AUSTRALIAN DOCTORS FOR AFRICA

ANNUAL REPORT 2016
MEDICAL TEAM VISITS 2015-16

2015
ETHIOPIA AUGUST 2015
Dr Tony Jeffries Orthopaedic Surgeon
Mr Paul Maloney Orthopaedic Technician
Ms Stephanie McDonald Registered Nurse

SOMALILAND AUGUST 2015
Dr Donald Howarth Rural GP Team Leader
Dr Susannah Warwick Rural GP/Teaching
Ms Judy Thompson Nurse/Midwife

MADAGASCAR (ANTSIRABE) AUGUST 2015
Dr John Cowie Project Manager, Antsirabe Hospital

ETHIOPIA SEPTEMBER 2015
Dr Graham Forward Orthopaedic Surgeon

MADAGASCAR (TULEAR) OCT-NOV 2015
Mr John Cowie Project Manager, Antsirabe Hospital

ETHIOPIA (BAHRI DAR) NOVEMBER 2015
Dr Geoffrey Rosenberg Orthopaedic Surgeon
Dr Cameron Hunt Anaesthetist

2016
ETHIOPIA (BAHRI DAR) FEBRUARY 2016
Ms Anne Coyne RN Teaching & Training
Ms Ann Mitchell (OAM) RN Teaching & Training
Ms Beth McGrechen RN Teaching & Training
Ms Eyersusalam (Gerry) Amaru Legasie Chief Theatre Nurse, Black Lion Hospital

ETHIOPIA MARCH 2016
Dr Graham Forward Orthopaedic Surgeon
Dr Mike Wren Orthopaedic Surgeon
Dr Claude Martin Orthopaedic Surgeon AO Alliance
Dr Tom Mogire Kenyan Orthopaedics AO Alliance
Dr Kevin Laki Orthopaedics AO Alliance
Dr Samuel Maine Malawi Orthopaedics AO Alliance
Mr Graeme Wilson Logistics
Stephanie MacDonald Nurse

SOMALILAND APRIL 2016
Dr Leul Merid Atnafu Ethiopian Surgeon
Dr Ahmed (Somaliland Resident doctor based in Ethiopia – ADFA Scholarship recipient)

MADAGASCAR (TULEAR) APRIL 2016
Dr Kate Stannage Orthopaedic Surgeon & Team Leader
Dr Sue Chapman Urologist
Dr Rashmi Patel Anaesthetist
Ms Karen Grieses Anaesthetist Technician
Ms Cassie Smith Researcher/Project Manager

COMOROS MAY-JUNE 2016
Ms Josiane Sabouriaut Theatre Nurse/ Team Leader
Dr Lachlan Milne Orthopaedic Surgeon
Dr Clare Hayes-Bradley Anaesthetist
Dr Colin Whiteman Orthopaedic Surgeon
Dr Samuel Duff Orthopaedic Registrar

MADAGASCAR JUNE 2016 (CONFERENCE)
Prof Barry Marshall 2005 Nobel Laureate, ADFA
Scientific Patron
Dr Graham Forward Orthopaedic Surgeon
Dr Digby Cullen Gastroenterologist
Dr Nick Kontorinis Gastroenterologist
Dr Melissa Jennings Gastroenterologist
Ms Melissa Simpson Gastroenterologist Nurse
Ms Catherine Poole Gastroenterologist Nurse
Ms Christine Tasker Logistics
Mr Guy LeClesio Logistics and Translation
Mr Jules LeClesio Logistics and Translation
Mr Paul Ty Logistics
Dr Sarah Nugare Imperial College UK Schistosomiasis
Prof Finlay Macrae University of Melbourne, Colorectal Cancer
Prof Don McManus Brisbane, Tropical Health & Schistosomiasis
Dr Anne-Marie Sevcik UBS Switzerland

ETHIOPIA JUNE 2016
Dr Li-On Lam Team Leader/Orthopaedic Surgeon
Ms Lucy Harris Theatre Nurse
Dr Rob Genat Orthopaedic Consultant
Ms Cheryl Genat Orthopaedic Theatre Nurse
Dr Anna Negus Anaesthetist
Ms Helen Burgan Physiotherapist
Dr Doug Kingswell Orthopaedic Registrar

ETHIOPIA JUNE 2016
Prof D Wood Orthopaedic Surgeon
Dr Ricky Villar Orthopaedic Surgeon

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**MESSAGE FROM THE FOUNDER & CEO**

As I reflect on the financial year under review, I am once again buoyed by the positive year in which we have improved processes and procedures, forged relationships with organisations and continued our humanitarian efforts. In fact, lives have been changed forever by our little acts of kindness. I have been particularly impressed by the many "firsts" over the past twelve months, all part of a clear strategic framework for our operations. The highlights include:

- The organisation celebrated 10 years in November 2015.
- We conducted orthopaedic surgery and training at the Bahir Dar Hospital in Ethiopia.
- Anaesthesia training at Bahir Dar Hospital increased the knowledge of local anaesthetists.
- The International Gastro-Intestinal Disease Conference in Madagascar attended by ADFA Scientific Patron and keynote speaker, Barry Marshall, Nobel Laureate, and 300 delegates attracted international recognition.
- The Orthopaedic Ward and Nurses training course at the Bahir Dar Hospital for 23 nurses was a great success.
- The installation of three C-Arms in Ethiopian hospitals will provide access for orthopaedic surgeons to specialist equipment to improve the infrastructure and increase the capacity of local surgeons.
- The expansion of the talipes program to the regional centre of Burao in Somaliland and the removal of community barriers.
- The renovation of the operating theatres at the Antsirabe Hospital continued and is nearing completion.
- In conjunction with AO Alliance, the implementation of a 5th basic orthopaedic course to 1st years at the Black Lion Hospital in Addis Ababa.
- A needs assessment of infrastructure development at the hospital in Hawassa in Ethiopia as part of the organisation's commitment to its "53 Hospital Project."
- A major fund raising event for the International Gastroenterology Conference in Madagascar.
- The 50th sea container was dispatched.
- I was the recipient of a humanitarian award from the African Professionals of Australia organisation.
- In November, the organisation addressed Succession Planning which has put in place a strong plan for the future.
- I would like to thank members of our committees who contribute their time to our governance structures, in particular, the Clinical Governance committee chaired by Prof Shirley Bowen (Notre Dame University) and assisted by Dr Rob Storer (Consultant Anaesthetist).

