this program aims to support Yolŋu Elders in aged care to navigate and connect to the right service providers in East Arnhem Land.

We welcomed new elder care support coordinators, who have been building a Yolŋu workforce of remote community connectors – responsible for building connections with their elderly community members to provide additional understanding of aged care services and how to apply for assessment.

This role has also been busy building and strengthening relationships with external stakeholders including other Aged Care programs in the region including Advanced Personnel Management (APM) and NT Health, as well as collaborating with other Miwatj Health programs such as nutrition and podiatry. This program will be ongoing to assist and support Yolŋu Elders.

The elder care support program will continue to work with other programs within and outside of Miwatj Health to help our aged care clients access the services that they need.

MEDICAL DHÄWU DHÄWU

Medical Dhäwu Dhäwu is a community-led approach to shared medical appointments.

Community participants continue to provide feedback that the model is a comfortable, engaging and culturally responsive approach to sharing health information and empowering Yolŋu to lead their health care.

100%

of participants said they would like ***to come to more Medical Dhäwu Dhäwu sessions***

of participants said that ***this is a good way to share their health story***

of clinicians said ***they would like to see Medical Dhäwu Dhäwu become part of regular primary care services***

of Yolŋu facilitators enjoyed Medical Dhäwu Dhäwu and ***would like to do it as part of their djäma***

445
PARTICIPANTS ENGAGED

58
SESSIONS DELIVERED

28
CLINICIANS PARTICIPATED IN SESSIONS

51
FACILITATORS PARTICIPATED IN SESSIONS

Topics covered in Medical Dhäwu Dhäwu include:

- Chronic Disease (kidney story, sugar story, heart story, respiratory story, cancer story)
- Men's Health Story
- Women's Health Story
- Family Health & Wellbeing
- Smoking, Kava, Other Drugs
- Exercise
- Healthy Ageing
- Stress and Mental Health
- Allied Health (social and emotional wellbeing, nutrition, physiotherapy)



MEDICAL DHÄWU DHÄWU FACILITATOR CAMPING WORKSHOP

61 Miwatj Health team members (75% Yolŋu) attended a 3-day Medical Dhäwu Dhäwu facilitator camping workshop in Gulkula to share knowledge and practice skills.

Miwatj Health continues to try new approaches for the Yolŋu-led Medical Dhäwu Dhäwu framework, working across teams to find the best opportunities to further embed this framework into our primary care services.

61
MIWATJ HEALTH TEAM MEMBERS ATTENDED

75%
OF PARTICIPANTS WERE YOLŊU STAFF

3
DAYS OF LEARNING AND GROWTH



YOTHUW MULKA

The Yothuw Mulka program provides an extra layer of support for women throughout pregnancy, as they transition to parenthood and through to when their child turns three.

Across **four communities**, the Yothuw Mulka program had **144 families enrolled**, receiving regular home visits and support. More than **10 families graduated** from the program in the past year.

Yolŋu staff attended their first Frangipani training session, learning about pregnancy body changes, preparing for birth, baby massage and breastfeeding. This wealth of knowledge was returned to community to enable staff to provide education and support for families.

Staff from each community are enrolled in the Certificate II in Aboriginal and Torres Strait Islander Primary Health Care, and most have completed their Ages & Stages Questionnaires – Talking about Raising Aboriginal Kids (ASQ-TRAK) training.

Yothuw Mulka in Gapuwiyak hosted the Miwatj Health Gakal meeting to hear valuable insights from community members around maternal child health, while gathering bush medicine plants and sharing knowledge between generations.

Weekly group sessions were run on topics such as baby massage and settling, first foods and starting solids, play and development, cooking healthy foods, preparation for birth and healthy foods in pregnancy.

Dads have been engaging more with the program and have attended sessions in Gapuwiyak on play, making developmental toys and fly net covers for their prams.

4
COMMUNITIES

144
ENROLLED FAMILIES

10+
FAMILY GRADUATIONS



MATERNAL & WOMEN'S HEALTH

The past year has been a period of continued development, consolidation and advocacy for maternal and women's health. The program continues to work towards a model of care that is culturally safe, clinically appropriate, accessible and responsive to the needs of Yolŋu women, babies and families across East Arnhem Land.

The program's work is grounded in the principles of Birthing on Country, continuity of midwifery care, self-determination, cultural safety and the First 1,000 Days. It recognises that improving maternal and women's health outcomes requires more than individual clinical interventions. It requires strong relationships, culturally responsive services, reliable systems, appropriate workforce capacity and meaningful partnerships between Miwatj Health, women and families, Yolŋu workforce members and regional health services.

The program has continued to:

- Implement a culturally governed Maternity Model of Care, including the ongoing development of community-based maternity infrastructure, supporting culturally safe practice with greater integration of Yolŋu knowledge, workforce and community priorities into maternity service delivery.
- Strengthen Birthing on Country partnerships and align maternity care with the RISE Framework. The endorsement of the Djakamirr Co-op and the National Birthing on Country Roadmap will enable Miwatj Health to continue to strengthen relationships with research and non-research Birthing on Country teams and influence First Nations best practice.
- Progress access to Non-Invasive Prenatal Testing (NIPT) for women across East Arnhem.

> **Miwatj Health are the first ACCHO to provide direct access to NIPT screening, and fund this for women in the Top End.**

The year brought challenges including workforce shortages and competing clinical priorities. However, the team welcomed additional maternity navigators to the Peninsula teams, and flexible work rostering within Zone 2, to help build continuity.

The program remains committed to working with women, families, communities and partners. This approach is central to delivering sustainable, self-determined and culturally safe maternal and women's health services.



Preparing bush medicine

CHILD HEALTH

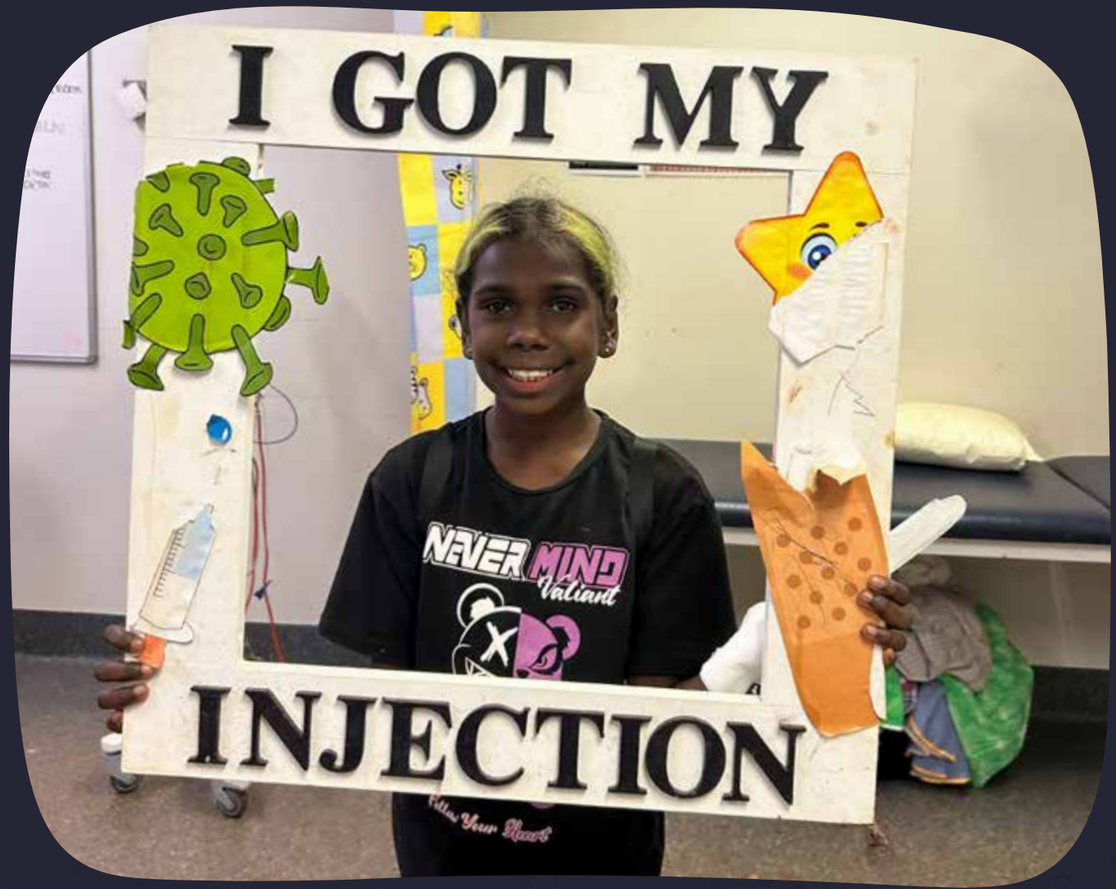
The child health program remains committed to supporting the wellbeing of children aged 0-15 and their families, partnering with communities to provide regular health checks, immunisations, and early identification of health concerns.

