VOLUNTEER TEAM VISITS 2017 – 2018

2017

Ethiopia

Ethiopia August 2017 (Orthopaedics)
Dr Anthony Jeffries, Orthopaedic Surgeon
Ms Stephanie McDonald, Theatre Nurse
Mr Paul Maloney, Orthopaedic Technician

Madagascar

Madagascar October-November 2017
Dr Graham Forward, Orthopaedic Surgeon
Dr Aweh English, Orthopaedic Surgeon
Dr Digby Cullen, Gastroenterologist
Dr Melissa Jennings, Gastroenterologist
Dr Wren Chiang Bahl, Gastroenterologist
Mrs Catherine Poole, Gastroenterology Nurse
Dr Richard McMullin, Urologist
Dr Lydia Johns Putra, Urologist
Ms Julie Fahey, Urology Nurse
Ms Rebecca Hillbert, Medical Student
Dr Emily Forward, Dermatology Junior Doctor

Madagascar November 2017 (Gynaecology)
Dr Lanzil Homar, Obstetrician/Gynaecologist
Ms Graham Rennie, Nurse/Laparoscope Technician
Ms Karen Grieves, Nurse/Anaesthetic Technician
Dr Jolyon (Jay) Bond, Anaesthetist
Ms Carolyn Sweet, Sonographer
Ms Ange Moffat, Sonographer
Ms Virginia Proust, Midwife

Ethiopia November 2017 (Physiotherapy)
Ms Rebekah Gibbons, Physiotherapist

Ethiopia November 2017 (Nurses Training)
Ms Anne Coyne, RN Teaching & Training
Ms Elaine Ashford, RN Teaching & Training
Ms Sasha Webb Waru, RN Teaching & Training
Ms Eyerusalam (Jerry) Amanu Legesse, Chief Theatre Nurse, Black Lion Hospital

Ethiopia March 2018

AO Alliance Teaching Team
Dr Claude Martin, Switzerland
Dr Samuel Hallu, Ethiopia Addis Ababa University
Dr Wilfred Addo, Ghana
Dr Joseph Mwanga, Tanzania
Dr Tongai Chitsamata, Zimbabwe
Dr Ephrem Gebreghana, Ethiopia Hawassa University
Dr Geletaw Tessema, Ethiopia Addis Ababa University
Dr Mamo Dekisa, Ethiopia St Paul Hospital
Dr Richard Gardiner, Ethiopia Cure Hospital

Somaliland March 2018 (Orthopaedics)
Dr Graham Forward, Orthopaedic Surgeon
Dr Elias Ahmed Ibrahim, Ethiopian Orthopaedic Surgeon
Dr Ahmed Saed All, Orthopaedic Resident
Dr Helawi Dewabe, Ethiopian Registrar
Ms Firsthinet Gebrechellassie, Ethiopian Theatre Nurse
Ms Hofun Ali Wakk, Ethiopian Nurse
Mr Paul Ty, Logistics

Madagascar April 2018

Dr Kate Stannage, Orthopaedic Surgeon

Somaliland April 2018 (Medical Student Training)
Dr Don Howarth, General Practitioner
Dr Liam Carroll, General Practitioner
Dr Alison Chan, General Practitioner
Ms Ann Carey, Midwife & Nurse Training
Mrs Judith Thompson, Midwife & Nurse Training

Ethiopia April-May 2018

Dr Ben Witte, Orthopaedic Surgeon
Dr David Graham, Orthopaedic Registrar
Mrs Ann Mitchell (OAM), Nurse/Logistics

Madagascar March 2018

Dr Susan Chapman, Urologist
Ms Karen Grieves, Urology Theatre Nurse
Dr Phil Smith, Anaesthetist
Dr Kate Stannage, Orthopaedic Surgeon
Dr Cassie Smith, Intern/Resident
Ms Christine McLeod, Physiotherapist

Ethiopia March 2018 (Orthopaedics)
Dr Graham Forward, Orthopaedic Surgeon
Prof Mike Wren, Orthopaedic Surgeon
Dr Tim Fletcher, Orthopaedic Surgeon
Mr Paul Ty, Project Management

2018

Madagascar

Madagascar May-June 2018
Dr Anthony Jeffries, Orthopaedic Surgeon
Ms Cherrie Genat, Orthopaedic Theatre Nurse
Dr Richard McMullin, Urologist
Dr Berni Troncoso, Urologist
Dr Michael Shaw, Anaesthetist
Ms Julie Fahey, Urology Nurse

Madagascar June 2018 (Gastroenterology)
Dr Digby Cullen, Gastroenterologist
Mrs Catherine Poole, Gastroenterology Nurse
Mr Ian Pawley, Logistics

Ethiopia June 2018 (Infrastructure)
Mr John Bond, Chair
Mr Paul Ty, Project Management
Ms Jacqueline Gilmour, ADFA Representative

ADFA Clinical Governance Committee
Prof Shirley Bower
Dr Robert Storer
Dr Graham Forward

France

ADFA Clinical Governance Committee
Prof Shirley Bower
Dr Robert Storer
Dr Graham Forward

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Message from the Founder & CEO

“What growth in our activities we have seen! Due to the energy of our teams, we have very low overheads and administrative costs ...”

Australian Doctors for Africa matches volunteer doctors, surgeons and allied health workers with areas of need in Africa. This is supported by the generosity of administrative volunteers, private and corporate donors and the philanthropy of foundations and the Australian Government.

What growth in our activities we have seen! Due to the energy of our teams, we have very low overheads and administrative costs – we are proud that 92% of expenditure was spent directly on international programs.

As the only Department of Foreign Affairs and Trade accredited overseas medical NGO based in Western Australia, Australian Doctors for Africa leads with our humanitarian values and willingness to help others.

The Board of Management contribute specific expertise, as well as decision-making and governance functions. Thank you to each of them for their very significant contribution in steering the organisation.

Thank you also to Amy Tasker and Dawn Woods who go beyond what is expected of employees. They are very much part of the team.

A note about our balance sheet, which for a small organisation is very healthy. Many of our projects are ongoing for a 3-5 year period so balance sheet strength is required to ensure that future commitments can be fulfilled. Don’t worry, the money will be well spent and more will be needed!

Finally, special thanks to Jeanne Bell who has served as a Board Member from day one. Jeanne shared the vision and helped make excellent decisions and see them implemented. As Australian Doctors for Africa enters the next growth phase she has stepped aside with our gratitude and respect for a job well done over the last 13 years.

