



**ANNUAL REPORT
2020-2021**



Acknowledgement

Nganampa Health Council Inc (NHC) would like to acknowledge all Anangu who are the traditional custodians of the APY lands. We would also like to pay respect to the Elders both past, present and emerging of the Pitjantjatjara Yankunytjatjara Nation and extend the same respect to other Indigenous Australians who may read this annual report.

This annual report has been prepared for wide readership, including NHC members, medical workers, Anangu community members, partners, policy makers, donors, supporters, volunteers, students and researchers.

Nganampa Health Council

‘Nganampa Health Council is an Anangu controlled-community health organisation delivering comprehensive Primary Health Care to all Anangu residents and visitors to the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands in South Australia. Nganampa aims to improve the health status of Anangu through the provision of high quality clinical and preventative health care services delivered in culturally appropriate ways.’

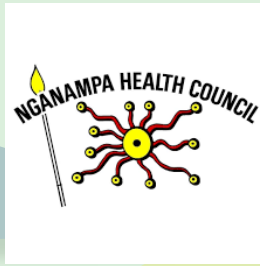
A total of 49,693 visits were made to NHC clinics during the year and 45,294 of these visits were by Anangu community members.

(Source: OSR 2020-21 Statistics)



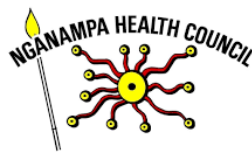
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Chairman's Statement



Nganampa is like the mother. Nganampa feeds the community like a mother feeds her children. And I believe Nganampa continues to do good work for Aṅangu tjuṯa (all Aṅangu).

Aṅangu tjuṯa support the clinics, because the clinics remind the people about the sicknesses that are coming into our communities. The clinics look after where we are heading. They look after us.

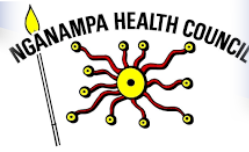
Aṅangu listen to what the clinics say about health. When doctors and nurses say go to Alice or Adelaide, our people respect that and go for treatment.

As the Chairman of Nganampa, I listen to the Health Services Managers, Bookkeepers and Auditors about the important “money stories”. I understand we need to sit down and talk together. The Board meets regularly and respects that we must look after the earnings and income. We need money for staff salaries. We need money for our clinics. We need money to keep the community healthy.

I watch all the Nganampa programs. The dentist truck is running ok. The Midwife is doing good. Child Health check are getting done and the child health teams works with the mothers and children to keep them healthy and strong. I like what they are doing.

When the Royal Flying Doctor Service brought in the COVID vaccinations I was one of the people they called to pick up the vaccines to transport to Pukatja. I have a good car and help where I can. I think Nganampa has done a good job with COVID. No one got sick at this time because it was before COVID came to the APY Lands. We stayed strong.

Important for Nganampa is looking after our staff. We need to go through the right channels. We need more Aṅangu to work with us as On Call Support Workers. We are getting new people who follow the rules. These are Aṅangu with licences, police checks and good records. These are good people, and we want more people to help us with this work. This is a new way of running Nganampa.



Nganampa helped set up Mai Wiru Stores. I am on the board. It is important that the people in Mai Wiru understand the rules. Good food is important for everyone. I think we need to do more workshops to bring store owners and managers together. We need to make sure that there is good food and that the prices are not too high. We need to make sure all community stores work for the people and don't take too much money out of the communities.

One thing I am worried about is housing. Young families need a place to live. Before we had the 'homeland program' where people could get out of the communities and live on their homelands. Now we have problems with water and sewerage in these places. This needs to be fixed. Healthy homelands can be a good place for our young families, but it needs a lot of work and support. Overcrowding is hard on our people.

Looking to the future we Anangu need the next generation of Anangu Mayatja (Anangu leaders). I am happy there are Anangu health workers studying in clinics and going to study in Adelaide. I don't want them to do bookwork, I want them to be nurses and doctors.

We need leaders who can learn from Bernard Singer, Rex Tjami and other senior culture people. We Anangu have 'songlines'. This is the way our culture works. We need to keep these 'songlines' strong, so that the new leaders can keep our people healthy and strong.

Nganampa is good for the Anangu. We need to keep it that way.

Jamie Nyangu
Nganampa Health Council Inc.
Chairperson
Umuwa



Executive Director's Statement



The APY Lands faced several difficult challenges over the last year. The biggest challenge was - and remains for the foreseeable future - the threat of COVID.

To the credit of the Nganampa Board, Senior Management and clinical staff, the Nganampa Health Council not only helped prevent COVID from entering our communities but we stepped up our efforts to get out and actively vaccinate our people. I am very proud of the entire Nganampa staff for the focus and dedication they showed. Nganampa responded quickly and efficiently. The whole community pulled together and closed our borders with the full support of the APY Land Council, the South Australian Government and South Australian Police. I am pleased to report that not one person contracted COVID across the APY Lands.

Health Services Managers Brian Doolan and Cath Elderton continue to work closely with the Nganampa Board and Senior Management to guide the organisation through a period of complex transition. The organisation is revisiting the constitution, seeking professional advice on organisational change, improving work practices in line with legislative changes brought about by the implementation of Gayle's Law and recruiting new Anangu staff to ensure we can operate a growing team of On Call Support Workers. Whilst we still face financial pressures to absorb the growing costs associated with these changes, we continue to lobby for additional funding and improved infrastructure to meet the needs of the Anangu population.

Our Board recognises that we need to strengthen our Anangu workforce and further develop our clinical programs. A number of Anangu staff continue their clinical training on the APY Lands and their formal training in Adelaide. We encourage all our Anangu staff to embrace training opportunities to develop their skills and grow into their roles. We have a shared responsibility to ensure the next generation of Anangu leaders and health care workers maintain Nganampa's culturally appropriate health care services.

As the Executive Director of Nganampa, I am mindful of the successes we have had with the Women and Children's programs. I believe our attention in the coming years must shift to ensuring we meet the needs of our young men. Too many isolated men struggle with the emotional and relationship demands of marriage and fatherhood.



There is no doubt that the transition from single life to married life with children is difficult. Demands on young families are great. Nganampa must recognise this and tailor programs to ensure families are well supported in these critical early years. Alongside calls for improved housing and more employment opportunities, Nganampa must extend tailored support and relationship counselling to young men and fathers. We need our families to stay together to raise healthier and happier children. Nganampa must lead the way and develop new programs to help achieve this outcome. It is time for our leaders to identify, discuss and prevent family problems that are linked to emotional stress, domestic violence and family breakdown.

I would like to thank our program partners for their support over the years. The “Willpower” program with Paul Vandenberg has been involved with education to promote the positive aspects of study. “Willpower” circulates healthy messages amongst our youth. The “Deadly Choices” program too has targeted teenagers on the APY Lands with health promotion campaigns. Anangu kids have had unique opportunities to travel, build networks and share ideas about what works in other communities. These are successful case studies that Nganampa can learn from and develop further, so that the next generation feel connected and empowered – key elements to ensuring long term social wellbeing.

Let’s work together on health promotion and strengthening our clinical programs. Let’s ensure all Anangu know what it takes to live healthy lives, so that sickness and chronic disease is reduced. And let’s respect and support one another at the Nganampa Health Council so that we deliver the best care we can for our communities.

John Singer
Nganampa Health Council Inc.
Executive Director
Umuwa



Nganampa

“Nganampa” translates into English as “Our”. Nganampa Health Council is Our Health Council. It is owned and governed by the Pitjantjatjara and Yankunytjatjara people who live on the Anangu Pitjantjatjara Yankunytjatjara Lands in South Australia.