The paediatric outreach nurse commenced in November 2025, strengthening coordination for children with complex needs under visiting paediatric specialists and introducing paediatric visits at school.

The ear health coordinator continues to drive down the burden of ear disease, introducing video otoscopy across all clinics, streamlining referral pathways with NT Hearing and Hearing Australia, and delivering education for staff and schools. World Hearing Day was a standout event, combining hearing checks, food and a "What's Your Favourite Sound" painting activity.

The child health program has strengthened ties with schools, Clontarf/Stars and Families as First Teachers (FaFT) through scheduled school visits to boost health checks and immunisation rates. A Fetal Alcohol Spectrum Disorder (FASD) education video was produced in partnership with Aboriginal Resource and Development Services (ARDS), with a grant application planned to expand cognitive assessment capacity for FASD and other neurodevelopmental conditions.

Recruitment has been finalised for permanent 0–5 child health nurse positions at Galiwin'ku and Milingimbi. This is the first time these communities have had dedicated permanent child health staff and will support continuity of care for families and improve rates of health checks, immunisations and developmental screening.



I got my injection!



Renal Education at School



Twins at Paediatrician Visit



World Hearing Day

NDIS

The past year has seen continued growth, change and strengthening for the NDIS teams. Against a backdrop of significant national NDIS reform and changes across the disability sector, Miwatj Health has remained focused on delivering consistent, culturally responsive and high-quality services for Yolŋu people with disability, across East Arnhem Land.

A significant milestone was the development of the Miwatj Health NDIS Framework and Strategy. In November 2025, all Miwatj Health Support Coordinators and Remote Community Connectors came together to workshop and shape a shared vision for a future in disability services for Yolŋu:

> ***To provide culturally safe and tailored supports to Yolŋu with disability; designed and delivered for Yolŋu by Yolŋu – that support them to make informed decisions about their life.***

The Framework captures our commitment to culturally responsive, community-informed and strengths-based ways of working. This work was subsequently brought to life when invited to present at a national disability conference, providing an opportunity to share Miwatj Health's unique approach with the broader sector.



NDIS Participant Daisy with her new walker

ACCOUNTABLE & SAFE SERVICES

Miwatj Health ensured our services are accountable, safe and aligned with the NDIS Practice Standards, while remaining grounded in the cultural and community context in which we work. This included the completion of our Mid-Term NDIS Audit, requiring NDIS Worker Screening checks for all Board Members.

15

SUCCESSFUL DIRECTOR/ INDEPENDENT DIRECTOR NDIS WORKER SCREENINGS



Stevie & Magnolia at the NDIS Workshop

INTRODUCING SPECIALIST SUPPORT COORDINATION

Miwatj Health strengthened its response to complex participant needs through the introduction of Specialist Support Coordination. This service provides an enhanced level of coordination for participants experiencing complex situations including hospital discharge, housing instability, safeguarding concerns and service system breakdown.

3

NEW SPECIALIST SUPPORT COORDINATORS

NEW PARTNERSHIP WITH NDIA

Miwatj Health was successful in securing the NDIA Remote Community Connector grant for the period October 2025 – September 2028 across East Arnhem communities. This is an important connection between Yolŋu people with disability, their families, local communities and the NDIS, strengthening access, understanding and participation.

300+

YOLŊU NDIS PARTICIPANTS SUPPORTED TO ENGAGE WITH THE NDIS

LOOKING AHEAD

Our focus will continue to navigate NDIS reform while maintaining strong and consistent services for Yolŋu people with disability. We will embed the NDIS Strategy and Framework into our everyday djäma, strengthening shared ways of working across our workforce and communities.

Our ambition is to position Miwatj Health as the leading NDIS Support Coordination service for Yolŋu mala, delivering trusted and culturally strong support that enables people with disability to live connected, empowered and meaningful lives.



NDIS Team present their new Framework

RESEARCH

Research and evaluation brings many benefits to Miwatj Health beyond data and statistics. Our projects have prevention and capacity building at the core, premised on Yolŋu leading the projects so that culturally appropriate community engagement results and knowledge is shared. Every project has practical and beneficial outcomes, ensuring transformative developments are realised for the betterment of long-term health and wellbeing.

The research team has expanded throughout the year, with the finalising of many partnership agreements that will provide financial and other support for the next three years. We value our partners and work closely with them to ensure Yolŋu lead and guide the way research is conducted in their communities. We have had a big year co-developing and co-designing many projects and continue to be actively involved in numerous already established projects.

25 TOTAL RESEARCH PROJECTS

16 ACTIVE RESEARCH PROJECTS

9 RESEARCH PROJECTS FINISHING & FINDINGS TO BE REPORTED

KEY RESEARCH AREAS

- Outreach health checks
- Nutrition & healthy lifestyle
- Environmental health
- Climate change
- Social & emotional wellbeing

- Cardiometabolic health
- Type 2 diabetes
- Continuous glucose monitoring
- Renal & kidney health
- Heart health
- Rheumatic heart disease

- Streptococcal A
- Strongyloides & parasites
- Sepsis
- COVID-19
- Sexual health
- Data linkage

- Maternal & neonatal health
- Child health
- Ear health



KEY RESEARCH ACHIEVEMENTS

25 RESEARCH PROJECTS ACROSS KEY PRIORITIES

Including Walking Together, Eliminating Strongyloides, Sepsis Point of Care Trial, YArnhem App, Air in East Arnhem, NEARER Echo, Hep B Past Plus, Housing Associated Infectious Disease Index and ASAVI.



5 NEW AGREEMENTS SUPPORTING YOLŊU-LED RESEARCH

New agreements with research institutions include dedicated funding for staff and project costs.

GROWING OUR RESEARCH WITH 10 NEW TEAM MEMBERS

Seven Yolŋu and three Balanda staff recruited, with a further five Yolŋu positions planned.

RESEARCH HAPPENING ON COUNTRY & BEYOND

Engagement across Gapuwiyak, Galiwin'ku, Milingimbi, Nhulunbuy and Yirrkala, with attendance at local and interstate conferences and workshops.

SHARING FINDINGS AT HEALTH SCIENTIFIC SYMPOSIUM

Research staff travelled to Alice Springs to attend the Rural and Remote Health Scientific Symposium to present the story and findings of the Air in East Arnhem (climate change) project.



CONNECTING RESEARCH WITH COMMUNITY

A stall was hosted at Garma Festival to showcase many of our projects with a key focus on the YArnhem App project. The team provided canvases for young people to paint stories about 'what makes them happy'.



MENZIES AND MIWATJ HEALTH PARTNERSHIP

The Menzies and Miwatj Health Partnership Workshop provided an opportunity to reach a collective understanding and plan a coordinated approach for projects that supports research translation towards improved health and wellbeing outcomes for Yolŋu in East Arnhem.



HEALTHY BUDGET FOR THE NEXT 3 YEARS

Our fee for service agreements grew from no financial resourcing in 2021 to a healthy budget secured for the next three years.

SHARING APPROACH AT NACCHO-ENGAGE NTD FORUM

Research team members attended the Forum to present our research governance values and respectful community engagement, in particular for the Eliminating Strongyloides (tropical disease prevention) project.

Acknowledging our key partners: *Flinders University, QIMR Berghofer Medical Research Institute, Menzies School of Health Research, University of Melbourne*

OUR ORGANISATION

PEOPLE, CULTURE & CAPACITY REPORT 59
FINANCE, GRANTS & MEDICARE REPORT 62
FINANCIAL STATEMENTS 64

05



PEOPLE, CULTURE & CAPACITY REPORT

SAFETY, HEALTH & WELLBEING

During 2025-26, Miwatj Health made significant progress in strengthening its approach to workplace safety, health and wellbeing. Following an independent review of the organisation's Work Health and Safety systems, a comprehensive three-year Work Health and Safety Roadmap was established to build a mature safety management system aligned with contemporary legislative and industry standards. Governance frameworks, enterprise risk registers, psychosocial risk registers and critical risk management controls were developed, providing a strong foundation for consistent safety oversight across all Miwatj Health operations.

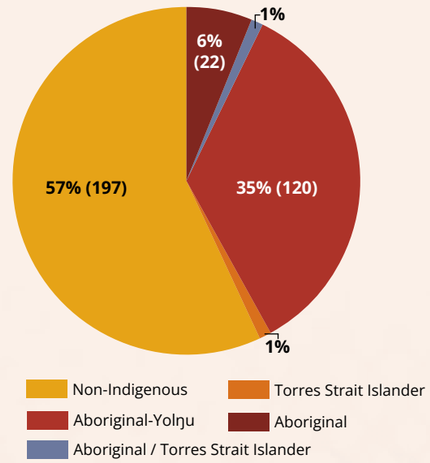
A particular focus was placed on the management of psychosocial risks, occupational violence, fatigue, remote work and employee wellbeing. Through partnerships with external specialists and insurers, Miwatj Health commenced capability-building programs designed to strengthen leadership, improve injury prevention and enhance worker support. These initiatives position Miwatj Health as an organisation with a preventative and evidence-based safety culture that promotes safer workplaces.