DR GRAHAM FORWARD
Founder & CEO

Message from the Chair

“...I am confident that each dollar donated is spent judiciously and leads to meaningful outcomes for those in desperate need.”

I have newfound respect for the doctors, nurses and volunteers of Australian Doctors for Africa.

In June this year I was privileged to travel to Bahir Dar in Ethiopia to officially open 3 new operating theatres funded by Australian Doctors for Africa. It gave me a first hand understanding of the desperate need for such facilities and the enormous gratitude from the medical and Ethiopian government agencies for ADFA’s contribution in that country. 98% of orthopaedic cases at the hospital are trauma related largely from road accidents. With the limited road network being shared by walkers, bicycles, horses and carts, cars, buses and trucks, this is hardly surprising.

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I would like to once again acknowledge and recognise the tremendous work of the Board of Management of ADFA and in particular our founder Dr Graham Forward. I have never witnessed a Board which contributes so much of their valuable time entirely on a voluntary basis.

JOHN BOND
Chair
**OVERVIEW**

**VISION**
Improving the health and lives of people in Africa.

**MISSION**
To develop healthier environments and to build capacity through the provision of voluntary medical assistance; training and teaching doctors, nurses and allied health workers; and improving infrastructure and providing medical equipment.

**BACKGROUND**
Established in 2005, Australian Doctors for Africa (ADFA) is a not-for-profit community based organisation with its headquarters located in Perth, Western Australia. It has no political or religious affiliations.

ADFA plays a critical role in providing medical assistance and training in Ethiopia, Somaliland, Madagascar and Comoros through its humanitarian and volunteer medical operations.

During 2017-18, the organisation operated in six main locations comprising:
- Addis Ababa, the capital of Ethiopia;
- Bahir Dar, in the north west region of Ethiopia;
- Hawassa, in the south west region of Ethiopia;
- Antananarivo, capital city of Madagascar;
- Tulear, in the south west region of Madagascar; and
- Hargeisa, Somaliland’s largest city.

ADFA also undertook satellite projects in Burao, Berbera and Borama (Somaliland) and Antsirabe and Fianarantsoa (Madagascar) to expand the delivery of its services.

**PATRONS**
We are grateful for the support of our two patrons:
- Professor Barry Marshall, Nobel Laureate: ADFA’s Research Patron with a particular interest in the direction and operation of programs in Madagascar.
- Mr Haile Gebreselassie, Olympic and World Champion: Appointed ADFA’s Ethiopian Patron in April 2018 to increase the profile of ADFA within the Ethiopian community, both in-country and internationally.

**OUR APPROACH**
The organisation is guided by a 5-year Strategic Plan adopted by the Board of Management in November 2017 (for further information see the Strategic Priorities page.)

The cornerstone of ADFA’s commitment will always be volunteer medical specialists to provide medical assistance and support to poor communities in Africa.

In our target regions we have established strong collaborations and stakeholder networks with Ministers, Government Departments, medical facilities, other humanitarian aid organisations and the larger community.

There are four elements to our programs:

1. Medical Service Provision: Our teams of volunteer medical specialists provide treatment and surgery to those most in need in the areas of orthopaedics, clubfoot, gastroenterology, urology and gynaecology/obstetrics.
2. Skills Transfer and Training: Each medical trip incorporates training components where volunteer specialists provide teaching and mentoring to local medical personnel. This may be through observation of a procedure or in a more formal structure such as through our Nurses Training Program. ADFA also provides a scholarship program to assist Somaliland Doctors to access specialist training in Ethiopia.
3. Hospital Infrastructure Development: The ‘13 Hospitals Project’ identifies public hospitals suitable for renovation. These projects also include the provision of donated and purchased medical equipment and supplies.
4. Advanced Development: Well-established Clubfoot Programs in Madagascar and Somaliland have significantly progressed the early screening and treatment of clubfoot. With the training of in-country technicians and establishment of clubfoot clinics, the debilitating condition can now be detected at a very early age and successfully treated with minimal impact to the family or patient. ADFA has participated in strategic planning and collaboration to progress the provision of orthopaedics, gastroenterology and clubfoot. Our reputation as a leader in healthcare provision to the poorest people of East Africa has also led us to have strong relationships with government agencies and in-country partners, such as hospitals and NGOs.

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In November 2017 the Board of Management of Australian Doctors for Africa adopted a new five year Strategic Plan for 2018 to 2022.

Strategic priorities over the next five years will be characterised by growth, which will largely be achieved through expanding programs and only adding new initiatives which can be adequately funded and resourced.

1. Progress the 13 Hospitals Project with training and empowerment of local surgeons, doctors and nurses.
2. Incorporate training and teaching in all medical visits.
3. Develop world leading procedures and practices for a medical outreach charity.
4. Maintain ADFA humanitarian values and ensure they are expressed in all our activities.
5. Develop collaborations and partnerships.
6. Develop a systematic approach to fundraising including securing a cornerstone $1 million grant.
7. Develop a national policy for clubfoot in Madagascar.
8. Expand the range of specialties provided by volunteers.

**STRATEGIC PRIORITIES**

// 2018 / 2022

Dr Graham Forward
Founder & CEO

Australian Doctors for Africa // 2018 Annual Report
SERVICE PROVISION AND TRAINING

Orthopaedics
An Orthopaedic medical team visited the Black Lion Hospital, Addis Ababa to provide comprehensive orthopaedic training in August 2017. They attended all morning trauma meetings, completed 103 consultations and 115 surgical procedures, mainly in a supervisory role. Formal nurse’s lectures were given in the areas of hand hygiene, patient positioning and pressure areas, bone cement and safe surgery. Orthopaedic lectures covered distal radius fractures, forearm fractures and surgical planning. The team also completed repairs to theatre lighting, surgical and laundry equipment.

In April 2018 three ADFA volunteers visited the Felegehiwot Referral Hospital, Bahir Dar, to deliver orthopaedic assistance and training. The team assisted 308 patients during ward rounds and daily outpatient consultations, and mentored three surgeons during eight complicated surgical procedures. Medical staff were taught about the importance of infection control, hand hygiene and wound management. Lectures were provided on the topics of THR complications, ACL, open fractures, pelvic fractures, meniscal tears and trauma cases.

