

Australian for Doctors Africa

2020 Annual Report



Volunteer Team Visits

2019-2020

SOMALILAND

06 - 21.07.2019 (Midwifery, Rehabilitation)

Mrs Judy Thompson, Nurse/Midwife
Mr Christopher Thompson, Exercise Physiologist

ETHIOPIA

20 - 28.07.2019 (Vascular Trauma Surgery Training)

Dr Carsten Ritter, Vascular Surgeon
Prof Paul Norman, Vascular Surgeon

10 - 24.08.2019 (Orthopaedics)

Dr Tony Jeffries, Orthopaedic Surgeon
Ms Stephanie MacDonald, Theatre Nurse
Ms Bonnie Millard, Theatre Nurse
Mr Max Sadka, Physiotherapist
Ms Anna Roberts, Physiotherapist
Ms Eyerusalem (Jerry) Amanu Legesse, Chief
Theatre Nurse, Black Lion Hospital, Ethiopia

13 - 21.09.2019 (Central Sterilising Training)

Ms Irene Sheldrake, CSSD* Manager
Ms Helen Osborn, CSSD Technician
Ms Eyerusalem (Jerry) Amanu Legesse, Chief
Theatre Nurse, Black Lion Hospital, Ethiopia

* CSSD: Central Sterilising Services Department

MADAGASCAR

14 - 21.07.2019 (Governance & Logistics)

Dr Graham Forward, ADFA CEO

13 - 27.10.2019 (Orthopaedics, Urology)

Dr Graham Forward, Orthopaedic Surgeon
Dr Shaun English, Orthopaedic Surgeon
Mr Paul Maloney, Orthopaedic Technician
Dr Lydia Johns Putra, Urologist
Mr Nick Veldhuis, Urology Nurse
Dr Craig Mitchell, Anaesthetist

20.10.2019 - 03.11.2019 (Gastroenterology)

Dr Digby Cullen, Gastroenterologist
Dr Nirosan Muwanwella, Gastroenterologist
Ms Nicolle Harrison, Gastroenterology Nurse
Ms Zara Webb-Martin, Gastroenterology Nurse

16.11.2019 - 01.12.2019 (Obstetrics/Gynaecology)

Dr Lanziz Homar, Obstetrician/Gynaecologist
Mr Joshua Hawkins, Theatre Nurse
Dr Garrett Benson, Anaesthetist

COMOROS

31.08.2019 - 13.09.2019 (Orthopaedics)

Dr Lachie Milne, Orthopaedic Surgeon
Ms Josie Sabouriaut, Orthopaedic Nurse
Dr Charles Gallagher, Orthopaedic Registrar
Dr Samuel Van de Velde, Orthopaedic Surgeon
Dr Miles Earl, Anaesthetist

We sincerely thank our volunteers for their continued support and selfless dedication by providing training and medical assistance to those in need in East Africa.



Madagascar Obstetrics/Gynaecology Team
and Air Mauritius Staff, November 2019

In March 2020, due to COVID-19, all team travel was suspended by the Board of Management until further notice.

The seven teams planned for travel from March to June 2020 have been postponed until it is safe for our volunteers to travel overseas.

Communication, mentoring and training has continued via telephone and internet.

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Our Impact




1
New medical facility built



1028
Consultations

29
Volunteers joining overseas missions



\$202,151
Volunteer time provided overseas

219
Surgical procedures



163
Children treated for clubfoot

\$1,052,298
Medical equipment donated

2
Sea containers of medical equipment



6
Air freight pallets of medical equipment

209
Medical professionals trained



13
Scholarship program recipients

COVID-19 Response

The Board of Management's first response to the COVID-19 pandemic in March 2020 was ensuring the safety of ADFA staff and volunteers by suspending all medical trips and facilitating our staff to work from home.

Since then we have turned our focus to supporting our East African partners by sourcing and providing personal protective equipment (PPE) for health care workers. In the early months we purchased PPE and ensured that all gloves, masks, and gowns held in storage in our recipient countries were released to local hospitals.

We were then very fortunate to receive two large donations of masks - one from Minderoo Foundation and the other from an extremely generous private donor – gloves from Ansell and face shields from ProtoSpace at the University of Technology Sydney.

PPE provided to Ethiopia, Madagascar, Somaliland and Comoros from April to August 2020, valued at over **\$520,000**, included:

- 146,000 masks
- 67,000 gloves
- 1,500 disposable gowns
- 510 face shields
- 480 protective goggles
- Bottles of hand sanitiser, disinfectant and detergent

As teams are unable to travel, our volunteers and staff are in regular contact with specialists, doctors and hospital representatives in all our recipient countries, providing advice, support and equipment.

ADFA's strategy is to protect health workers so they can continue to care for their patients.

“Million thanks ADFA! This help of yours is FANTASTIC and timely! Our 15 years relationship is strong and still continues amidst COVID-19.”

Dr Biruk L. Wamisho, Head, Department of Orthopaedics, Addis Ababa University and COVID-19 State of Emergency Response Inquiry Parliamentary National Board Member.



Taakulo Somali Community handing over ADFA-purchased PPE to Hargeisa Group Hospital

Message from the Founder & CEO

Australian Doctors for Africa has done well in response to the rapidly changing global medical environment. Our strategic objectives have been maintained and reinforced and considerable resources have been diverted directly to deal with COVID-19.

International volunteer visits have been suspended but all communication channels have been maintained – mentoring and leadership is being provided at many levels. Training continues at a high level through a strong scholarship program for specialist fellows, post graduate trainees and medical students.

Infrastructure development has proceeded with a milestone achieved with the completion of the SAR Centre in Tulear, Madagascar. This is a facility for manufacturing prostheses and orthotics for orthopaedic and clubfoot patients in collaboration with CHU Tanambao Hospital, Humanité & Inclusion and the Federal Ministry of Public Health. It has been a long held dream to provide these skills and equipment to support surgeons and patients.

Administration in Madagascar has been significantly strengthened with the appointments of Mme Hanitra Rasoazanamavo, Administration Officer, and Mme Lucile Rasoamanampinirina, Tulear Administration Officer, working with our long time Country Manager, Mme Tiana Andrianarijaona. This has enabled an increased flow of donated medical and hospital equipment by container and air freight. All staff have been kept on normal wages despite reduced clubfoot clinic activities.

In response to local needs and specific requests, a large amount of personal protective equipment has been received by donation or direct purchase and has been despatched and distributed. Special thanks to Graeme Wilson, Dawn Woods and Amy Tasker who have been tireless and enthusiastic as logistic hurdles have been overcome. Using the hospital distribution networks in all countries has enabled better protection of health workers because of this initiative. During July and August 2020 alone \$503,000 of PPE was effectively distributed to recipients on the ground.



“Activities in Ethiopia, Madagascar, Somaliland and Comoros continue at a great pace as the 13 Hospitals Project trains and equips more surgeons, doctors, nurses and physiotherapists.”

Through collaboration with in-country partners, development programs are tailored to ensure they meet local needs.

A special thank you to Helen Asquith for her willing contribution to reviewing policies and procedures to ensure best practice in so many areas.

Finally, I thank the Board of Management for their dedication and wisdom and look forward to the future together.

**Dr Graham Forward
Founder & CEO**

Message from the Chair

Our year started as usual and through to March, 9 teams had travelled to Africa providing medical and logistical assistance to hospitals, doctors and nurses and overseeing development works. This comprised of 29 volunteers and led to the treatment of 163 children with clubfoot and the training of 209 specialists, medical students, nurses, and technicians.

In addition, over 1,000 consultations were undertaken together with 219 major surgical procedures.

How things can change in a matter of weeks.

COVID-19 was our black swan event – famously named by Nassim Taleb as an exceptional occurrence which cannot be foreseen. Such an event tests the resilience of an organisation in every aspect from the Board of Management to local and overseas volunteers, together with our partners on the ground in Africa.