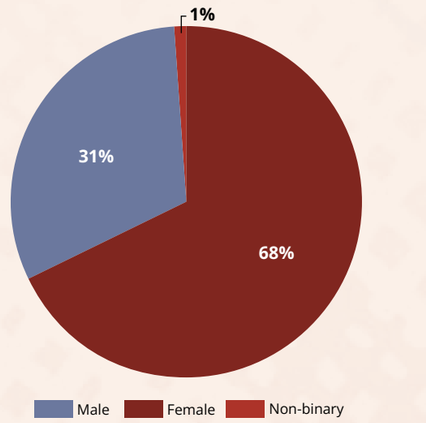
WORKFORCE & DIVERSITY

Miwatj Health continued to grow and strengthen its workforce, reaching a **workforce of 345 employees** and **271.13 full-time equivalent positions.** Central to our workforce strategy is the commitment to increasing Aboriginal employment and strengthening opportunities for Yolŋu people. At year end, **120 Yolŋu employees represented 35% of the total workforce,** reflecting Miwatj Health's ongoing commitment to local employment and community-led service delivery.

Women represented 68% of the workforce, while Miwatj Health completed its inaugural Workplace Gender Equality Agency reporting requirements under the Workplace Gender Equality Amendment (Closing the Gender Pay Gap) Act 2023. This milestone supports greater workforce transparency and provides a foundation for future initiatives to address gender equity and career development.

Our Workforce





CLINICAL WORKFORCE

Maintaining a stable remote clinical workforce remains one of the organisation's most significant operational challenges. During 2025-26, Miwatj Health continued to experience high reliance on agency registered nurses in several remote locations, particularly Gapuwiyak and Milingimbi. While these arrangements ensured continuity of essential services, workforce analysis highlighted the importance of attracting and retaining permanent clinical staff to improve sustainability and reduce dependence on external labour sources.

Recruitment efforts remained focused on strengthening workforce stability across all communities through targeted attraction strategies, workforce planning and improved employment pathways. Encouragingly, several locations showed strong occupancy outcomes with minimal vacancy rates, demonstrating the effectiveness of proactive workforce management and ongoing investment in recruitment initiatives. Building a stable and locally supported clinical workforce remains a strategic priority for Miwatj Health.

EMPLOYEE TURNOVER

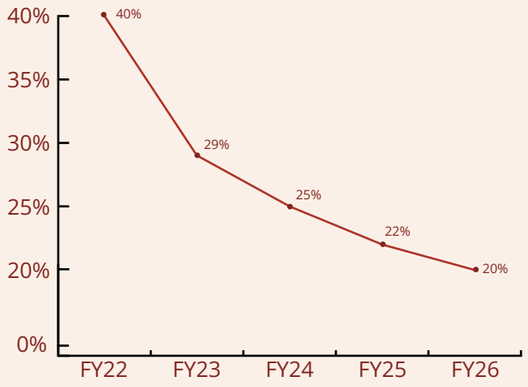
Employee turnover continued its positive downward trend throughout 2025-26, reducing to 20% compared with 22% in the previous year and 40% in 2021-22.

This sustained improvement reflects ongoing investment in employee engagement, workforce support initiatives and organisational stability. Lower turnover contributes to stronger continuity of care, improved workforce capability and greater organisational knowledge retention.

During the year, Miwatj Health also strengthened its employee exit processes to improve understanding of workforce trends and retention factors.

Enhanced collection of qualitative and quantitative exit data, including greater incorporation of Yolŋu perspectives, will help shape future attraction, retention and workforce development strategies.

Overall Employee Turnover Rate







LEARNING AND DEVELOPMENT

Developing a strong Aboriginal health workforce continues to be a strategic priority for Miwatj Health. Throughout 2025-26, ten Yolŋu trainees participated in the Aboriginal and Torres Strait Islander Health Practitioner training program across multiple communities. Several trainees progressed towards completing their qualifications, while additional support mechanisms were implemented to assist learners experiencing barriers.

Building on this success, Miwatj Health welcomed four new Certificate IV Aboriginal and Torres Strait Islander Health Practitioner trainees. Supported through NACCHO funding arrangements and a Yolŋu-led recruitment process, the program continues to create meaningful career pathways for local people while contributing to community-led care and long-term workforce sustainability across East Arnhem Land.

23 employees participated in literacy and education initiatives through the Indigenous Skills and Employment Program, while a range of leadership, management and professional development programs were delivered across the organisation.

Significant investment was made in culturally informed workforce development. Employees participated in Yolŋu language studies, allied health development workshops and accredited vocational training programs. These initiatives align strongly with Miwatj Health's strategic commitment to meaningful career pathways, particularly for Yolŋu employees, and contribute to building a skilled, capable and culturally responsive workforce.

FINANCE, GRANTS & MEDICARE REPORT

Miwatj Health recorded a 9.5% increase in total revenue in FY26 compared with FY25. This growth was primarily driven by:

- **Grant income increased by 10% in FY26**, supporting the expansion of service delivery and strengthening program outcomes across a range of critical health priorities.
- A significant **increase in incentive payments,** reflecting strong organisational performance and the successful achievement of key funding milestones across a range of programs and service areas.
- Revenue growth was also supported by the **strategic management of cash reserves through short-term deposit investments**, which generated higher interest income during the year. This provided an important source of untied revenue, enabling further investment in health services, workforce capability, and critical infrastructure.

These outcomes demonstrate the effectiveness of the organisation's financial stewardship, operational performance, and strategic approach to resource management, strengthening Miwatj Health's capacity to deliver improved health outcomes.

SOURCES OF REVENUE

	$ FY2025	$ FY2026	$ VARIANCE	% VARIANCE
Grants Income	51,720,724	56,847,372	5,126,648	9.9%
Patient Fees	4,146,214	4,065,490	(80,724)	-1.9%
Service Fee Income	3,362,000	3,484,851	122,851	3.7%
Rental Income	284,734	284,310	(425)	-0.1%
Interest Income	1,071,974	1,398,505	326,531	30.5%
Other Income	571,710	874,381	302,672	52.9%
Total Revenue	**61,157,356**	**66,954,909**	**5,797,553**	**9.5%**

Grant income grew by 10% in FY26, reflecting both indexation and funding adjustments to address rising service delivery costs, as well as additional funding secured through successful tender processes. The increased funding enabled continued investment in priority programs and service capacity, helping to meet growing community needs and improve health outcomes.

REVENUE BY FUNDING BODY

	$ FY2025	$ FY2026	$ VARIANCE	% VARIANCE
ALPA	70,000	70,000	0	0.0%
DOH	30,363,460	30,557,733	194,273	0.6%
NIAA	2,317,925	2,536,924	218,999	9.4%
NACCHO	3,556,669	4,698,621	1,141,952	32.1%
NDIA	645,750	919,404	273,654	42.4%
NTDOH	10,512,495	13,853,598	3,341,103	31.8%
NTPHN	3,750,839	3,715,043	(35,796)	-1.0%
OTHERS	503,586	496,048	(7,538)	-1.5%
Total Grant Income	**51,720,724**	**56,847,372**	**5,126,647**	**9.9%**

Total Other Expenses increased by 14% in FY26 compared with FY25. This increase reflects the organisation's continued growth and expanded operational footprint, including investments in infrastructure, systems, and support services necessary to meet increasing community demand and support the delivery of high-quality health services.

EMPLOYEE AND OTHER EXPENSES

	$ FY2025	$ FY2026	$ VARIANCE	% VARIANCE
Board Expenses	182,129	112,527	69,602	38.2%
Cleaning	445,728	576,784	(131,056)	-29.4%
Client/Program Support Costs	2,574,276	2,324,704	249,572	9.7%
Computer/IT Expenses	1,424,408	1,696,427	(272,019)	-19.1%
Consultancy Fees	841,825	645,599	196,226	23.3%
Insurance	359,622	394,600	(34,978)	-9.7%
Motor Vehicle Expenses	1,186,304	1,229,144	(42,840)	-3.6%
Office Expenses	1,837,815	1,938,473	(100,658)	-5.5%
Other Employee Costs	760,207	1,030,243	(270,036)	-35.5%
Professional Services	149,300	134,820	14,480	9.7%
Repairs & Maintenance	1,102,146	1,259,813	(157,667)	-14.3%
Sundry Expenses	557,955	1,328,467	(770,512)	-138.1%
Travel expenses	2,642,728	3,379,391	(736,663)	-27.9%
Total Other Expenses	**14,064,443**	**16,050,991**	**(1,986,548)**	**-14.1%**

ACTUALS

	FY2026	FY2025	FY2024	FY2023	FY26 -V- FY25 CHANGE	% CHANGE
Operating Costs	$18,937,335	$16,980,038	$15,144,418	$14,358,466	-$1,957,297	-11.5%
Employee Costs	$52,497,618	$43,368,656	$38,104,045	$35,466,911	-$9,128,962	-21.0%
Total	$71,434,953	$60,348,694	$53,248,463	$49,825,377		