As you read the Annual Report, it will confirm the strong plan for the future. Succession Planning which has put in place a strong plan for the future. As ADFA operates primarily in third world countries and regions and is the recipient of government grants, the need for accountability and transparency is paramount. ADFA has in place rigorous systems, policies and procedures to meet this need. It is therefore well placed to expand its range and spread of activities as funding permits.

I would like to extend a special word of thanks to Ian Shann, my predecessor as Chair, for the great work he has done of providing formal structure and leadership at Board of Management level. As a result, I believe the organisation is well placed to grow its core activities into the future and I look forward to contributing to what is a truly worthwhile endeavour.

**DR. GRAHAM FORWARD**

Founder & Principal

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**MESSAGE FROM THE CHAIR**

I was very honoured to be invited to join the Board of Management of Australian Doctors for Africa (ADFA) as its Chair earlier this year. For many years I have been an enthusiastic supporter of Dr Graham Forward and was privileged to visit Ethiopia with him to see first hand the inspiring work that ADFA does. A visit to the Black Lion Hospital evidenced both the depth of the need and the profound effect that can achieved with a very small budget and an equally large commitment from volunteer doctors, nurses, logistics personnel and administrative supporters.

In my short tenure, it is apparent that the Board of Management is equally impressive – comprising as it does a diverse group of individuals who all go well beyond what would normally be expected of a board member in a traditional non-for-profit organisation.

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**JOHN BOND**

Chair
OVERVIEW

PURPOSE

The provision of medical and surgical services, the training of medical and other health care staff and the provision of facilities, equipment and supplies for the relief of people in developing countries.

BACKGROUND TO ADFA

Australian Doctors for Africa (ADFA) plays a critical role in providing medical assistance and training in Ethiopia, Somaliland, Madagascar and the Comoros through its humanitarian and volunteer medical operations. During 2015–16, the organisation operated in five main locations comprising:

- Addis Ababa, the capital of Ethiopia
- Tulear, in the south west region of Madagascar
- Hargeisa, Somaliland’s largest city
- Antananarivo, capital city of Madagascar
- Moroni in the Comoros Islands.

ADFA also undertook scoping studies for projects in Bahir Dar (Ethiopia) and Burao and Borama in Somaliland to expand the delivery of its services.

OUR APPROACH

Established in 2005, ADFA is a non-profit community based organisation with its headquarters located in Perth, Western Australia. It has no political or religious affiliations.

Succinctly, the strategic priorities of ADFA for the period 2013–17 are:

1. The consolidation of the orthopaedic teams;
2. The introduction of other medical specialists;
3. Enhancing the medical equipment and supplies program;
4. The provision of new medical buildings and facilities;
5. Building capacity and sustainability through teaching collaborations;
6. Developing research and evaluation; and
7. Increasing the administrative capacity of ADFA.

The cornerstone of ADFA commitment will always be to provide extensive orthopaedic medical teams to furnish medical assistance and support to communities in the Horn of Africa. However, we have also increased the number of regular specialised areas to include urology, gastroenterology and paediatrics in particular. The appointment of Professor Barry Marshall, the Nobel Laureate, as ADFA’s Research Patron has brought a refreshing new perspective and influence to our projects, cross-disciplinary boundaries and put his imprimatur on the direction and operation of ADFA’s projects in Madagascar.

In the regions where we work, we have established good collaborations and stakeholder networks with Government Departments, medical facilities, other humanitarian aid organisations and the larger community.

We have built partnerships with other key organisations promoting the diagnosis and treatment of club-foot and the delivery of training in orthopaedics in Ethiopia through a collaboration with the AO Alliance.

Continuing education and facilitating training programs have seen a higher demand for our services to outreach locations in Ethiopia, Madagascar and Somaliland.

DR. GRAHAM FORWARD

Founder & Principal
ENHANCING THE MEDICAL EQUIPMENT AND SUPPLIES PROGRAMME
ADFA has continued to dispatch medical equipment, medical supplies and medication to Ethiopia, Comoros, Somaliland and Madagascar as requested and to support its clinical programs. During the year, ADFA dispatched its 50th container.
ADFA has focused on:
• Providing at least one sea container to Madagascar, Comoros, Ethiopia and Somaliland.
• Refining the sea container program through streamlining logistics, resources and processes.

PROVISION OF NEW MEDICAL BUILDINGS AND FACILITIES
ADFA has commenced the identification and completion of new building programs to support its clinical programs. ADFA has:
• Continued the renovation of operating theatres at the CHRR Hospital in Antsirabe (Regional Madagascar).
• Improved the physiotherapy facilities in Borama and Burao (Regional Somaliland) for the delivery of a club-foot program.
• Identified the requirements for improving the general hospital operating facilities in Hawassa (Regional Ethiopia).

CONSOLIDATION OF ORTHOPAEDIC TEAMS
Orthopaedic surgery and treatment, including the screening and treatment of club-foot (talipes), has remained the cornerstone of ADFA’s projects. Orthopaedic medical teams have continued to screen a high number of patients and provided treatment as necessary including surgical procedures and plaster applications.
There has also been a focus on:
• Expanding ADFA’s services and operations to outreach and regional towns and health centres in Somaliland and Madagascar.
• Appointment of a Talipes Coordinators to oversee the entire club-foot program for each country in which ADFA is active.
• Introduction of junior orthopaedic doctors to accompany medical teams as part of a succession planning strategy.

INTRODUCTION OF OTHER MEDICAL SPECIALISTS
ADFA has built on the composition of previous medical teams, which have included orthopaedic surgeons, gastroenterologists, cardiologists, urologists, orthopaedic and plaster technicians, physiotherapists, emergency GPs, anaesthetists, nurses and a residential doctor with expertise in tropical medicine.
ADFA had focus on:
• Recruiting additional gastroenterologists and urologists for Madagascar.
• Continuing programs to address peptic ulcer, Helicobacter Pylori, club foot (talipes) and Bilharzia in Madagascar.
• Collaborating with other NGOs in the countries where ADFA is active.
• Enhancing the sustainability of current and new programs through targeted provision of medical equipment.