At the time of writing, Ethiopia, Madagascar, Somaliland, and Comoros are still besieged by COVID-19. The tragedy that is unfolding is almost incomprehensible to us here in Australia.

So, what have we at Australian Doctors for Africa done? Well, firstly and foremost we must ensure the safety of our staff and volunteers. This has sadly meant suspending all medical trips in March.

Instead, we have launched into sourcing and providing personal protective equipment (PPE) to our partners. We immediately purchased PPE and received KN95 face masks and face shields, valued at \$375,000 from an extremely generous donor who wishes to remain anonymous.

All of this equipment had been distributed to our four countries by July 2020. We also ensured that all gloves, masks, and gowns held in storage in our recipient countries were released to local hospitals from April to June.

We continue to collect, store, and then ship medical equipment and supplies albeit the delivery process is much more challenging in the current environment.



“We are also taking the opportunity as a Board to review our processes and structure and start to consider our new strategic plan for the next 5 years, in the light of COVID-19 and its potentially longer term implications.”

Finally, I would like to commend our entirely volunteer Board on their continuous commitment together with our indefatigable part time staff Dawn Woods and Amy Tasker. They seem to be working harder than ever improving and updating our regulatory compliance and procedures and staying in constant contact with our partners in Africa, so we can assist them in any way possible.

John Bond
Chair

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.

Overview

BACKGROUND

Established in 2005, Australian Doctors for Africa (ADFA) is a volunteer medical humanitarian organisation, providing medical training and services, hospital equipment and infrastructure development for vulnerable communities in East Africa, to enable greater access to treatment and long term sustainable development. We currently operate in Madagascar, Ethiopia, Somaliland and Comoros.

ADFA is a not-for-profit organisation with no political or religious affiliations, headquartered in Perth, Western Australia, that respects, protects and promotes human rights for all, regardless of race, religion, ethnicity, indigeneity, disability, age or gender. We are a member of the Australian Council for International Development (ACFID) and are committed to adherence to its Code of Conduct.

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.

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:

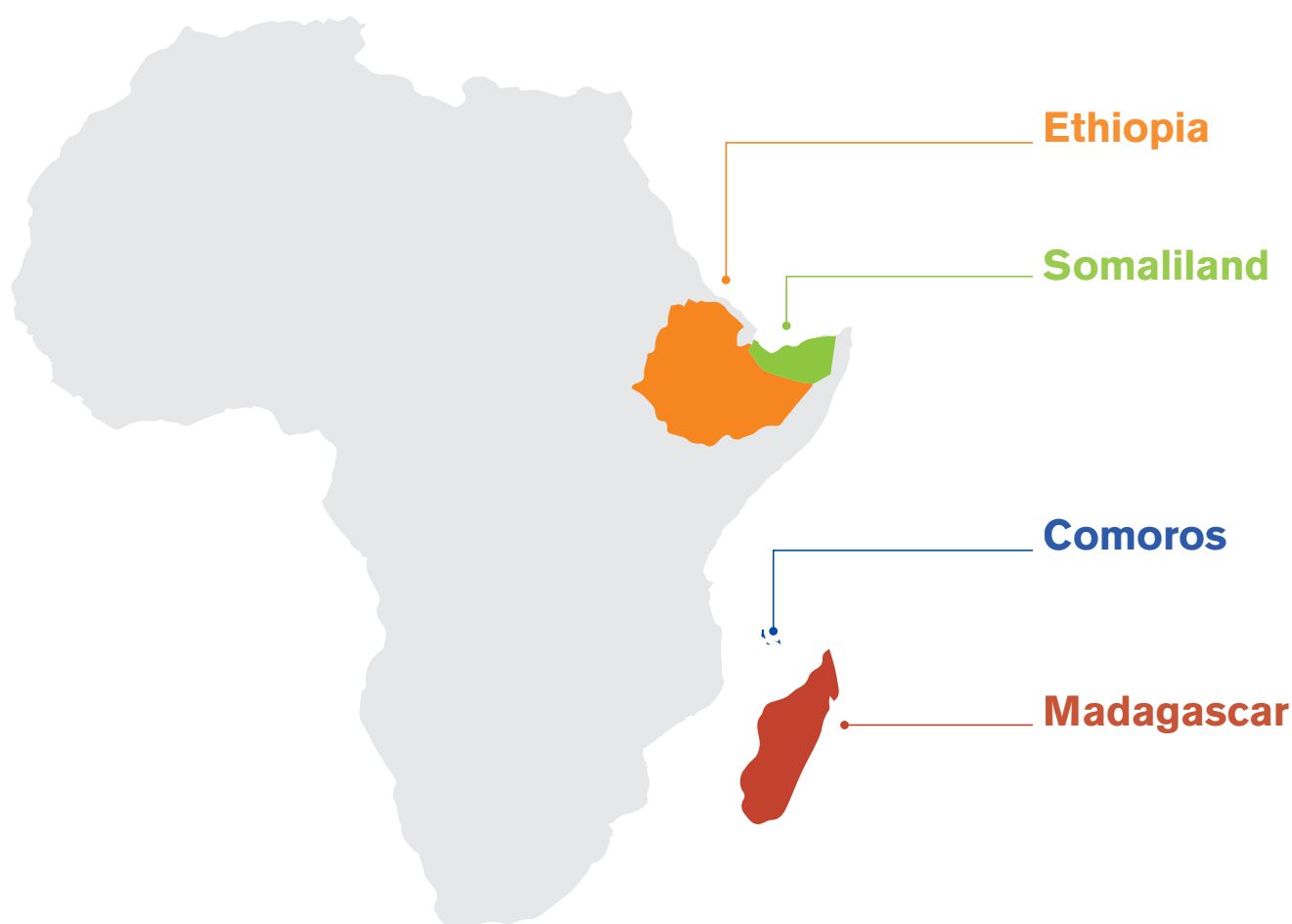
- 1 Medical Service Provision** delivered by volunteer teams in the specialty areas of orthopaedics, clubfoot, gastroenterology, urology, ENT and obstetrics/gynaecology.
- 2 Skills Transfer and Training** incorporated into all program delivery and through formal training and scholarship programs.
- 3 Hospital Infrastructure Development** and provision of medical equipment and supplies.
- 4 Advanced Development** through clubfoot screening and treatment programs and collaborating with government agencies for strategy direction of healthcare provision.

Strategic Priorities

In November 2017 the Board of Management adopted a new five year Strategic Plan for 2018 to 2022. Strategic priorities over the five years will be characterised by growth, which will largely be achieved through expanding programs and only adding new initiatives which can be properly 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 specialities provided by volunteers

Excellent progress has been made in fulfilling each of these priorities with the exception that item 6 may prove to be too ambitious.





Sue's Story

Dr Sue Chapman FRACS Urology

Sue first approached Dr Graham Forward about the opportunity to volunteer in Madagascar in 2008 and visited the country for the first time after the military coup in 2009. Her vision was to provide endourology services such as TURP* and stricture treatment to the men of Tulear and the surrounding villages. After some initial hurdles around safe irrigation fluid, diathermy equivalence and electrical connections, Sue managed to perform TURP for the first time in Tulear on that first visit.

Since that time Sue has expanded the urology program to three visits per year with the support of Dr Lydia Johns Putra and Dr Richard McMullin, both of Ballarat in Victoria.

Each visit aims to provide service delivery to men in Tulear and the surrounding areas, many of whom have had to wear catheters for several years. The operation restores dignity, relieves chronic pain and infection, and allows the men to return to work.

The urology team has also been involved with the main teaching unit in Antananarivo with Prof Yoel Rantomalala, providing vital urology equipment and training in Madagascar.

Ultimately Sue hopes her skills will be obsolete as the local surgeons become adept at TURP and then have the equipment and skills to pass on their knowledge to future generations.