					CAGR	
Operating Costs	26.5%	28.1%	28.4%	28.8%	-2.7%	20.4%
Employee Costs	73.5%	71.9%	71.6%	71.2%	-1.1%	
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**-3.8%**	

Income	**$66,954,909**	**$61,157,356**	**$42,310,510**	**$44,561,012**
Surplus for the Year	**-$4,480,045**	**$808,662**		

MIWATJ HEALTH ABORIGINAL CORPORATION

ABN: 96 843 428 729

Financial Report For The Year Ended

30 June 2026

MIWATJ HEALTH ABORIGINAL CORPORATION

ABN: 96 843 428 729

Financial Report For The Year Ended
30 June 2026

CONTENTS **Page**

Directors' Report	66
Auditor's Independence Declaration	68
Statement of Profit or Loss and Other Comprehensive Income	70
Statement of Financial Position	71
Statement of Changes in Equity	72
Statement of Cash Flows	73
Notes to the Financial Report	74
Director's Declaration	91
Independent Auditor's Report	92

MIWATJ HEALTH ABORIGINAL CORPORATION
ABN: 96 843 428 729
DIRECTORS REPORT
FOR THE YEAR ENDED 30 JUNE 2026

Your board of directors submit the financial report on the Miwatj Health Aboriginal Corporation for the financial year ended 30 June 2026.

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	Appointment Date	Resignation Date
Kerry Wunungmurra			
Barayuwa Mununggurr			
Charlie Ramandjarri			
Sophia Yinakarrangarr			
Dion Wunungmurra	Deputy Chairperson	19/11/2025	
Roland Nundhirribala			
Rhonda Simon			
Don Wininba Ganambarr	Chairperson	28/05/2026	
Sherilyn Dhamarrandji			
Ted Gondarra			
Julie Gapalathana			
David Mandel (Independent)			
Liam Mayo (Independent)			
Newly appointed Directors in FY26			
Marco Briceno (Independent)		24/02/2026	
Boyan Yunupingu		19/11/2025	
Ceased to be Directors in FY26			
Rarrtjiwuy Melanie Herdman	Former Chairperson		01/10/2025
Timmy Burarrwanga			18/11/2025
Jo-Anne Thorne			30/05/2026
Mark Wenitong (Independent)			18/11/2025
Jennifer Yantarrnga			18/11/2025

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 ('the Board') held during the year ended 30 June 2026 and the number of meetings attended by each director were:

Director Name	Number of Meetings Eligible to	Number of Meetings Attended
Kerry Wunungmurra	4	4
Barayuwa Mununggurr	4	4
Charlie Ramandjarri	4	4
Sophia Yinakarrangarr	4	4
Dion Wunungmurra (Deputy Chair)	4	4
Roland Nundhirribala	4	2
Rhonda Simon	4	2
Don Wininba Ganambarr (Chair)	4	3
Sherilyn Dhamarrandji	4	4
Ted Gondarra	4	2
Julie Gapalathana	4	4
David Mandel (Independent)	4	4
Liam Mayo (Independent)	4	4
Marco Briceno (Independent)	4	1
Boyan Yunupingu	4	1

MIWATJ HEALTH ABORIGINAL CORPORATION
ABN: 96 843 428 729
DIRECTORS REPORT
FOR THE YEAR ENDED 30 JUNE 2026

Principal Activities

The principal activities of the Corporation during the financial year were to ensure and expand Aboriginal community control of quality healthcare services and public health programs across the East Arnhem region.

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

Significant Changes

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

Operating Result

The operating loss for the year amounted to $4,480,044 (2025: Profit of $808,662).

Performance Measures

The Corporation measures its own performance using both quantitative and qualitative benchmarks. The benchmarks are used by the Directors to assess the financial sustainability of the Corporation and whether the Corporation’s short-term and long-term objectives are being achieved.

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 (2025 : Nil).

Likely Developments and Expected Results of Operations

The Corporation is currently undertaking major capital projects valued at approximately $19.59 million, including the extensive refurbishment of the Old Clinic in Galiwin’ku incorporating a new six-chair renal dialysis unit, and the construction of residential accommodation for health workers in Galiwin’ku and Gapuwiyak.
As at 30 June 2026, planning, design and funding alignment were underway for the Galiwin’ku Old Clinic Redevelopment, Galiwin’ku Renal Clinic and Renal Accommodation Duplex under one grant agreement. Urgent Care Clinic Housing funding through the Northern Territory Government was in contract negotiation for a time extension and repurposing to a permanent, fit-for-purpose housing solution at Lot 108. Aboriginal Investment NT funding for Gapuwiyak tiny homes had been secured; however, land tenure had not been secured and repurposing of the grant outcome was underway.
These projects aim to enhance community health and wellbeing by improving access to culturally safe and appropriate healthcare services and providing suitable accommodation to support the attraction and retention of health professionals in remote communities.

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.

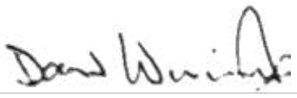
The Corporation was not a party to any such proceedings during the year.

MIWATJ HEALTH ABORIGINAL CORPORATION
ABN: 96 843 428 729
DIRECTORS REPORT
FOR THE YEAR ENDED 30 JUNE 2026

Auditor's Independence Declaration

The lead auditor's independence declaration for the year ended 30 June 2026 has been received and can be found on page 4 of the financial report.

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

Director  Date: 27th day of October 2026

Director  Date: 27th day of October 2026

Nexia Edwards Marshall NT
Level 2, TCG Centre
80 Mitchell Street
Darwin NT 0800
GPO Box 3770
Darwin NT 0800
e: receptionNT@nexiaem.com.au
p: +61 8 8981 5585

nexiaemnt.com.au

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 MIWATJ HEALTH ABORIGINAL CORPORATION

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2026 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

Direct Line: 08 8981 5585 ext. 506
Mobile: 0417 864 114
Email: nclifford@nexiaemnt.com.au

Darwin, Northern Territory
Dated: 27 October 2026

Advisory. Tax. Audit.

Nexia Edwards Marshall NT (ABN 74 414 259 116) 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/legal. Neither Nexia International nor Nexia Australia Pty Ltd provide services to clients.

Liability limited by a scheme approved under Professional Standards Legislation.

MIWATJ HEALTH ABORIGINAL CORPORATION
ABN: 96 843 428 729
STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2026

	Note	2026	2025
		$	$
Revenue			
Grant Income	**2A**	56,847,372	51,720,724
Other Income :	**2B**	10,107,537	9,436,632
Total Revenue		66,954,909	61,157,356
Expenses			
Audit Fees	**23**	37,400	41,530
Bank Charges		25,640	3,229
Board Meeting and Travel Costs		112,527	182,129
Cleaning Costs		576,784	445,728
Client Program and Support Costs		1,994,973	2,574,276
Computer and IT Expenses		1,696,427	1,424,408
Consultancy Costs		672,408	841,825
Depreciation Expenses	**3A**	2,764,097	2,820,199
Employee and Personnel Benefit Expenses	**3B**	40,300,060	34,944,346
Insurance		394,600	359,622
Interest Expense - Borrowings		65,517	-
Interest Expense - Lease Liabilities		68,357	95,396
Legal Fees		70,611	107,770
Locum Costs		11,831,199	8,253,889
Minor Equipment and Assets < $5,000		886,467	305,142
Motor Vehicle Expenses		1,229,144	1,186,304
Pharmaceuticals and Medical Supplies		318,267	-
Postage, Freight and Courier		300,854	148,140
Printing and stationery		83,242	132,441
Publications Resources		32,781	63,500
Rates		232,995	223,850
Recruitment and Relocation Costs		366,063	170,421
Rent and Tenancy Costs		301,397	179,309
Repairs and Maintenance Costs		1,259,812	1,102,146
Sundry Operating Costs		416,357	249,584
Telephone and Fax Expenses		532,682	429,145
Travel Costs		3,379,527	2,642,728
Training and Development Expenses		728,846	580,898
Utilities Expenses		755,919	840,739
Total Expenses		**71,434,953**	**60,348,694**
Net Current Year Profit (Loss)		**(4,480,044)**	**808,662**
Other Comprehensive Income			
Items that will not be Reclassified Subsequently to Profit or Loss :			
Gains on Revaluation of Land and Buildings	**14**	-	1,704,171
Total Other Comprehensive Income		**-**	**1,704,171**
Total Comprehensive Income (Loss) for the year		**(4,480,044)**	**2,512,833**
PROFIT (LOSS) ATTRIBUTABLE TO MEMBERS OF THE CORPORATION		**(4,480,044)**	**808,662**
TOTAL COMPREHENSIVE INCOME (LOSS) ATTRIBUTABLE TO MEMBERS OF THE CORPORATION		**(4,480,044)**	**2,512,833**

The accompanying notes form part of these financial statements.