ESTABLISHING TEACHING PROGRAMS
ADFA has taken an active role in the development of projects to assist in the training and development of medical practitioners in the countries in which it operates.
It has supported:
• The medical teaching program in Somaliland through the University of Hargeisa Medical School.
• Implemented orthopaedic training courses to 1st year residents in Addis Ababa through a collaboration with the AO Alliance.
• Undertaken orthopaedic operating theatre nurses and ward nurses training courses in Addis Ababa and Bahir Dar in Ethiopia.
• Offered training scholarships to doctors and surgeons to increase their knowledge and acumen.

INCREASING ADMINISTRATIVE CAPACITY
As its reputation has increased for the delivery of medical services, so the organisation has addressed its internal and external operational capacity.
This has been achieved through:
• Developing and refining MOU’s with other NGO’s for the joint delivery of services.
• Employment of two ADFA office staff to oversee the day-to-day running of the organisation.
• Developing a Succession Plan for the future of the organisation.

DEVELOPING RESEARCH AND EVALUATION
Having established a reputation for delivering outcomes, outputs and impacts, the organisation has addressed its operational capacity externally.
All programs are scoped and evaluated and the role and responsibilities of a medical team are continually reviewed.
The profile of ADFA has been raised through:
• Evaluation of its orthopaedic training program in Ethiopia through its collaboration with the AO Alliance.
• Implementation of an international gastrointestinal disease conference in Madagascar that attracted 300 delegates and speakers.
• Discussions with the World Gastroenterology Organisation to develop a training centre in Madagascar.
ETHIOPIA

SERVICE DELIVERY

SURGICAL PROCEDURES

CLINICAL CONSULTATIONS

483

483

47

47

4

4

ORTHOPAEDICS

SURGICAL PROCEDURES

CLINICAL CONSULTATIONS

MEDICAL EQUIPMENT

1 Air Freight Pallet

5 Containers

MEDICAL EQUIPMENT

1 Air Freight Pallet

3 Containers

MADAGASCAR

SERVICE DELIVERY

SURGICAL PROCEDURES

CLINICAL CONSULTATIONS

MEDICAL EQUIPMENT

1 Air Freight Pallet

3 Containers

SOMALILAND

SERVICE DELIVERY

SURGICAL PROCEDURES

CLINICAL CONSULTATIONS

MEDICAL EQUIPMENT

1 Air Freight Pallet

5 Containers

COMOROS ISLANDS

SERVICE DELIVERY

SURGICAL PROCEDURES

CLINICAL CONSULTATIONS

MEDICAL EQUIPMENT

1 Containers

SKILL TRANSFER

Medical staff training
Orthopaedic
Nursing
Technicians
Theatre Management
Student training
Orthopaedics
Orthopaedic nursing
Theatre Management

MEDICAL EQUIPMENT

1 Air Freight Pallet

5 Containers

SKILL TRANSFER

Medical staff training
Gastroenterology
Orthopaedic
Pied Bot technicians
Paediatrics
Endoscopy
Student training
Gastroenterology
Orthopaedic
Pied Bot technicians
Paediatrics

MEDICAL EQUIPMENT

1 Air Freight Pallet

3 Containers

SKILL TRANSFER

Medical staff training
Orthopaedic
Interns
GP
Maternity
Student training
Nurse / Midwives
Orthopaedic
GP
Pharmacy
Dental
Maternity

MEDICAL EQUIPMENT

4 Containers

SKILL TRANSFER

Medical staff training
Orthopaedic Surgery
Theatre nursing

MEDICAL EQUIPMENT

1 Containers
There have been five medical missions involving sixteen (16) medical personnel. Orthopaedic surgical procedures and training and orthopaedic ward and theatre nurse training to establish improved orthopaedic protocols has been the emphasis.

There was also an opportunity to develop and cement a partnership with the AO Alliance to provide orthopaedic training.

SERVICE PROVISION

Orthopaedics

In August 2015, the medical team reported that the new theatre complex funded by ADFA has become a valuable resource for the Black Lion Hospital.

Dr Jeffries worked tirelessly in both performing and assisting in operative procedures. A number of complex operations including several distressing procedures were undertaken and the future needs noted.

Anaesthesia

An anaesthetist also visited Bahir Dar for the first time and cases included arm and leg trauma (including gunshot), soft tissue and fracture care, infection and tumour removal.

INFRASTRUCTURE DEVELOPMENT

The Orthopaedic Department at Bahir Dar General Hospital undertook a series of small infrastructure improvements. These included the completion of the training and workshop facilities for theatre and ward nurses and an assessment of the sewerage and water facilities to improve hygiene to the Orthopaedic Department.

In terms of equipment, sea containers containing medical equipment and supplies were sent to Bahir Dar and Hawassa hospitals. ADFA was also provided with three refurbished C-Arms which were distributed to Addis Ababa, Bahir Dar and Hawassa. ADFA was also able to oversee the installation of the equipment and provide maintenance and training in their use.

TRAINING & TEACHING

Orthopaedic teams have regularly attended morning x-ray meetings and ward rounds where patients admitted over the previous twenty-four hours were discussed and treatment plans instituted.

Orthopaedic surgeons contributed to weekly teaching sessions through presentations on:

1. Flexor tendon injuries of the hand.
2. Flexor tendon and proximal interphalangeal joint anatomy.
3. Proximal interphalangeal joint fractures and dislocations.
4. Surgical planning.
5. Management of hand wounds.
6. Clinical examination of the shoulder.
7. Clinical examination of the hip.
8. Soft tissue shoulder conditions.

Medical students, residents and consultants have been involved with OPD on a regular basis.

Theatre Nurses Training at the Black Lion Hospital

As there were many new inexperienced nurses attached to the orthopaedic theatres, an opportunity existed to provide training and knowledge over a two week period. Of major importance was the control of infection through the introduction of new practices; awareness of working as a team to achieve satisfactory outcomes and how to operate equipment.

Ms Steph MacDonald, Theatre Nurse, spent many hours with all theatre staff improving theatre practices.

Anaesthesia

The first Australian anaesthetist to visit the Felegehiwot Referral Hospital in Bahir Dar was able to further increase the knowledge of two local anaesthetists and to support existing services. An extensive range of opportunities to teach new methodologies occurred particularly with epidural and caudal anaesthesia.

In addition, ten AT’s and students were able to observe techniques, such as preparative assessment procedures and spinal anaesthesia, and to introduce new considerations into the AT’s practice. A thorough assessment of current anaesthesia equipment was also undertaken and the future needs noted.

Advanced Spinal Surgery and Other

This was the first opportunity for ADFA to provide more complex orthopaedic surgery, although further training is required to include back, pelvis and hip surgery.