Without the support of ADFA and its donors over the years this program would never have begun and Sue is incredibly grateful to have been given this opportunity. She is also very thankful for the generosity of Storz who have provided extraordinary support with equipment and donations, SJOG Foundation for their fantastic support with donating disposables for every trip and the Rotary Clubs of Australind, South Bunbury and Bunbury who have tirelessly fundraised on her behalf.

* TURP (Transurethral resection of the prostate) is a surgery used to treat urinary problems caused by an enlarged prostate.

■ Locations

Caritas Hospital, Moroni

■ 1 team visit

■ 5 volunteers



Comoros

SERVICE PROVISION AND TRAINING

Orthopaedics

In September 2019 five volunteers set off on the fifth Comoros orthopaedics mission which was based at the Caritas Hospital in Moroni. Caritas caters for the most disadvantaged patients and also provides outreach clinics to the many small villages on the three islands.

Caritas provided a great facility and service for the teams use, and management staff assisted by rostering theatre staff on a shift basis to support the team in their longer than usual work days. The clinic was improved this year with the opportunity to run two consultations simultaneously with the vital support of efficient translators.

The main presentations were clubfoot, rickets and obstetric palsy with the team conducting 261 patient consultations, 17 major operations and daily ward rounds. Many of the operations were bi-lateral and life changing for the patient.

Clubfoot was once again a major focus for the team with an increase in the number of cases requiring surgery despite improved casting techniques.

Thirty patients affected by rickets were given high concentration vitamin D2 and patients from previous years were reviewed with significant improvement in most cases. The team again reiterated to government officials that rickets is a significant problem in Comoros and needs to be the target of a public health initiative.

Neuromuscular problems continue to form a large proportion of patient presentations with cerebral palsy and obstetric brachial plexus palsy the majority. Most of these are due to obstructed deliveries and again highlighted that improving perinatal care could be a target for future trips.

The team also provided training and mentoring to a number of doctors, nurses and clubfoot clinic staff. Many of the staff had worked with our team before and displayed good retention of the training provided in previous years. Local theatre nurses were invaluable contributors and further improved their theatre skills over the course of the two weeks.

The steriliser at Caritas was a large issue on this trip. It stopped functioning after the first day and required repairs which caused significant operative delays. On a more positive note, electricity supply was reliable this year with very little need for the generator as in previous years.

A productive meeting was held with the Minister of Health and, as a former midwife, the Minister was interested to hear about the team's experience and ideas regarding the frequency of obstructed labour and its consequences.



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1. Comoros orthopaedic team and Caritas Hospital staff, September 2019
2. Nurse Josie caring for a patient
3. Operating on a clubfoot patient
4. Preparing equipment for sterilising

INFRASTRUCTURE

ADFA purchased a BD Alaris Syringe Pump for the team, which assisted greatly with managing anaesthesia and will be used for future visits. Once again, the Comoros team received equipment donations from several Australian medical suppliers. Stryker donated batteries for the drill and power saw, Synthes gave plates and screws, and Medacta donated autoclave trays for the steriliser, which were invaluable.

Ausplow Farming Systems once again provided generous support, with a donation towards the cost of the mission and the purchase of medications and resources. Our sincere thanks to John Ryan AM, Ausplow's Managing Director, for generously supporting this program over a number of years.

ACKNOWLEDGEMENTS

- Her Excellency Jenny Dee, Australian High Commissioner to the Comoros, for her support of ADFA activities
- Ausplow Farming Systems for their generous donations towards our Comoros programs
- Miles and Melanie Earl for their generous donation towards the purchase of the syringe pump
- Stryker, Synthes and Medacta for the generous donation of equipment and supplies
- Ms Zahara Toyb for in-country support and assistance

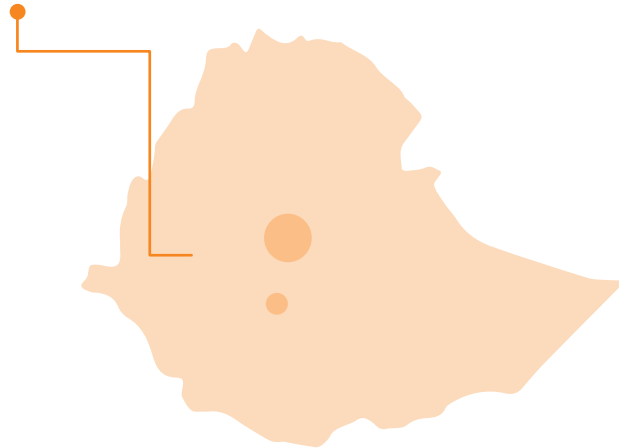
■ Locations

Black Lion Hospital, Addis Ababa
St Pauls, Aabet Hospital, Addis Ababa
Nigist Eleni Mohammed Memorial Referral Hospital, Hossana
CURE Hospital, Addis Ababa
St Peters Hospital, Addis Ababa

■ 3 team visits

■ 9 volunteers

■ 2 air freight pallets



Ethiopia

SERVICE PROVISION AND TRAINING

Orthopaedics

In August 2019, an orthopaedic medical team visited Nigist Eleni Mohammed Memorial Referral Hospital (NEMMRH), Hossana, and Black Lion Hospital, Addis Ababa, to provide comprehensive training and service provision.

At NEMMRH, a peri-operative nurses training program was delivered by theatre nurses focusing on patient advocacy. Training was provided in the areas of sepsis, theatre roles, patient preparation and positioning, hand hygiene, infection control, diathermy, anatomy, tourniquet, and fracture management. Thirteen nurses attended the course and received certificates upon completion.

At the Black Lion Hospital, theatre nurses delivered a peri-operative nurses training program which incorporated a post anaesthesia care unit (PACU) checklist of essential observations to perform for each patient. The team also ran an educational seminar on hip replacement surgery which was well attended by nurses and residents. Certificates were proudly received by the 18 participants who completed the course.

Surgical orthopaedic teaching and training was provided to 25 medical students covering outpatient clinics, ward rounds, basic fracture assessment and

operating theatre procedures. The team consulted with 111 patients through ward rounds and outpatient clinics and performed 15 major surgeries.

Orthopaedic surgeons at the Black Lion Hospital invited the team to attend morning x-ray meetings where their advice was sought regarding surgical procedures and patient recovery and rehabilitation. Fifteen patients were presented by the hospital for assessment.

A scoping study was completed at NEMMRH, Hossana, to assess the existing hospital facilities, equipment and infrastructure which will assist ADFA with planning for future visits and support.

Physiotherapy

Two volunteer physiotherapists accompanied the orthopaedic team to provide training in the rehabilitation of post-operative orthopaedic patients. A 4-day training course on early orthopaedic mobilisation, manual handling and prescription of appropriate post-operative exercises for a range of orthopaedic surgeries was delivered at each hospital.



1.

The course was attended by 6 physiotherapists, 12 nurses and 8 physiotherapy students and delivered through a combination of theoretical and practical based training. The practical sessions were conducted over 12 treatment sessions on the wards and in the orthopaedic clinic. Participants were provided with exercise sheets and patient handouts.

At the Black Lion Hospital, the team delivered a presentation to residents promoting the benefits of early mobilisation and physiotherapy on the post-operative wards. The residents were receptive to the information presented and senior surgeons were open to including physiotherapy in their post-operative protocols. ADFA physiotherapists also assisted with providing rehabilitation exercises to patients in the orthopaedic SIGN nail research study. This was formalised in the development of an exercise sheet template which was provided to specialists for distribution to patients enrolled in the program. Meetings were also held with 2 senior physiotherapists which provided the opportunity to advise on appropriate procedural changes to assist in fostering a closer relationship between orthopaedic surgeons and physiotherapists and to encourage the establishment of an inpatient physiotherapy service.



2.