Vision

The Nganampa Health Council vision is to provide and be recognised for providing Anangu with high quality, culturally appropriate, efficient and effective primary health care and related services. Nganampa Health Council will provide the highest standard of culturally appropriate primary health care, encompassing services to vulnerable individuals and communities. We focus on the provision of clinical, trauma and critical care to all of our clients. We do not discriminate in the provision of excellent care and aim to treat all clients with dignity and respect.

“As an independent non-government organisation, Nganampa Health Council advocates on behalf of Anangu for improvements to health, social and community services, education and employment on the APY Lands.”

(Source: Core Values - Strategic Plan 2019-2021)



A Little Health History



Ngangkari

Ngangkari are the traditional healers of the Anangu Pitjantjatjara and Yankunytjatjara (APY) Lands in the remote desert region of Central Australia. The Ngangkari have looked after people's physical and emotional health for thousands of years. NHC engages two permanent part-time Ngangkari to provide traditional healing to Anangu. Ngangkari contributed over 820 hours of program support and patient care during this current reporting period.

Ngangkari Story

“My powers come from that place and I still have the powers I had when I was a child. When we see with our special sight, we can see things that normal people cannot see. We have an eye in the forehead. When our eye is closed we can't see anything. We can't see a person who is sick and we can't see any mamu [harmful spirit being, spirit-monster]. When we haven't got the opening holes in our hands we can't heal a person. But when our vision is open and the mouth is open for the kuurtjankupai treatment, that's when we can see mamu that are coming to bite and to kill and to eat women and children.” – **Kunmanara Watson**

(**Source:** Traditional Healers of Central Australia: Ngangkari by the NPY Women's Council Aboriginal Corporation – 2013)

Significant Health Problems

Since contact with European settlers Anangu have faced significant health problems. Our ability to maintain our holistic health was damaged. Traditional connection to country and access to traditional food and medicines was profoundly disrupted.

Health Services

Anangu saw that the mainstream health services provided were failing to meet their needs when governments extended support. Limited resources, racism, barriers of culture and remoteness delivered poor health outcomes for Anangu. To gain access to appropriate health services, Aboriginal leaders established independently incorporated and community-controlled health services since 1971. These services became the Aboriginal Community Controlled Health Organisations (ACCHOs) we know today.

Community-Controlled

Nganampa is operated on strong principles of community-control, with an elected Anangu Board of Management. Many community residents work in or regularly visit our clinics. The organisation also has a strong record of valuing technical, evidence-based approaches to primary health care delivery, and an approach that encourages continual evaluation and improvement.

Message To Nganampa Health Council Staff

The Board wishes to acknowledge the outstanding contributions made by NHC staff over the past year. Their skilled and dedicated contributions allow the NHC to service the health needs of the APY Lands community.

We thank our staff for their quality, evidence-based and best practice clinical services. Thank you to the all staff who also provide our full range of human resource management, administrative, financial and clinical support systems delivered out of our Alice Springs and Umuwa Regional Offices.

For the NHC, Anangu culture is central to health service delivery across the APY Lands. Therefore, it is important for the NHC to have a culturally competent and skilled workforce.

Our Anangu Board recognise the cultural, family and professional obligations and responsibilities of our staff.

NHC Anangu Health Workers (AHW) understand the historical trauma and lived experience of their communities. Many also have knowledge of kinship structures and cultural obligations. With the active clinical participation of AHWs, many Anangu patients benefit from having their cultural protocols respected in addition to receiving effective treatment programs and high clinical standards.





A Message of Thanks

The message below was sent out to NHC Staff in 2021.



Message from the Chair and Chief Executive of Nganampa Health Council

Wai? Hello everyone who works with Nganampa Health Council. We are Jamie Nyaningu, the Chairman of Nganampa, and John Singer, the Chief Executive. We are writing this because we know you have been working extra hard during this Covid-19 time to keep Anangu safe. Nganampa staff have always been working hard to support Anangu and keep us all healthy, but for a few months now you have been working very hard in a difficult time. All Anangu know this. We know things will continue to be difficult until we get some vaccine to make sure no-one gets sick from this Covid-19. Maybe that will be a long time.

Anangu on the Health Council want the doctors, the nurses, the health workers, on call support workers, environmental health workers, office staff and all the staff that work with Nganampa to know we see your work and we are grateful. Sometimes we are all too busy and forget to say that or show you we are grateful. But you should know that we see what you do and we are grateful to you all.

We don't know what might happen over the next few months. We know we have not had any Anangu get sick with Covid-19 so far. Maybe it will still be hard work for a while yet. We are happy that you are here and working beside us. You are doing a good job and we are grateful.

Palya. No worries.

Jamie Nyaningu and John Singer

Nganampa's Role

Nganampa Health Council was established in 1983 under the South Australian Associations Act as an Aboriginal Community Controlled Health Organisation operating on the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands of South Australia.

The APY Lands cover over 105,000 square kilometres in the north-west corner of remote South Australia. It is home to almost 3,000 residents. Anangu culture is strong, and Pitjantjatjara/Yankunytjatjara is the first language of most residents.

NHC clinics are located in the communities of Iwantja (Indulkana), Mimili, Aparawatatja (Fregon), Pukatja (Ernabella), Amata and Pipalyatjara. A small clinic is also maintained at Nyapari. The organisation has administration offices at Umuwa and in Alice Springs. NHC also manages a range of programs in areas such as sexual health, environmental health, health worker training, dental, women's health, male health, children's health, immunisation, eye health and mental health.

NHC has a sustained national reputation for best practice clinical services, leading edge collaborative program research and for the collection of outcome data as a basis for ongoing evaluation.

NHC records approximately 50,000 patient care activities per annum. NHC clinics are AGPAL and Australian Dental Association accredited facilities with modern medical equipment and sophisticated information technology systems including the use of Communicare clinical information system, telemedicine facilities and an intranet site.

NHC is government funded and depends on continuity of funding from the Commonwealth and South Australia for its operation. Some financial support is also provided by philanthropic and nongovernment organisations.

In addition to our clinics, Nganampa Health Council maintains an administrative office at Umuwa on the APY Lands as well as offices in Alice Springs to provide financial management services, fleet management, procurement, logistic support, hospital liaison, patient support and transport.



**Proudly AGPAL
Accredited**

Our commitment to
your safety and care



Governance

Nganampa Health Council is an incorporated Aboriginal and Torres Strait Islander health organisation controlled by local Anangu communities on the APY Lands.

Nganampa Health Council is an Anangu owned and Anangu directed organisation. It is overseen by an Anangu Board established according to our Constitution that sets the strategic direction of the organisation. The Board determines the organisation's strategy and makes the key policy, finance and staffing decisions. It has an Anangu Executive Director who gives direction to the Medical Director and Health Services Manager. The various portfolios are operationally managed by the Senior Management Team (SMT).

The objective of NHC governance is to ensure our service provides and professionally administers sustainable high quality culturally responsive health services to our communities that leads to improvements in the health and social outcomes for the APY Lands.

The Board is chosen by and responsible to the Members who are all Anangu resident on the APY Lands.



Risk Management

Nganampa recognises that staff safety and security are paramount and critical to sustaining quality primary health care and to attracting and retaining suitably qualified staff.

Nganampa Health Council has identified 9 main areas of risk which we actively monitor and manage. These are:

1. Risks to our Workforce
2. Risks to our Patients
3. Community engagement risks
4. Risks to Assets
5. Risks around Information and Communications technology risks
6. Finance management and funding
7. Legal risks
8. Supplier risks
9. Environmental risks.