Basic Orthopaedic Management Course
In conjunction with AO Alliance, ADFA team members conducted a 3-day Basic Orthopaedic Management Course in trauma to 115 year residents at the Black Lion Hospital, Addis Ababa. The curriculum involved peri-operative medicine lectures and participation in the delivery of the practical applications of orthopaedic surgical procedures. The course was well received with 57 residents, including 5 females, completing the course; the highest number of participants recorded since it’s implementation 8 years ago. This is the third occasion that the AO Alliance and ADFA partnership has presented the course and follows on from previous successful ADFA orthopaedic courses. This year there was an increased organisational role for the Black Lion Orthopaedic Department as the intent is to hand the course over to the Ethiopian faculty, with ADFA and AO Alliance taking supervisory roles. The outcome being that the course will become sustainable and build capacity for Ethiopia.

WARD NURSES TRAINING PROGRAM

The Ward Nurses Training Program continues to be very successful, engaging well with hospital staff and providing much needed support and mentorship. The program was delivered at Felegehiwot Referral Hospital, Bahir Dar in November 2017 by three ADFA volunteer nurses and an Ethiopian registered nurse. Twenty-three nurses took part in the training program covering topics such as hand hygiene practices, principles behind basic life support, wound care and the ability to undertake neurovascular assessment in the ward environment.

Physiotherapy
In collaboration with the UK based organisation, Northwest Orthopaedic Trauma Alliance for Africa (NOTAA), an ADFA volunteer Physiotherapist delivered a physiotherapy training program to 4 junior doctors and 13 nurses at Hawassa University Hospital in November 2017. Objectives of the visit were to evaluate the changes in physiotherapy service provision and patient outcomes since the initial visit in May 2017, to provide further training and to develop a long-term sustainable plan for ongoing rehabilitation services at the hospital. This visit saw pleasing results with the length of hospital stay for orthopaedic trauma being significantly reduced due to the program’s implementation.

Sarcoma
With the support of Australian charity, Sock It To Sarcoma, and the leadership of Prof David Wood, momentum is building to deal with the incidence of 5,000 sarcomas per year in Ethiopia. This is best done through strong partnerships with CURE Hospital, Black Lion Hospital and Nuffield Orthopaedic Department, Oxford University, UK.

INFRASTRUCURE DEVELOPMENT

The past 12 months has seen huge progress in ADFA’s Hospital Infrastructure Development Program in Ethiopia. ADFA enjoys a strong professional relationship with Geretta Consult, an architecture and project management company based in Ethiopia led by General Manager Getaneh Retta. Geretta Consult, in collaboration with our Australian-based Project Manager Mark Nelson, have ensured that all building projects run to schedule, are within budget and are of the highest standard by engaging reputable contractors.

Black Lion Hospital, Addis Ababa
In 2014, ADFA constructed two orthopaedic theatres at the Black Lion Hospital, Addis Ababa, which revolutionised orthopaedic surgery within the hospital. In 2018 ADFA completed basic refurbishment including new flooring, re-painting, repairs to doors and general maintenance. A commitment from the hospital was secured to ensure the theatres remain operational and in excellent condition. This leadership resulted in a further two orthopaedic theatres being installed by the Black Lion Hospital.
Felegehiwot Referral Hospital, Bahir Dar

June 2018 marked the official completion and opening ceremony of the new orthopaedic operating theatres at Felegehiwot Referral Hospital, Bahir Dar. The hospital is the number one referral hospital for orthopaedics in the region, being home to three surgeons and a number of residents. Construction commenced in late 2017 under the supervision of Geretta Consult and was inspected regularly by ADFA visiting teams. A sea container of donated medical supplies was provided in February 2018 to equip the new theatres. The opening ceremony was well attended and included ADFA representatives John Bond (Chair), Paul Tye (Logistics and Project Management) and Jacqueline Gilmour, as well as HE Mark Sawers, Australian Ambassador to Ethiopia. ADFA relies on the goodwill of our donors to enable us to effect change in healthcare provision in East Africa, and special thanks goes to Marylyn New and The Lockwood Charitable Foundation for their generous support of this project.

Hawassa University Hospital, Hawassa

Infrastructure development is currently underway at Hawassa University Hospital, involving the refurbishment of the orthopaedic wards and construction of a large paediatric ward to separate children from adult patients, as well as the creation of an orthopaedic conference room to allow for better professional interaction. A sea container of donated medical supplies has been provided to equip the theatres and wards once complete. The renovation will support three new orthopaedic surgeons based at the hospital as well as ADFA visiting specialists. Work is progressing well under the supervision of Geretta Consult and is due for completion by the end of 2018. ADFA wishes to acknowledge the support of HE Mark Sawers, and the Australian Embassy in Ethiopia for their support of this project through their Direct Aid Program.

Jugal Referral Hospital, Harar

In March 2018 a scoping and feasibility study for infrastructure development at Jugal Referral Hospital, Harar, was completed. This hospital has been identified as a suitable hospital for renovation and refurbishment, with project commencement anticipated by the end of 2018.

EVALUATION AND RESEARCH

All participants involved in training courses have completed evaluation protocols to provide feedback on future directions and content of programs. In collaboration with the AO Alliance, the Basic Orthopaedic Management Course for residents at the Black Lion Hospital in Addis Ababa was a successful undertaking for 57 participants. 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 principles for the stabilisation of fractures.

ACKNOWLEDGEMENTS

- His Excellency, Mr Mark Sawers, Australian Ambassador to Ethiopia and the Direct Aid Program
- ADFA acknowledges the support of the Australian Government through the Australian NGO Cooperation Program (ANCP)
- The Emirates Airline Foundation for their generous support in transporting medical teams, equipment and personnel
- Dr Geletaw and Dr Biruk, Directors, Orthopaedic Department, and the orthopaedic staff at the Black Lion Hospital, Addis Ababa
- Dr Worku, Orthopaedic Surgeon at Felegehiwot Referral Hospital, Bahir Dar
- Dr Ephrem, Orthopaedic Surgeon at Hawassa University Hospital, Hawassa
- Dr Claude Martin and the AO Alliance (Switzerland) for their commitment to orthopaedics and ADFA’s teaching and training program
- Partners from the CURE Hospital and NOTAA
- Sock It To Sarcoma
- Getaneh Retta, General Manager at Geretta Consult
- Mark Nelson, Australian-based volunteer Project Manager
- The cooperation of Bahir Dar and Hawassa Hospitals to accommodate training courses, infrastructure programs and medical team visits

“Thank you very much for your generous help and visionary future for the trauma victims in Ethiopia. You are my hero, I have never seen such dedication in a very difficult system. I would like to pass my thanks to all ADFA members.”