1. Presenters and trainees at Vascular Trauma Surgery Training

2. Theatre nurses training being delivered at Nigist Eleni Mohammed Memorial Referral Hospital

Central Sterilising Services Department (CSSD)

The objective of the team's visit in September 2019 was to teach medical personnel about the vital role of CSSD, which involves the cleaning, sterilisation, packaging and storage of medical instruments. In most healthcare facilities the CSSD plays a key role in providing the instruments and equipment required to deliver quality patient care. Fourteen medical personnel (4 males and 10 females) participated in the course which was run at the Black Lion Hospital in Addis Ababa over three days by our volunteer CSSD team. The attendees gained a good understanding of the guidelines for reprocessing reusable equipment within a healthcare facility. All participants received a handbook and certificate of completion for their records.

Vascular Trauma Surgery Training

In July 2019, a vascular training team visited CURE Ethiopia Children's Hospital (CURE), Addis Ababa, to teach the management of 8 techniques for vascular trauma to non-vascular specialists in an environment where vascular services are sparse or non-existent. The course was delivered over 16 hours to 16 orthopaedic specialists and trainees in the areas of theory, benchtop graft, benchtop bovine aorta and cadaveric. The objectives of the training were to teach the management principles and algorithms for vascular trauma, vascular repair and anastomosis techniques, and vascular exposure. This was the first time a vascular course has been delivered by ADFA and its success resulted in a request from CURE for it to be made an annual event.



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1. CSSD training participants receiving their completion certificates
2. Prof Paul Norman providing vascular training

Sarcoma Training Course

In collaboration with Nuffield Orthopaedic Department, Oxford University, UK, and with the support of Australian charity Sock It To Sarcoma, ADFA has established a successful Sarcoma Training Course at the Black Lion Hospital, Addis Ababa.

Unfortunately the course was postponed in 2020, due to COVID-19 travel restrictions. However, the team has continued to mentor and communicate with Ethiopian surgeons and are working hard to plan for the next course, which includes recruitment of more volunteer instructors and exploring alternative methods of program delivery.

INFRASTRUCTURE DEVELOPMENT

Two Smith & Nephew arthroscopy stacks, donated by St John of God Murdoch, were air freighted to Ethiopia to support treatment and training at Black Lion Hospital and St Peters Hospital. This equipment is extremely valuable to the development of arthroscopy treatment in Ethiopia and will play a vital role in training programs for future ADFA visits.

The vascular team took with them a variety of donated equipment to support their training course and provide essential resources to CURE, including vascular and surgical instruments, gloves, gowns, pins, forceps, and clamps. This equipment was kindly donated by Fiona Stanley Hospital, Medtronic and the Clinical Training and Evaluation Centre (UWA).

The orthopaedic team despatched reusable quivers donated by St John of God Hospital Murdoch, and the physiotherapy team took with them a variety of physiotherapy consumables supplied by Southcare Lifecare Physiotherapy.

All participants who completed the CSSD course were presented with an information pack which included cleaning brushes to assist with the implementation of their training in the hospital environment.



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2.

1. An orthopaedic patient receiving physiotherapy at Nigist Eleni Mohammed Memorial Referral Hospital
2. Welcoming the orthopaedic and physiotherapy teams at Nigist Eleni Mohammed Memorial Referral Hospital

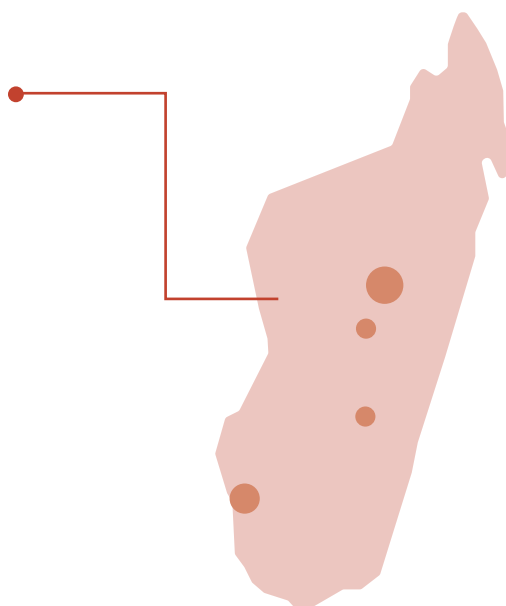
ACKNOWLEDGEMENTS

- His Excellency, Mr Peter Doyle, Australian Ambassador to Ethiopia
- The Emirates Airline Foundation for their generous support in transporting medical teams and equipment
- Terumo Australia Pty Ltd for their financial support towards transport and accommodation for the vascular team
- Southcare Lifecare Physiotherapy for their financial support towards the physiotherapy program
- Dr Geletaw and Dr Biruk, Directors, Orthopaedic Department, and the orthopaedic staff at the Black Lion Hospital, Addis Ababa
- Dr Rick Gardner, CURE Ethiopia Children's Hospital for vascular training support and facilitation
- The cooperation of Black Lion, St Pauls, Nigist Eleni Mohammed Memorial Referral and CURE Hospitals for accommodating training courses and medical team visits

■ Locations

Anosiala Hospital, Antananarivo
Cenhosoa Hospital, Antananarivo
University Hospital (HJRA), Antananarivo
CHU Tanambao General Hospital, Tulear
Manarapenitra Hospital, Tulear
Clinique Saint Luc, Tulear
Regional Hospital, Antsirabe
University Hospital, Fianarantsoa

- 4 team visits
- 13 volunteers
- 2 sea containers
- 3 air freight pallets



Madagascar

SERVICE PROVISION AND TRAINING

Orthopaedics

An ADFA team of 2 orthopaedic surgeons and an orthopaedic technician successfully installed arthroscopy operating towers at Anosiala and HJRA Hospitals in Antananarivo and carried out the first arthroscopic knee procedures with Madagascan surgeons. This involved 4 days of surgical training and operating, and teaching the technicians to install, troubleshoot, maintain and clean the equipment.

The surgeons then flew to Tulear where they based themselves at the Manarapenitra Hospital and completed 160 consultations, 17 major operations and treated 20 patients during the daily ward rounds. Orthopaedic surgery makes a major impact with low risk, life changing surgery on mostly adult male patients disabled by trauma. Mentoring and training continued with the surgeons, residents and nurses during operating and ward rounds.

Clubfoot

ADFA's clubfoot screening and treatment clinics in Tulear and Ampanihy continue to function to a high standard, providing a vital service in the region. The clinics are kept well stocked with equipment and supplies, and the staff receive regular Ponseti

training and mentoring from Dr Kate Stannage, Clubfoot Manager. A large shipment of boots and braces was purchased from South Africa which will ensure the best outcomes for the children.

The Tulear clinic treated 63 children with plasters, boots and tenotomies, and in Ampanihy 12 children were treated. Support of the Fianarantsoa clinic continued with provision of training, equipment, plaster and boots. This clinic, staffed by the local hospital, successfully treated 46 children. Staff continue to promote the screening and treatment services to surrounding health clinics and villages.

Gastroenterology

Two teams, each consisting of a gastroenterologist and a nurse, visited 6 hospitals in Antananarivo, Antsirabe, Fianarantsoa and Tulear over two weeks. Traveling extensively, the teams worked tirelessly to complete 155 clinical consultations, 117 surgical procedures and treated 6 patients during ward rounds. The Antsirabe theatre renovation was reviewed and the video-processor and light source upgraded.



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2.

1. Madagascar clubfoot technician, Safidy Theodore
2. Dr Graham Forward, Orthopaedic Surgeon, delivering arthroscopy training

With a major focus on training, the teams provided skills transfer and mentoring to 27 doctors, specialists and medical students, with live and video demonstrations and formal sessions. Endoscopists and nurses received further education in cleaning and disinfection of endoscopes to minimise cross infection, and the daily, weekly and monthly instructions for cleaning of all equipment were updated at each hospital.