MIWATJ HEALTH ABORIGINAL CORPORATION
ABN: 96 843 428 729
STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2026

	Note	2026	2025
		$	$
ASSETS			
CURRENT ASSETS			
Cash and Cash Equivalents	**4**	28,248,905	26,104,546
Trade and Other Receivables	**5**	970,436	583,889
Other Current Assets	**6**	595,752	1,119,032
TOTAL CURRENT ASSETS		**29,815,093**	**27,807,467**
NON-CURRENT ASSETS			
Property, Plant and Equipment	**7**	20,792,307	19,211,646
Right of Use Assets	**8**	893,181	1,280,031
TOTAL NON-CURRENT ASSETS		**21,685,488**	**20,491,677**
TOTAL ASSETS		**51,500,581**	**48,299,144**
LIABILITIES			
CURRENT LIABILITIES			
Trade and Other Payables	**9**	4,631,820	5,300,515
Other Current Liabilities	**10**	13,697,764	6,708,242
Lease Liabilities	**11**	450,699	1,168,369
Borrowings	**12**	1,532,289	-
Employee Provisions	**13**	3,929,669	3,478,551
TOTAL CURRENT LIABILITIES		**24,242,241**	**16,655,677**
NON-CURRENT LIABILITIES			
Lease Liabilities	**11**	359,304	214,160
Employee Provisions	**13**	663,942	714,169
TOTAL NON-CURRENT LIABILITIES		**1,023,246**	**928,329**
TOTAL LIABILITIES		**25,265,487**	**17,584,006**
NET ASSETS		**26,235,094**	**30,715,138**
EQUITY			
Retained Earnings		17,052,883	21,532,927
Asset Revaluation Reserve	**14**	9,182,211	9,182,211
TOTAL EQUITY		**26,235,094**	**30,715,138**

The accompanying notes form part of these financial statements.

MIWATJ HEALTH ABORIGINAL CORPORATION
ABN: 96 843 428 729
STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2026

	Note	Retained Earnings	Asset Revaluation Reserve	Total Equity
		$	$	$
Balance at 1 July 2024		20,724,265	7,478,040	28,202,305
Comprehensive income:				
Net profit for the year		808,662	-	808,662
Other comprehensive income for the year	**14**	-	1,704,171	1,704,171
Total comprehensive income attributable to Members of the Corporation for the year		808,662	1,704,171	2,512,833
Balance at 30 June 2025		21,532,927	9,182,211	30,715,138
Balance at 1 July 2025		21,532,927	9,182,211	30,715,138
Comprehensive income:				
Net loss for the year		(4,480,044)	-	(4,480,044)
Other comprehensive income for the year	**14**	-	-	-
Total comprehensive income (loss) attributable to Members of the Corporation for the year		(4,480,044)	-	(4,480,044)
Balance at 30 June 2026		17,052,883	9,182,211	26,235,094

The accompanying notes form part of these financial statements.

MIWATJ HEALTH ABORIGINAL CORPORATION
ABN: 96 843 428 729
STATEMENT OF CASH FLOWS
FOR YEAR ENDED 30 JUNE 2026

	Note	2026	2025
		$	$
CASH FLOWS FROM OPERATING ACTIVITIES			
Commonwealth, Northern Territory and Other grants		63,836,894	58,428,966
Fees and other receipts		8,749,782	8,275,484
Interest received		971,208	753,333
Payments to suppliers and employees		(68,347,023)	(55,561,708)
Net cash provided by operating activities	**18**	**5,210,861**	**11,896,075**
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds from sale of property, plant and equipment		-	-
Payment for property, plant and equipment		(3,039,016)	(1,098,802)
Net cash (used in) investing activities		**(3,039,016)**	**(1,098,802)**
CASH FLOWS FROM FINANCING ACTIVITIES			
Loan advances		1,532,289	-
Payments for lease liabilities		(1,559,775)	(1,436,919)
Net cash (used in) financing activities		**(27,486)**	**(1,436,919)**
Net increase in cash held		2,144,359	9,360,354
Cash and cash equivalents at beginning of the financial year		26,104,546	16,744,192
Cash and cash equivalents at end of the financial year	**4, 18**	**28,248,905**	**26,104,546**

The accompanying notes form part of these financial statements.

Note 1 Material Accounting Policy Information

The financial statements cover Miwatj Health Aboriginal Corporation as an individual entity, incorporated and domiciled in Australia. Miwatj Health 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 27 October 2026 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.

MIWATJ HEALTH ABORIGINAL CORPORATION
ABN: 96 843 428 729
NOTES TO THE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2026

Note 1 Material Accounting Policy Information

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 and Bequests

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

Income from Sale of Services

Revenue is recognised when the services have been provided to the customer. For such transactions, this is when the service has been completed and delivered to the customer. Discounts are not provided with the sale of these items.

A receivable will be recognised when the services are completed and delivered. 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.

The Corporation's historical experience with sales credits show that they are negligible and considered to be highly improbable. As such no provision for sale credits is recognised by the Corporation at the time of the sale of of services.

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

Note 1 Material Accounting Policy Information (Cont.)

(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 property 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. Plant and equipment assets are depreciated using the diminishing value method over the asset's useful life.

All right of use assets are depreciated on a straight-line basis over the term of the lease.

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

Class of Fixed Asset	Depreciation Rate
Buildings and improvements	12.5%
Plant and equipment	10%-40%
Motor Vehicles	12.5%
Right of Use Asset - Leased Buildings	33%
Right of Use Asset - Leased Plant and equipment	20-25%
Right of Use Asset - Leased Motor vehicles	14%

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 assesses whether 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.

MIWATJ HEALTH ABORIGINAL CORPORATION
ABN: 96 843 428 729
NOTES TO THE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2026

Note 1 Material Accounting Policy Information (Cont.)

(c) Leases (Cont.)
The Corporation as Lessee
Concessionary Leases

For leases that have significantly below market terms and conditions principally to enable the Corporation to further its objectives (commonly known as peppercorn / concessionary leases), the Corporation has adopted the temporary relief under AASB 2019-8 and measures the right of use assets at cost on initial recognition.

The Entity as Lessor

The Corporation leases property to external parties.

Upon entering into each contract as a lessor, the Corporation assesses if the lease is a finance or operating lease.

The contract is classified as a finance lease when the terms of the lease transfer substantially all the risks and rewards of ownership to the lessee. All other leases not within this definition are classified as operating leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the specific lease.

Initial direct costs incurred in entering into an operating lease (eg legal costs, setup costs) are included in the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Rental income due under finance leases are recognised as receivables at the amount of the Corporation's net investment in the leases.

When a contract is determined to include lease and non-lease components, the Corporation uses the relative stand-alone price to allocate the consideration under the contract to the lease and non-lease components.

(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.

Note 1 Material Accounting Policy Information (Cont.)

(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 2025 this was 12% of the employee's ordinary average salary. 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(e) for further discussions on the determination of impairment losses.

MIWATJ HEALTH ABORIGINAL CORPORATION
ABN: 96 843 428 729
NOTES TO THE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2026

Note 1 Material Accounting Policy Information (Cont.)

(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 at the end of each reporting period, based on the expected utility of the assets.

(ii) Valuation of land and buildings

During 2025 the Corporation engaged Herron Todd White to undertake an independent valuation of the buildings located in the Nhulunbuy Township and on Community Nhulunbuy. This valuation was prepared for financial reporting purposes only and in line with the requirements of applicable Accounting Standards. The assets were inspected by the valuers in September 2024 and February 2025, with the valuation date being 30 June 2025. The assets were valued based on their existing use and as operational assets. In valuing the property assets the valuers relied upon two different valuation methods. The first being the market approach which uses prices and other relevant information generated by market transactions involving identical or comparable assets. In determining the value of the Nhulunbuy Properties, the market approach was used (Level 2). The fair value of the Nhulunbuy Property assets at 30 June 2025 was determined to be $14,480,000. The second approach used was the cost approach. This method reflects the amount that would be required currently to replace the service capacity of an asset (depreciated replacement costs). In determining the value of the Community Properties assets the cost approach was used (Level 3). The fair value of the Community property assets recognised by the Corporation at 30 June 2025 was determined to be $2,635,000. The valuations were performed by Mr Will Johnson, Director AAPI Certified Practising Valuer 64488 and Mr Terry Roth, Director AAPI Certified Practising Valuer 64592.

Note 1 Material Accounting Policy Information (Cont.)

(p) Critical Accounting Judgements, Estimates and Assumptions (Cont.)

(iii) 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 leasehold improvements and plant and equipment
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 2026 (2025: $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 2026 amounted to $Nil (2025: $Nil).

(iv) 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.

(v) 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, 2030. All previous NTG contracts have been consolidated, with an ending date of 30 June 2030. The Corporation continues to be offered continuation of contracts for new positions and programs through federal funding streams and other sources.