Basic Orthopaedic Training Course Black Lion Hospital

The fifth basic orthopaedic course was conducted with thirty (30) 1st year orthopaedic residents in conjunction with the AO Alliance. After observing this course the previous year, the AO Alliance undertook to provide the resources for 2016.

Dr Tom Mogire and Dr Samuel Maina, two surgeons from Kenya, were also invited to present together with Dr Geletaw Tessema, Director of Orthopaedic Department, Black Lion Hospital, Dr Forward and Dr Mike Wren from ADFA and Dr Claude Martin from Switzerland.

As in previous years, content revolved around a series of lectures and practical sessions.

NURSES TRAINING

Bahir Dar (Felegehiwot Referral Hospital) & Hawassa Referral Hospital

A team of three Australian nurses and the Chief Ethiopian theatre nurse from the Black Lion Hospital in Addis Ababa, undertook a 9 day orthopaedic nurses training course to 23 OT and ward nurses, including 15 males at the Felegehiwot Referral Hospital in Bahir Dar and the Hawassa Referral Hospital in the South People’s Region.

These were a new experience for the hospitals and the program mix of theoretical and practical content was well received and appreciated.
The teaching program included:

- Hand hygiene, standard precautions, PPE, infection control, sharps and waste disposal
- Vital signs, neurovascular observations, fluid balance, compartment syndrome
- Pressure care, maintaining skin integrity, hydration and nutrition, repositioning, educating family members
- Wound care, simple dressings, removal of sutures, external fixation
- Roles and responsibilities of theatre nurses, theatre hygiene and PPE – gowning and closed gloving technique, pre and post op care, caring for patient with plaster cast
- Practical sessions of nurses under observation
- CPR, theatre safety checklist and evaluation
- ADFA representatives undertook a site visit and scoping study to the Hawassa Referral Hospital as part of ADFA’s “13 Hospitals Project”. This project has identified 5 regional locations in Ethiopia where ADFA can make a significant input into improving the delivery of orthopaedic services to the local population.

As a result of the scoping study, ADFA will commence a small building project involving renovation of the operating theatres.

**Evaluation and Research**

All participants involved in training courses have completed evaluation protocols to provide feedback on future directions and content of programs.

Feedback from the nurses training courses revealed more visual presentations are required including videos of procedures, set up and draping and wound management in the wards.

In collaboration with the AO Alliance, the ‘Pre-Basic Principles of Fracture Management Course’ for residents at the Black Lion Hospital in Addis Ababa was a successful undertaking for 40 participants. This was the first occasion that ADFA and the AO Alliance had officially collaborated with the delivery of a pre-basics fracture management course

Pre- and post- evaluation revealed increased progress, knowledge and understanding of appropriate use of instrumentation/implants for fracture treatment; systems for maintaining safe standards of practice; complications in fracture care; appropriate care for patients; soft tissue damage and fracture healing; and principals for the stabilization of fractures.

The teaching program included:

- His Excellency, Mr Mark Sawers, Australian Ambassador to Ethiopia
- Dr Geletaw, Director, Orthopaedic Department, and the orthopaedic staff at the Black Lion Hospital, Addis Ababa
- Dr Worku, Orthopaedic Surgeon at Felegehiwot Referral Hospital, Bahir Dar
- Dr Abebe Bekele, CEO, Black Lion Hospital
- Smith & Nephew for plaster of paris.
- Dr Worku, Orthopaedic Surgeon at Felegehiwot Referral Hospital, Bahir Dar
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- Dr Abebe Bekele, CEO, Black Lion Hospital
- Smith & Nephew for plaster of paris.  

There have been five medical missions involving twenty-eight (28) medical personnel including logistics, urology, gastroenterology, orthopaedics and nurses to establish improved protocols and training.

A milestone event has been the organisation and implementation of the Gastrointestinal Disease International Conference where Professor Barry Marshall, 2005 Nobel Laureate and ADFA Scientific Patron, was the keynote speaker.

As in previous years, sea containers of equipment have been dispached to three locations, Tulear, Antsirabe and Antananarivo.

**Service Provision**

Orthopaedics

In June, the medical team saw 49 patients and conducted 10 surgical procedures, ranging from tension band wiring of a patella, open reduction, internal fixation of a combined Lis-fracture/union MTF joints and removal of metal and re-fixation of a mal-united radius/ulna fracture.

There were also several ward consultations performed at two different hospitals and a variety of pathology seen with both congenital and traumatic conditions reviewed. There was good screening of the patients with a better pickup rate for surgery and fewer non-operatative conditions seen (e.g. cerebral palsy, back and neck pain).

**Service Provision**

Orthopaedics

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Gastroenterology equipment, procedures and training has centred on 7 locations in Madagascar, notably Antananarivo (3), Tulear (2) and one each in Antsirabe and Fianarantsoa.

Resultant feedback from the medical missions is that, overall, twelve (12) technicians are following guidelines, implementing improved sterilization and cleaning practices and providing documentation for inventory requirements.

The two medical missions during the reporting period have achieved outstanding results in medical procedures and clinical consultations from hectic workloads. For example, one team performed 92 medical procedures and 133 consultations at 3 locations in 10 days.

However, it is impressive that at all other times when ADFA is not present, the Madagascar gastroenterology teams continually perform medical procedures and clinical consultations to inpatients and outpatients at a high level of performance in balloon dilations, achalasia dilation, oesophgeal varices ligation and fundal varices glue injection.

Neonatal and Paediatrics

This was the fourth visit to Tulear for ADFA. As per previous years, the primary aim of this visit was to further educate the local people in neonatal resuscitation and to empower them to utilise these skills in their everyday practice.

Each hospital in the Tulear region received 100 birthing kits with a full demonstration of their use provided. The use of these kits, donated by Birthing Kit Foundation Australia (BKFA), will facilitate clean and safe birth practices for every woman who delivers in hospital.

A significant milestone has been the record keeping of all hospital births. Initiated in 2014 by ADFA, midwives are now recording data about each mother, her baby and any birth related complications.

Paediatric clinical consultations were conducted at Clinic St Luc over three half day sessions. In total 15 patients (6 girls and 9 boys) ranging in age from 6 weeks to 14 years were seen. Four of these children had severe neurological disabilities resulting in referral to the local disability service for ongoing care and family support.