Further planning progress was made towards the building of an Endoscopy Training Centre in Antananarivo in partnership with Madagascar's Gastroenterology Association. The Strategic Plan for Endoscopy in Madagascar has been submitted to the Ministry of Health for consideration.

Urology

A small team from Ballarat, comprising a urologist, anaesthetist and theatre nurse, visited two hospitals in Tulear providing 9 days of essential medical assistance and training. The team conducted 67 consultations, 4 flow tests and 44 surgical procedures on 38 men with prostate enlargement, urethral stricture and other conditions of the lower urinary tract. An increased number of men presented with urethral strictures and some were taught intermittent selfdilatation and provided with a limited number of catheters for future use.

Training continued with the two local surgeons, who assisted during some operating sessions, and with the anaesthetic technician and nurses. A new urology operating tower, comprising camera processor, light source and monitor, was assembled for use at Clinique Saint Luc and a 30 degree telescope and cleaning equipment were given to Dr Erik in Antananarivo.

Obstetrics and Gynaecology

The Toowoomba-based volunteer team, consisting of obstetrician/gynaecologist, anaesthetist and theatre nurse visited Madagascar for 10 days in November 2019 to provide essential gynaecology and obstetrics services and training at two hospitals.

The team conducted 40 consultations, performed 5 major surgical procedures, including 3 hysterectomies and the removal of very large fibroids on 2 patients, and provided training for 12 specialists, doctors and medical students. A large amount of equipment, including surgical instruments, power generator, ultrasound and diathermy machines, were donated to hospitals in Tulear and Antananarivo.

During the stopover in Mauritius, Dr Lanziz Homar, Obstetrician/Gynaecologist, presented a Laparoscopic Gynaecology Surgery Seminar which was arranged in conjunction with the Mauritius Medical Council, the Ministry of Health and Quality of Life, and the Australian High Commission in Port Louis. The feedback on the seminar was very positive and we hope this will lead to more collaborations in the future.

Otolaryngology (ENT)

Unfortunately, due to COVID-19 travel restrictions, there were no ENT team visits this year, however a large amount of ENT equipment sourced by the team was delivered to Tulear via sea container. The ENT team has a comprehensive training and medical assistance plan and are looking forward to their next visit to Madagascar.



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1. Urology team providing specialist training
2. Endoscopy technicians receiving their training certificates

INFRASTRUCTURE

A shed at the rear of the CHU Tanambao Hospital in Tulear, near ADFA's Clubfoot Clinic, was completely renovated to accommodate a prosthetic and orthotic workshop and 8 rooms, in collaboration with Humanité & Inclusion. The workshop will enable the manufacture and fitting of prostheses, boots, artificial limbs, and boots and bars needed in the treatment of clubfoot and to relieve disability for ADFA orthopaedic and traumatology patients as well as the entire community. The builder has experienced some delays due to COVID-19 restrictions, however the project is on track for completion in August 2020. Humanité & Inclusion will then install the equipment (lathes, benches, tools, exercise equipment) and train local Madagascan technicians.

Two sea containers of donated medical equipment and supplies for Tulear and Antananarivo hospitals were packed and departed Perth in March 2020, and three air pallets, including the arthroscopy towers, delivered vital equipment and PPE during the pandemic.

ADMINISTRATION

ADFA's agreement with the Ministry of Public Health was renewed for another five years and the NGO agreement with the Ministry of Foreign Affairs, that permits us to operate in Madagascar, was renewed for a further two years.

During the year, we reviewed our administrative requirements in Madagascar and appointed two new administrators in Antananarivo and Tulear. The team:

- Mme Tiana Andrianarijaona – Madagascar Country Manager;
- Mme Hanitriniaina (Hanitra) Rasoazanamavo – Madagascar Administration Officer; and
- Mme Lucile Rasoamanampinirina – Tulear Administration Officer

are working well together, improving communication and outcomes with the Australian office, supporting our team visits and they have been integral in clearing and distributing the PPE and equipment shipments. We thank them all for their dedication and assistance throughout the year.



1.

1. Baby receiving clubfoot treatment

2. Urology team and translators at
Clinique Saint Luc



2.

ACKNOWLEDGEMENTS

- Her Excellency Jenny Dee, Australian Ambassador to Madagascar, for her support of ADFA activities
- Mr Tim Carstens and the Base Resources team for financial and logistics support towards our activities in Madagascar
- Mr Tom Revy and Mr Jean Luc Marquetoux from BlackEarth Minerals for logistics support
- St John of God Subiaco for its generous financial support of our Madagascan programs
- Air Mauritius for their continued support with extra weight allowance
- Yarrowonga Hospital, Cook, Defries, Bard, Ansell, Boston Scientific and Crawford's Pharmacy Ballarat for donating equipment and supplies for the urology team
- Boston, Cook and Olympus for generously donating equipment and supplies for the gastroenterology team
- St John of God Subiaco, the Murdoch Surgicentre and Smith & Nephew for equipment and supplies for the orthopaedic team
- Mr Jules le Clezio for his continued support for ADFA's activities in Madagascar
- ADFA acknowledges the support of the Australian Government through the Australian NGO Cooperation Program (ANCP)

■ Locations

Hargeisa Group Hospital, Hargeisa
Edna Adan University Maternity Hospital, Hargeisa
Diversity Action Network (DAN), Hargeisa, Burao, Borama, Berbera



- 1 team visit
- 2 volunteers
- 1 air freight pallet

■ Clubfoot Outreach Centres

Burao
Borama
Berbera

Somaliland

SERVICE PROVISION AND TRAINING

Midwifery and Rehabilitation

A volunteer midwife and exercise physiologist spent two weeks at Edna Adan University Hospital in Hargeisa.

During the campaign, training was provided in emergency care and resuscitation, particularly in the neo-natal intensive care unit, with 20 cases of full CPR resuscitation of neonates completed. The ADFA team provided treatment to 62 mothers and 84 babies during their visit. Training was also provided in improved preparation of clean and sterile equipment with emphasis on handwashing to reduce cross infection and sepsis. The team provided teaching during ward rounds and clinical meetings with medical students and 20 junior doctors, and supplies were provided to restock emergency resuscitation equipment.

The visit also presented the opportunity to provide teaching at the university and nursing school, and to collaborate on updating nursing and midwifery job descriptions and code of practice. Professional development requirements were included to raise the standard of care provided.

Our exercise physiologist worked with children, babies and adults pre- and post-surgery to improve their mobility and rehabilitation, including:

- Children with clubfoot and other orthopaedic congenital abnormalities;
- Children with severe burn contractures post skin graft and treatment of contracture;
- A child post-surgery on the debridement of severe necrosis from infected snake bite;
- Adult TB patients; and
- Babies with hydrocephalus.

Orthopaedics

Somaliland's first orthopaedic surgeons who were supported in their training through the ADFA scholarship program, Dr Ahmed and Dr Abdirashid, have now been working at Hargeisa Group Hospital for 18 months as orthopaedic specialists. ADFA CEO, Dr Graham Forward, would normally provide training and medical service delivery during his annual visit to Somaliland, however this has not been possible this year due to COVID-19 travel restrictions. Instead ADFA has provided training and mentorship via email and we intend to work with both surgeons to develop an online training platform that can be delivered from Australia.



1.



2.

1. ADFA midwife Judy Thompson providing neonatal care at Edna Adan University Hospital
2. Assessing patient rehabilitation requirements during ward rounds

We have also supported the surgeons through the provision of a large number of orthopaedic plates, screws and instruments (600+ pieces) which were delivered to the hospital in March 2020. This equipment will assist with workflow management and address the future needs of both surgeons, as well as providing better patient outcomes. Children screened at our clubfoot clinic who require a tenotomy have continued to be treated by Dr Ahmed at Hargeisa Group Hospital which provides a convenient service for families. Both surgeons are working hard and applying their skills to assist the people of Somaliland and mentor junior doctors - we are very proud of their achievements.