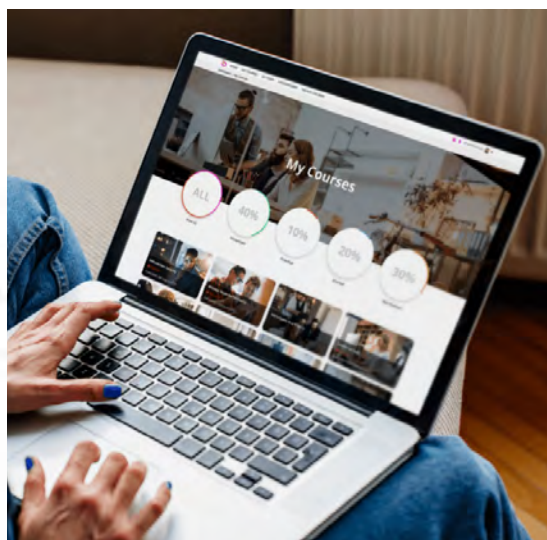
Following an external expert review of all aspects of the organisation's safety and security in past years, including an external assessment of safety and security infrastructure, equipment and practices, NHC has adopted and implemented new safety practices. NHC remains open to further appropriate security enhancements.

With ongoing financial support from the Commonwealth Government, a range of staff safety and security improvements have been initiated including, but not limited to, rostering at least two people to be on-call at all times, strengthening physical security at staff houses, reviewing and strengthening patient and staff access into and within clinics and improving our processes for monitoring staff who are travelling.



NHC Training

The Nganampa Health Council Kineo e-learning site is used by all staff for a basic orientation to the organisation, including to staff safety and security guidance, and for training in core job related competencies and mandated Occupational Health and Safety training.



Ongoing Challenges for NHC

Nganampa recognises we are constantly confronted by numerous challenges.

Anangu Health Status

Based on Nganampa Health Council data and supported by Country Health SA PHN data, Anangu on the APY Lands experience levels of adult and childhood morbidity that are as high as any in the country. NHC primary health and program activity is directed towards addressing these needs.

Remoteness

The remoteness of Nganampa's clinics poses many challenges for the organisation. These include:

- Access to goods and supplies
- Access to service providers
- Costs of supplies and service provision
- Staff safety
- Protection of buildings and equipment
- Access to consistent police presence
- Ability to recruit staff
- Staff costs
- Efforts required to ensure a full range of supportive technology
- The physical environment within which our staff live and work.



Funding



Nganampa Health Council receives strong support from both the Commonwealth and South Australian Governments, principally through their Departments of Health. Without this support our Health Council would not be able to function. However sufficient ongoing funding to maintain and support our clinics and programs remains a struggle. In 2020-21 some of the particular challenges related to funding were:

Staff Housing – Access to adequate and appropriate housing is an ongoing concern for all residents and services across the APY Lands. Nganampa needs access to housing for the doctors, nurses and support staff who work in our clinics and health programs. Housing is also required for visiting specialists and health care teams. Access to housing is a key consideration in all our plans and activities, and remains a major limiter on everything we do.

Disease Control – Despite strong financial support from the Commonwealth and South Australian Governments, programs to address problems like Rheumatic Heart Disease, Diabetes and Obesity, and Mental Health remain significantly underfunded.

The On Call Support Worker Program – South Australian legislation requires that any health practitioner in a remote area responding to an out of hours or unscheduled call out for medical assistance must be accompanied by a second person. While the Commonwealth provides some financial support for this additional workforce and activities, it is far below the amount needed to ensure our health practitioners can respond 24 hours of every day of the year. Notably no financial support for this requirement has been received to date from the South Australian Government to implement the requirements of the South Australian Legislation.

Staffing Challenges

One of the biggest risks to the successful operation of NHC is the recruiting, training and retention of suitably qualified and skilled staff who will thrive when living in remote communities. Staff salaries and packages need to be kept competitive. New staff can spend considerable time adjusting to their new working environments and cultural settings, despite the high levels of support provided.

Anangu staff also need support and training when working in clinical environments. Building cultural knowledge and competence is often a long process for staff in training, involving building trust and familiarity with extended members of the APY Land communities, not just their health worker colleagues.

COVID

The 2020 – 2021 reporting year was dominated by the global COVID pandemic. COVID impacted every aspect of Nganampa Health Council's work and health delivery on the APY Lands.

Covid Response

Nganampa Health Council began detailed planning for COVID on the APY lands in March 2020. A huge amount of work went into strategic planning, vaccination and all things COVID related.

COVID changed the way we deliver primary health care to Anangu. COVID significantly impacted our clinics and the workload of all staff both on and off the APY Lands.

The Nganampa COVID response leadership team worked closely with the SA Department of Health and Wellbeing to develop a strategic plan, advocate strongly around how Anangu could be kept safe and took measures to minimise the likely impact of COVID both on the APY lands and in our clinics.

Nganampa Health Council has worked closely with many stakeholders during this time and appreciate all the hard work all stakeholders have put into getting the people of the APY Lands COVID ready.

COVID Vaccination

In April 2021, Nganampa commenced COVID vaccinations in older Anangu initially using the AstraZeneca vaccine. Experienced, trusted NHC nurses managed the rollout supported by senior Anangu in each community. A public health campaign was rolled out including community and individual education messages.

SA Department of Health and Wellbeing staff provided much needed support. By June 2021 the “at least one dose” vaccination rate in Anangu aged 50 years and over was 65%. NHC aimed to achieve national vaccination goals and in June engaged with Royal Flying Doctor Service to partner in the ongoing delivery and provision of vaccine. It has been a great partnership and we look forward to building on this relationship.



KEEP OUR MOB SAFE, STOP THE SPREAD.

Coronavirus
(COVID-19)



COVID Challenges and Achievements

COVID provided a number of challenges, most of which became achievements of which NHC is proud. These included:

- Implementing Point of Care Testing in 4 of our clinics
- The roll out of a COVID vaccination program
- Education around COVID and COVID vaccination
- A new partnership with SA Water for surveillance of COVID in wastewater on the APY Lands
- Maintaining staffing of clinics despite the numerous challenges of border restrictions
- Maintaining patient travel for urgent hospital care in Alice Springs and Adelaide
- Designing and implementing new infection control protocols and practices
- Managing increased clinical staff workloads and fatigue
- Preparing for the inevitable first case and spread of COVID on the APY Lands.





COVID Response

2020 - 2021

Stop Germs spreading from person to person

If you have any of these symptoms



Go to the clinic

Wear a Mask

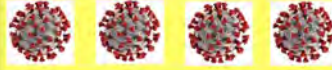
Have a quick test and keep your community safe.



Protect our Mob, Get a swab



Nganampa Health wants to do more testing so we can find COVID-19 early if it should come to the APY Lands. This way we can stop COVID-19 from spreading.



If you have ANY of these problems - cough, sore throat, trouble breathing or feel hot, even if you don't feel sick, **GO to the clinic and get tested.**



If you have already been tested before but you get these problems again, **GO to the clinic and get tested**

If you have been travelling back and forth on the APY Lands and get any of these problems, **GO to the clinic and get tested.**



NHC Pfizer rollout

Covid -19 Vaccinations available at Softball grand final Pukatja around 11.30am Saturday 4th September

Come and see us at the marquee at the softball oval and get your vaccination



COVID-19
Coronavirus Symptoms

World Health Organization
11 November 2020

SERIOUS COVID-19 SYMPTOMS REQUIRING IMMEDIATE MEDICAL CARE

- If you develop any of these symptoms, call your healthcare provider or health facility and seek medical care immediately.
- This is not an exhaustive list. These are the most common symptoms of serious illness, but you could get very sick with other symptoms - if you have any questions, call for help immediately.