INFRASTRUCTURE DEVELOPMENT

TRAINING & TEACHING

The Helping Babies BreatheTM (HBB) neonatal resuscitation program was again conducted, training 17 new birth attendants and refreshing the skills of 8 previous attendees. In association with the HBB program, the birth kits piloted in 2014 were reintroduced to the obstetric units at the three hospitals.

Dr Anna Negus deserves special mention for helping with practical and theoretical teaching sessions to surgeons on aspects of anaesthesia at the General Hospital and the setting up of a anaesthetic machines.

More advanced training was conducted on complex talipes cases, atypical clubfeet, advanced surgery and how to manage relapses. The outcome is positive, as the trainees demonstrated progress, a continuation to learn and increase knowledge and an improvement in management plans.

Training with gastroenterology technicians has continued at 7 locations. Technicians are required to undergo a competency test each year, under ADFA supervision, with ADFA awarding a certificate of recognition for their practices.

ADVANCED DEVELOPMENT

Renovation of operating theatres at General Hospital, Antsirabe

ADFA volunteers, John Cowie and Mark Nelson have orchestrated the initial development stages of a large structural renovation of the Antsirabe Hospital. Supported by CI Philanthropy and the Ryan Cooper Family Foundation the new facility will provide an improved operating theatre environment for surgical procedures.

The Antsirabe Hospital Project is now nearing completion with ADFA providing operating theatre medical equipment and supplies to support the renovated operating theatres.

Gastroenterology

NMR

Malagasy gastroenterology conference

Professors Don McManus (l) Nobel Laureate Barry Marshall (c) and Professors Rado Ramanampamonjy (r) discuss student’s research projects at the Gastroenterology Conference.

RESEARCH

A significant undertaking was the implementation of the Gastrointestinal Disease International Conference. A conference of this stature and magnitude was a mammoth undertaking with an attendance of 300 delegates from Australia, UK, Switzerland and Madagascar. Keynote speakers addressed topics such as Schistosomiasis (Bilharzia) and Helicobacter Pylori, Hepatitis B & C and pancreatic and liver disorders and Oncology.

An impact stemming from the conference was a future direction mapped out for the eradication programmes to combat Schistosomiasis (Bilharzia) and Helicobacter Pylori.

With the expansion of the ADFA talipes program in Tulear to outreach locations, a National Madagascar Talipes Conference has been mooted for consideration between all interested parties to help form a collaborative approach to clubfoot screening, treatment and management. ADFA will pursue this endeavour.

After several years of operation, staff at the talipes clinic in Tulear were surveyed regarding their job performance and job satisfaction.

ACKNOWLEDGMENTS

• Ms Julie Barker for her organisational skills in implementing the Gastrointestinal Disease International Conference.
• Mr Guy Le Clezio for his translation involvement in organising the conference.
• Prof Rado Ramanampamonjy for his enthusiasm and acumen in organising the International Gastrointestinal Conference.
• Ms Muriella Ranaivo for her organisational skills in implementing the conference.
• Ms Julie Barker for her organisational skills in implementing the conference.
• President of Madagascar Hery Rajaonarimampianina
• Mr Jules le Clezio and Toliara Sands for their continued support for ADFA’s activities in Madagascar.
• H.E. Susan Coles, Australian Ambassador to Madagascar, for her continued support of ADFA’s activities through the Direct Aid Program.
Paediatrics
Since July 2015, the clubfoot screening and treatment facilities in Hargeisa, Borama and Burao have resulted in an increase in the number of young children being presented for assessment and treatment. The community workshops are having an impact as many more babies less than one year old are now being screened and treated.

Midwifery/paediatrics
Working in the delivery ward, Theatre or Neonatal Intensive Care as a midwife has been a facet of ADFA’s involvement. A range of problems surface throughout a day including babies requiring quick resuscitation; women with obstructed labour; consent forms still to be obtained from husbands; intermittent power and water; respiratory distress syndrome; babies with jaundice from long and difficult labours; and mothers who have been travelling three days from the bush or from other Middle East countries for treatment.

Infrastructure Development
Burao
The DAN facilities have been improved to accommodate talipes screening and treatment.

Borama
The talipes screening and treatment facilities at Borama General Hospital underwent transformation through extensive renovations. Funded by ADFA, the on-site DAN facilities now provide an excellent and welcoming environment for the screening and treatment of clubfoot. A positive scoping study of the Berbera facilities will see ADFA extend its talipes service provision to that town later in 2016/17.

Training & Teaching
Talipes (Club Foot)
As part of the expansion of the Talipes project into regional centres of Somaliland, the Disability Action Network (DAN) brought together 29 health professionals including, 15 midwives, 2 nurses, 5 auxiliary midwives, 4 traditional birth attendants, 1 doctor and 2 health coordinators to establish parameters for the screening and treatment of clubfoot and to identify a brand message and strategies to overcome cultural beliefs.

Centred in Borama, the workshop was a great success with Dr Ismail Mahumed Aye (Director of Borama General Hospital) indicating that “Our role as medical staff is to identify babies born with clubfoot and to refer them to the clubfoot clinic.”

In April 2016, Dr Graham Forward, undertook further training with DAN, health worker representatives and medical personnel. 18 consultations resulted in 6 tenotomies with a further 10 reviewed for later in 2016.

The Director of DAN, Mr Ali Jama presented at a conference in Hargeisa on children with congenital and acquired disabilities in the Horn of Africa. The conference brought together many healthcare stakeholders including officers from the Ministry of Health and regional hospitals. It was also an opportunity to acknowledge the success of ADFA’s talipes screening and treatment program in Somaliland.

University of Western Australia Medical School
Through the University of Western Australia’s Medical School, two doctors were able to provide further teaching and training during August 2015 to forty-five 4th and 5th year medical students from the University of Hargeisa.

Teaching was conducted on ward rounds in the morning with the afternoons reserved for classes on emergency medicine topics. The students’ knowledge of pathophysiology and knowledge of diseases is superior to Australian students at the same stage. However, bedside history and skills let them down and this is an area which can be addressed.

Edna Adan University Maternity Hospital
Training with 20 females trainee midwives and volunteers involved topics such as gynaecology, parent education, physical assessment and diagnosis, antepartum care, intrapartum care and postpartum care.

“The you never knew what the day would bring. A bunch of rags dumped on my clean resuscitation trolley turned out to contain a baby, not breathing. Quick resus, soon alive and healthy.” – Judy Thompson.

