Medical Team Visits

MADAGASCAR AUGUST 2013
Dr Rob Genat (Orthopaedic Surgeon)
Mrs Cherie Genat (Theatre Nurse)
Dr Kate Stannage (Orthopaedic/Paediatrics)

COMOROS ISLANDS – SEPT 2013
Dr Graham Forward (Orthopaedics)
Dr Geoff Rosenberg (Orthopaedics)
Ms Jacqui Gilmour (Logistics)

EThiOpia AUGUST 2013
Dr Tony Jeffries (Orthopaedics)
Mr Paul Maloney (Orthopaedic Technician)
Ms Victoria Gibson (Theatre Nurse)

HARGEISA JULY 2013
Dr Rod Thompson
Ms Judy Thompson (Midwife)

MADAGASCAR OCT – NOV 2013
Dr Graham Forward (Orthopaedics)
Dr Sue Chapman (Urologist)
Dr Richard McMullin (Urologist)
Dr Sarah Kurian (Anaesthetist)
Dr Zoe Wake (Paediatric Registrar)
Dr Digby Cullen (Gastroenterologist)
Mrs C Poole (Gastroenterology Nurse)
Ms Cassie Smith (Research)

HARGEISA OCT – NOV 2013
Dr Rod Thelander (Team Leader)
Dr Kim Goddard (General Surgeon)
Dr David Henley (Endocrinologist)
Dr Dennis Tannerbaum (Psychiatrist)

HARGEISA DECEMBER 2013
Dr Don Howarth (GP)
Dr Rob Marshall (General)

ETHIOPIA APRIL 2014
Mr Paul Maloney (Orthopaedic Technician)

ETHIOPIA APRIL 2014
Dr Graham Forward (Orthopaedics)
Dr James Marangou (Cardiology)
Prof Mike Wren (Orthopaedics)
Dr Tim Keenan (Orthopaedics)
Ms Jane Bahen (Nurse)

HARGEISA APRIL 2014
Dr Graham Forward (Orthopaedics)
Dr James Marangou (Cardiology)
Dr Elias Ahmed (Ethiopian Orthopaedic Surgeon)
Dr Ebrahim (Ethiopian Senior Resident – Orthopaedics)

MADAGASCAR APRIL 2014
Dr Sue Chapman (Urologist)
Dr Kate Stannage (Orthopaedic/Paediatrics)
Dr Paul Smith (Anaesthetist)
Ms Helen Burgan (Physiotherapist)
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Message from the Founder

The 6th edition of the Annual Report describes some of the key trends and developments which have occurred over the last 12 months. We are proud of the support and accolades bestowed on the organisation and myself over the year.

As I look back, we have been guided by a Strategic Plan, now in its second year, which has set parameters and benchmarks as we pursue building capacity and sustainability.

The focus of change illustrates the readiness of ADFA to respond to situations. Some of the remarkable achievements include:

- Department of Foreign Affairs and Trade (DFAT) accreditation
- Dispatching 11 teams comprising 39 individual medical and logistics personnel
- Dispatching 4 sea containers
- Expanding the Management Committee to include a new Chair and Committee member
- The appointment of Professor Barry Marshall AC Nobel Laureate as ADFA’s Scientific Patron
- The completion of a new X-Ray Department at the Edna Adan University Maternity Hospital in Hargeisa
- Completion of construction of 3 new operating theatres at the Black Lion Hospital in Addis Ababa
- Restructuring the talipes programme in Madagascar with Malagasy staff
- Scoping a talipes programme in Hargeisa, Somaliland
- Undertaking a scoping study to the Comoros Islands
- Increasing our corporate donations and financial stability
- Targeted and improved teaching programs

None of this could have eventuated without the many people who have been involved in ADFA over the past 12 months, including the medical teams, volunteers, donors, committee members and our corporate partners.

I would like to thank the Management Committee for their continued support and acumen in providing direction for the organisation and the many individuals who assist the organisation on a voluntary basis.

We have been fortunate to grow our volunteer base with volunteers who show an interest in specific programmes.

All of us together have made a vast difference on our journey of “working together to improve health.”

Dr Graham Forward
Message from the Chair

In the short time I have been Chairperson of the ADFA Management Committee, I have been impressed and inspired by the drive and energy of everyone in the team at Australian Doctors for Africa and their work in the delivery of programmes to very poor communities in Africa.

As a signatory to the Australian Council for International Development (ACFID), we have been guided to develop strong governance structures and frameworks. This has led to accreditation by the Department of Foreign Affairs and Trade (DFAT), the only Western Australian charitable organisation to do so. This achievement will be of great benefit as we build upon and expand ADFA’s operations in the next twelve months.

In recent times we have received substantial financial support from the corporate sector. This has enabled us to broaden our investment in programmes and respond to community demand for our services. We will be placing increasing emphasis in future years on generating support from our many corporate supporters.

The Management Committee is made up of a diverse range of energetic individuals with a spread of business, technical and medical skills and knowledge. I am privileged to serve as their Chairman.

My thanks to the members of the Committee and to the many volunteers who have generously given their time to assist ADFA’s cause. Special mention must be made of Dr Graham Forward’s selfless dedication and contribution to ADFA. In particular, it has been a wonderful experience to be recognised by his peers and the community through the John Curtin Medal (Curtin University); Australian Orthopaedic Association for Humanitarian Work; and as a finalist in the 2014 West Australian of the Year (Community).

The future is challenging and I am confident that we have the people and resources to meet the opportunities that beckon in the next twelve months.

Ian Shann
ADFA’s 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.

Ethiopia
Madagascar
Somaliland
The Comoros
Australian Doctors for Africa (ADFA) plays a critical role in providing medical assistance and training in Ethiopia, Somaliland, Madagascar and The Comoros Islands through its humanitarian and volunteer medical operations.

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 specialised areas to include urology, gastroenterology and cardiology.

The appointment of Professor Barry Marshall, the Nobel Laureate, as ADFA’s Scientific Patron will bring 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 the regions where we work, we have established good collaborations and stakeholder networks with medical facilities, other humanitarian aid organisations and the larger community.

We have built partnerships with other key organisations promoting the diagnosis and treatment of talipes (club foot). Continuing education and facilitating training programmes have seen a higher demand for our talipes services in Madagascar in particular, with the programme also being considered in Hargeisa in Somaliland.

During 2013–14, the organisation operated in 4 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.

ADFA also undertook a scoping study in a 4th country, the Comoros Islands.