Shortness of breath/ Difficulty breathing	Loss of speech or mobility or confusion	Chest pain
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MOST COMMON SYMPTOMS

Fever	Cough	Tiredness	Loss of taste or smell
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LESS COMMON SYMPTOMS

Sore throat	Headache	Aches and pains
Diarrhea	A rash on the skin or discolouration of fingers or toes	Red or irritated eyes

PLEASE NOTE:

- If you live in an area where malaria, dengue or other infections are common and you have any of these symptoms, seek immediate medical care according to the local health authorities.
- Stay in touch with your primary care provider to ensure you continue to receive the routine care you need, such as medications, visits, follow-up and other routine consultations.



COVID Response

2020 - 2021



**STAY STRONG
GET
VACCINATED**

It's time to get vaccinated.
Protect yourself, your family and communities.

COVID VACCINE



**STAY STRONG
GET
VACCINATED**

It's time to get vaccinated.
Protect yourself, your family and communities.

COVID VACCINE

Chronic Disease

“Chronic disease is one of the main factors behind the gap in life expectancy between Aboriginal and Torres Strait Islander people and non-Indigenous Australians.”

(Source: Department of Health)

Among the residents of the APY Lands there is a huge burden of chronic disease including diabetes, hypertension, renal disease and consequent vascular disease. NHC statistics show that about 60% of residents of the APY Lands over the age of 31 have a chronic disease. Approximately 26% of APY residents over the age of 15 have Type 2 diabetes.

The Nganampa Health Council Chronic Disease Program has been in place for 10 years. The remoteness, levels of poverty and poor education outcomes for residents of the APY Lands all contribute to the high levels of chronic diseases and make managing patients, including selfmanagement, more difficult. COVID has significantly increased these difficulties and challenges.



Chronic Disease Responses

In responding to these challenges Nganampa Health Council has:

- Employed a Chronic Disease Nurse and Rheumatic Heart Disease Coordinator to maintain an adult chronic disease management programme with support from our General Practitioners and a range of visiting specialist clinicians
- Maintained a consistent level of activity in chronic disease screening and management by the health team, despite the COVID restrictions and serious under-staffing in NHC clinics
- Completed 541 adult health checks between Jan-Jul 2021. Nursing staff completed 1720 health check follow-ups in the same period
- Provided 2140 care coordination services to 740 patients
- Integrated the Chronic Disease programme with Tackling Indigenous Smoking Programme
- Maintained a child health programme and expanded activities in childhood and adolescent obesity and diabetes management
- Attempted to improve outcomes when measured against national data.



"I advocate for RANs to be specialists in their area. It is a speciality. It isn't a place to sit on your laurels with no professional development. You need to provide first-rate care to the people who are the most marginalised in the country." - Tess Ivanhoe.

Terrie (Tess) Ivanhoe - Aurora Award Winner 2021

The prestigious [Aurora Award](#) was initiated by CRANApplus (the peak national body for remote health), to recognise individuals who have made an outstanding contribution to remote health. These individuals provide inspiration, leadership and energy to make things happen.

Tess Ivanhoe (pictured above) started work with Nganampa Health Council in 2001 - 2005 as a remote area nurse at Pipalyatjara. Tess adapted very quickly to the remote setting and brought with her a wealth of experience and knowledge from the acute care. Tess took up the position of Chronic Disease Coordinator in 2010 and has worked tirelessly to establish and continuously develop the program. She has demonstrated the ability to transfer this clinical, management and teaching experience into the remote setting.

Nganampa Health Council thanks Tess for her hard work and dedication throughout the years and her commitment to improving the health of Anangu.

Mental Health and Social & Emotional Wellbeing (SEWB) Programs

There are high and increasing rates of mental health disorders on the APY Lands and exposure of children to dysfunctional behaviour (violence, mental health disorders and substance abuse).

Nganampa Health Council employs two experienced Registered Mental Health Nurses who both reside on the APY Lands. David Walsh services Pukatja, Mimili and Iwantja whilst Duminy Nyathi services Fregon, Amata, Pipalyatjara and Nyapari.

NHC Mental Health Nurses work closely with community clinic staff and visiting specialists. They coordinate and support adult Psychiatry visits and participate in annual South Australia Civil Administrative Tribunal visits. Teleconferencing facilities in clinics continue to provide improved access for clients to specialist consultations. Tertiary level Psychiatry services are provided from both Alice Springs and Adelaide and the Health Council enjoys strong working relationships with mental health services and networks in both jurisdictions.

Both Mental Health clinicians provide secondary consultation and support to front line clinical teams across the APY Lands. Teleconference facilities within the clinics enable Mental Health assessment and reviews to take place in our remote communities.



Mental Health Responses

In responding to the challenges of providing Mental Health services Nganampa Health Council has:

- Maintained adult mental health programme managed by two Mental Health Nurses based on the APY Lands and high-quality specialist services delivered by experienced remote area consultant psychiatrists
- Maintained processes to access Community Treatment Orders when necessary and advocated for their enforcement on the APY Lands
- Maintained strong links with South Australian Civil and Administrative Tribunal (SACAT)
- Provided management and administrative support for the Social Emotional Well Being Programme run from Alice Springs. Nganampa continues the integration of this programme with the Mental Health programme
- Advocated for and improve access to child mental health services.



Maternal Health

Nganampa Health Council clinics provide primary care services to local women and visiting or transient patients across the APY Lands.

Pregnancy management on the APY Lands is complicated by increasing rates of pre-existing Type 2 diabetes (DM2), gestational diabetes. Smoking rates are unacceptably high. Exposure of women to substance abuse, domestic violence and social stressors is significant.

In response to these challenges Nganampa Health Council has:

- Maintained a comprehensive and effective antenatal, maternal health and women's health programme linking to NHC child, mental health and tobacco cessation programmes
- Placed emphasis on evidence-based antenatal and postnatal care delivered by NHC midwives and shared with NHC GPs and Alice Springs Hospital (main referral centre).

All pregnant women are offered comprehensive antenatal and postnatal care following the guidelines in the Minymaku Kutju Tjukurpa - Women's Business Manual. This is a treatment manual endorsed by NHC. All women presenting with a new pregnancy receive an antenatal check in the first six months of this reporting period and again in the final trimester. A medical and social risk assessment is included in this check.



Child Health

Anangu children continue to experience high rates of infectious disease such as pneumonia, gastroenteritis, otitis media and skin infection.

Growth failure in infants and young children remains a problem, but in the last 15 years, growth failure in children (measured by Weight for Age) has fallen from over 25% to 1-2%. Rates of infectious disease have also fallen in this period. Obesity in older children and early onset DM2 is an emerging problem.

In responding to these challenges Nganampa Health Council has:

- Maintained an immunisation programme managed by an Immunisation Coordinator and ensured immunisation coverage rates in children under 5 years are consistently above 95%
- Continued to employ a Child Health Programme Coordinator and part-time Paediatric Nurse Consultant, and ensure regular visits by an experienced remote area paediatrician
- Maintained a suite of child health programmes including child health checks and growth monitoring
- Continued to provide and maintain dental, trachoma and ear health programmes
- Advocated for better mental health services for children on the Lands.







Aged Care

Tracy Reid provided Nganampa Health Council leadership of our Aged Care Program through to June 2021.

The NHC Aged Care Program aims to enable aged, frail Anangu to remain on country for as long as possible to be close to their families, rather than being hospitalised or requiring residential placement off the APY Lands. Preventing out of country placement of elderly Anangu is pursued through the provision of residential, respite and palliative care at our regional facility named Tjilpiku Pampaku Ngura at Pukatja.