MIWATJ HEALTH ABORIGINAL CORPORATION
ABN: 96 843 428 729
NOTES TO THE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2026

Note 1 Material Accounting Policy Information (Cont.)

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

The accounting policies adopted are consistent with those of the previous financial year except for the following amendments to accounting standards and other changes in accounting policy, which have been adopted for the first time this financial year:

AASB 2026-1 Amendments to Australian Accounting Standards – Disclosures about Uncertainties in the Financial Statements

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

AASB 2023-5 which amends AASB 121 : The Effects of Changes in Foreign Exchange Rates and AASB 1 : First Time Adoption of Australian Accounting Standards to improve the usefulness of information provided to users of financial statements. The amendments require entities to apply a consistent approach to determining whether a currency is exchangeable into another currency and the spot exchange rate to use when it is not exchangeable. The amendment did not have an impact on the Corporation's financial statements.

The Standard also amends AASB 121 to extend the exemption from complying with the disclosure requirements of AASB 121 for entities that apply AASB 1060: General Purpose Financial Statements - Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities to ensure Tier 2 entities are not required to comply with the new disclosure requirements in AASB 121 when preparing their Tier 2 financial statements.

New and Amended Accounting Standards Not Yet Adopted By The Corporation

Australian Accounting Standards and Interpretations that have recently been issued or amended but are not yet mandatory, have not been early adopted by the Corporation for the annual reporting period ended 30 June 2026. The Corporation's assessment of the impact of these new or amended Accounting Standards and Interpretations, most relevant to the Corporation, are set out below.

AASB 18 Presentation and Disclosure in Financial Statements

This standard is applicable to annual reporting periods beginning on or after 1 January 2027 and early adoption is permitted. The standard replaces IAS 1 'Presentation of Financial Statements', with many of the original disclosure requirements retained and there will be no impact on the recognition and measurement of items in the financial statements. But the standard will affect presentation and disclosure in the financial statements, including introducing five categories in the statement of profit or loss and other comprehensive income: operating, investing, financing, income taxes and discontinued operations. The standard introduces two mandatory sub-totals in the statement: 'Operating profit' and 'Profit before financing and income taxes'. There are also new disclosure requirements for 'management-defined performance measures', such as earnings before interest, taxes, depreciation and amortisation ('EBITDA') or 'adjusted profit'. The standard provides enhanced guidance on grouping of information (aggregation and disaggregation), including whether to present this information in the primary financial statements or in the notes. The Corporation will adopt this standard from 1 July 2027 and it is expected that there will be a significant change to the layout of the statement of profit or loss and other comprehensive income.

Note 2 Revenue and Other Income

Government Grants

The majority of Miwatj Health Aboriginal Corporation's funding is in the form of grants from governmental department bodies. 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 clinical and medical support services and programs for remote communities, with the types of services to be provided, duration of such programs and reporting obligations prescribed within the relevant agreements. 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.

		2026 $	2025 $
2A	**Grant Revenue :**		
	— Commonwealth Government Grants	35,012,677	32,241,060
	— NT Government Grants	16,889,427	17,205,097
	— Capital Grants	52,910	-
	— Other Grants	4,926,933	2,838,363
		56,881,947	52,284,520
	— Unexpended Grants Brought Forward	4,086,100	4,460,436
	— Unexpended Grants Carried Forward	(4,086,100)	(4,460,436)
	— Grant Funds Returned	(34,575)	(563,796)
	Total Grant Revenue	**56,847,372**	**51,720,724**
2B	**Other Income :**		
	— Patient and Medical Fees	4,065,490	4,146,214
	— Service Fees	3,484,851	3,362,000
	— Interest Income	1,398,505	1,071,974
	— Other Income	874,381	571,710
	— Rental Income	284,310	284,734
	Total Other Income	**10,107,537**	**9,436,632**

Note 3 Expenses

		2026 $	2025 $
A	**Depreciation and Amortisation:**		
	— Buildings	751,665	698,791
	— Plant and equipment	310,744	348,302
	— Motor vehicles	395,946	354,306
		1,458,355	1,401,399
	— Right of Use Assets - Property	1,274,920	1,375,324
	— Right of Use Assets - Plant and equipment	11,851	43,476
	— Right of Use Assets - Motor vehicles	18,971	-
		1,305,742	1,418,800
	Total Depreciation and Amortisation	2,764,097	2,820,199
B	**Employee and Personnel Benefits Expenses:**		
	— Salaries and wages	34,477,248	29,716,638
	— Employee Allowances	570,495	321,183
	— Superannuation	3,644,841	3,030,655
	— Leave entitlement costs	400,891	899,618
	— Work cover insurance	916,630	805,371
	— Other employee benefit expenses	289,955	170,881
	Total Employee Benefits Expense	40,300,060	34,944,346

MIWATJ HEALTH ABORIGINAL CORPORATION
ABN: 96 843 428 729
NOTES TO THE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2026

Note 4 Cash and Cash Equivalents

	Note	2026 $	2025 $
CURRENT			
Cash at bank		13,570,412	8,516,924
Term Deposits		14,678,493	17,587,622
Total Cash on hand and at bank	**18(a), 19**	**28,248,905**	**26,104,546**
Cash and Cash Equivalents are comprised of :			
Tied Cash Holdings :		25,720,347	20,754,629
Untied Cash Holdings :		2,528,558	5,349,917
Total Cash Holdings :		**28,248,905**	**26,104,546**

Note 5 Trade and Other Receivables

	Note	2026 $	2025 $
CURRENT			
Trade Receivables :			
Trade receivables		51,688	97,737
Less :Provision for impairment of receivables		-	-
Total Trade Receivables		51,688	97,737
Other Receivables :			
Accrued Income		913,449	486,152
Other receivables		5,299	-
Total Other receivables		918,748	486,152
Total Current trade and Other Receivables	**19**	**970,436**	**583,889**

The Corporation's normal credit term is 30 days.
No collateral is held over trade and other receivables.

Note 6 Other Current Assets

	2026 $	2025 $
CURRENT		
Bonds	109,838	116,219
Prepayments	485,914	1,002,813
Total Other Current Assets	**595,752**	**1,119,032**

Note 7 Property, Plant and Equipment

	2026 $	2025 $
NON CURRENT		
PROPERTY		
Land and Buildings at valuation 2022	17,115,000	17,115,000
Land and Buildings at cost	1,704,610	-
	18,819,610	17,115,000
Less Accumulated depreciation	(751,665)	-
	18,067,945	17,115,000
Work in Progress	254,357	207,834
TOTAL PROPERTY	18,322,302	17,322,834
PLANT AND EQUIPMENT		
Plant and equipment:		
At cost	4,078,952	3,574,088
Less Accumulated depreciation	(3,284,685)	(2,973,938)
	794,267	600,150
Motor vehicles:		
At Cost	5,181,799	4,398,775
Less Accumulated depreciation	(3,506,061)	(3,110,113)
	1,675,738	1,288,662
Total Plant and Equipment & Vehicles	2,470,005	1,888,812
Total Property, Plant and Equipment	**20,792,307**	**19,211,646**

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:

	Land & Buildings $	WIP $	Plant and Equipment $	Motor Vehicles $	Total $
Carrying amount at 1 July 2025	17,115,000	207,834	600,150	1,288,662	19,211,646
Revaluations (increments)	-	-	-	-	-
Additions at cost	1,704,610	46,523	504,861	783,022	3,039,016
Disposals	-	-	-	-	-
Depreciation expense	(751,665)	-	(310,744)	(395,946)	(1,458,355)
Carrying amount at 30 June 2026	18,067,945	254,357	794,267	1,675,738	20,792,307

During 2025 the Corporation engaged Herron Todd White to undertake an independent valuation of the buildings located in the Nhulunbuy Township and on Community Nhulunbuy. This valuation was prepared for financial reporting purposes only and in line with the requirements of applicable Accounting Standards. The assets were inspected by the valuers in September 2024 and February 2025, with the valuation date being 30 June 2025. The assets were valued based on their existing use and as operational assets. In valuing the property assets the valuers relied upon two different valuation methods. The first being the market approach which uses prices and other relevant information generated by market transactions involving identical or comparable assets. In determining the value of the Nhulunbuy Properties, the market approach was used (Level 2). The fair value of the Nhulunbuy Property assets at 30 June 2025 was determined to be $14,480,000. The second approach used was the cost approach. This method reflects the amount that would be required currently to replace the service capacity of an asset (depreciated replacement costs). In determining the value of the Community Properties assets the cost approach was used (Level 3). The fair value of the Community property assets recognised by the Corporation at 30 June 2025 was determined to be $2,635,000. The valuations were performed by Mr Will Johnson, Director AAPI Certified Practising Valuer 64488 and Mr Terry Roth, Director AAPI Certified Practising Valuer 64592.