**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 until 2017 are to:

- The consolidation of the orthopaedic teams
- The introduction of other medical specialists
- Enhancing the medical equipment and supplies programme
- The provision of new medical buildings and facilities
- Building capacity and sustainability through teaching collaborations
- Developing research and evaluation
- Increasing the administrative capacity of ADFA and accountability
Strategic Priorities
2013–2017

The next 5 years will be characterised by consolidation, improvement in the delivery, and expansion of, our existing projects and programmes. Although emphasis will remain on our current locations, the treatment of children and the poor, ADFA will investigate requests from other locations in which to offer its services. ADFA will continue to generate financial support to ensure that its services and operations are maintained.
ENHANCING THE MEDICAL EQUIPMENT AND SUPPLIES PROGRAM

ADFA will continue to dispatch medical equipment, medical supplies and medication to Ethiopia, Somaliland and Madagascar as requested and to support its clinical programmes. ADFA will focus on:

• Increasing the number of sea containers to Madagascar, Ethiopia and Somaliland to a minimum of 2 each per year
• Providing one sea container to a 4th country per year (in support of a clinical programme in that country)
• Refining the sea container programme through an increase in administrative resources and enhanced processes

PROVISION OF NEW MEDICAL BUILDINGS AND FACILITIES

ADFA will identify and complete new building programmes as requested and in support of its clinical programmes. ADFA will focus on:

• Completing new operating theatres in Ethiopia.
• Identification and completion of 2 new projects in Somaliland
• Identification and completion of 2 new projects in Madagascar
• Identification and completion of a project in a 4th country
• Completion of a scoping study for a new orthopaedic training hospital in Addis Ababa

CONSOLIDATION OF ORTHOPAEDIC TEAMS

Orthopaedic surgery and treatment, including the screening and treatment of talipes, will remain the cornerstone of ADFA’s projects. Orthopaedic medical teams will continue to screen a high number of patients and provide treatment as necessary including surgical procedures and plaster applications. ADFA will focus on:

• Expanding services and operations
• Completion of pre-departure orientation and mentoring of all new volunteers
• Appointment of a coordinator for each country in which ADFA is active
• Introduction of junior doctors to accompany medical teams (succession planning)

INTRODUCTION OF OTHER MEDICAL SPECIALISTS

ADFA will build on the composition of previous medical teams, which have included orthopaedic surgeons, gastroenterologists, urologists, orthopaedic and plaster technicians, physiotherapists, emergency GPs, anaesthetists, nurses and a residential doctor with expertise in tropical medicine. ADFA will focus on:

• Recruiting a 2nd gastroenterologist and 2nd urologist for Madagascar
• Expanding its services to include other clinical specialties such as cardiology, ophthalmology and gynaecology/obstetrics
• Continuing programmes to address peptic ulcer, club foot (talipes) and bilharzia
• Collaborating with other NGOs in the region where ADFA is active
• Enhancing the sustainability of current and new programmes through targeted provision of medical equipment
Medical Reports

Ethiopia

Population
91.73 million (2012)

Size
1,127,127 km²

Permanent Locations
Black Lion Hospital, Addis Ababa

Additional Locations
Fistula Hospital, Addis Ababa

Medical Team Visits
August 2013
April 2014

ORTHOPAEDICS

Surgical procedures
6

Clinical consultations
20

Ward rounds
10

TEACHING

Orthopaedic training course in management of trauma to 16 1st and 2nd year residents over 2 days

Orthopaedic formal presentations to 25 staff and residents 2 occasions

CARDIOLOGY

Ward rounds
15 patients each time
2 occasions

Cardiology clinics with 12–15 patients 2 occasions
### Madagascar

**Population**
22.29 million (2012)

**Size**
587,040 km²

**Locations**
- Clinic St Luc
- Tulear Generale Hospitale
- Tulear Akany Fantananena Clinic
- Tulear Military Hospital
- Antananarivo University Hospital

**Medical Team Visits**
- August 2013
- October 2013

**ORTHOPAEDICS**
- Surgical procedures: 33
- Clinical consultations: 180
- Ward rounds: 5

**GASTROENTEROLOGY**
- Endoscopic procedures: 51
- Clinical consultations: 228

**UROLOGY**
- Surgical procedures: 17
- Clinical consultations: 65

**PAEDIATRICS**
- Clinical consultations: 210
- Ward rounds: 6

**ANAESTHETICS**
- Anaesthetic procedures: 29

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### Somaliland

**Population**
10.2 million (2012)

**Size**
637,657 km²

**Locations**
- University Medical School
- Hargeisa Group Hospital
- Edna Adan University Maternity Hospital

**Medical Team Visits**
- July 2013
- October 2013
- December 2013
- April 2014

**ORTHOPAEDICS**
- Surgical procedures: 29
- Clinical consultations: 250
- Ward rounds: 12

**TEACHING**
- Ward rounds with 10–15 medical students:
  - Ward round teaching to students: 4–6
  - Formal lectures: 8
  - OSCE examination: 2

**CARDIOLOGY**
- Consultations on patients per day in both emergency department and on ward: 4 occasions
- Informal patient based tutorials at the bedside each day: 4 occasions
- Ward round at Edna Adan Hospital: 1

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### The Comoros Islands

**Population**
798,000 (2010)

**Size**
2,235 km²

**Locations**
- University Medical School
- Hargeisa Group Hospital
- Edna Adan University Maternity Hospital

**Medical Team Visits**
- July 2013
- October 2013
- December 2013
- April 2014

**ORTHOPAEDICS**
- Surgical procedures: 29
- Clinical consultations: 250
- Ward rounds: 12

**TEACHING**
- Ward rounds with 10–15 medical students:
  - Ward round teaching to students: 4–6
  - Formal lectures: 8
  - OSCE examination: 2

**CARDIOLOGY**
- Consultations on patients per day in both emergency department and on ward: 4 occasions
- Informal patient based tutorials at the bedside each day: 4 occasions
- Ward round at Edna Adan Hospital: 1

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**Scoping study**
“The most exciting development is the near completion of 3 operating theatres sponsored by Australian Doctors for Africa, spearheaded by Graham Forward. The quality of the wing is most impressive – the theatres are spacious, well lit and are designed to be easily cleaned. The increase in capacity that this will bring (from the current single functioning theatre) is well timed given the increase in residents from 30 to 52 this year. The organisation is also importing a generous stock of plates and screws.”