Commonwealth Home Support Program services were also delivered to older Anangu living more independently in the Pukatja area through the 'Tjilpiku Pampaku Ngura'. These services included supplying nutritious meals, laundry and personal care services and assisting older Anangu to ensure their health needs were met.

At the end of June 2021 Nganampa Health Council handed the management of the Tjilpiku Pampaku Ngura to the Aboriginal Elders and Community Care Services Incorporated (ACS) based in Adelaide who will continue the provision of this important service on the APY Lands.

We thank Tracy Reid, Marilyn Strawbridge, their colleagues and the many Anangu staff who have worked within Nganampa since 2000 to provide the love, care, respect and attention to many older Anangu through their work at Tjilpiku Pampaku Ngura.



Eye Health Program

Our Eye Health Program employs RN Cathy Starr as an Eye Health Coordinator funded with support from The Fred Hollows Foundation. The Coordinator assists the Adelaide based ophthalmologists and optometrists twice yearly visits across all clinics. These visits have taken place for approximately twenty years and provide access to specialist eye care for those at risk.

Although impacted by travel restrictions relating to COVID, throughout the year the Eye Health Coordinator attempted to continue eye exams and diabetic retinopathy screening with a retinal camera to all communities in consultation with a retinal specialist in Adelaide. This screening has provided early detection of diabetic eye disease, timely referrals and follow up to prevent vision loss. Despite COVID, approximately 50% of people living with diabetes on the APY Lands received an eye examination. The emphasis is on culturally and geographically accessible care that is integrated with other primary health care program work, especially in chronic disease, child and maternal health and environmental health. Trachoma education, screening, diagnosis and treatment is also undertaken.

Australia is the only developed country to have trachoma. It is the fourth leading cause of blindness in Aboriginal people.

Trachoma is a bacterial infection of the eye that is easily treated but leads to permanent blindness if left unchecked. With support from the South Australian Government a trachoma screening campaign between October and December 2020 examined 344 children of 0 and 14 years of age. Three cases of trachoma were detected although screening numbers were lower than in previous years because the screening period was shortened by COVID restrictions. Many children had also travelled with parents to Adelaide in the hope of avoiding COVID. Usually NHC attempts to screen all children regarded as residents of the APY Lands and spreads screening over at least 6 months aiming to capture all residents as they move around the Lands and return from other communities and from regional centres.

Trachoma rates on the APY Lands remain relatively low compared to other remote areas of South Australia. A major focus of this service is clean face education to children, carers, family, community members, teachers and health staff.





STI Control & HIV Prevention

Historically the APY Lands have had very high rates of STIs but our long term STI control program has dramatically reduced these rates. Rates of syphilis have remained low for several years despite the epidemic of this disease throughout the northern and the rest of remote Australia including SA.

There is sustained control of both chlamydia and gonorrhoea within the core population. This has been achieved through the promoting social media campaigns (pictured right), continuing intense and targeted screening, as well as providing appropriate and accessible services for people presenting with symptoms that could indicate an STI.

Nganampa Health Council maintains employment of an STI coordinator (Public Health physician) to manage the comprehensive STI Control and HIV Prevention Programme.

Dr Rae-Lin Huang continues as an Associate Investigator with the Centre for Research Excellence in Aboriginal Sexual Health and Blood Borne Viruses at the South Australian Health and Medical Research Institute. Nganampa Health Council continues to participate as a member in the Multijurisdictional Syphilis Outbreak Group, the Data Working sub-group and the South Australian Syphilis Outbreak Group.



Oral Health

Nganampa Health Council dentist Dr Simon Wooley together with dedicated assistant Ange Caulfield provides high quality oral health care services to Anangu on the APY Lands.

Commencing in 1986, the NHC Dental Program is one of Australia's longest running Aboriginal community controlled remote dental services. The program operates from two fixed clinics (at Pukatja and Iwantja) and a mobile dental surgery that services the other communities and major homelands. The dental team visits each community over an 8 month cycle.

Dental Program Goal

The goal is “to enable Anangu on the APY Lands in South Australia to achieve oral and general health improvement through delivery of an accessible, appropriate and effective oral health program”

Key Program Areas

The NHC Dental Program priority areas include;

- Oral Health Promotion
- Emergency Service
- School Dental Program
- Adult Dental Program
- Special Needs
- Prosthodontics



Oral Health Promotion

Oral health promotion has included the Mai Wiru (“good food/healthy food”) project of the late 1980’s and early 1990’s developing nutritious and low glycaemic index food selection and preparation with a group of Anangu women with diabetes. This dental program project played a role considered germinal to the later development by NHC of the 2002 Mai Wiru Regional Stores Policy in conjunction with NPYWC and community councils. Preschool screening and support for toothbrushing programs with fluoride toothpaste in schools are important oral health promotion strategies outside of the clinical setting on the APY Lands.

Emergency Service

This is a component of all the clinical dental programs whereby trauma, infection, bleeding and intractable pain receive priority care.

School Dental Program

This is a core program activity. It is guided by a Minimal Intervention Dentistry (MID) philosophy with targeted use of fluoride varnishes and therapeutic and preventative fissure sealants, oral hygiene and diet reinforcement. The atraumatic silver fluoride (AgF) technique has been a mainstay of community and patient acceptance of the NHC school dental program.

Adult Dental Program

This program provides emergency and general clinical dental care, with patient referrals from both within and external to the Nganampa Health Council.

Special Needs

This priority area responds to those patients with medically necessary oral health care, and includes people with Type 2 diabetes, rheumatic heart disease (RHD) and kidney disease. It also includes formal medically requested ‘dental fitness’ assessment eg prior to major surgery, or commencement of bisphosphonate therapy.

Prosthodontics

This program supports APY patient denture provision. The increasing demand for this service relates largely to the ‘early tooth loss’ associated with aggressive gum disease in association with diabetes.

(**Source** Article: Wooley S. Nganampa Health Council Dental Program: Remote Dentistry in the Australian Desert-Partnership or Perish. *Journal of Health Care for the Poor and Underserved*. 2016;27(1A):61-66.)

Tackling Indigenous Smoking (TIS) Program

NHC continues the Tackling Indigenous Smoking (TIS) Program. The Program Coordinator, Cyndi Cole has worked tirelessly with communities across the APY Lands for over twenty seven years. Cyndi is one of the most respected health workers on the lands. We are proud that Cyndi brings a broad public health, training and nursing background to the role as well as extensive experience working with Anangu.

This TIS program links closely to the work of Anangu Health Workers across all communities, with the work of other Programs such as Chronic Disease and Women's Health, and is supported in particular by two dedicated Anangu Health Workers, Lee Lawrie based at Pukatja and Zibeon Fielding based at Mimili. The program is focused on staff training and awareness-raising across the organisation, providing resources to support brief interventions, identifying and supporting Anangu who currently smoke but are keen to quit and targeting preventative education to high risk groups such as antenates and secondary school age children. The program works collaboratively with other key agencies and stakeholders such as schools, Radio 5NPY and other workplaces to deliver effective TIS strategies for Anangu across the APY Lands.

TIS program workers continue to be in attendance at high-profile cultural, education and sporting events across the APY Lands. Cyndi leads the way with providing key information and education programs in both English and Pitjantjatara languages. Testimony to Cyndi's dedication the program reaches vulnerable youth through an excellent use of social media. Regular Facebook posts include, key images, videos and information slides.

Thank you to Cyndi, Lee and Zibeon for their work on this program in recent years.





National Disability Insurance Scheme (NDIS)

Since 2018 Nganampa Health Council has been assisting Anangu with disabilities to gain access to the NDIS.