MIWATJ HEALTH ABORIGINAL CORPORATION
ABN: 96 843 428 729
NOTES TO THE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2026

Note 8 Right of Use Assets

	2026 $	2025 $
NON CURRENT		
(a) AASB 16 Related Amounts Recognised in the Balance Sheet		
Right of Use Assets		
Leased Property	1,486,172	3,658,354
Less Accumulated depreciation	(669,163)	(2,419,140)
	817,009	1,239,214
Leased Plant and equipment	87,891	133,630
Less Accumulated depreciation	(11,719)	(111,784)
	76,172	21,846
Leased Motor vehicles	-	124,853
Less Accumulated depreciation	-	(105,882)
	-	18,971
Total Right of Use Assets	**893,181**	**1,280,031**

The Corporation's lease portfolio includes properties, plant and equipment and motor vehicles. The property leases have an average of 3 years as their lease term, plant and equipment leases 4 years and motor vehicles 7 years.

The option to extend or terminate are contained in several of the property leases of the Corporation. There are extension options for motor vehicles on request. These clauses provide the Corporation the opportunities to manage leases in order to align with its strategies. All of the extension or termination options are only exercisable by the Corporation. 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 Property $	Leased Plant & Equipment $	Leased Motor Vehicles $	Total $
Carrying amount at 1 July 2025	1,239,214	21,846	18,971	1,280,031
Additions at cost	852,715	66,177		918,892
Disposals	-		-	-
Depreciation expense	(1,274,920)	(11,851)	(18,971)	(1,305,742)
Carrying amount at 30 June 2026	817,009	76,172	-	893,181

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

	2026 $	2025 $
Depreciation charge related to right of use assets	1,305,742	1,418,800
Interest expense on lease liabilities	68,357	95,396
Short-term leases expenses	301,397	179,309
	1,675,496	1,693,505

Note 9 Trade and Other Payables

	Note	2026 $	2025 $
CURRENT			
Trade payables		2,137,293	2,650,582
Accrued liabilities		1,952,704	1,437,646
ATO liabilities (net)		382,195	1,130,510
Corporate Credit Card Facilities - Westpac		60,167	79,860
Other sundry liabilities		99,461	1,917
Total Trade and Other Payables		**4,631,820**	**5,300,515**
Financial liabilities at amortised cost are classified as Trade and Other Payables :	**19**	**4,631,820**	**5,300,515**

Note 10 Other Current Liabilities

	2026 $	2025 $
CURRENT		
Grants in Advance	1,906,482	-
Contract liabilities - Unspent Grant Funding	11,501,801	6,330,185
Unspent grants - to be repaid	289,481	378,057
Contract Liabilities- grant funded programmes	**13,697,764**	**6,708,242**
(a) Contract liabilities - movement in amounts :		
Balance at the beginning of the year	6,330,185	-
Additions: Grants for which performance obligations will only be satisfied in subsequent years	5,171,616	6,330,185
Expended : Grants acquitted or utilised during the year	-	-
Closing balance	**11,501,801**	**6,330,185**

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

Recognised in Revenue and carried forward in Retained Earnings at 30 June 2026 is $3,010,395 of unaquitted grant funding (2025 : $4,098,952). Under the terms of the grant agreement this grant income must be spent in the 2027 financial year.

Note 11 Lease Liabilities

	Note	2026 $	2025 $
CURRENT			
Lease liabilities		450,699	1,168,369
		450,699	1,168,369
NON-CURRENT			
Lease liabilities		359,304	214,160
		359,304	214,160
Total Lease Liabilities	**19**	**810,003**	**1,382,529**

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

MIWATJ HEALTH ABORIGINAL CORPORATION
ABN: 96 843 428 729
NOTES TO THE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2026

Note 12 Borrowings

	Note	2026 $	2025 $
CURRENT			
Bank loan - interest payable and secured		1,532,289	-
NON-CURRENT			
Bank loan - interest payable and secured		-	-
Total Borrowings	**19**	**1,532,289**	**-**

The Corporation has established a loan facility with the Westpac Bank. At 30 June 2026 the loan facility has a limit of $4,500,000 of which $1,532,289 is used and $2,967,711 is unused and available to the Corporation. The facility is subject to review and expires on 9 July 2028. At 30 June 2026 the facility incurred an interest rate of 5.9328%.

Note 13 Employee Provisions

	2026 $	2025 $
CURRENT		
Annual and Other Leave Entitlements	2,806,429	2,526,367
Long Service Leave Entitlements	1,123,240	952,184
	3,929,669	3,478,551
NON-CURRENT		
Long Service Leave Entitlements	663,942	714,169
	663,942	714,169
Total Provisions for Employee Benefits	**4,593,611**	**4,192,720**

Analysis of total provisions:	**Total**
Opening balance at 1 July 2025	4,192,720
Additional provisions raised during the year (net)	400,891
Balance at 30 June 2026	**4,593,611**

Provision For Employee Benefits
Employee provisions represents amounts accrued for annual leave 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 14 Reserves

	2026 $	2025 $
Asset Revaluation Reserve	**9,182,211**	**9,182,211**
Movements in Asset Revaluation Reserve :		
Opening balance 1 July 2025	9,182,211	7,478,040
Revaluation increment	-	1,704,171
Closing balance 30 June 2026	**9,182,211**	**9,182,211**

The asset revaluation reserve records the revaluation of non-current assets.

Note 15 Capital and Leasing Commitments

	2026 $	2025 $
(a) Lease Liability Commitments :		
— not later than 1 year	483,965	1,232,917
— later than 1 year but not later than five years	353,171	153,498
— later than five years	68,464	114,620
Total Future Lease Payments at the End of the Reporting Period :	905,600	1,501,035
(b) Operating Lease Commitments		
Rental commitments : short term and low value assets		
Payable – minimum lease payments no later than 12 months :		
— Short term leases	107,240	142,034
— Low value assets	-	-
Total Operating Lease Commitments	107,240	142,034

The Corporation continues to pay a monthly rental for some property sites. There is no fixed rental term period for these sites and as such they have been treated as short term leases. The rental and tenancy expense for these short term leases was $107,240 in 2026 (2025 : $142,034).

(c) Capital Expenditure Commitments

The Corporation has $Nil capital expenditure commitments as at 30 June 2026 (2025 : $Nil).

Note 16 Contingent Liabilities and Contingent Assets

The Board is not aware of any contingent liabilities or assets as at 30 June 2026 (2025 : $Nil).

Note 17 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.

Note 18 Cash Flow Information

	Note	2026 $	2025 $
(a) Reconciliation of cash and cash equivalents to Statement of Cash Flows :			
Cash on hand and at bank	4	28,248,905	26,104,546
Total cash as stated in the Statement of cash flows		28,248,905	26,104,546
(b) Reconciliation of Cash Flow from Operating Activities with Current Year Profit (Loss)			
Profit (Loss) for the current year		(4,480,044)	808,662
Non-cash flows:			
Depreciation and amortisation expense		2,764,097	2,820,199
Interest expense on lease liabilities		68,357	95,396
Loss (Profit) on sale of assets		-	-
Changes in assets and liabilities:			
(Increase)/decrease in trade and other receivables		(386,547)	(407,815)
(Increase)/decrease in other current assets		523,280	(722,564)
Increase/(decrease) in accounts payable and other payables		(668,695)	1,694,310
Increase/(decrease) in other current liabilities		6,989,522	6,708,242
Increase/(decrease) in employee provisions		400,891	899,645
Net cash provided by operating activities		5,210,861	11,896,075

MIWATJ HEALTH ABORIGINAL CORPORATION
ABN: 96 843 428 729
NOTES TO THE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2026

Note 19 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	2026 $	2025 $
Financial assets			
Financial assets at amortised cost:			
Cash on hand	4	28,248,905	26,104,546
Trade and other receivables	5	970,436	583,889
Total financial assets		29,219,341	26,688,435
Financial liabilities			
Financial liabilities at amortised cost:			
Trade and other payables	9	4,631,820	5,300,515
Lease liabilities	11	810,003	1,382,529
Borrowings	12	1,532,289	-
Total financial liabilities		6,974,112	6,683,044

Refer to Note 20 for detailed disclosures regarding the fair value measurements of the Corporation's financial assets.

Note 20 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
- freehold land and buildings.

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.

		2026		2025	
	Note	Carrying Amount $	Fair Value $	Carrying Amount $	Fair Value $
Financial assets					
Cash on hand and at bank	4, 19	28,248,905	28,248,905	26,104,546	26,104,546
Trade and other receivables	5, 19	970,436	970,436	583,889	583,889
Total financial assets		**29,219,341**	**29,219,341**	**26,688,435**	**26,688,435**
Financial liabilities					
Trade and other payables	9,19	4,631,820	4,631,820	5,300,515	5,300,515
Lease liabilities	11, 19	810,003	810,003	1,382,529	1,382,529
Borrowings	12, 19	1,532,289	1,532,289	-	-
Total financial liabilities		**6,974,112**	**6,974,112**	**6,683,044**	**6,683,044**

Note 20 Fair Values Measurements (Cont.)
Financial assets and liabilities (cont.)