Dr Rick Gardner WOCUK, Observer comment from UK Orthopaedic Organisation (May 2014).

SERVICE PROVISION
Orthopaedics
ADFA has conducted visits similar to previous orthopaedic visits. On each occasion, all aspects of orthopaedic management at the Black Lion Hospital was in conjunction with the Orthopaedic Department of the Hospital.

ADFA surgeons attended the regular orthopaedic and fracture clinics where consultative advice was offered to a large number of complex orthopaedic problems. These included:

- Neglected anterior shoulder dislocation complicated by median and ulnar nerve palsy
- Neglected posterior shoulder dislocation
- Several examples of mal union of distal radius fractures
- Mal unions of various mid shaft tibial fractures
- Chronic osteomyelitis of the tibia both in children and adults
- Osteosarcoma of the proximal tibia

Morning meeting and ward rounds have been conducted and treatment plans discussed. The emphasis has been on reviewing fracture patients admitted over the previous 24 hours. Many difficult problems have been encountered, particularly on the ward rounds with examples including: infected non union of mid shaft femoral fracture; grossly infected lower limb associated with intercondylar distal femoral fracture and soft tissue loss; pyomyositis of the proximal humerus and the anterior tibial compartment; and complex fracture dislocation of the hip.

Medical teams have spent considerable time in the operating theatres both as primary surgeons and also assisting, supervising and teaching the junior staff. While the standard of sterility is still questionable in the theatre areas, ADFA medical staff made every effort to train and implement appropriate sterile techniques.

ADFA, through Paul Maloney, has also assisted with patient positioning and maintenance and preparation of orthopaedic equipment and implants.

Talipes
The Black Lion Hospital has a talipes programme centred at the hospital. It is well coordinated and well administered. ADFA is aware that there is a need to expand the service into regional health centres but it will take some time to develop a regional scope for the service.

INFRASTRUCTURE DEVELOPMENT
The largest building project undertaken by Australian Doctors for Africa is the nearing commissioning and opening phases. Commenced in 2012, the conversion of a disused space into 3 operating theatres has encountered setbacks through disputes and constant changes to the plans. However, that aside, the facility will greatly increase the surgical operations capacity of the Hospital.

TRAINING AND TEACHING
Basic Orthopaedic training programme in treatment of trauma to junior surgeons
The improvement in confidence, manual skills and dexterity of the resident doctors was apparent over the training period. There was a vast improvement also in theoretical knowledge of the prevention of infection, treatment of soft tissues injuries, operative planning and management of complications.

Presentations were given on the following subjects:

- Clinical examination of the shoulder
- Clinical examination of the knee
- Clinical examination of the hip
- Fracture patterns of the distal humerus in children
- Describing fractures
- Principals of fracture management

A medical mission comprising of 4 doctors undertook a teaching assignment for an Orthopaedic Training Course Programme at the Black Lion Hospital. Building upon previous training courses in 2012 and 2013, the course continued to build capacity and improved the orthopaedic skills with orthopaedic trainees, including for the first time 3 females.
Theatre nurse training
An extensive assessment of the new operating theatres was undertaken following inspection of the building. There is significant scope to make a real contribution with initiatives linked to:
- Access to hand washing facilities, gloves and masks
- Sterilisation facilities
- Education around infection control and providing a safe environment for patients
- First aid training and kits
- Education covering the recording of patient medical history

Rehabilitation Centre
A visit in April 2014 to the Rehabilitation Centre at the Black Lion Hospital centred on investigating the physiotherapy department, nursing services and the pharmacy department. The overall aim was to identify improved work practices to ensure a satisfactory level of infection control, the adoption of standard precautions when dealing with patients and a clean hygienic environment.

Standard precautions are not difficult to adopt but there are challenges for the BLH as many areas have no basic hand washing facilities, therefore increasing the risk of transmission of infectious agents within the hospital setting. The completion of 3 new orthopedic operating theatres attached to the Rehabilitation Centre has increased the need to address the infection rates for patients post operatively.

There is now an opportunity to significantly improve patient outcomes by providing a clean and hygienic ward environment and reduce the risk of infection. The outcome is that ADFA can play a significant role in providing orthopedic nursing education to identified staff at the Black Lion Hospital and train local registered nurses who can then take over the training programmes, thus ensuring their sustainability. By also adopting a multidisciplinary approach that includes both physiotherapy and pharmacy staff patients will receive holistic care and specific discharge planning that will improve their chances of making a good recovery.

Cardiology teaching and examination
Dr Marangou was a guest examiner and instrumental in assessing the 4th year medical students in cardiology. He observed students doing bedside examinations and displaying their knowledge under VIVA situation. He was impressed with the high level of knowledge and clinical skills the students displayed.

Currently, the hospital has only ONE ECG machine which means that it is in constant demand and that patients have to be transferred from one department of the hospital to another. The intention is for ADFA to source an additional 2 ECG machines for 2015.

ACKNOWLEDGEMENTS
Over the past twelve months orthopaedic teaching, screening and treatment has greatly been extended, refined and progressed. In particular, our thanks are extended to:
- The orthopaedic staff at the Black Lion Hospital, particularly Dr Bahiru, Director
- Ansell Health for surgical gloves
- The Director of the Black Lion Hospital, Dr Mahalet.
- Mr Getaneh Retta, Ethiopian architect, for his contribution towards the design, submission and supervision of the new operating theatre project
- Her Excellency, Ms Lisa Filipetto, Australian Ambassador to Ethiopia
- Mr David Schwartz from Primewest Management for his invaluable input into project management
- EK Foundation for their generous support in transporting the medical teams, equipment and personnel
Somaliland

“DAN has recently received a consignment of material from ADFA through Taakulo (Mr Omar Jama). This material is found very useful for the work we are doing here in Somaliland. All well received and stored, and we are very thankful to ADFA for this valuable shipment.”

Mr Ali Jama Director DAN

SERVICE PROVISION

The Hospital is faced by severe constraints in many areas, as the only public health facility providing general secondary level health care services. The hospital serves a population that is estimated to be over a million. There are a very limited number of qualified staff, doctors and nurses to cope for the capacity of the hospital; the level of remuneration is inadequate while training, coordination, management and supervision of staff is almost non existent or very limited.

Orthopaedics – the cornerstone of ADFA’s activities

ADFA was fortunate to once again engage the services of 2 Ethiopian surgeons for the visit to Hargeisa Group Hospital in April 2014. It was a very busy 5 days with 210 consultations, 26 major surgical cases and 12 ward rounds.