(Dr Worku Belay, Orthopaedic Surgeon, Felegehiwot Referral Hospital, Bahir Dar)
SOMALILAND

SERVICE PROVISION

Orthopaedic Surgery and Trauma Campaign
For the sixth year, Ethiopian surgeons and nurses generously provided support as part of an ADFA team. Over four days, the small team headed by Dr Elias Ahmed Ibrahim and supervised by Dr Graham Forward, completed 206 clinical consultations (113 females and 93 males), 45 major orthopaedic surgical procedures (including 10 babies) and conducted ward rounds at the Hargeisa Group Hospital.

Midwife/Paediatrics
A volunteer Midwife spent time working in the Neonatal Intensive Delivery Ward and Theatre at the Edna Adan Hospital which involved caring for post fistula surgery patients, mothers from rural and remote areas suffering complicated pregnancies, premature babies with respiratory distress syndrome and babies with jaundices, and the challenge of intermittent power and water. ADFA volunteers attended clinical meetings and ward rounds each morning with discussion of events with junior doctors and also with the visiting volunteer doctors and surgeons.

Clubfoot
The clubfoot program, managed by our partner, Disability Action Network (DAN), continues to be a very successful initiative that is having a profound effect on the local communities and villages. Now in its fourth year, the level of expertise and professionalism in the screening and treatment of clubfoot is extremely high and maintained with ongoing training and mentoring. Throughout the year, there were 65 new consultations with 23 requiring bracing and 11 needing tenotomies. During the year, DAN expanded the services to Berbera. The clinic is now fully operational and complements the regional facilities already established in Borama and Burao.

TRAINING AND TEACHING

Scholarships
ADFA provides scholarships to Somaliland doctors to enable them to complete a four year training program in orthopaedic surgery in Addis Ababa, Ethiopia. A third Scholarship was awarded to Dr Said Osman Dahir, a doctor from the Edna Adan Hospital in Somaliland, to assist with the cost of living and studying in Ethiopia. Dr Said commenced the four year Orthopaedics Training Program at the Black Lion Hospital in Addis Ababa, Ethiopia in January 2018 and was thrilled with his scholarship.

Two doctors, Dr Ahmed and Dr Abdi Rashid, are now in their final year of training and will return to Hargeisa as qualified Orthopaedic Surgeons in January 2019 - the country’s first fully trained orthopaedic surgeons. These trained surgeons will improve patient outcomes and reduce waiting lists for orthopaedic related injuries and trauma.

Clubfoot
As part of the expansion of the clubfoot screening and treatment program in regional areas, DAN brought together 50 health professionals (39 female, 11 male) to establish parameters for the screening and treatment of clubfoot and to identify strategies to overcome cultural beliefs. The Berbera workshop was officially opened by the Regional Health Officer of Sahil region, Dr Bashir and was a great success with Dr Bashir emphasising to the workshop participants “the importance of recognising babies born with clubfoot and referring them to the clubfoot clinic within the Berbera Hospital”.

 University of Hargeisa Medical School
For the past ten years, ADFA has enjoyed a strong relationship with the University of Hargeisa Medical School. Four medical volunteers provided teaching sessions over 9 days to 5th and 6th year medical students on a broad range of topics, including strokes, ECGs, suturing, HIV, respiratory, and obstetrics, and facilitated intensive practice sessions for forthcoming examinations.

Edna Adan University Maternity Hospital
Over a two week period, three medical volunteers provided extensive training to students and midwives at the hospital in holistic care of premature babies. Topics covered were the use of CPAP machines; hydration via umbilical canulae and scalp vein IVs; emergency management of mother and baby with mother having eclamptic fit; CTG monitoring, emergency caesarean section and premature baby resuscitation using pulse oximeters and ECGs. Sessions were provided to students at Edna Adan University on electrolytology, antenatal care, abdominal palpations, monitoring foetal heart rate with and without electronic doppler and provided a printed short course on ECG interpretation.

Surgical Tenotomy Training
Dr Graham Forward supervised and assessed local surgeons who completed ten tenotomies.

INFRASTRUCTURE DEVELOPMENT

Hargeisa Group Hospital
During the March 2018 trip, a scoping study was completed at the Hargeisa Group Hospital with the objective to improve the orthopaedic operating theatres with a minor upgrade and provision of medical equipment.

The ADFA Board of Management have agreed in principle to the project which will be progressed later in the year.

ACKNOWLEDGEMENTS

• Her Excellency, Ms Alison Charities, Australian High Commissioner to Kenya and the Direct Aid Program
• Mr Bill Griswold, The Very Good Foundation
• Mr Omar Jama Farah, Managing Director, Taakulu Somaliland Community
• Mr Ali Jama Hassan, Director, Disability Action Network (DAN)
• Edna Adan Ismail and her staff at the Edna Adan University Maturity Hospital
• Dr Elias Ahmed Ibrahim, Dr Ahmed Saed Ali, Dr Helawi Dewabde, Ms Frieleowo Birhali Gebreselassie and Ms Hiden Ali issack from Ethiopia who gave their time and energy so generously to Australian Doctors for Africa to carry out an orthopaedic campaign

ADFA acknowledges the support of the Australian Government through the Australian NGO Cooperation Program (ANCP)
There have been major administrative changes in Comoros, with the installation of a new Ministry of Health in early 2017. ADFA signed a new Memorandum of Understanding with the Ministry in September 2017. This coincided with the appointment of a new ADFA representative on the ground in Moroni, Zahara Abdallah. Zahara will provide an avenue to the health administration and assist with logistics over the course of the year. She is well suited to this role having been involved with each of the last three missions where she provided our teams with invaluable help and support. The change in government meant a delay in sending teams to Comoros in 2017/18. A team will travel to Moroni in October 2018 with a focus on the management of clubfoot, paediatric deformity and neglected trauma.

In recent months a referendum was passed to amend the Constitution in Comoros to allow the current President to sit for another term. This was a significant change from the previous system which made provision for the Presidency to be rotated through a candidate from each of the islands every four years, ensuring that there is equal distribution of wealth and opportunity on each of the three islands. This process highlights the uncertainty and challenges faced in delivering a long-term medical development program in Comoros and calls upon ADFA’s resilience and persistence.

Thanks again to John Ryan AM, Managing Director of Ausplow Pty Ltd, for the generous financial support which allows our volunteers to conduct this program.

ACKNOWLEDGEMENTS

- Her Excellency Jenny Dee, Australian High Commissioner to the Comoros for her support of ADFA activities
- Ausplow for their generous donation towards Comoros programs
- Murdoch Surgicentre for the generous donation of medications

“In Comoros I registered ADFA as being the only active NGO in the area of clubfoot, orthopaedics and traumatology, in meetings with the President, as well as the Health Minister, who was appreciative of the work ADFA was doing.”