(i) Cash on hand, accounts receivable and other debtors, contract assets 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) For investments in listed shares, the fair values have been determined based on closing quoted bid prices at the end of the reporting period.

(iii) Loans receivable, lease liabilities and borrowings fair values, are assessed on an annual basis by Management and the Directors . 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.

		2026		2025	
	Note	Carrying Amount $	Fair Value $	Carrying Amount $	Fair Value $
Non Financial assets					
Property - Land and buildings	7	**18,067,945**	**18,067,945**	**17,115,000**	**17,115,000**

The Corporation engaged Herron Todd White to undertake an independent valuation as at 30 June 2025 of the Property assets located in the Nhulunbuy Township and on Community Nhulunbuy. This valuation was prepared for financial reporting purposes only and in line with the requirements of applicable Accounting Standards. The details of the valuation and valuation methodology are disclosed at Note 7 Property, Plant and Equipment.

In the Directors' annual assessment of impairment of assets, the above valuation base is considered to be the appropriate base still, given the assets location, use and the cost of replacement.

Note 21 Key Management Remuneration

	2026 $	2025 $
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 :		
Short term employee benefits	2,094,028	1,871,383
Post employee benefits	239,638	165,864
Total Key Management Remuneration	**2,333,666**	**2,037,247**

Note 22 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.

There were no other related party transactions in 2026 (2025: $Nil).

Note 23 Auditor's Remuneration

	2026 $	2025 $
Auditing the financial statements:		
- 2024 Auditors - previous auditors	-	6,530
- Current Auditors	37,400	35,000
Other services - current auditors :		
- Tax and accounting services	3,625	
Total Auditor's Remuneration	**41,025**	**41,530**

Note 24 Corporation Details

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

Miwatj Health Aboriginal Corporation
1424 / 1425 Arnhem Road
Nhulunbuy NT 0880

The Directors of Miwatj Health Aboriginal Corporation , declare that in the Directors' opinion :

1. The financial statements and notes, as set out on pages 5 to 25, 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 2026, 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 Miwatj Health Aboriginal Corporation and with subsection 60.15(2) of the *Australian Charities and Not-for-profits Commission Regulation 2022* .

Don Wininba Ganambarr (Board Chair)

Dated 27th October 2026

Dion Wunungmurra (Deputy Board Chair)

Dated 27th October 2026

Nexia Edwards Marshall NT
Level 2, TCG Centre
80 Mitchell Street
Darwin NT 0800
GPO Box 3770
Darwin NT 0800
e: receptionNT@nexiaem.com.au
p: +61 8 8981 5585

nexiaemnt.com.au

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF MIWATJ HEALTH ABORIGINAL CORPORATION

Opinion

We have audited the financial report of Miwatj Health Aboriginal Corporation ("the Corporation"), which comprises the statement of financial position as at 30 June 2026, 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 Miwatj Health 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 2026 and of its financial performance and its cashflows for the year then ended; and
(ii) complying with Australian Accounting Standards – Simplified Disclosures, and 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 information

The Directors are responsible for the other information. The other information comprises the information in Miwatj Health Aboriginal Corporation's annual report for the year ended 30 June 2026 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.

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.

Advisory. Tax. Audit.

Nexia Edwards Marshall NT (ABN 74 414 259 116) 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/legal. Neither Nexia International nor Nexia Australia Pty Ltd provide services to clients.

Liability limited by a scheme approved under Professional Standards Legislation.

Nexia Edwards Marshall NT
Level 2, TCG Centre
80 Mitchell Street
Darwin NT 0800
GPO Box 3770
Darwin NT 0800
e: receptionNT@nexiaem.com.au
p: +61 8 8981 5585

nexiaemnt.com.au

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF MIWATJ HEALTH ABORIGINAL CORPORATION (CONT.)

Responsibilities of the Directors for the Financial Report

The Directors of Miwatj Health Aboriginal Corporation are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Simplified Disclosures, and *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.
- 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.

Advisory. Tax. Audit.

Nexia Edwards Marshall NT (ABN 74 414 259 116) 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/legal. Neither Nexia International nor Nexia Australia Pty Ltd provide services to clients.

Liability limited by a scheme approved under Professional Standards Legislation.

Nexia Edwards Marshall NT
Level 2, TCG Centre
80 Mitchell Street
Darwin NT 0800
GPO Box 3770
Darwin NT 0800
e: receptionNT@nexiaem.com.au
p: +61 8 8981 5585

nexiaemnt.com.au

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF MIWATJ HEALTH ABORIGINAL CORPORATION (CONT.)

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

- 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@nexiaemnt.com.au

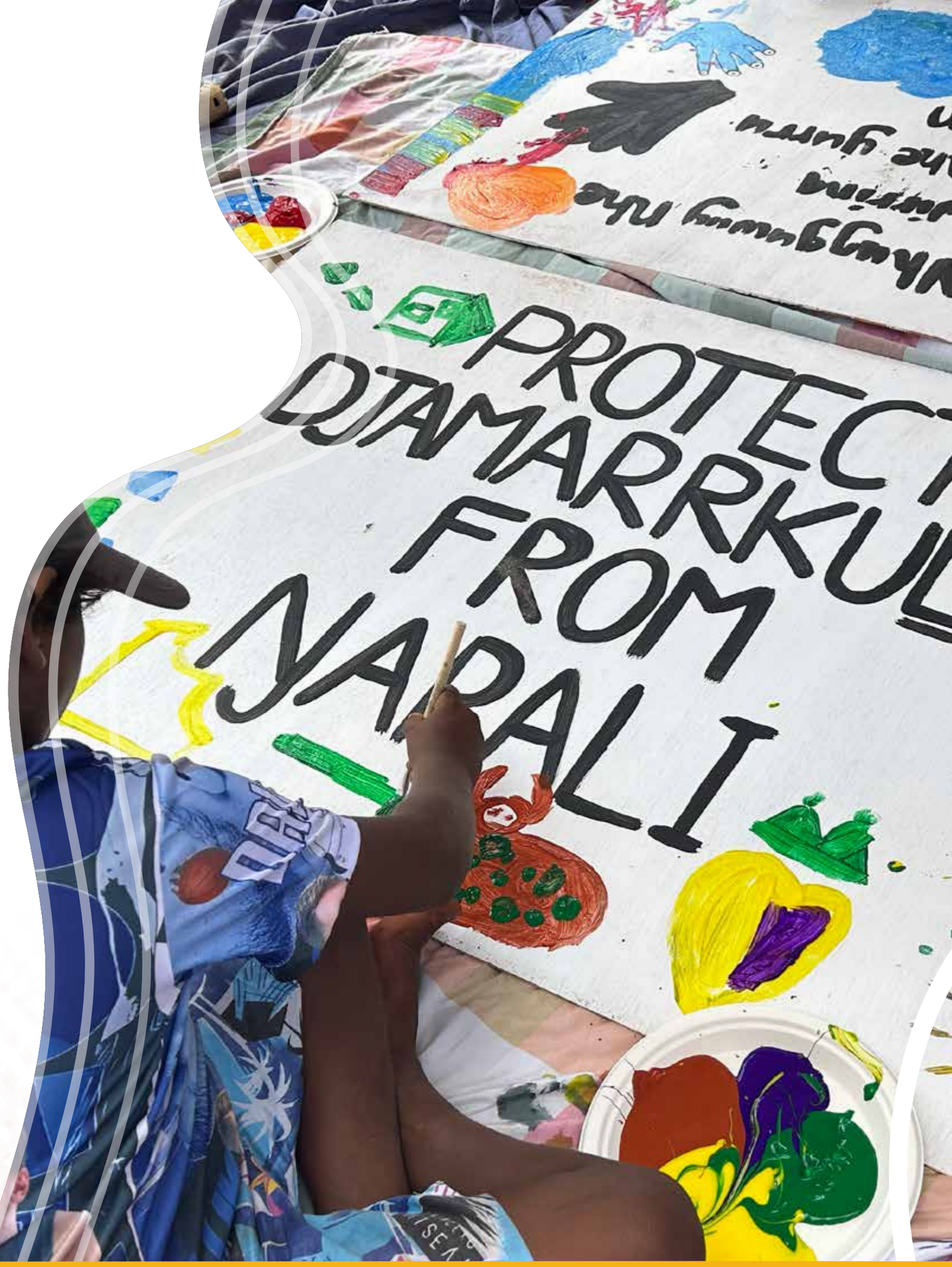
Darwin, Northern Territory

Dated: 27 October 2026

Advisory. Tax. Audit.

Nexia Edwards Marshall NT (ABN 74 414 259 116) 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/legal. Neither Nexia International nor Nexia Australia Pty Ltd provide services to clients.

Liability limited by a scheme approved under Professional Standards Legislation.





1424 Arnhem Road
PO Box 519
Nhulunbuy NT 0881
Ph. (08) 8939 1999
E. execsec@miwatj.com.au
W. www.miwatj.com.au

MIWATJ HEALTH
ABORIGINAL CORPORATION