Acknowledgements
• Mr Omer Farah, Director, Taakulo Somali Community.
• Mr Ali Jama, Director, Disability Action Network (DAN) Hargeisa.
• Smith & Nephew for the donation of plaster of paris and gypsona.
• Edna Adan Ismail and her staff at the Edna Adan University Maternity Hospital.
• Ansell Health for examination, surgical and cleaning gloves.

Advanced Development
During the year, two sea containers were dispatched containing medical equipment for local hospitals in Hargeisa. Through the ADFA representative in Hargeisa, Mr Omer Farah from Taakulo Somali Community was able to ensure all equipment reached their destinations.

Service Provision
Orthopaedics
Under the tutelage of Dr Graham Forward and Dr Elias Ahmed, a combined team of Australian and Ethiopian surgeons once again worked tirelessly over 4 working days, to conduct general ward rounds (155 patients), 155 consultations and 41 major case surgical procedures (including 11 babies).
The medical mission in June brought together team members from different sides of Australia. Orthopaedics and ward and theatre nurse training to establish improved protocols was the emphasis, basing the services in an alternative hospital in Moroni. This was seen as a better alternative to the General Hospital with Caritas having a network of 12 clinics across Grand Comoro with a clientele of 30,000 of the most disadvantaged.

There was also an opportunity to develop improved cooperation between Caritas and El Marouf Hospitals through the provision of assistance and expertise.

SERVICE PROVISION
Orthopaedics
Problems encountered included bureaucratic challenges, irregular power outages, long delays through conflict of scheduling operations in conjunction with a French burns team, availability of theatre staff and insufficient power to service the operating theatre and autoclave simultaneously. Therefore, sterilisation was carried out at the El Marouf Hospital through a Memorandum of Understanding.

Consultations (320 patients) were completed in the mornings with theatre sessions in the afternoon. The main health issues were clubfoot, rickets and obstetric palsy followed by cerebral palsy, neglected trauma and osteoarthritis. This indicated that future visits should aim to triage patients by local providers in the months leading up to the visit to maximise appropriate referrals as this would streamline the process of clinics and theatre.

Club Foot
Clubfoot has been a focus of previous visits and again work was undertaken with a clubfoot training day, multiple surgeries and education on Ponseti plastering techniques and Achilles tenotomy.

Obstetric Palsy
A disproportionate number of obstetrical palsies were seen in the clinics. These ranged from largely recovered partial injuries to near complete panplexopathies. Further investigation of the issues with local doctors revealed that only 4 doctors on the island of Grand Comoro are allowed to perform caesarean sections. There may be a higher rate of shoulder dystocia owing to gestational diabetes and small pelvic apertures in the population. One tendon transfer was performed with others planned in future trips.

INFRASTRUCTURE DEVELOPMENT
Caritas Hospital
As part of ADFA’s “13 Hospital Project”, Caritas has the capacity to expand in future years with a building ready and available to ADFA to renovate into a large more modern theatre, SSD and clinic. The building is two stories with approximately 300m2 of floor space.

TRAINING & TEACHING
Rickets
This is a particular problem in Comoros owing to a combination of Islamic religious dress on young children, dark skin and nutritional deficiencies. A Rickets information day was conducted with education of many families affected by the condition in conjunction with the nutritionist at Caritas.

ADFA feels that significant gains can be made in this area in Comoros with education via Caritas and other clinics and through contacts in local media. A local GE network was discovered that ADFA could engage with to present to at future trips to educate on this and other issues.
GOVERNANCE & INTEGRITY

Australian Doctors for Africa is a company by limited guarantee with two Directors, Dr Graham Forward and Mr. Jeanne Bell. The overall management of Australian Doctors for Africa, however, has been entrusted with the Board of Management. The organisation has appointed a voluntary Chief Executive Officer (Graham Forward) and one full-time and one part-time Office Administrators. The current Chair of the Board of Management is Mr. John Bond, a prominent local, national and international businessman.

In June 2016, the Board of Management comprised Mr. John Bond, Chair; the Founder and Principal, Dr Graham Forward together with Ms. Jeanne Bell (Events), Mr Graeme Wilson (Logistics), Ms Christine Tasker (Operations), Mr Ian Pawley (Finance) Mr Paul Tye (Projects), Dr Kate Stannage (Talipes) and Dr Dorothy Wardale (Policy & Governance). Each brings business acumen and experience to the organisation through their business, financial, logistic, marketing, administrative and organisational skill sets.

During the year, Ms Helen Asquith resigned from the Board in November 2015 and Mr Ian Shann (Chair) in January 2016. The Board appointed Mr John Bond (Chair in February 2016) together with Dr Kate Stannage (Talipes Coordinator) and Dr Dorothy Wardale (Policy & Governance).

The Board of Management has met on ten occasions throughout the year and held the Annual General Meeting in November 2015 to re-elect the Board of Management as the Australian Governance.

JANUARY 2015

John is a founding Director of Primewest, a national property investment business and has been instrumental in its growth and development over the last twenty years. His background spans law, investment banking as well as property investment and development.

He holds degrees in Law and Commerce from the University of Western Australia and is a Corporate Member of the Property Council. He is Chairman of The Fathering Project, a not-for-profit organisation focusing on the importance of a father figure in children’s lives. He is also a board member of the Art Gallery of Western Australia Foundation.

John has been a supporter of, and passionate about ADFA since visiting Ethiopia with Graham Forward and witnessing first hand the tremendous impact it has on the lives of local people.

Jeanne Bell was appointed as a Director of ADFA and Chair of the Events Committee in 2005. Jeanne brings a community service background, with many years devoted to the Perth Observatory, Bethesda Hospital and Christ Church Grammar School in addition to Australian Doctors for Africa. Jeanne provides direction, experience, expertise and acumen for fund raising events and activities. She is a founding member of the organisation and pivotal to the establishment of community development and funding pathways. Jeanne has considerable experience in the commercial building and construction industry as a Financial Controller and Company Director.

Ian Pawley joined Australian Doctors for Africa in 2009, and was elected to join the Management Committee in 2011. He assists ADFA in financial management and in its quest for accreditation with the Australian Government.

Ian has an Honours degree in Economics from London University and has had a distinguished career in high schools and senior colleges. He has also lectured at Curtin University, for the Securities Institute of Australia, University of WA. Extension courses and The Stock Exchange. For the past 17 years he has been Director of a leading building company. Ian brings a varied business background to ADFA and is looking forward to the challenges of sustaining ADFA’s unique position as a high impact, high return, high profile and world record of assisting people in Africa.