Nganampa has identified all eligible Anangu and offered assistance with the extensive application process. This includes supporting applicants with the provision of high quality evidence to assist with testing eligibility and meeting access requirements. Once on the scheme ongoing support to participants has been offered through the Remote Community Connector program which has also provided employment opportunities for Anangu across the lands.

The Remote Community Connector Program aims to have an Anangu connector employed in each community on the lands who can offer advocacy and support to participants and connect them to their Co-ordinator of Supports and the National Disability Insurance Agency. The Remote Community Connectors touch base with participants on a regular basis and act as advocates for participants who require assistance with any aspect of their individual NDIS plans.

Approximately 150 Anangu have successfully accessed to the NDIS with the assistance of Nganampa. They are receiving services funded through their individual NDIS plans and supported by their chosen Co-ordinator of Supports. These individual supports include meal provision, personal care, respite and equipment. Provision of supports to clients remains limited on the APY lands and the NDIA are continually looking at ways to address this. Numerous pilot programs are planned for the near future.

Nganampa Health Council will continue to advocate for Anangu with disabilities to have access to high quality services through the NDIS and ensure participants are supported through the Remote Community Connector Program.





Public & Environmental Health

The Environmental Health Worker (EHW) Program is based on the principle that population health improvements are maximised in circumstances where people's living environments are secured, thereby enabling individuals and families to make effective healthy life choices.

The Program objectives and priorities are underpinned by the Nine Healthy Living Practices detailed in the UPK Report [1987] and by the National Indigenous Housing Guide [2010]. This past year the UPK 6 album was successfully released to promote healthy living and environmental awareness. More program highlights from UPK Coordinator Stephan Rainow's October 2019 report can be found on the following page.

The scope of work carried out by the Health Council's two EHW teams (West and East) is broad, practical and responsive. They deal with issues to do with water in and wastewater out so that families can clean their children and themselves and enjoy a working drainage system. This year the Fregon team did an outstanding job.

In the financial year 2020-2021 Nganampa Health Council has addressed challenges of Environmental and Public Health by:

- Providing management and administrative support for the Nganampa's UPK programme which employs environmental health workers, manages a dog health program, supports the Mai Wiru Stores operating on the APY Lands
- Participating in an interagency initiative led by SA Housing to undertake a housing audit on the APY Lands. This audit targets environmental factors contributing to poor health outcomes for Anangu residents of the APY Lands
- Advocated for increased funding for Environmental Health.

Nganampa Health Council is particularly grateful for the work and support of Dr Robert "Bob" Irving who has once again delivered the Dog Program on the APY Lands this past year. Applying a collaborative and consultative approach, he works closely with EHWs, RASAC and dog owners to apply external and internal parasitic control as well as fertility control. Thank you Dr Bob.



PUBLIC & ENVIRONMENTAL HEALTH REPORT EXCERPTS

Housing

"Over the last six months there have been solid improvements in our relationship with SA Housing where they have expressed a strong desire to improve health outcomes through their housing programs. Two meetings have been held, one in Umuwa and one recently in Alice Springs that involved a number of key agencies including SA Health – Health Protection to pursue this goal."

...

Trachoma Response

"At the State level we have joined teleconferences around developing strategies to reduce the prevalence of trachoma. Locally we have had strong support from Rotary – End Trachoma 2020. They have provided over 300 acrylic mirrors which the EHW teams have been installing houses. They have also designed and built in conjunction with Melbourne University an interactive water trailer that is used to encourage kids to wash their face. The trailer is managed by NHC."

...

Food Security – Stores

"NHC –UPK and the NPYWC continue to take an active interest in the stores on the APY Lands. It must be noted that the store at Kanpi has been able to continue to operate due to the support of the Pukatja Supermarket, and the stores at Kaltjiti, Amata and Pipalyatjara and the retail management agreement with Mai Wiru. This is a good example of the value of a regional approach to the management of stores on the APY Lands."

...

NPYWC – Uti Kulintjaku Mens Group

"This project has been ongoing with the involvement of a number of NHC Anangu staff and the UPK Coordinator. There has been a great deal of learnings around trauma and the cycle of violence and now the men are producing a number of resources to facilitate discussions around these issues at the community level. One of the resources produced that was birthed out of the UPK men's workshops is the [UPK 6 music album](#) funded by DPTI. A video documentary of the project has been produced by PY Media. This album has a number of songs about domestic violence and trauma. The production of this album involved DPTI, NPYWC, PY Media and NHC – UPK."

...

Dog Health Program

"This program has been sustained for 30 years and is carried out by the Vet and the Anangu Public Health Officer and the EHWs. In the twelve months July 2018 to July 2019 the Vet has administered;

- 2566 doses of the zoonotic parasitic control agent
- 651 doses of the injectable fertility control agent
- 73 dogs surgically desexed
- 21 dogs and one donkey have been put down.

In between the quarterly visits by the Vet the EHWs also administer the parasitic control agent to all dogs on a monthly basis. Surgical desexing programs have also now been conducted in all major communities with assistance from AMIRRIC."

...

TeleHealth & E-Health

Remote area Aboriginal medical services such as Nganampa Health Council operate in the most challenging e-health environment in Australia. We have limited and often disrupted telecommunications and technical support options. We need access to our systems 24 hours a day to share data across multiple locations and deal with confidential patient information.



Despite these challenges, our e-health systems continue to be robust and stable. This year we implemented some enhancements that improve the security, reliability and management of our systems. New security software has been introduced that combines a number of previously stand-alone packages. Wireless adaptors that can be managed centrally have been installed in all worksites and staff housing. NBN satellite services have been installed as a redundant internet connection in all clinics and are superior to the previous satellite internet connections. Our experience suggests that robust e-health systems contribute to improved health care and health outcomes for our members.

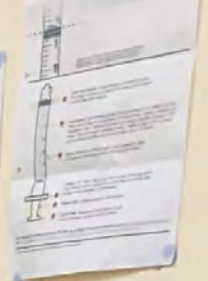
NHC maintains an internal database to manage the images from our digital retinal camera. This database links to our Communicare Clinical Information System and is accessed by an ophthalmologist in Adelaide who reports on the images. This development has changed how eye health services to the APY Lands are provided and has resulted in higher rates of screening for diabetic retinopathy.



**BIOHAZARD
SPILL
KIT**

VITAL SIGNS BY AGE

Age	Respiratory Rate/min	Pulse Rate/min	Blood Pressure (Systolic/Diastolic)
Birth to 1 week	30 to 60	120 to 160	90 to 70
1 to 6 weeks	30 to 60	100 to 160	75 to 95
6 months	20 to 40	80 to 120	80 to 100
1 year	20 to 30	80 to 120	80 to 100
2 years	20 to 30	80 to 120	80 to 110
6 years	12 to 20	70 to 110	90 to 110
16 years	12 to 20	60 to 90	90 to 120



RESPIRATORY
...
...
...

**DIAGNOSTIC
EQUIPMENT**

AIRWAY

**AIRWAY
DIAGNOSTIC**

PHYSIOLOGY
...
...
...

Visiting Specialists

The Rural Doctors Workforce Agency (RDWA) provides the workforce to enhance the health and wellbeing of rural and remote communities in South Australia (SA). Nganampa Health Council receives active support from the RDWA to fund visiting specialists and allied health workers.

In the 2020-2021 year RDWA worked with Nganampa Health Council to fund and support visits to the APY Lands involving specialists Respiratory medicine, Cardiology supported by a sonographer and clinical nurse, Hepatology supported by a fibroscan technician, Renal medicine, Paediatrics supported by a paediatric nurse consultant, Ophthalmology, Optometry, Podiatry, Ear Nose and Throat (ENT), Audiology, Psychiatry and Gynaecology.