(Her Excellency Jenny Dee, Australian High Commissioner to the Comoros)
Orthopaedics

In Tulear, the team completed 45 patient consultations and 7 major operations, including ankle fusions, tumour resections and orthopaedic infection debridement. The patients were monitored during post-operative ward rounds. ADFA continued its training and mentoring of local orthopaedic surgeons, with Dr Heri assisting with the surgical procedures.

Clubfoot

The screening and treatment of clubfoot in Tulear and the surrounding regional and outreach centres of Sakaraha and ankilsila, continues to be a major success story for Madagascar and ADFA. The continued provision of staff education (teaching, training, reviewing and assessing) ensures the clinics are professionally run and organised with sufficient medical supplies and equipment. The treatment centres and the services they offer are now well established and the presentation rate of babies with clubfoot is high.

During the year, the expansion of these services was investigated and MOUs were signed with hospitals in Fianarantsoa and Ampanihy to set up clinics. In collaboration with Dr Faah at the Centre Hospital University D’Andrainjato, a new clubfoot clinic was opened in Fianarantsoa in April 2018. The first day of the clinic was very busy with 48 clubfoot patients attending, ranging in age from 15 days old to 14 years. In the first three months, the clinic provided a much-needed service to the town and surrounding areas. The construction of a new clinic ensures the clinics are professionally run and organised and the presentation rate of babies with clubfoot is high.

During the year, a dermatology scoping study provided 125 consultations at hospitals in Fianarantsoa and Ampanihy to set up clinics. In collaboration with Dr Faah at the Centre Hospital University D’Andrainjato, a new clubfoot clinic was opened in Fianarantsoa in April 2018. The first day of the clinic was very busy with 48 clubfoot patients attending, ranging in age from 15 days old to 14 years. In the first three months, the clinic provided a much-needed service to the town and surrounding areas. The construction of a new clinic ensures the clinics are professionally run and organised and the presentation rate of babies with clubfoot is high.

During the October 2017 trip, the team completed 134 medical consultations and performed 72 operations, mainly colostomy and gastrostomies. For the first time, the team visited Fianarantsoa and, along with performing 6 gastrostomies and 4 colostomies, they trained Prof Christo and his team in oesophageal varical banding and other techniques, conducted scope education classes, consulted with pre-op patients, and presented scope cleaning competency certificates to the nurses.

The June 2018 trip saw the team provide 31 consultations and 23 endoscopic procedures in Toalora, with patients ranging in ages from 20 months to 75 years. Doctors once again showed good progress in their endoscopic skills with obvious improved knowledge and technical ability. Provision of equipment and medical supplies has improved the patient outcomes and ensures the endoscopy units are maintained at a high level. The team also gave short talks on achalasia to the medical staff and students as well as live demonstrations in varical banding, balloon dilatations of achalasia and oesophageal strictures and colon polypectomy with endoscopic mucosal resections.

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In total, the teams provided assistance at two Tulear hospitals, conducting 233 medical consultations, 132 surgical procedures, post-operative ward rounds, and training and mentoring to several surgeons. Following surgery nearly 40 patients are now living without a catheter, with some having them in place for up to 10 years. At times, the teams faced difficult working conditions with no running water or air-conditioning in the consultation rooms, regular power outages and difficulties with sterilisation in the theatres.

There was particular focus for one team on men with prostate obstruction, because that is where we can most efficiently provide a unique specialist service not otherwise available. The problem can be evaluated rapidly and treated with a single operation, requiring little specialist post-operative follow up.

From previous visits, it was apparent that there was a large unmet need for surgery on young boys with inguinal hernias and other inguino-umbilical conditions. In May 2018, a Paediatric Urologist joined a team and operated on 14 children. Intensive training and supervision has been provided over the last few years to several Malagasy surgeons in both paediatric and adult surgery and their skills are now at a very high level.

Urology

During the year, the urology teams visited Tulear, consisting of 10 medical volunteers (urologists, theatre nurses and anaesthetists) from Bunbury, Ballarat and Perth, including, for the first time, a Paediatric Urologist. In total, the teams provided assistance at two Tulear hospitals, conducting 233 medical consultations, 132 surgical procedures, post-operative ward rounds, and training and mentoring to several surgeons. Following surgery nearly 40 patients are now living without a catheter, with some having them in place for up to 10 years. At times, the teams faced difficult working conditions with no running water or air-conditioning in the consultation rooms, regular power outages and difficulties with sterilisation in the theatres.

There was particular focus for one team on men with prostate obstruction, because that is where we can most efficiently provide a unique specialist service not otherwise available. The problem can be evaluated rapidly and treated with a single operation, requiring little specialist post-operative follow up.

From previous visits, it was apparent that there was a large unmet need for surgery on young boys with inguinal hernias and other inguino-umbilical conditions. In May 2018, a Paediatric Urologist joined a team and operated on 14 children. Intensive training and supervision has been provided over the last few years to several Malagasy surgeons in both paediatric and adult surgery and their skills are now at a very high level.

Obstetrics and Gynaecology

Under the guidance of team leader Dr Lanziz Homar, this program continues to grow with seven medical volunteers providing training and medical assistance at five hospitals in Tulear and Antananarivo. The main aim of the program is skills transfer with supervision and formal training sessions held with 161 midwives, 20 junior doctors, 13 sonographers/theatre nurses and 6 specialists. These sessions included emergency obstetrics, neonatal resuscitation, laparoscopy surgery, anaesthetics and infection control.

Over the two weeks, the team also performed 141 medical consultations, five major surgical procedures and attended post-operative ward rounds.

Dermatology

A dermatology scoping study provided 135 consultations at hospitals in Tulear, with the patients mainly presenting with psoriasis, atopic dermatitis, vitiligo and fungal infections.

TRAINING AND TEACHING

Throughout the year, ADFA continued to invest in teaching and training as part of its strategic priority for Madagascar. All specialist teams provided training and mentoring to surgeons, doctors, nurses, medical students, technicians, junior doctors and trainees. This has occurred in orthopaedics, clubfoot, nursing, urology, gastroenterology and gynaecology.

ADVANCED DEVELOPMENT

Orthopaedics

Resulting from a very successful orthopaedic and traumatology workshop organised by ADFA in early 2017 with NGOs, the Malagasy government and hospital representatives, the Ministry of Health adopted and signed the Strategic Plan of Orthopaedics and Traumatology in Madagascar in October 2017. This is a major step forward for the future of orthopaedics in Madagascar and the document provides a guide for strategic planning in terms of training, equipment and infrastructure.