There was also an opportunity to meet with the new Minister for Health to discuss further involvement from ADFA.

Talipes

In April 2013, ADFA embarked upon a journey to implement a talipes programme in Hargeisa and surrounding regional centres. Over the past 12 months, negotiations have taken place to further develop an MOU, a Contractual Agreement; a Budget; and an Action Plan.

The programme will develop an education programme in conjunction with local basic health centres and introduce a training programme for surgeons, doctors, nurses and physiotherapists.

The programme will focus on Service Provision through conducting operations on children with talipes; Skills Transfer through the provision of training; Community Education through providing the community with talipes awareness and available services; and changing the Physical Environment to ensure the environment is adequate to perform screening and treatment procedures.
Dr Graham Forward met with Mr Ali Jama, Director of the Disability Action Network (DAN), on 3 occasions to discuss delivery of a talipes programme and contractual arrangements. It was agreed that Takalo Community Services (TCS) would monitor and evaluate the programme which will be expanded to the 4 regional centres of Burao, Borama, Eragaro and Los Anos.

**INFRASTRUCTURE DEVELOPMENT**

During the reporting period, the new X-Ray Department building at the Edna Adan University Hospital was completed. The project was completed on budget and within the timeframe.

The Edna Adan University Hospital is a dynamic environment headed by Edna Adan Ismail, a distinguished figure with an international reputation in world health. The hospital is a non-profit teaching hospital built in 2003.

The completed x-ray building will greatly increase the diagnostic capability of the hospital; provide a suitable location to house newly purchased diagnostic equipment; provide better and increased training and treatment outcomes; and expand its services to include a mammography machine.

Australian Doctors for Africa was able to collect donated equipment and dispatch 4 sea containers during the 12 months. The main beneficiaries of the medical equipment, mobility devices (walking frames, crutches, zimmers and wheelchairs) and medical accessories were Edna Adan University Hospital, Hargeisa Group Hospital, Disability Action Network (DAN) and Borama Hospital in the Adwal region. Takulo Somaliland Community (TSC) were instrumental in making the transport and distribution arrangements.

From previous knowledge of Somaliland, ADFA had identified that the community would benefit from mobility devices to address and assist people who experience mobility difficulties as a result of a broad range of health conditions and impairments, including amputation, arthritis, cerebral palsy, poliomyelitis, muscular dystrophy, spinal-cord injury, spina bifida, stroke and visual impairment.

At the Borama Hospital, 41 persons (66% males while 34% females) were assessed and screened and provided with a disability device.

**TRAINING AND TEACHING**

**Prevention of infant mortality**

A 2-week medical team of Judy and Rod Thompson were able to provide training and direction to maternity nurses and interns at the Edna Adan University Hospital. The team was confronted with cardiac arrests, premature babies, placenta praevia, cord prolapse, jaundice, C sections and blood transfusions.

**Scholarships for junior doctors**

Currently, Somaliland has only 3 orthopaedic surgeons. In a ground breaking move to build upon the broader relationship between Ethiopia and Somaliland, ADFA and the Government of Ethiopia Ministry of Health will support 2 orthopaedic students to study at the Black Lion Hospital in Addis Ababa for 4 years of specialised training. They will be attached to the new orthopaedic wing recently constructed by ADFA.

ADFA has identified that something has to be done to address the limited services and overworked staff in Hargeisa and the introduction of a scholarship programme has been most welcomed.

"I am beyond grateful – it’s a huge opportunity given to Somaliland. I don’t want to be the last," said Dr Abdirashid Ismail Ali, one of the recipients of the scholarship.
Cardiology
As part of the ongoing ADFA commitment to teaching, Dr Marangou was engaged to present lectures to 6th year students, interns and residents. The students were connected to the Hargeisa Medical School within the University of Hargeisa.

Following on from his involvement on an earlier medical visit, Dr Marangou continued his work with teaching medical students and junior doctors. There was a focus on ‘Teaching On the Run’ workshops with 4 groups of 6th year medical students plus interns and 2 groups of residents; bedside teaching each morning with 5th medical students focusing on group examination technique, history taking and presentation skills; lectures each afternoon to 5th year students on topics such as ECG basics, Atrial Fibrillation and supraventricular tachycardia, heart failure, acute kidney injury and fluid balance; teaching bedside assessments and skills to 5th year medical students.

ADVANCED DEVELOPMENT
ADFA has strengthened its partnership with the Takulo Somaliland Community through initial discussions to monitor and evaluate the new talipes programme.

ACKNOWLEDGEMENTS:
Significant progress has been made in Somaliland through the efforts of:
• The Minister of Health and Minister for Endowment and Islamic Affairs, Somaliland
• Director of Hargeisa Group Hospital
• Dr Mahdi – Clinical Co-ordinator at Hargeisa University Medical School
• Omer Farah – ADFA Somaliland contact for project supervision through the Takulo Somaliland Community
• Edna Adan Ismail, Director, Edna Adan University Hospital
• The 2 Ethiopian surgeons Dr Elias and Dr Ebrahim who gave their time so generously for ADFA
Our medical teams have been faced with many obstacles such as interim power cuts; sweltering and stifling operating conditions; variable oxygen supply; a lack of water pressure; working long and draining hours and overcoming cultural beliefs.

**SERVICE PROVISION**

In spite of setbacks, we have made significant outputs, outcomes and impacts on the local community through adhering to our strategic deliverables of skill transfer; community education; the changing the physical environment; and service provision.

More importantly, we have gained a great deal of momentum for the screening and treatment of talipes which is being well received by the community.

**Talipes and Paediatrics**

Preliminary medical team visits in early 2013 set the groundwork and parameters for the November (2013) and April (2014) visits. The achievements of the 2014 April medical team demonstrated that there is still some way to go to progress the talipes initiative.

Working closely with the community health centres, the talipes coordinator has considered an outreach programme to regional health centres to deliver community information on the talipes programme.

At the hospital in Tulear, clinic space has been reviewed and improved to enable plastering to take place in a good working environment. There is still some work to be achieved in the training of personnel in the Ponsetti Method of treatment.

**Gastroenterology**

The gastroenterology programme is continuing to show development and improvement. Under the tutelage of Dr Digby Cullen, new video endoscopy systems have been implemented at hospitals in Antananarivo and Tulear.

Currently, 5 endoscopy units are now serviced by ADFA with 4 working satisfactory and only one under performing.