The onset of the COVID pandemic in 2020 saw the introduction of travel restrictions. Authorities were quick to close access to the APY Lands and this meant interruptions and some cancellations for Nganampa. Similar disruptions to our visiting specialist arrangements are anticipated to continue through the period of the COVID epidemic.

We are very grateful for the flexibility and understanding shown by many medical specialists and support teams during COVID. Despite the impact of these interruptions their willingness to assist has been much appreciated. We greatly appreciate the continued support and understanding in all our dealings with our colleagues in the Rural Doctors Workforce Agency.



On Call Support Worker Program

The South Australian Health Practitioner Regulation National Law (SA) (Remote Area Attendance) Amendment Act 2017 requires all registered health practitioners, such as doctors, nurses or Aboriginal Health workers, must not attend a callout outside of normal working hours, or make an unscheduled visit, unless they are accompanied by a “second responder”.

Nganampa Health Council supports this requirement which is intended to provide greater protection, safety and security for health staff working in remote areas. In attempting to strengthen the safety of staff and to meet the requirements of this law, Nganampa Health Council has worked to build, operate and support On Call Support Worker (OCSW) program.

The On Call Support Workers are usually people from the community who are available to travel with the health worker or accompany them to the clinic after hours to assist a patient.

The training, equipping, inducting, managing and supporting this additional workforce continues to be a challenge. Nganampa Health Council is grateful to the Commonwealth Government for their support of this new program but is yet to receive any financial assistance from the South Australian Government. We will continue to make representation to secure adequate resources for this important service.



Financial Summary



Our financial position in the 2021 financial year remains strong with an operating surplus for the year of \$360,000.

This is a very good result after such a difficult and challenging year operating in a “COVID-19” environment. This required additional financial resources to safely operate our clinics on the remote APY Lands.

Financial Stability

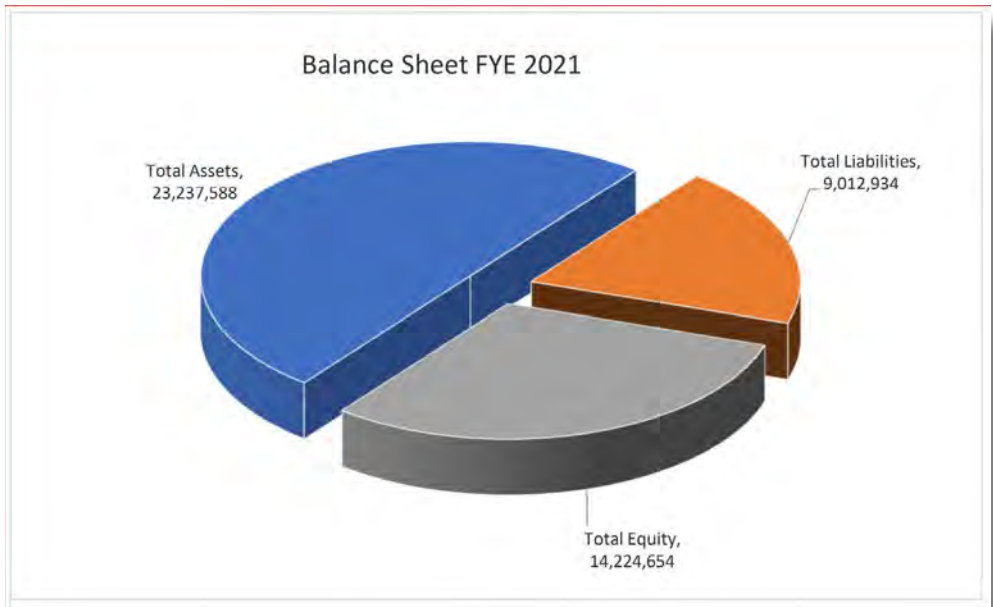
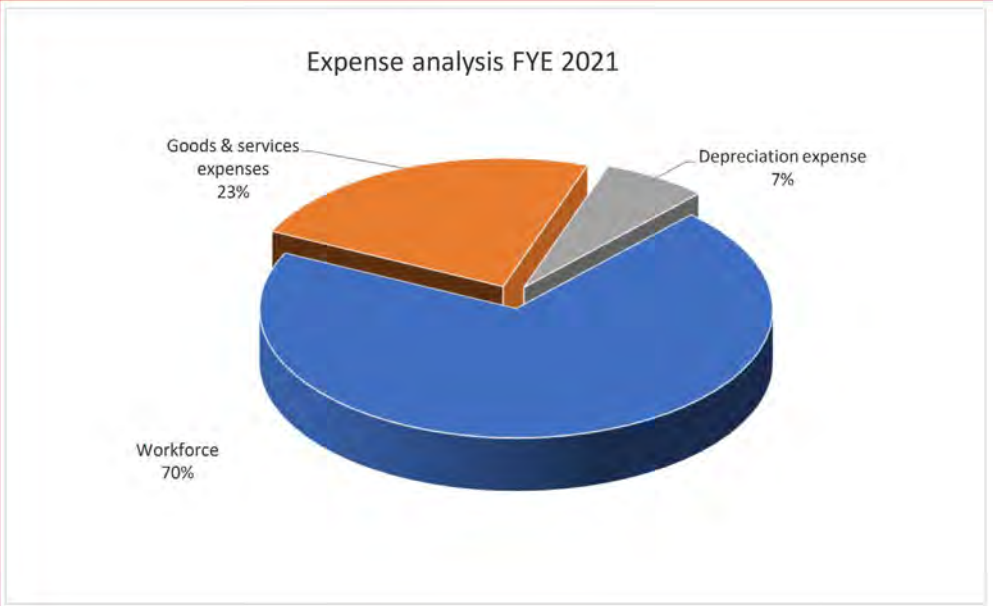
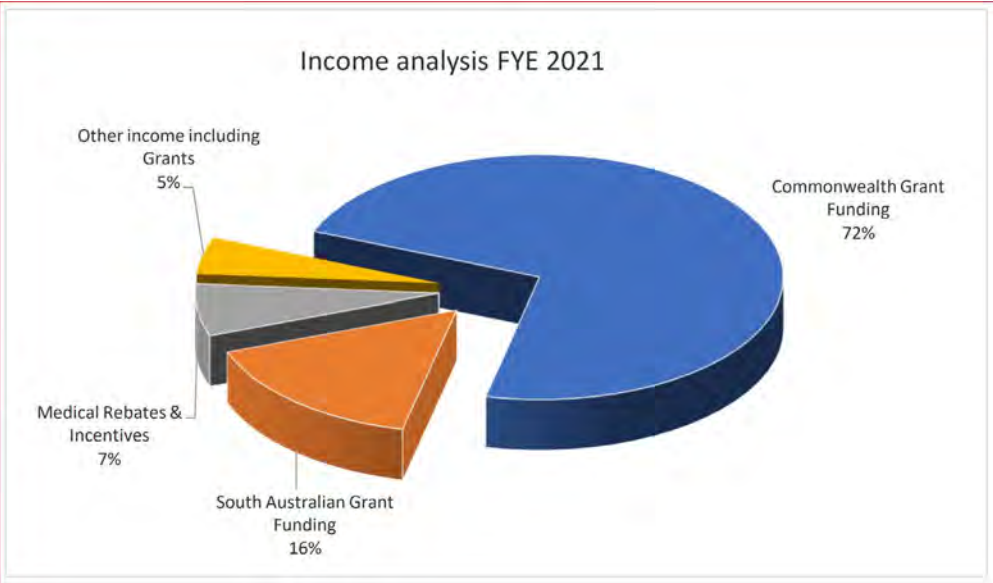
The financial position of the NHC remains sound. Our management team have this year reserved some funds to ensure that NHC is able to maintain clinical operations, replace motor vehicles, service key medical equipment when required and attend key local, regional and national meetings.