Gastroenterology

Following on from the very successful international Gastrointestinal Disease Conference in June 2016, ADFA assisted with the facilitation of a one day Strategic Planning Seminar for Endoscopy in Madagascar in June 2018. The seminar brought together representatives from the World Gastroenterology Oragisation (WGO), the Ministry of Health, the University of Madagascar, gastroenterologists, general surgeons, hospital
GOVERNANCE & INTEGRITY

These good practices ensure transparency and accountability, improve international development effectiveness and increase stakeholder trust.

acknowledgements

Australian Doctors for Africa is a proprietary limited company with two Directors, Dr Graham Forward and Mr John Bond. The overall management of Australian Doctors for Africa, however, is entrusted to the Board of Management.

The organisation has appointed a voluntary Chief Executive Officer (Dr Graham Forward) and two part-time office administrators (1.6 FTE). The current Chair of the Board of Management is Mr John Bond, a prominent local, national and international businessman.

In June 2018, the Board of Management comprised Mr John Bond, Chair; the Founder and Principal, Dr Graham Forward together with Ms Jeanne Bell (Events), Mr Ian Pawley (Finance), Dr Kate Stannage (Clubfoot Coordinator) and Mr Graeme Wilson (Logistics).

Each brings business acumen and experience to the organisation, Graham’s standing within the orthopaedic community both in Western Australia, Australia and internationally has enabled the growth of medical missions and capacity building projects to continue to increase.

Since completing medical training at The University of Western Australia and subsequent postgraduate training in Orthopaedics, Graham has worked as an Orthopaedic Surgeon in Western Australia in both the private and public sectors, including indigenous communities in Broome, Derby and Christmas Island.

Graham has numerous recognition awards for his humanitarian endeavours and has held various medical positions within the Australian Orthopaedic Association (WA).

John Bond 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 board and equity positions in a range of companies in diverse sectors including Lexus of Perth, Energy-Tec and Core Vision.
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, and he is also a board member of the Art Gallery of Western Australia Foundation.

John has been a passionate supporter of ADFA since visiting Ethiopia with Graham Forward and witnessing first hand the incredible impact ADFA has on the lives of local people. John has been Chair of the Board since February 2016.

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 fundraising events and activities. She was 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.

Christine Tasker Since 1993 Christine has held the position of practice manager and Personal Assistant to Dr Graham Forward, founder of ADFA. Christine is an inaugural member of the Board of Management and managed the administration of ADFA on a voluntary basis for 9 years leading up to ADFA’s first employee. Christine's nursing background, combined with her exceptional administrative and management skills makes her well qualified in her role as trip coordinator for overseas medical volunteer teams, Operations Manager and Financial Controller. She upholds the governance and compliance required for the running of ADFA due to her involvement in the accreditation processes ADFA has undertaken with DFAT, ACFID and overseas country partners. She remains proactive in her involvement in fundraising and function management.

Ian Paxfley has an Honours degree in Economics from London University and has had a distinguished career in Business and Education at universities, high schools and senior colleges including Curtin University and The University of Western Australia.

Ian brings a varied and accomplished business background with over 20 years’ experience as Executive Director of a successful building company. Ian joined ADFA in 2009 and was invited to join the Board in 2011. He has been assisting ADFA in financial management and in achieving and maintaining OGR status and DFAT accreditation. He 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.

Graeme Wilson brings to the Board a wealth of experience in shipping, transport and logistics.

Graeme was a director of a renowned WA shipping company and brings a broad spectrum of experience having been involved in all facets of the logistic chain from operations, sales and management.

Graeme is the Chair of the WA Port Operations Task Force, a 30-year industry group who work towards improving the logistic chain through the port of Fremantle and hinterland.

Graeme has held a number of positions and until recently was a member of the Freight and Logistics Council of WA. Currently Graeme is working with the Westport Taskforce being the state government initiative looking at the developments in the outer harbour and Fremantle.

Graeme joined the ADFA Board in January 2014. From 2008 Graeme has been involved with voluntary coordination of the shipping and logistics of the ADFA medical equipment to Somaliland, Ethiopia, Comoros and Madagascar.

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.

Dr Kate Stannage is a paediatric orthopaedic surgeon who has been working with Australian Doctors for Africa since 2013.

Currently she is Head of Department of Orthopaedic Surgery at the Perth Children’s Hospital and is President of the Australian Paediatric Orthopaedic Society. She sat on the West Australian Government Taskforce examining Sexual Harassment and Bullying in the Medical Workforce and is the West Australian representative on the Australian Orthopaedic Association’s (AOA) Orthopaedic Women’s Link Committee. Kate sits on the AOA WA Executive and Regional Training committees. She lectures at both Notre Dame University and The University of Western Australia and conducts research in the field of neuromuscular morphology and function. She has previously spent time volunteering and teaching in the Solomon Islands, and currently teaches with the Pacific Islands Orthopaedic Association.

In 2018 Kate was the recipient of the Award for Excellence in Women’s Leadership for Western Australia.

Kate joined the Board of Management in 2016. She has been instrumental in establishing a cloud-based screening and treatment program in Madagascar and Somaliland, and as a member of the Board is responsible for establishing, expanding and maintaining clubfoot programs in all countries in which ADFA is currently active.
“It has been an amazing journey and I have been extremely privileged to have had the opportunity to participate and make a difference to endoscopy in Madagascar.”

Cath’s Story

Volunteer Nursing Coordinator, Gastroenterology

When Cath walks into an Endoscopy Unit in Madagascar she feels a sense of pride and achievement. Not only is the unit clean and in good order, but the nurses and technicians are professional, hardworking and eager to learn new skills. When she first arrived in Madagascar in 2011 it was quite a different story.

Cath’s vision was to create a program where endoscopy nurses and scope cleaning technicians were supported to overcome their fear of change and develop skills aimed at reducing diseases and deaths related to gastroenterological conditions.

Cath has worked tirelessly over the past 8 years to make this vision a reality, with the program becoming a benchmark for gastroenterological nursing care in developing countries. The program has six operational endoscopy units and one respiratory unit, which are provided with procedure manuals to maintain high standards and practices and Australian donated medical equipment.

Cath’s achievements have been recognised with invitations to present papers at two Gastroenterology Conferences in Madagascar and participation in Madagascar’s Endoscopy Strategic Planning Seminar.

Engagement with Australian Diplomatic Missions

Australian Doctors for Africa is a proud overseas representative of Australian humanitarian values. Our programs have been well supported by Australia’s Embassies and Ambassadors.