In Antananarivo, the standard of colonoscopy has been notably improved with 2 hospitals now performing over 1000 gastroscopies and 500 colonoscopies per year with a good standard of audit, endoscopic skill, sterility and equipment maintenance. A significant number of poor patients with serious problems (20% of patients) are also treated free of charge which has been an exceptional development.

In November over 6 days, a total of 13 gastroscopes and 2 colonoscopies without complication were performed during the shortened stay in Antananarivo. In Tulear, a total of 34 gastroscopies, 3 colonoscopies and 2 flexible sigmoidoscopies were performed. About 60 patients were consulted by ADFA and another 50 were reviewed by a local gastroenterologist in conjunction with ADFA doctors.

A sustained attempt was made to train 2 local gastroenterologists in the consultative aspects of GI disease, particularly on the appropriate indications for endoscopic procedures. The majority of patients seen had
dyspepsia and other major problems such as Bilharzia, Hepatitis B, parasitic infections, diarrhoea, GI cancers, achalasia, Malaria, STDs, pelvic masses, constipation and per rectal bleeding.

Urology
The programme under the tutelage of Dr Sue Chapman has been expanded from Tulear to include setting up a programme at the Military Hospital in Antananarivo. Several medical practitioners and theatre nursing staff have shown enthusiasm and knowledge to be involved with further training.

Other
All ADFA programmes in Madagascar have been greatly assisted by ADFA anaesthetists who have accompanied the medical teams. They have worked tirelessly to increase infrastructure and the level of training and have worked under tiring conditions such as unreliable sources of oxygen, no reliable suction or electricity, anaesthetic equipment without proper circuits, little assistance in theatre and unreliable monitoring equipment.

INFRASTRUCTURE DEVELOPMENT
A great deal of endoscopy equipment has been air freighted to Madagascar to coincide with the visiting medical teams. This equipment has greatly lifted the morale of local doctors who have been eager to take on board the learning of new equipment and techniques. ADFA also donated several scopes to Antananarivo hospitals including a paediatric gastroscope and paediatric colonoscopes. In addition, ADFA also purchased 500 bands to assist in the treatment of variceal bleeding.

TRAINING AND TEACHING
ADFA has appointed a Malagasy coordinator to oversee the implementation and coordination of the talipes screening and treatment project (TSTP). This has greatly increased the capacity of the hospital to address clubfoot.
A significant breakthrough in the screening and treatment of talipes was achieved in October 2013. Through extensive consultation with the community, objectives were set to identify a brand message, develop education and marketing strategies to overcome cultural beliefs, establish Malagasy parameters, and to implement management and administrative systems to monitor and evaluate the TSTP through workshops, focus groups, interviews and observations.
In gastroenterology, the research and audit projects have continued to blossom. The appointment of Professor Barry Marshall (Nobel Laureate) as ADFA’s Scientific Patron will continue to assist in our research and treatment programmes.
A research symposium was held in October 2013 at the University Hospital in Antananarivo to discuss the results of the ADFA initiated study of “Endoscopic prevalence of Helicobacter pylori and it’s relationship to disease”. It was attended by about 20 Drs and several nurses from the 2 Antananarivo hospitals. The results are currently being collated before being written up for publication.
One of the key findings was an endoscopic prevalence of Helicobacter pylori of 78%, 32% peptic ulcer rate and high rates of gastric cancer and pyloric stenosis due to Helicobacter pylori infection.
In Tulear, ADFA completed the successful training of a doctor in endoscopy to complement other medical practitioners. A sustained attempt was made by ADFA to train Drs Clarette and Odille in the consultative aspects of GI disease, particularly on the appropriate indications for endoscopic procedures. The majority of patients had dyspepsia and other major problems were Bilharzia, Hepatitis B, parasitic infections, diarrhoea, GI cancers, achalasia, Malaria, STDs, pelvic masses, constipation and per rectal bleeding.

**ADVANCED DEVELOPMENT**

A significant step forward in the delivery of services has been the signing of an MOU between ADFA and the Clinic St Luc/Hospitale Generale.

**COMMUNITY EDUCATION**

The community has been involved in the process to deliver the talipes programme. This has included traditional bone-setters, midwives, nurses, physiotherapists, hospital administrators and doctors. The outcome has been the establishment of the Talipes Screening and Treatment Program (TSTP)

Although the talipes is confined to the hospitals in Tulear there has also been discussions to expand the programme to regional health centres. This could be achieved through:

- Expansion of programme to the wider rural community
- Education programme at health centres
- Dialogue with bone-setters
- Dialogue with healers
- Building upon our initial desire for qualitative research through workshops, focus groups, in-depth interviews and participant observations, ADFA has now been able to introduce a good model for the screening and treatment of talipes.
- Working alongside TTIG to build a community awareness programme via posters/pamphlets/TTIG meetings/community meetings
- Develop a screening/awareness programme for newborns
- Develop a referral system
- Developing and maintaining a constructive relationship with the management and staff of CHU, Clinique St, Luc, Akony Fanantana, Region Sud Ouest, Regional and Federal Department of Health, Toliara Sands and other organisations.

**ACKNOWLEDGEMENTS**

- St John of God Outreach Program for their generous funding of the talipes programme.
- Smith + Nephew for their donation of plaster of paris (POP)
- Ansell Health for their donation of surgical and examination gloves
- Toliara Sands for their support
- Air Madagascar
- Air Mauritius
The Comoros Islands

As part of ADFA’s strategic direction to increase its operations to a 4th country, a scoping study was commissioned as part of a medical team visit to the islands in August 2013. The focus of the scoping team concentrated on the services available for the diagnosis and treatment of orthopaedic conditions especially on the childhood disorder of talipes.

The structure of the health system was assessed with the emphasis on public health initiatives; the functionality and structure of the health system and its facilities; the prevention of infectious diseases and the delivery of other medical specialities.

At this stage, it would be impossible for an organisation of ADFA’s dimensions to meet the health needs of a population of approximately 750,000 within the Comoros. Within the field of orthopaedics alone such a population would require between 10 and 20 trained orthopaedic surgeons and suitable equipment to match and cater for needs. This is not achievable in the short term.

However, what is encouraging is the possibility to map out a plan for development of orthopaedic services using the existing resources as a starting point. The development of orthopaedic services could fit in with the strategic development of the entire Health Sector as outlined in a meeting with the Comoros Minister of Health.