Clubfoot

ADFA's partnership with Diversity Action Network (DAN) continues to go from strength to strength and is now approaching its 6th year. The COVID-19 pandemic presented some challenges to program delivery, however DAN quickly implemented safety measures to minimise downtime and disruption to services. Compulsory patient hand washing facilities were provided at the entry and exit of all clinics. DAN also purchased large quantities of antiseptics, gloves, and masks to protect staff. Clinics are frequently cleaned, including chairs, therapy and exercise equipment. Stickers are also displayed educating patients on the spread of COVID-19 and how they can protect themselves and others.

Ongoing training and mentoring is provided by Dr Kate Stannage, Clubfoot Manager, which ensures screening, treatment and training is kept at a high standard. Both ADFA and DAN are members of Global Clubfoot Initiative, a consortium of individuals and organisations with technical and organisational expertise in clubfoot management using the Ponseti method and experience in establishing national clubfoot programs in low and middle income countries. This initiative brings together and strengthens the work of organisations around the world involved in the prevention of disability caused by untreated clubfoot.

Throughout the year, 42 children were treated for clubfoot with 29 fitted with boots and braces, and 14 requiring a tenotomy.

Scholarships

ADFA provides scholarships for Somaliland doctors to complete specialist training in Ethiopia and to support medical students in-country. Currently 6 Somaliland doctors and 3 medical students are being supported through the program. For further information on our scholarships please see pages **22-23**.



1. a



1. b

1. a & 1. b
Baby Feysal before and during treatment for clubfoot
2. Dr Abdirashid (Right), Dr Ahmed (second from right) Dr Askar (Hargeisa Group Hospital CEO – centre) unpacking orthopaedic plates, screws and instruments which were handed over by Taakulo Somali Community representatives



2.

INFRASTRUCTURE DEVELOPMENT

The renovation of the orthopaedic operating theatres at Hargeisa Group Hospital was due to commence in early 2020, however, due to COVID-19 the project was unfortunately delayed. Work is now expected to commence in August 2020. A budget for the project has been approved by the Board of Management and a suitable contractor has been identified.

Mr Omer Jama Farah and his team at Taakulo Somali Community are managing the renovation project on behalf of ADFA. They also provide administrative support for our Scholarship Program and Somaliland NGO registration, as well as assistance with customs clearance of sea containers and air freight pallets, and distribution of medical equipment.

ACKNOWLEDGEMENTS

- Her Excellency, Ms Alison Chartres, Australian High Commissioner to Kenya
- Mr Bill Grierson, The Very Good Foundation
- Mr Omer Jama Farah, Managing Director, Taakulo Somali Community
- Mr Ali Jama Hassan, Director, Diversity Action Network
- Dr Edna Adan Ismail and her staff at the Edna Adan University Hospital

Scholarship Program

In 2015 ADFA offered its first scholarships to support two Somaliland doctors to complete orthopaedic training in Ethiopia. Today we have 13 scholarship recipients training in both Ethiopia and Somaliland. The scholarship program was initially developed to support capacity building in the Somaliland healthcare system where specialist training is not available. Somaliland is a country lacking in trained specialists to support the high demand on health services. The program targets doctors who have been accepted as part of the Somaliland / Ethiopian Government Scholarship Program and assists with living costs for the duration of their training.

This financial year has been one of considerable growth with 6 new scholarships awarded, including support for medical students. All scholarship recipients are required to provide mid and end of year reports detailing their rotations, achievements and exam results, and evidence of their continued enrolment in their training.

This year also saw the formation of the Scholarship Committee which assesses new applications and makes recommendations to the Board of Management. This has assisted in effectively managing the expansion of the program and processing the significant number of applications received each year. Thank you to Dr David Samuels, Ian Pawley and Amy Tasker for their contribution.

Targeting Gender Equity

It is less likely for female doctors to travel to another country to complete 4 years of specialist training due to cultural limitations that traditionally women stay home to raise a family, as well as safety concerns regarding females travelling and living in a foreign country. To encourage gender diversity and ensure females are represented through the program, this year we offered scholarships to two female medical students training at the Edna Adan University Hospital in Somaliland. The scholarship covers their tuition fees for the remaining 4 years of training.

“As a young woman, living in Somaliland, the medical school have been a challenging experience. From the tough classes to the late nights. However, I feel that I will have no problem arising to this challenge. As becoming a medical doctor means everything to me.”

Zainab Issa Ahmed – medical student and scholarship recipient



Mohamed Abdi Ismail – medical student and scholarship recipient, Somaliland (second from left) with ADFA team members Judy and Christopher Thompson (in blue)



1. Scholarship recipient and orthopaedic trainee Dr Yasin Awil Elmi assessing a patient
2. Dr Kuot, orthopaedic trainee and scholarship recipient, operating during a surgical rotation

1.



2.

“I am very grateful to ADFA for facilitating my fellowship, what I have learnt is beyond measure. After coming back, we have done menisectomies, MCL reconstruction, ACJ reconstruction, Latarjet procedures. We are not able to operate as much because of COVID but we are trying our best. We have two operating days at Abet hospital and one clinic. We also have two residents attaching with us every month.”

Dr Mahder, fellowship recipient

To Train and Equip

ADFA's relationship with its scholarship recipients does not end when their training does. Where possible, we continue supporting the graduate's role as they implement their new skills. We have purchased orthopaedic plates, screws and instruments for our first two scholarship graduates, Dr Abdirashid Ismail Ali and Dr Ahmed Said Ali, to support their return to the Hargeisa Group Hospital in Somaliland. In late 2020 we will commence the renovation of the orthopaedic theatres at the hospital which will further support the surgeons and provide better patient outcomes.

Dr Ahmed also provides valuable support to the our clubfoot program which is delivered by in-country partner, Diversity Action Network. Children requiring a tenotomy (a surgical procedure to release the Achilles tendon) can receive treatment from Dr Ahmed at the Hargeisa Group Hospital which is located only 200m away from the clubfoot clinic, providing a convenient service for families.

Fellowships

ADFA awarded a scholarship to Dr Mahder to complete an orthopaedic fellowship at Ichilov Hospital Tel Aviv, Israel. Under the mentorship of Professor Ehud Rath and Dr Eyal Amar, she received training in diagnostic knee arthroscopy, synovectomy, menisectomy, loosebody removal, meniscal repair, ACL reconstruction, MCL reconstruction, PLC reconstruction, microfracture, and mpfl reconstruction.

Dr Mahder also gained experience in shoulder treatment such as bankart repair, Latarjet, rotator cuff repair, biceps tendon tenodesis and tenotomy, and AC joint reconstruction.

Her mentor's speciality was in hip arthroscopic surgeries which provided her with exposure to FAI arthroscopic surgery, loose body removal, labral repair, gluteus medius repair, bursectomy. Dr Mahder also treated ankle cases and is comfortable completing diagnostic ankle arthroscopy and microfracture.

Dr Mahder has now returned to St Paul's Hospital Millennium Medical College in Ethiopia where she is putting her new skills to good use completing knee and shoulder arthroscopic surgeries.



Abdirahman's Story

One of five boys, little Abdirahman lives 90kms east of Hargeisa, the capital of Somaliland, and is cared for by his maternal grandmother and aunts. His father tragically sustained a gunshot wound in 2010, which resulted in right side stroke and loss of speech, leaving him unable to work and provide for his family. The only income the family receives is from renting out their car. Abdirahman's mother also suffers poor health and is currently unable to care for her children.