Financial Results

YEAR ENDED 30 JUNE	2021	2020
Total Revenue	23,549,773	23,758,710
Less: Expenses	(23,189,925)	(23,893,292)
Operating Surplus/(Deficit)	359,848	(134,582)

The full and audited Financial Statements of Nganampa Health Council can be accessed on our website at <https://www.nganampahealth.com.au>

Financial Charts



Gayle Woodford Scholarship

Gayle was a skilled and committed Remote Area Nurse (RAN). She worked for Nganampa Health Council for 5 years before her untimely death in 2016.

Her role as a RAN was the fulfillment of a dream to undertake community work with disadvantaged people. Gayle was a Diabetes Educator with a Graduate Certificate in Remote Health Practice from the Centre for Remote Health and Flinders University.

This scholarship named in her memory is jointly sponsored by CRANaplus and the Centre for Remote Health and is open to Registered Nurses, Indigenous Health Practitioners, Allied Health Practitioners and Medical Officers.

Applicants must meet the entry requirements of the Graduate Certificate in Remote Health Practice offered through the Centre for Remote Health. A work history in remote practice is desirable.

The scholarship covers all course fees for the Graduate Certificate in Remote Health Practice. One scholarship is awarded annually, for study to commence the following year.

Application forms are available at <https://crana.org.au/membership/scholarships>.

The 2021 Scholarship was awarded to Zibeon Fielding



NHC Funding Partners

NHC is grateful for the financial support provided by our major funding partners. Funding agreements and grants have been honoured by multiple federal, state and regional health organisations and departments over the past year. NHC looks forward to further building on these relationships in the years ahead.

Funded by the Australian Government Department of Health.

Proudly supported by the National Indigenous Australians Agency.

Funded by the Primary Health Network for Country South Australia.

Funded by the South Australian Government SA Health Department.

Funded by The Fred Hollows Foundation.



Australian Government
Department of Health



Australian Government
National Indigenous Australians Agency



An Australian Government Initiative



**Government
of South Australia**
SA Health



The **Fred Hollows**
Foundation

Partnerships

Partnerships with key stakeholders operating outside of the APY Lands allows NHC to draw on much needed additional resources, skills and training opportunities.

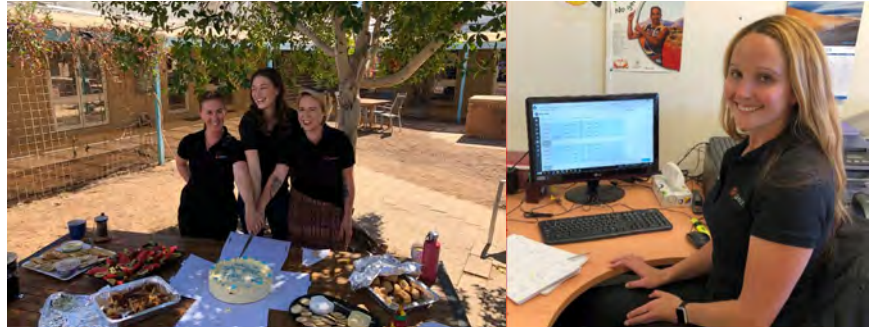


The Royal Flying Doctors Service continues to support APY Lands communities. In this past year, the RFDS were most notably actively involved with delivering COVID vaccinations to APY Land communities, during strict border closure periods.



The Fred Hollows Foundation is in partnership with NHC to deliver three project outcomes (1) An eye health nurse coordination position to ensure that the eye care patient journey for Anangu is efficient and effective. (2) Trachoma and trichiasis screening and treatment is integrated into routine primary health care. (3) Project coordination funds contributes to the refinement of eye health workforce resources and responsibilities. Project contract funding amounted to \$145,000 in 2021.





Jawun arranges for skilled secondees to work on projects with NHC. Covid has restricted many secondees from visiting the APY Lands, however secondees were still able to offer remote project support. Thank you once again to Regional Director for Central Australia, for Jawun Catherine Aldworth.



Bikes Palya delivered regular school holiday programs across all four periods to five communities: Mimili, Amata, Fregon, Pukatja and Pipalyatjara. These programs keep young Anangu kids active and healthy. The TIS staff make use of this time to share messages about the risks of smoking. Bikes Palya were in turn supported by Wellbeing SA, Mai Wiru, NPY Women's Council, RASAC, PYEC, and the Wyatt Trust.



NHC New Partner Introduction



The Humpty Dumpty Foundation is a national children's health charity supplying paediatric medical equipment to hospitals and health services across the country. It began in 1990 and has provided equipment to nearly 450 health services around Australia valued at over \$85 million. Humpty believes that every child has a right to quality health care, no matter where they live. The right medical equipment can make a big difference to the care children receive. It can lead to a good health outcome over a poorer outcome. It can mean a child receives care close to home instead of transferring to a larger facility. It can even mean life over death.

In recent years Humpty has increased its support for health services caring for children in rural and remote Australia. Humpty has worked closely with governments and other stakeholders on programs to improve screening for anaemia and rheumatic heart disease and is increasingly supporting ACCHOs through supplying medical equipment to improve care for children. A significant project has been supporting Royal Darwin Hospital to establish a neonatal and paediatric transport and retrieval service enabled by the donation of two neonatal transport incubators valued at around \$300,000 each. The first transport incubator is used to take critically ill babies from Darwin to other tertiary hospitals around the country for specialist treatment or procedures, and the second (currently under construction) can be loaded into light aircraft and helicopters to retrieve babies from remote communities and other regional hospitals, including Alice Springs Hospital.

Nganampa Health Council first applied for support from Humpty in 2020. Since then, Humpty has donated over \$55,000 worth of medical equipment to Nganampa clinics to help build capacity and replace outdated equipment. Donated equipment to date includes RAD 67 Pulse Oximeters which are used for non-invasive screening for anaemia, pumps that administer intravenous fluid and drugs including antibiotics for children presenting with diarrhoea, gastroenteritis and respiratory infections, and vital signs monitors to monitor blood pressure, pulse and oxygen saturation of children during medical emergencies and medical evacuations to larger centres.

Thank you to all at the Humpty Dumpty Foundation.

NHC Partner Comment

2021
Correspondence

The people that form Nganampa Health Council are innovative, flexible, ready to deal with any situation that may arise with what they can, where they can, in a situation where there are some of the poorest social determinant outcomes found across Australia, in housing, environmental health, income and employment. Where food security continually is an issue despite repeated calls for this to be addressed.

They are fierce advocates, and they are tenacious in trying to meet the needs of their communities, despite the issues of capacity and the impact of remoteness. They are quick to identify the problems, the resources, the solutions and achieve beyond expectations.

Many of those in the health service system look to them for guidance and advice that address the health concerns of our communities in the best possible ways. This incorporates areas such as Digital Health implementation, 715 Health Assessments, Chronic Condition services, Mental Health, Sexual Health and even with something as unexpected and demanding as responses to COVID-19. They have been at the forefront of COVID-19 Management strategies including immunisation. They are dedicated, resilient and not only respected, but admired and revered.

Anthea Kemp
Country SA PHN
Aboriginal Health Assistant Manager

phn
COUNTRY SA

An Australian Government Initiative

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[@Nganampa_Health](https://www.twitter.com/Nganampa_Health)

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Additional images sourced from the NHC Facebook page



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