The conclusion reached was that there is potential for Australian Doctors for Africa (ADFA) to expand its services to this country. Australian Doctors for Africa feels that the Comoros Islands are of strategic importance; that Australian Doctors for Africa is strategically positioned and well equipped to deliver strongly against its Strategic Plan 2013–17; that the environment is safe, constructive and welcoming; that the need for assistance is clear; that adequate hospitals and operating theatres exist; that the background knowledge base of doctors and surgeons is strong; and that the population size is appropriate to benefit from the input of a small organisation such as ADFA.
SERVICE PROVISION: INFRASTRUCTURE DEVELOPMENT; TEACHING AND LEARNING

Australian Doctors for Africa believes that setting a new direction can be achieved by concentrating and building upon orthopaedic surgical procedures and the integration of a strong teaching programme. The ability to connect and establish links now needs to be directed internally within Australian Doctors for Africa and, later, externally with NGO's already established within the Islands.

To achieve this, Australian Doctors for Africa intends initially to bring together the Island's collective planning resources to the table to assist in the development of a comprehensive plan over 5 years that both grows the relevance, capacity and integration of resources. It is believed this is eminently achievable and a collaborative approach will result in expectations articulated and measurables put in place against which progress can be assessed, or remedial action taken.

The strongest match between ADFA's strengths and the need in the Comoros is in the development of orthopaedic services. This can be progressed in a step-wise manner using voluntary orthopaedic consulting and operating visits; teaching via basic courses in the management of common fractures; direct transfer of surgical skills to Comorean general surgeons; the provision of orthopaedic implants and equipment and the development of theatre and radiology facilities.

An invitation from the Union des Comoros to ADFA to assist with the development of health services will see a medical team depart for the Comoros in August 2014 to continue to establish the least complicated pathway for the delivery of resources and services.
During 2014, ADFA received Department of Foreign Affairs and Trade (DFAT) base accreditation, the only charity in Western Australia to do so.

Australian Doctors for Africa is a company by limited guarantee with 2 Directors, Graham Forward and Jeanne Bell. The overall management of Australian Doctors for Africa, however, has been entrusted with the Management Committee. The organisation has no appointed Executive Officer or Chief Executive Officer. The current Chair of the Management Committee is Mr Ian Shann.

In July 2013, the Management Committee comprised the Founder and Principal, Dr Graham Forward together with Ms Jeanne Bell (Finance), Ms Christine Tasker (Logistics), Mr Ian Pawley (Finance) and Ms Helen Asquith (Policy). Each brings business acumen and experience to the organisation through their business, financial, logistic, marketing, administrative and organisational skill sets.

During the year the Committee welcomed the appointment of Mr Ian Shann as Chair and Mr Graeme Wilson as a Committee member.

The Management Committee has met on ten (10) occasions throughout the year and held the Annual General Meeting in November 2013 to re-elect the Management Committee.

There is one sub-committee to streamline and implement fund raising activities. Ms Jeanne Bell from the Management Committee chairs and oversees activities of the Events Committee and reports regularly to the Management Committee.

Throughout the year, the organisation has built upon the solid framework of policies, processes and procedures to foster a culture of strong governance and compliance. The internal systems of management are well established. In May 2014, the organisation appointed an Office Administrator to assist with logistics and administration.

The Management Committee has ensured that the implementation of the Strategic Plan has continued so that the vision, mission and strategic priorities have been focused and monitored; overseen their execution through an operational plan; approved budget requirements; determined policy procedures and processes for ethical behavior, integrity and respect for others; outlined roles and responsibilities for internal and external personnel and monitored the performance of the medical teams.

**MANAGEMENT COMMITTEE**

Dr Graham Forward has been the driving force behind Australian Doctors for Africa since the first official medical team went to Somalia in February 2005. Bringing a wealth and mix of business and medical acumen to the organisation, Graham standing with the orthopaedic community both in Western Australia and Australia has enabled the growth of medical teams to continue. Graham has numerous recognition awards for his humanitarian endeavours and has held various medical positions within the Australian Orthopaedic Association (WA).

Ian Shann (Chair) was invited to become Chair of ADFA in February 2014. Although no longer practicing law, Ian is now the principal mediator at Shann Mediation & Dispute Resolution and is a nationally accredited mediator. For over 30 years, Ian has been dealing with conflict resolution; worked in government; been involved in commerce and development and run his own legal practice in Family Law.

<table>
<thead>
<tr>
<th>Management Committee</th>
<th>Appointed</th>
<th>Meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Eligible to attend</td>
<td>Attended</td>
</tr>
<tr>
<td>Dr Graham Forward</td>
<td>February 2005</td>
<td>10</td>
</tr>
<tr>
<td>Jeanne Bell</td>
<td>February 2005</td>
<td>10</td>
</tr>
<tr>
<td>Christine Tasker</td>
<td>February 2005</td>
<td>10</td>
</tr>
<tr>
<td>Graeme Wilson</td>
<td>February 2014</td>
<td>6</td>
</tr>
<tr>
<td>Ian Shann</td>
<td>February 2014</td>
<td>6</td>
</tr>
<tr>
<td>Ian Pawley</td>
<td>June 2011</td>
<td>10</td>
</tr>
<tr>
<td>Helen Asquith</td>
<td>November 2012</td>
<td>10</td>
</tr>
</tbody>
</table>
His experience in mediation is extensive having mediated in many different areas including human relations conflicts, industrial and commercial disputes, succession and inheritance problems and simple neighbourhood disagreements.

Helen Asquith is a highly experienced and regarded health planner, with 20 years health planning and project management experience gained on some of Western Australia's largest health campuses, including St John of God Health Care's Subiaco and Murdoch hospitals, the Fiona Stanley Hospital and the Midland Heath Campus.

Helen is a graduate of UWA and has been associated with other community service organisations. She brings strong practical and managerial skills to the organization.

Jeanne Bell provides financial and organisational skills and as Chair of the Events provides direction, experience, expertise and acumen for fund raising events and activities. Appointed in 2005, Jeanne has a background in the commercial building construction industry having held the position of financial controller for a private building construction company for over 12 years. A background in Applied Science, Jeanne has been associated with several community service organisations.

Ian Pawley started working with Australian Doctors for Africa in 2009, and was invited to join the Management Committee in 2011. He has been assisting 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 W.A. Extension courses and The Stock Exchange. For the past 17 years he has been Director of a 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 quality charity and its wonderful record of assisting people in Africa.

Christine Tasker is Practice Manager and Personal Assistant to Dr Graham Forward and has held this position for 21 years. Christine is an inaugural member of the Management Committee of Australian Doctors for Africa.