In Ethiopia, Ambassador Mark Sawers has been instrumental in promoting our training of orthopaedic surgeons, and hospital and operating theatre renovations. Financial support in the form of a Direct Aid Program (DAP) grant was directed towards a building project in Hawassa. A function was held at the Ambassador’s Residence to announce the appointment of Haile Gebreselassie as the ADFA Ethiopian Patron.

Ethiopia’s most famous athlete was welcomed by Ambassador Mark Sawers and ADFA Chairman John Bond. The Ambassador and senior staff also attended the official opening of the new orthopaedic operating theatres at Felegehiwot Referral Hospital in Bahir Dar.

In Somaliland, the Australian Ambassador Mr John Feakes and now Her Excellency Ms Alison Chartres have been supportive at all times. Security challenges have prevented an official visit to Hargeisa but in the past a DAP grant has been received and another application to facilitate orthopaedic and traumatology campaigns at Hargeisa Group Hospital is in process.

Her Excellency Ms Jenny Dee has visited our projects in both Madagascar and Comoros. Visiting teams are regularly in touch with the Ambassador and Embassy staff. Mutual opportunities to extend Australian outreach in mining and exploration and medical and surgery activities are often developed. This is highlighted by attendance at the Africa Down Under Conference held annually in Perth. A DAP grant was received to improve the internal aspects of the Department of Orthopaedics at the Centre Hospitalier de Soavainandriana (Cenhosoa) in Antananarivo.

Contact has also been made with His Excellency Neil Hawkins, the Ambassador to Egypt and Eritrea. Improving relationships between Ethiopia and Eritrea may lead to an orthopaedic scoping study in Eritrea in the future.

Each of the posts and Ambassadors give dynamic representation to the Australian people and have been instrumental in Australian Doctors for Africa’s success in-country.
## OUR IMPACT

// 2017 / 2018

<table>
<thead>
<tr>
<th>1550 consultations</th>
<th>428 surgical procedures</th>
<th>684 medical professionals trained</th>
</tr>
</thead>
<tbody>
<tr>
<td>225 children treated for clubfoot</td>
<td>35 Australian-based volunteers engaged</td>
<td>56 volunteers joining overseas missions</td>
</tr>
<tr>
<td>$542,551 medical equipment donated</td>
<td>2 hospitals renovated and equipped</td>
<td>3 Somaliland doctors enrolled in specialist orthopaedic training</td>
</tr>
<tr>
<td>2 containers of medical equipment dispatched to Ethiopia</td>
<td>1 airfreight pallet of medical equipment dispatched to Madagascar</td>
<td>$359,542 volunteer time provided through overseas missions</td>
</tr>
</tbody>
</table>

### Dr Said Osman Dahir’s Story

Recipient of Australian Doctors for Africa’s Orthopaedic Scholarship and first year Orthopaedic Resident at Addis Ababa University and Black Lion Hospital, Ethiopia.

My country Somaliland has one of the lowest ratios of physicians to population in the world, and we are almost completely lacking in medical specialists to assist our people. As our country rebuilds from the devastating civil war, we urgently need to improve our healthcare infrastructure. However, because we lack recognition from the international community, our options for training physicians are severely limited.

I graduated with a Degree in Medicine and Surgery (MBBS) from Amoud University in Borama in 2008. I worked at Edna Adan University Hospital, Hargeisa, Somaliland as a General Physician and the Medical Director for seven years. However, my country of around 3.5 million people is without a single qualified Orthopaedic Surgeon. Therefore, the need of my country motivates me to become an Orthopaedic Surgeon and I am committed to returning to Somaliland upon completion of my training. I am confident that I will excel at this program with my knowledge and skills.

This Scholarship would be one of the greatest rewards for my motivation and persistence for success. I swear to uphold and exceed all that is expected of a future physician while promoting the progress of medicine and humanity.

“I am sending my highest and warmest appreciation to ADFA for their Scholarship. I am saying you are not helping only me, but you are helping and supporting all Somalilanders including my future patients.”
The Concise Financial Report is an extract from the Financial Report and has been prepared in accordance with AASB 1019 and the requirements set out in the ACFID Code of Conduct. For further information on the Code please refer to the ACFID website www.acfid.asn.au

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 financial and investing activities of the company as the Financial Report. Further financial information can be obtained from the Financial Report which is available free of charge on the Australian Doctors for Africa website www.ausdoercafrica.org

During the financial years 2017 and 2018 Australian Doctors for Africa had no transactions for international political or religious proselytisation programs.

The Concise Financial Report includes both cash and non-cash income and expenditure as required by all Department of Foreign Affairs and Trade (DFAT) accredited NGOs. The value of non-cash items is calculated in accordance with guidelines set by DFAT.

The financial reports reflect another successful year delivering advanced development programs in our target countries. I draw attention to the following:

Post Balance Sheet Events
Included in the financial statements is a provision of $8,662 for Fringe Benefits Tax (FBT). On 17th October 2018 the company received confirmation of its Public Benevolent Institution (PBI) status from the Australian Charities and Not-for-profits Commission (ACNC), backdated to 2014. PBI status provides eligibility for FBT exemption. The Directors are of the opinion that this is a liability of the company until it receives written confirmation from the Australian Taxation Office of its FBT exemption. The company has not received this confirmation at the time of signing the financial statements.

Income Tax
The company is a registered charity under the Charitable Collections Act 1964 (License No. CC00679) and is exempt from income tax.

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

Non-monetary Donations
Non-monetary donations make up a substantial proportion of the company’s income and expenditure for 2018, a total of $954,899 (2017: $773,619). Non-monetary donations of medical equipment and supplies are valued according to a written policy adopted by the Board of Management. Donated services such as airline flights and freight are valued at current cost. Voluntary labour is based on rates determined by the Department of Foreign Affairs and Trade.

Our strong financial position will enable us to maintain our current programs and continue expanding new projects. Our low administration and fundraising costs allow us to ensure the maximum amount of supporter donations are allocated to direct program delivery, assisting those most in need in East Africa.