Dr Kate Stannage Dr Kate Stannage is a paediatric orthopaedic surgeon who has been working with ADFA since 2012. She graduated with MBBS from UWA, and is a Fellow of the Royal Australasian College of Surgeons (FRACS Ortho). Currently she is Head of Department of Orthopaedic Surgery at Princess Margaret Hospital and is secretary and Scientific Convenor of the Australian Paediatric Orthopaedic Society.

She also sits on the West Australian Government Taskforce examining Sexual Harassment and Bullying in the Medical Workforce. She is the West Australian representative on the Australian Orthopaedic Association’s Orthopaedic Women’s Link Committee and is on the ADA WA Regional Training Committee. She lectures at both Notre Dame University and the University of Western Australia, and conducts research in the field of neuromuscular morphology and function.

Kate joined the Board of Management in 2016. She has been instrumental in establishing a clinical screening and treatment programme in the countries in which ADFA is active.

Christine T Barker is an inaugural member of ADFA and is Practice Manager and Personal Assistant to Dr Graham Forward and has held this position for 23 years.

Christine is a registered nurse at Sir John Moore Hospital, KEMH, Morowa District Hospital and the Red Cross Blood Transfusion service prior to raising her family. The combination of her administration skills supported by her nursing background make an excellent combination for her role at ADFA.

Christine is the operational manager of ADFA and liaises with the medical volunteers, co-ordinating all international medical team missions. She brings strong administration and financial skills to the organisation and is a proactive member in fund raising and functions. Christine managed the administration on a volunteer basis for 9 years leading up to ADFA’s first employee of an Administration Officer in 2014.

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Paul Tye re-joined Australian Doctors for Africa in January 2016. Paul is a Director of TeamWorks Australasia Pty Ltd. He has completed a Master of Education and a Master of Science (Utab) and has received numerous business and marketing awards and recognitions. Paul has extensive experience in project management, business development, social marketing and community – business – government partnerships, research, evaluation and sponsorship.

Paul brings to Australian Doctors for Africa expertise in administration, logistics, organisational skills, marketing and concept facilitation.

Dr Dorothy Wardale Dr Dorothy Wardale (Policy & Governance). Each brings business acumen and experience to the organisation through their business, financial, logistic, marketing, administrative and organisational skill sets.

There are several sub-committees to streamline, oversee and implement the activities of the organisation. A number of Board of Management members serve on the various committees and are required to report to the Board. The sub-committees comprise Events (Ms Jeanne Bell), Finance and Audit (Mr Ian Pawley), Clinical Governance (Prof Shirley Bowen), Governance (John Bond & Dr Dorothy Wardale) and Logistics (Mr Graeme Wilson).

The Australian Government

Department of Foreign Affairs and Trade

The Department of Foreign Affairs and Trade (DFAT) is Australia’s overseas aid agency responsible for managing Australia’s overseas aid program. The aim of the Australian aid program is to promote Australia’s national interests through contributing to international growth and poverty reduction. In 2014, the Australian Government contributed $6.5 billion towards Australian Doctors for Africa.

Australian Doctors for Africa is a member of the Australian Council for International Development (ACFID) and is a signatory to the ACFID Code of Conduct, which is a voluntary, self-regulatory sector code of good practice.

The Code of Conduct requires members to meet high standards of corporate governance and transparency, including accountability and financial management. More information on the Code, including how to make a complaint, can be obtained from ACFID by visiting www.acfid.asn.au or emailing code@acfid.asn.au.

Australian Doctors for Africa has also a process for handling complaints which can be activated by phoning 08 9388 1481 or emailing the Founder: gforward@net.au.net.au.
WHERE THE MONEY COMES FROM

Donations, Gifts and Interest
Received from the Australian public and corporate donors $457,485

Investment Income
Dividends from current investments and interest $14,707

Investments
Increase in value $159,000

Department of Foreign Affairs and Trade
Australian NGO Cooperation Programs $210,000

Other Australian Grants
Grants from St John of God Hospital Social Outreach and the SBA Foundation $70,000

Non-Monetary Income
Includes the value of all time donated by our volunteers and the value of donated medical equipment $918,600

PROGRAM EXPENDITURE

International Programs
This covers medical missions to Ethiopia, Somalia, Madagascar and the Comoros; delivery of training, surgery and medical services; air and shipping freight $698,829

Project Support
Costs associated with support provision to in-country partners and purchase of medical supplies $45,239

Administration and Accountability
Total in-house overheads for the year $55,043

Fundraising Costs
Little Feet Walk and ADFA Golf Day $9,146

Non-Monetary Income
International aid gifts in kind including equipment donations, volunteer missions, donated flights and excess baggage $918,600

DIRECTORS’ CONCISE FINANCIAL REPORT

The concise financial report is an extract from the financial report and has been prepared in accordance with AASB 109. The financial statements and specific disclosures included in the concise financial report have been derived from the financial report. The concise financial report cannot be expected to provide as full an understanding of the financial performance, financial position and finance and investing activities of the company as the financial report. Further financial information can be obtained from the financial report and that financial report is available free on the ADFA website: www.ausdocafrica.com.au.

Our Financial Statements this year reflect the true value of the work we have undertaken by including non-monetary income and expenditure. The non-monetary values presented have been audited according to the guidelines for valuing non-monetary Income and Expenditure as set out by the Department of Foreign Affairs and Trade.

The financial statements reflect another successful year delivering advanced development programs with our overseas partners. However, I draw attention to the following:

Income tax
The company is a registered charity under the Charitable Collections Act 1946 (Licence No. CC 20679) and is exempt from income tax and Fringe Benefits Tax.

Grants and donations
Income from grants and donations is recognised when the entity obtain control over the funds, which is generally at the time of receipt.

Donations and gifts in kind
Goods and services received by donation (gifts in kind) and eligible voluntary labour makes up a substantial portion of the company’s income and expenses. The total of $918,600 ($1,820,331) is valued according to a written policy adopted by the Board of Management. Donated goods (mainly medical equipment and supplies) are valued as a percentage of the replacement cost. Prices from current product catalogues are depreciated by a percentage according to the condition and age of the equipment. Donated services (airline flights and air freight) are valued at current cost. Voluntary labour is valued according to current pay rates for medical specialists.