She brings strong administration skills to the organisation and is prominent in the logistics of liaising with, and co-coordinating, the volunteer medical teams. Christine is a proactive member in fund raising activities and functions. Prior to her current position, Christine nursed at SJOGH Subiaco, Hollywood Hospital, King Edward Hospital, Morawa District Hospital and the Red Cross Blood Transfusion Service.

Graeme Wilson was invited to join the Australian Doctors for Africa board in January 2014. From 2008 Graeme has been involved with the shipping and logistics of the ADFA medical equipment to Somaliland, Ethiopia and Madagascar.

Graeme brings to the board with a wealth of experience in shipping, transport and logistics. Having been involved in all facets of the logistic chain from operations, sales and more recently managing a freight and shipping company where he is a Director.

Graeme is the Chair of the WA Port Operations Task Force, in addition he also Chairs the Freight and Logistics Council of WA Transport Operations Group.

With his extensive business background and logistics knowledge he is keen to continue and develop the excellent and progressive work ADFA is undertaking for the people in Africa.

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

Australian Doctors for Africa is a member of the Australian Council for International Development (ACFID) and is a committed 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, public 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 complaints@acfid.asn.au.

Australian Doctors for Africa also has a process for handling complaints which can be activated by phoning the CEO on 08 388 1148 or emailing gforward@iinet.net.au.
Financial Overview

WHERE THE MONEY COMES FROM

<table>
<thead>
<tr>
<th>Source</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donations and Gifts</td>
<td>Income received from the Australian Public and Corporate donors</td>
<td>$345,770</td>
</tr>
<tr>
<td>Investment Income</td>
<td>Includes dividends and interest from current investments</td>
<td>$39,129</td>
</tr>
<tr>
<td>Other Australian Grants</td>
<td>Grant from St John of God hospital Outreach for a Talipes project in Madagascar</td>
<td>$30,000</td>
</tr>
</tbody>
</table>

PROGRAM EXPENDITURE

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
</table>
| Medical/Training/Infrastructure/Logistics | Our funding covers:  
  • Trips to Somaliland Ethiopia, Madagascar and the Comoros to deliver training, surgery and treatment  
  • Shipment of containers to Ethiopia and Somaliland and airfreight of equipment to Madagascar and the Comoros  
  • Also included this year was the building of 4 Orthopaedic operating theatres in Ethiopia | $525,505  |
| Partner Support                 | Costs associated with support provision to in country partners                                                                      | $16,572  |
| Administration and Accountability | Total in-house overheads for the year                                                                                                     | $14,063  |
| Fundraising Costs               |                                                                                                                                                                                                             | $8116    |

Where our income came from

- 32% Donations
- 3% Other Income
- 4% Investment Income
- 3% Other Australian Grants
- 58% Non Monetry Income

How our funds were spent

- 29% Medical Teams
- 13% Sea Containers
- 44% Infrastructure Development
- 2% Administration
- 8% Medical / Logistic Supplies
- 3% Partner Support
- 1% Fundraising Costs
**Statement of Financial Position**
For the Financial Year Ended 30 June 2014

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and Cash Equivalents</td>
<td>$418,235.00</td>
<td>$601,257.00</td>
</tr>
<tr>
<td>Current Tax Receivable</td>
<td>$9,604.00</td>
<td>$3,050.00</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>$427,839.00</td>
<td>$604,307.00</td>
</tr>
<tr>
<td><strong>Non Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Assets at Fair Value</td>
<td>$435,000.00</td>
<td>$304,000.00</td>
</tr>
<tr>
<td>Property Plant and Equipment</td>
<td>$3,482.00</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>Total Non Current Assets</strong></td>
<td>$438,482.00</td>
<td>$304,000.00</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>$866,321.00</td>
<td>$908,307.00</td>
</tr>
<tr>
<td><strong>CURRENT LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provisions</td>
<td>$373.00</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td>$373.00</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td>$865,948.00</td>
<td>$908,307.00</td>
</tr>
<tr>
<td><strong>EQUITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Issued Capital</td>
<td>$2.00</td>
<td>$2.00</td>
</tr>
<tr>
<td>Retained Earnings</td>
<td>$865,946.00</td>
<td>$908,305.00</td>
</tr>
<tr>
<td><strong>TOTAL EQUITY</strong></td>
<td>$865,948.00</td>
<td>$908,307.00</td>
</tr>
</tbody>
</table>
### Statement of Comprehensive Income
For the Financial Year Ended 30 June 2014

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donations And Gifts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monetary</td>
<td>$345,770.00</td>
<td>$302,703.00</td>
</tr>
<tr>
<td>Non Monetary</td>
<td>$591,256.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Bequests And Legacies</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Grants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of Foreign Affairs And Trade</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Other Australian</td>
<td>$30,000.00</td>
<td>$7,000.00</td>
</tr>
<tr>
<td>Other Overseas</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Investment Income</td>
<td>$39,129.00</td>
<td>$21,106.00</td>
</tr>
<tr>
<td>Other Income</td>
<td>$2,998.00</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>TOTAL REVENUE</strong></td>
<td>$1,009,153.00</td>
<td>$330,809.00</td>
</tr>
<tr>
<td><strong>EXPENDITURE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>International Aid and Development Programs Expenditure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>International Programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funds to International Programs</td>
<td>$552,505.00</td>
<td>$428,069.00</td>
</tr>
<tr>
<td>Program Support Costs</td>
<td>$16,572.00</td>
<td>$9,021.00</td>
</tr>
<tr>
<td>Community Education</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Fundraising Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public</td>
<td>$8,116.00</td>
<td>$19,689.00</td>
</tr>
<tr>
<td>Government, Multilateral and Private</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Accountability And Administration</td>
<td>$14,063.00</td>
<td>$5,424.00</td>
</tr>
<tr>
<td>Non Monetary expenditure</td>
<td>$591,256.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total International Aid and Development Programs Expenditure</td>
<td>$1,182,512.00</td>
<td>$451,355.00</td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURE</strong></td>
<td>$1,182,512.00</td>
<td>$451,355.00</td>
</tr>
<tr>
<td>Increase in value of investment</td>
<td>$131,000.00</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>EXCESS/(SHORTFALL) OF REVENUE OVER EXPENDITURE</strong></td>
<td>($42,359.00)</td>
<td>($120,546.00)</td>
</tr>
</tbody>
</table>

Please note that the 2014 shortfall is due to the spending of corporate donations (raised in 2012 and 2013) for the building of the black lion hospital orthopaedic theatres during the 2014 financial year.