Dr Graham Forward
Founder & CEO

**CONCISE FINANCIAL REPORT**

<table>
<thead>
<tr>
<th>STATEMENT OF CHANGES IN EQUITY FOR THE FINANCIAL YEAR ENDED 30TH JUNE 2018</th>
<th>2018 ($)</th>
<th>2017 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net surplus attributable to members of the company</td>
<td>201,890</td>
<td>396,133</td>
</tr>
</tbody>
</table>

**CLOSING EQUITY**

<table>
<thead>
<tr>
<th>STATEMENT OF FINANCIAL POSITION</th>
<th>2018 ($)</th>
<th>2017 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surplus (Deficit) from Ordinary Activities</td>
<td>201,890</td>
<td>396,133</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STATEMENT OF COMPREHENSIVE INCOME</th>
<th>2018 ($)</th>
<th>2017 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donations and Gifts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monetary</td>
<td>779,109</td>
<td>544,836</td>
</tr>
<tr>
<td>Non-monetary</td>
<td>954,899</td>
<td>773,619</td>
</tr>
<tr>
<td>Grants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of Foreign Affairs &amp; Trade</td>
<td>218,000</td>
<td>174,316</td>
</tr>
<tr>
<td>Australian Grants</td>
<td>37,000</td>
<td>195,000</td>
</tr>
<tr>
<td>Insurance Recoveries</td>
<td></td>
<td>1,405</td>
</tr>
<tr>
<td>Profit (loss) on sale of Plant &amp; Equipment</td>
<td>0</td>
<td>(924)</td>
</tr>
<tr>
<td>Refunds &amp; reimbursements</td>
<td>0</td>
<td>7,867</td>
</tr>
<tr>
<td>Other Income</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Investment Income</td>
<td>60,534</td>
<td>57,457</td>
</tr>
<tr>
<td>Increase (Decrease) in Value of Investments</td>
<td>(35,000)</td>
<td>173,000</td>
</tr>
<tr>
<td>Total Income</td>
<td>1,295,542</td>
<td>1,314,413</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXPENDITURE</th>
<th>2018 ($)</th>
<th>2017 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>International Programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funds to International Programs</td>
<td>605,531</td>
<td>605,531</td>
</tr>
<tr>
<td>Program Support Costs</td>
<td>61,008</td>
<td>57,708</td>
</tr>
<tr>
<td>Community Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fundraising Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public</td>
<td>167</td>
<td>10,088</td>
</tr>
<tr>
<td>Accountability &amp; Administration</td>
<td>87,501</td>
<td>71,654</td>
</tr>
<tr>
<td>Non-monetary Expenditure</td>
<td>354,199</td>
<td>773,619</td>
</tr>
<tr>
<td>TOTAL INTERNATIONAL DEVELOPMENT PROGRAMS EXPENDITURE</td>
<td>1,276,653</td>
<td>1,256,360</td>
</tr>
<tr>
<td>Surplus (Deficit) from Ordinary Activities</td>
<td>201,890</td>
<td>396,133</td>
</tr>
</tbody>
</table>
The income and expenditure totals shown below are taken from the Concise Financial Report. The ratios have been calculated as the total income or expense category (e.g. ‘Donations and Gifts’) as a percentage of total income or expenditure.

**FINANCIAL OVERVIEW**

**WHERE THE MONEY CAME FROM**

<table>
<thead>
<tr>
<th>Category</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donations and Gifts</td>
<td>779,109</td>
</tr>
<tr>
<td>Investment Income</td>
<td>60,534</td>
</tr>
<tr>
<td>Department of Foreign Affairs and Trade</td>
<td>228,000</td>
</tr>
<tr>
<td>Other Australian Grants</td>
<td>37,000</td>
</tr>
<tr>
<td>Non-monetary Income</td>
<td>954,899</td>
</tr>
<tr>
<td>Increase (Decrease) Value of investments</td>
<td>(83,000)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1,975,542</strong></td>
</tr>
</tbody>
</table>

**HOW THE MONEY WAS SPENT**

- **International Programs** $1,655,576
  - Program delivery in Ethiopia, Madagascar and Somaliland, including training, medical services, logistics and freight costs and non-monetary expenditure
- **Program Support** $61,008
  - Costs associated with support provision to in-country partners
- **Administration and Accountability** $87,901
  - *Not shown: Fundraising costs 167

**TOTAL** $1,774,544

**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 other statutory requirements. The concise financial report is an extract from the full financial report.

**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 2018 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 Act 2012 and Regulation 2013.

**EMPHASIS OF MATTER**

I drew attention to Note 1 to the detailed 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: 30 October 2018*
ADFA acknowledges the support of the Australian Government through the Australian NGO Cooperation Program (ANCP) and the Direct Aid Program (DAP).

We are extremely grateful to the Emirates Airline Foundation who has supported ADFA through complementary air travel for medical teams travelling to Ethiopia and for excess baggage weight for medical supplies.

Air Mauritius for their continued support in providing excess baggage and air travel for medical team visits to Madagascar.

Peter Connor and the team from Snap Printing West Perth have supported ADFA with donated printing services.

Since ADFA’s inception, Primewest has continued to financially support the organisation.

Toliara Sands Mining has continually supported ADFA in Madagascar through project management, transport, translators and executive support services.

Base Resources has supported ADFA in Madagascar through project management, transport, translators and executive support services.

BlackEarth Minerals has supported ADFA in Madagascar through project management.

For their financial support which has enabled many projects to be fulfilled.

Travel arrangements through Peter Davis from Travel Associates Australia.

Financial assistance towards the clubfoot program in Madagascar and pharmacy products through the St John of God Health Care.

For all their extraordinary assistance with storage and logistics.

WE ALSO HAVE STRONG ADVOCACY AND IN-KIND SUPPORT FROM

Lesley McKay
Chartered Accountant and Registered Auditor
David Hewitt & Co Chartered Accountants
Accounting and Financial Services
North Cottesloe Surf Life Saving Club
Hosting the Little Feet Walk
Chil3
Design and production of Annual Reports
Print Impact
Printing services support
Royal Wolf
Logistics assistance

MEDICAL EQUIPMENT AND SUPPLIES DONATED BY

3M
Aaxis Pacific
Ansell
Boston Scientific
Cook Australia
Cosmedex
DAK Foundation
GE Healthcare
Karl Storz
Matrix Surgical
Medivenn
Nell Gray Fashions
Olympus
Parker Alive Craft Group
Smith & Nephew
Stryker
Western Biomedical
Zimmer Biomet
and many public and private hospitals throughout Australia

FINANCIAL SUPPORT FROM

Aakrigg Holdings Pty Ltd
Ausplow Pty Ltd
Avant
Camellia Entertainment
Dawn Crest Holdings
Maca Mining
Mutual Investments Pty Ltd
Old Money Pty Ltd
Rotary Clubs of Dalkeith and Booragoon
Sock It To Sarcoma
Southcare Lifecare Physiotherapy
The Very Good Foundation
Uechtritz Foundation