In April 2020, one-year old Abdirahman was brought to the Hargeisa Clubfoot Clinic by his aunt for assessment by the team at Diversity Action Network. They identified that he had unilateral congenital clubfoot deformity of the left foot which prevented him from walking correctly and, if left untreated, would result in a lifelong disability. The team commenced the Ponseti method of manipulation and weekly casting, after 4 weeks of cast changes the deformity achieved full correction. Abdirahman was provided with a temporary foot abduction brace to maintain the correction and avoid deformity recurrence. Thanks to his committed extended family and access to free treatment provided by Diversity Action Network in partnership with Australian Doctors for Africa, Abdirahman will now live a life free from disability and pain.

“At the beginning, I was little worried about such a fantastic result. The Somali proverb goes ‘a person in need of treatment is given advice by 100 individuals’. Some people were discouraging me, but with my persistence and the professional advice of the treatment team, Alhamdulillah (thank God), the child will be without disability. We thank you so much all, and Abdirahman will not forget you as he grows.”

Sahra, Abdirahman's Aunt

Governance & Integrity

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 administrators (1.5 FTE). The current Chair of the Board of Management is Mr John Bond, a prominent local, national and international businessman.

During 2019-20 the Board of Management comprised:

- Mr John Bond, Chair;
- Dr Graham Forward, Founder & CEO;
- Mr Ian Pawley, Finance;
- Dr Kate Stannage, Clubfoot Manager;
- Mrs Christine Tasker, Trips and Administration; and
- Mr Graeme Wilson, Logistics.

Each brings business acumen and experience to the organisation through their financial, business, logistic, administrative and organisational skill sets and provide their services on a voluntary basis.

The Board of Management met on ten occasions throughout the year and at the Annual General Meeting in November 2019 the Board of Management was re-elected.

Through our Clinical Governance Committee of Dr Shirley Bowen (Chair), Dr Rob Storer and Dr Graham Forward, we ensure best practice and medical governance for our activities.

The organisation continues to build upon its solid framework of policies and procedures to foster a culture of strong governance and compliance. The internal systems of management are now well established and implemented by an experienced office team.

The Board 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 planning sessions and submissions; approved budget requirements; determined policies and procedures for ethical behaviour, integrity and respect for others; reviewed policies when required; outlined roles and responsibilities for internal and external personnel; overseen adherence to ACNC and ACFID regulations and guidelines; and monitored the performance of the medical teams.

The Strategic Plan 2018–22, adopted by the Board in November 2017, has been paramount in guiding the organisation to achieve outcomes and impacts in the locations in which it serves.

Board Member	Appointed	Meetings	
		Eligible to Attend	Attended
John Bond	Feb 2016	10	7
Dr Graham Forward	Feb 2005	10	8
Ian Pawley	Jun 2011	10	9
Dr Kate Stannage	Feb 2016	10	8
Christine Tasker	Feb 2005	10	9
Graeme Wilson	Feb 2014	10	6

BOARD OF MANAGEMENT

Dr Graham Forward has been the driving force behind Australian Doctors for Africa since the first official medical team arrived in Somalia in February 2005.

Bringing a wealth and mix of organisational skills and medical acumen to the organisation, Graham's standing with the orthopaedic community both in Western Australia, Australia and internationally has enabled the growth of medical missions and capacity building projects 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 endeavours including the Order of Australia (AM), the John Curtin Medal, the Hamdan Award for Humanitarian Medical Services and the Ethiopian Society of Orthopaedics and Traumatology Award.

John Bond is the Executive Chairman of Primewest, an ASX Listed national property investment business and has been instrumental in its growth and development over the last twenty years. His background spans law, and 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 was the founding 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 currently a board member of the Art Gallery of Western Australia Foundation.

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

Ian Pawley 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, not only as a board member but also as a voluntary Chief Financial Officer overseeing all aspects of financial management. Ian is also an inaugural member of our Scholarship Committee. He is excited about the potential growth he can see in the charity's near future, whilst sustaining ADFA's unique position as a high quality charity and its wonderful record of assisting people in Africa.

Dr Kate Stannage is a Paediatric Orthopaedic Surgeon who has been working with Australian Doctors for Africa since 2012.

Currently she is Head of Department of Orthopaedic Surgery at the Perth Children's Hospital. Kate sits on the AOA WA Executive, Orthopaedic Women's Link and Regional Training committees. She is a non-Executive Director of Curtin University, lectures at 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 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 February 2016. She has been instrumental in establishing a clubfoot 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.

Christine Tasker has held the position of Practice Manager and Personal Assistant to Dr Graham Forward, founder of ADFA, since 1993. 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 roles as Operations Manager, Financial Controller and Trip Coordinator for volunteer overseas medical teams, having organised and sent 138 teams to date. She upholds the governance and compliance required for the running of ADFA and was involved in the accreditation processes ADFA has undertaken with DFAT, ACFID and overseas country partners. She remains proactive in her involvement in fundraising having led the team in a very enjoyable and successful cocktail party held in February 2019 which raised over \$30,000 for ADFA.

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.

During Graeme's 50 year career in the shipping and logistics industry he was a member and 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 also held a number of positions and until recently was a member of the Freight and Logistics Council of WA. Graeme also participated 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 February 2014. From 2008 Graeme has been involved with voluntary coordination of the shipping and logistics of ADFA medical equipment to Somaliland, Ethiopia, Comoros and Madagascar.

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

ACCOUNTABILITY



Australian Doctors for Africa is a proud member of the Australian Council for International Development (ACFID) and is a signatory to their Code of Conduct, which is a voluntary, self-regulatory sector code of good practice. ADFA is fully committed to the Code which 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 code@acfid.asn.au.

ADFA also has a process for handling complaints, available on our website, which can be activated by phoning 08 6478 8951 or emailing the CEO at admin@ausdocafrica.org.



Australian Doctors for Africa is a registered charity with the Australian Charities and Not-for-profits Commission (ACNC) and complies with the regulations of the ACNC through governance self assessments, Annual Information Statements and financial reports.

ADFA is also endorsed as an income tax exempt charitable entity and endorsed as a Deductible Gift Recipient under the Income Tax Assessment Act 1997.

Directors' Concise Financial Report

The Concise Financial Report is an extract from the Financial Statements and has been prepared in accordance with AASB 1039 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 Statements. The Concise Financial Report cannot be expected to provide as full an understanding of the financial performance, financial position and finance and investing activities of the company as the Financial Statements. Further financial information can be obtained from the Financial Statements which is available free of charge on the Australian Doctors for Africa website www.ausdocafrica.org

During the 2020 financial year, 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. The value of non-cash items is calculated in accordance with guidelines set by the Department of Foreign Affairs and Trade.

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

Special Purpose Financial Report

The Board of Management have agreed that Australian Doctors for Africa is a non-reporting entity and financial reports should be presented as Special Purpose Financial Statements.

Income Tax

The company is a registered charity under the Charitable Collections Act 1964 (License No. CC20679) and is exempt from income tax.

FBT Exemption

The company is a Public Benevolent Institution endorsed to access fringe benefits tax exemption.