During the 2014 financial year, Australian Doctors for Africa had no transactions for International political or religious proselytisation programmes or domestic programmes.
Statement of Changes in Equity
For the Financial Year Ended 30 June 2014

<table>
<thead>
<tr>
<th>Retained Earnings</th>
<th>$908,307.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>BALANCE AT 30 JUNE 2014</td>
<td></td>
</tr>
<tr>
<td>Deficit for the Year</td>
<td>$(42,359.00)</td>
</tr>
<tr>
<td>Other Comprehensive Income</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Comprehensive Income for the Period</td>
<td>$(42,359.00)</td>
</tr>
<tr>
<td>AS AT 30 JUNE 2014</td>
<td>$865,948.00</td>
</tr>
<tr>
<td>BALANCE AT 30 JUNE 2012</td>
<td>$1,028,854.00</td>
</tr>
<tr>
<td>Deficit for the Year</td>
<td>$(120,547.00)</td>
</tr>
<tr>
<td>Other Comprehensive Income</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Comprehensive Income for the Period</td>
<td>$(120,547.00)</td>
</tr>
<tr>
<td>AS AT 30 JUNE 2013</td>
<td>$908,307.00</td>
</tr>
</tbody>
</table>

Table of cash movements for designated purpose.

No single appeal or other form of fundraising for a designated purpose generated 10% or more of total income for the year ended 30th June 2014.

DIRECTORS’ FINANCIAL SUMMARY

The financial statements reflect a successful year delivering advanced development programmes with our overseas partners. Our strong financial position will enable our future commitment to longer term projects to be met. As a voluntary organisation we remain proud of Australian Doctors for Africa low fund raising costs and operating expenses.

Dr Graham Forward

SUMMARY FINANCIAL REPORTS

Independent Auditor’s Report

To the members of Australian Doctors for Africa Pty Ltd


We have audited the accompanying financial report being a special purpose financial report, of Australian Doctors for Africa Pty Ltd, which comprises the statement of financial position as at 30 June 2014, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors declaration

Management’s Responsibility for the Financial Report

Management is responsible for the preparation of the financial report that gives a true and fair view in accordance with Charitable Collections Act (1946) and the Charitable Collections Regulations (1947), and for such internal control as management determines is necessary to enable the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor’s Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor’s judgement, including the assessment of the risks of material misstatement of the financial report, 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 report 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 management, as well as evaluating the overall presentation of the financial report.

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

Basis for Qualified Opinion

Donations, sponsorships, subscriptions and other fund raising activities are significant sources of revenue for Australian Doctors For Africa Pty Ltd. The directors of Australian Doctors For Africa Pty Ltd have determined that it is impracticable to establish controls over the collections of donations, sponsorships, subscriptions and other fund raising activities prior to entry into its financial records. Accordingly, as the evidence available to us regarding revenue from these sources was limited, our audit procedures with respect to donations, sponsorships, subscriptions and other fund raising activities had to be restricted to the amounts recorded in the financial records. We therefore are unable to express an opinion whether revenue, from donations, sponsorships, subscriptions and other fund raising activities Australian Doctors For Africa Pty Ltd obtained is complete.

Qualified Opinion

In our opinion, except for the possible effects of the matter described in the Basis for Qualified Opinion paragraph, the financial report gives a true and fair view of the financial position of Australian Doctors for Africa Pty Ltd as at 30 June 2014, and its financial performance and its cash flows for the year then ended in accordance with Australian Accounting Standards and Charitable Collections Act (1946) and the Charitable Collections Regulations (1947).
Basis of Accounting

Without modifying our opinion, we draw attention to Note 1 to the financial report which describes the basis of accounting. The financial report is prepared to assist Australian Doctors for Africa Pty Ltd to comply with the financial reporting provisions of Charitable Collections Act (1946) and the Charitable Collections Regulations (1947). As a result, the financial report may not be suitable for another purpose.

Somes Cooke

Kevin Somes
Partner

16 September 2014

Level 2, 35 Outram Street,
West Perth,
WA 6005
Sponsors and Corporate Donations

As a charity and volunteer organisation, ADFA relies heavily on the financial donations of its members, fund raising activities, sponsors and the corporate sector. Australian Doctors for Africa is very grateful for everyone’s support, commitment and financial contribution as these have been vital in maintaining ADFA’s sustainable operations.

Emirates Airline Foundation

We are extremely grateful to the Emirates Airline Foundation who has supported ADFA through complementary air travel to transport our medical teams to Ethiopia. In addition they have provided excess baggage weight so that the medical teams can carry vital medical supplies and medicines.

Coopers Investors

A significant contribution from Coopers Investors has afforded opportunities to provide services to the General Hospital in Tulear, Madagascar.

Snap Printing West Perth

Peter Connor from Snap Printing West Perth continues to provide ADFA with printed stationery in the form of brochures, newsletters, flyers, posters, enlarging and laminating. They have supported ADFA since its conception and over the last twelve months have made a significant in-kind donation.

Air Mauritius

Air Mauritius for their continued support in providing excess baggage and a complementary flight for the medical team visits to Madagascar.
Air Madagascar

Air Madagascar for their support in providing excess freight allowance.

smith&nephew

Donated plaster of paris bandages for the screening and treatment of talipes.

Ansell

Ansell Asia Pacific has donated examination, surgical, cleaning and food processing gloves.

Wheelchairs For Kids

Wheelchairs For Kids. This is a voluntary organisation that works in partnership with ADFA to provide wheelchairs for children based on world health guidelines.

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

JULIAN RANDALL WEBSITE
SOMES & COOK CHARTERED ACCOUNTANTS
TOLIARA SANDS MINING
MALAGASY MINERALS
SUNSET
OLYMPUS
DHL EXPRESS & SERVICE CONTAINERS
DAVID HEWITT & CO
GILBERT & TOBIN

ADFA would like to acknowledge the significant contribution of Chil3 in the design and production of this document. chil3.com
Australian Doctors for Africa
Volunteer medical team working in Ethiopia, Somaliland, Madagascar and The Comoros Islands

Principal
Dr Graham Forward

Registered charity DGR Status
ABN 47 149 985

219 Onslow Road
Shenton Park
WA60008

61+8 9388 1148
gforward@iinet.net.au
www.ausdocafrica.org