Our strong financial position will enable our future commitment to longer term projects to be met. As an organisation we remain proud of Australian Doctors for Africa low fund raising costs and operating expenses.

DR. GRAHAM FORWARD
Founder & Principal
### STATEMENT OF CHANGES IN EQUITY

For the Financial Year Ended 30 June 2016

<table>
<thead>
<tr>
<th>ACCUMULATED FUNDS</th>
<th>2016 ($)</th>
<th>2015 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening Equity</td>
<td>820,725</td>
<td>865,948</td>
</tr>
<tr>
<td>Net surplus attributable to members of the company</td>
<td>103,035</td>
<td>(45,223)</td>
</tr>
<tr>
<td><strong>CLOSING EQUITY</strong></td>
<td><strong>923,760</strong></td>
<td><strong>820,725</strong></td>
</tr>
</tbody>
</table>

### STATEMENT OF FINANCIAL POSITION

<table>
<thead>
<tr>
<th>2016 ($)</th>
<th>2015 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
</tr>
<tr>
<td>Current assets</td>
<td></td>
</tr>
<tr>
<td>Cash assets</td>
<td>572,496</td>
</tr>
<tr>
<td>Current tax assets</td>
<td>3,823</td>
</tr>
<tr>
<td>Total Current Assets</td>
<td>576,319</td>
</tr>
<tr>
<td>Non Current Assets</td>
<td></td>
</tr>
<tr>
<td>Other financial assets</td>
<td>350,000</td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>2,200</td>
</tr>
<tr>
<td>Total Non-Current Assets</td>
<td>352,200</td>
</tr>
<tr>
<td>TOTAL ASSETS</td>
<td>928,519</td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
</tr>
<tr>
<td>Payable</td>
<td></td>
</tr>
<tr>
<td>Provisions</td>
<td>4,759</td>
</tr>
<tr>
<td>Total Current Liabilities</td>
<td>4,759</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td><strong>4,759</strong></td>
</tr>
<tr>
<td>Net Assets</td>
<td>923,760</td>
</tr>
<tr>
<td><strong>EQUITY</strong></td>
<td></td>
</tr>
<tr>
<td>Contributed equity</td>
<td>2</td>
</tr>
<tr>
<td>Retained surplus</td>
<td>923,758</td>
</tr>
<tr>
<td><strong>TOTAL EQUITY</strong></td>
<td><strong>923,760</strong></td>
</tr>
</tbody>
</table>
INDEPENDENT AUDITOR’S REPORT

to the members of Australian Doctors for Africa Pty Ltd

Report on the Concise Financial Reports

I have audited the concise financial reports of Australian Doctors for Africa Pty Ltd for the year ended 30 June 2016 which comprise the Directors’ Declaration, the Statement of Surplus or Deficit and Other Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Equity, the Statement of Cash Flows and a summary of significant accounting policies and other explanatory notes as contained in the 2016 Annual Report which have been prepared in accordance with the ACFID Code of Conduct and Implementation Guidance and other statutory requirements.

Directors’ Responsibility for the Financial Report

The Directors are responsible for the preparation and fair presentation of the financial reports in accordance with Australian Accounting Standards, the Australian Charities and Not-for-profits Act 2012 and Regulation 2013 and the ACFID Code of Conduct and Implementation Guidance and for such internal control as the governing body determines is necessary to enable the preparation of the financial reports that are free from material misstatement, whether due to fraud or error.

Auditor’s Responsibility

My responsibility is to express an opinion on the financial reports based on my audit. I conducted my audit in accordance with Australian Auditing Standards. Those standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial reports are free from material misstatement. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial reports. The procedures selected depend on the auditor’s judgement, including the assessment of the risks of material misstatement of the financial reports, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity’s preparation and fair presentation of the financial reports 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 entity’s internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Directors as well as evaluating the overall presentation of the financial reports.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

In my opinion, the concise financial reports present fairly, in all material respects, the financial position as at 30 June 2016 and the financial performance for the year then ended in accordance with Australian Accounting Standards, the Australian Charities and Not-for-profits Act 2012 and Regulation 2013 and the ACFID Code of Conduct and Implementation Guidance and comply with AASB 1039 Concise Financial Reports and Division 60 of the Australian Charities and Not-for-profits Regulation 2013.

Emphasis of Matter

I draw attention to Note 1 to the financial report which describes the revenue recognition policy. My opinion is unmodified in respect of this matter.

Auditor Independence Declaration

In conducting my audit I have complied with the independence requirements of the Corporations Act 2001.

SIGNED: 21 October 2016

Lesley R. McKay

CHARTERED ACCOUNTANT & REGISTERED COMPANY AUDITOR
Wheelchairs For Kids – this is a voluntary organisation that works in partnership with ADFA to provide wheelchairs for children based on world health guidelines.

MACA Mining has contributed significantly to ADFA administration and projects.

Travel arrangements through Peter Davis from the Travel Associates Australia.

Ausplow gave assistance with the Comoros Islands projects.

Donation of gastroenterology equipment.

Financial assistance with the Talipes programme in Madagascar and pharmacy products through the St John of God Health Care.

Advice and assistance of the Department of Health.

Karl Storz (Germany) has donated much needed equipment for the urology program in Madagascar.

We also have strong advocacy, financial, in-kind or product donation support from many other organisations that are recognised below.

LESLEY MCKAY
Chartered Accountant and Registered Auditor

SUNSET HOSPITAL
Equipment storage facility

OLYMPUS
Donation of endoscope equipment

DAVID HEWITT & CO
Accounting and Financial Services

NORTH COTTESLOE SLS CLUB
Hosting the Little Feet Walk

CHIL3
Design and Production of the Annual Report 2015-2016

APEX, LIONS & ROTARY
Assistance with sea containers and funding

CHRISTCHURCH GRAMMAR SCHOOL
Loading the sea containers

MUTUAL INVESTMENTS PTY LTD
Financial pledges

ROLLASON PTY LTD
Financial pledges

PERTH RADIOLOGY
Funding and donation of expensive equipment
Australian Doctors for Africa

Volunteer medical teams working in Ethiopia, Somaliland, Madagascar and The Comoros Islands

Principal
Dr Graham Forward

Registered charity DGR Status
ABN 47 149 985

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Shenton Park, WA 6008

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gforward@iinet.net.au
www.ausdocafrica.org