Grants

Grants which have specific performance obligations attached to them are initially recognised as a liability and subsequently reclassified as Revenue when the performance obligations are met. Grants which do not have sufficiently specific performance obligations are 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 2020, a total of \$1,269,062 (2019: \$1,276,861). 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

STATEMENT OF CHANGES IN EQUITY For the Financial Year Ended 30 June 2020

	2020 (\$)	2019 (\$)
Opening Equity	1,741,802	1,521,783
Transfer to Asset Revaluation Reserve	483,000	463,000
Net Surplus for the Year	119,165	(242,981)
CLOSING EQUITY	2,343,967	1,741,802

STATEMENT OF FINANCIAL POSITION

	2020 (\$)	2019 (\$)
ASSETS		
Current Assets		
Cash Assets	951,400	834,957
Current Tax Assets	44,513	44,651
Total Current Assets	995,913	879,608
Non-current Assets		
Other Financial Assets	1,385,000	902,000
Property, Plant and Equipment	0	2,575
Total Non-current Assets	1,385,000	904,575
TOTAL ASSETS	2,380,913	1,784,183
Current Liabilities		
Payable	7,819	25,407
Provisions	23,511	16,974
Total Current Liabilities	31,330	42,381
Non-current Liabilities		
Provisions	5,616	0
Total Non-current Liabilities	5,616	0
TOTAL LIABILITIES	36,946	42,381
Net Assets	2,343,967	1,741,802
EQUITY		
Contributed Equity	2	2
Asset Revaluation Reserve	750,000	267,000
Retained Surplus	1,593,965	1,474,800
TOTAL EQUITY	2,343,967	1,741,802

STATEMENT OF COMPREHENSIVE INCOME

	2020 (\$)	2019 (\$)
REVENUE		
Donations and Gifts		
Monetary	510,921	288,712
Non-monetary	1,269,062	1,276,861
Grants		
Department of Foreign Affairs and Trade	150,000	220,619
Australian Grants	30,000	112,000
Foreign Exchange Profit (Loss)	(7,204)	(5,781)
Investment Income	154,950	163,435
Subsidies Received	22,000	0
Other Income	9,439	0
TOTAL INCOME	2,139,168	2,055,846
EXPENDITURE		
International Programs		
Funds to International Programs	550,248	830,343
Program Support Costs	81,604	82,940
Community Education		
Fundraising Costs		
Public	13,067	7,876
Accountability and Administration	106,022	100,807
Non-monetary Expenditure	1,269,062	1,276,861
TOTAL INTERNATIONAL DEVELOPMENT PROGRAMS EXPENDITURE	2,020,003	2,298,827
Surplus (Deficit) from Ordinary Activities	119,165	(242,981)

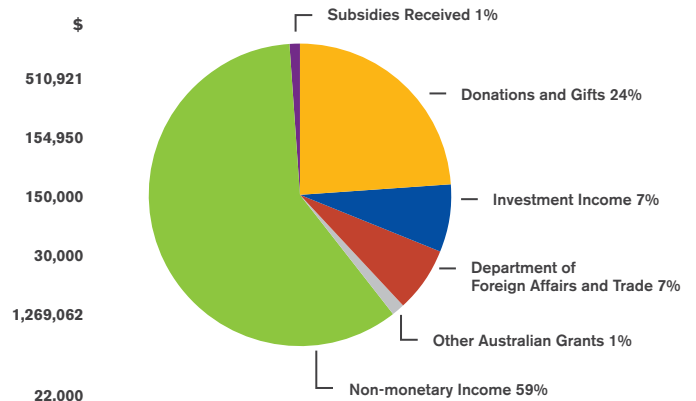
Financial Overview

The income and expenditure totals shown below are taken from the Concise Financial Report.

WHERE THE MONEY CAME FROM

■ Donations and Gifts	Received from the Australian public and corporate donors
■ Investment Income	Dividends from current investments, franking credits and interest
■ Department of Foreign Affairs and Trade	Australian NGO Cooperation Program
■ Other Australian Grants	Grant received from St John of God Subiaco Hospital
■ Non-monetary Income	Value of donated time, equipment and operational and logistical assistance used in our programs
■ Subsidies Received	
Not Shown: Foreign Exchange Profit (Loss)	
Other Income	

TOTAL	2,139,168
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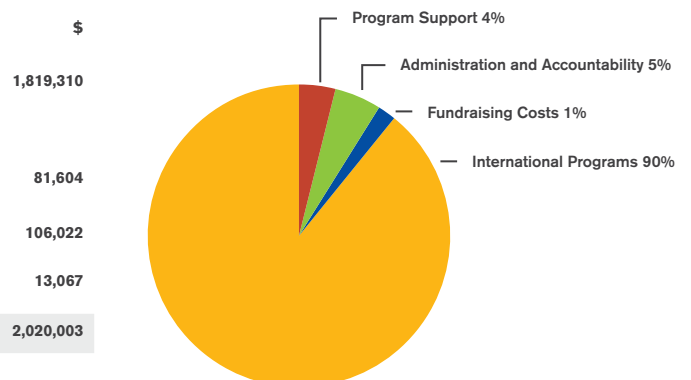


Note: Figures are rounded to the nearest per cent.

HOW THE MONEY WAS SPENT

■ International Programs	Program delivery in Ethiopia, Madagascar, Somaliland and Comoros, including training, medical services, logistics and freight costs and non-monetary expenditure
■ Program Support	Costs associated with program implementation in-country
■ Administration and Accountability	
■ Fundraising Costs	

TOTAL	2,020,003
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Note: Figures are rounded to the nearest per cent.

LESLEY M^cKAY CA



PO Box 7409, SECRET HARBOUR WA 6173
CHARTERED ACCOUNTANT & REGISTERED COMPANY AUDITOR

INDEPENDENT AUDITOR'S REPORT to the members of Australian Doctors for Africa Pty Ltd

Report on the Concise Financial Reports

I have audited the concise financial report of Australian Doctors for Africa Pty Ltd for the year ended 30 June 2020 as contained in the 2020 Annual Report which has been prepared in accordance with AASB 1039 and the ACFID Code of Conduct and other statutory requirements. The concise financial report is an extract from the full financial report. My opinion does not cover other information included in the Annual Report.

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 the ACFID Code of Conduct and for such internal control as the governing body determines is necessary to enable the preparation of financial reports that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial reports. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial reports, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial reports in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Directors as well as evaluating the overall presentation of the financial reports.

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

Opinion

In my opinion, the concise financial reports present fairly, in all material respects, the financial position as at 30 June 2020 and the financial performance for the year then ended in accordance with Australian Accounting Standards and comply with AASB 1039 Concise Financial Reports and the requirements of the Australian Charities and Not-for-profits Act 2012 and the ACFID Code of Conduct.

Emphasis of Matter

I draw 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 and Division 60 of the Australian Charities and Not-for-profits Act 2012.

A handwritten signature in black ink that reads 'Lesley R. McKay'.

1 October 2020

Grants & Corporate Support



ADFA acknowledges the support of the Australian Government through the Australian NGO Cooperation Program (ANCP) and Direct Aid Program.



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 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.



For all their extraordinary assistance with storage and logistics.



Base Resources has supported ADFA in Madagascar through project management, transport and financially.



BlackEarth Minerals has supported ADFA in Madagascar through program support.



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



Travel arrangements through Peter Davis from Travel Associates Australia.



Financial assistance and pharmacy products for our programs in Madagascar.

WE ALSO HAVE STRONG ADVOCACY AND IN-KIND SUPPORT FROM:

Chil3

Design and production of Annual Reports

Lesley McKay

Chartered Accountant and
Registered Company Auditor

Royal Wolf

Logistics assistance

Max Nelson

Videographer

MEDICAL EQUIPMENT AND SUPPLIES DONATED BY:

3M

Aaxis Pacific

Alvin Kang

Ansell

Bard

Boston Scientific

Bruce Candy

BSN Medical

Cook Australia

Defries Industries

Johnson & Johnson

Karl Storz

Matrix Surgical

Medivenn

Medtronic

Nell Gray Fashions

Olympus

ProtoSpace, University of Technology Sydney

Smith & Nephew

Sonita Medic

Southcare Lifecare

Sportreat

Spotless

Stryker

Western Biomedical

Zeiss Australia

Zimmer Biomet

and many public and private hospitals

FINANCIAL SUPPORT FROM:

Ausplow Pty Ltd

Avant Insurance

Camellia Entertainment

Dawn Crest Holdings

Jack Goodacre & Susan Sheath

Maca Mining

Mutual Investments Pty Ltd

Old Money Pty Ltd

Parkerville Craft Group

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Front cover

Dr Lachie Milne, ADFA volunteer orthopaedic surgeon, with Farhane Abdourhamane. Over a number of team visits, Farhane's severely deformed bi-lateral clubfoot was successfully corrected. (Photo taken before COVID-19 pandemic.)