
Annual Report 2021



Contents



Our Impact	1
Message from the Founder & CEO	2
Message from the Chair	3
Overview	4
Strategic Priorities	5
Kate's Story	6
Comoros	7
Ethiopia	8
Madagascar	10
Somaliland	12
Scholarship Program	14
Tiavina's Story	16
Governance and Integrity	17
Financials	20
Independent Auditors Report	23
Grants and Corporate Support	24

Our Impact

2020 | 2021

68

CLUBFOOT

Number of children
treated in
Somaliland

2

**ONLINE
TRAINING
COURSES**

4

**SEA CONTAINERS
OF MEDICAL
EQUIPMENT**

141

CLUBFOOT

Number of children
treated in Madagascar

15

**HOSPITALS
SUPPORTED**

9

**AIR FREIGHT
SHIPMENTS OF
MEDICAL
EQUIPMENT**

\$812,000

**MEDICAL EQUIPMENT
DONATED**

202,737

**PIECES OF COVID-19
PPE SUPPLIED**

2

**INFRASTRUCTURE
PROJECTS**
in Somaliland

19

**SCHOLARSHIP
RECIPIENTS**

4 female and
15 male

Message from the Founder & CEO



DR GRAHAM FORWARD

It is very gratifying to report that Australian Doctors for Africa has continued to thrive and meet the goals of the founding charter. As we seek to develop medical and surgical speciality services, the phrases “go only where invited” and “to give a hand, not to take over” remain fundamental.

In response to major local factors, such as the Tigray civil war and a severe drought in southern Madagascar, a review of strategic priorities was conducted by the Board – finding that the strategic priorities remain valid and that some shifts in operational activities were required.

The team has responded magnificently with:

- An increase in the Scholarship Program with more doctors being supported in advanced training and more medical students supported in their undergraduate years. Four of the six medical students are female. Five advanced trainees have been relocated from Mekelle in Tigray to Addis Ababa, the Ethiopian capital.
- On-line training and mentoring are developing with many Perth orthopaedic surgeons engaged in this, with the assistance of Jake Warman. Thanks to Drs Peter Campbell, Antony Liddell, Michael Wren, Aaron Tay, Paul Jarrett, Andrew Mattin and Travis Falconer for your time and for sharing your expert knowledge.
- The Clubfoot Screening and Treatment Programs in Madagascar and Somaliland have resumed with earlier presentation of babies and infants. This is a good indicator as word spreads of the successful treatment outcomes. The Malagasy Ponseti technicians have been trained by ADFA under Dr Kate Stannage and remain engaged and almost self-sufficient.
- The 13 Hospital Program remains a cornerstone of activities with further development of facilities and equipment at Hawassa, Hossana, Tikur Anbessa and Wolaita Sodo.
- ADFA is developing robust, low cost medical equipment for transfer to the countries we work in (and with wider application). With Lycopodium, Dr Anna Negus and Mick Caratti have developed a ventilator with input from ADFA. ADFA is also working with Dr Des Soares to develop an X-ray C-arm and with Sentient Bionics to improve an oxygen concentrator.
- Sea containers and pallets of high value equipment were received and despatched at a greater rate than ever.

Thank you to all donors, volunteers and staff who have contributed to our dynamic and resilient organisation.

Message from the Chair



JOHN BOND

As with the previous year, sadly the world is still in the grip of the COVID-19 pandemic.

Whilst developed countries are starting to make real progress with vaccine roll outs and are beginning to open up again, the same cannot be said for most developing countries. The supply of vaccines is extremely limited in the countries in which we operate and consequently the virus will continue to spread, largely unabated.

Many of you will have heard of the fighting in the Tigray region of northern Ethiopia. This sort of conflict highlights the sometimes unstable nature of the countries in which we operate and the need for rigorous risk assessments on an ongoing basis. I am pleased to say that this is an area of great focus for the ADF team and I am satisfied that we are doing everything possible to assist and protect our partners and volunteers.

Medical trips have not been possible but our volunteer doctors and nurses are doing a great job remotely supporting their counterparts in Africa. Dr Forward has covered this in more detail in his message.

From an organisational point of view, ADF has been extremely busy in undertaking a review of our Board and Corporate Structure. We are moving to best practice in the separation of Board and management responsibilities following a full 360-degree review of our organisation. As a result, at the time of writing we are in the process of Board renewal which will see the appointment of new independent Directors with skills covering strategy, medical and governance experience. A number of existing Directors will retire but continue to be involved in supporting the day to day activities of ADF.

We have also improved our policies and procedures, particularly around prevention of harm to children and sexual exploitation, which are significant areas of focus of the Australian government for any overseas aid organisation.

ADFA continues to run as a very lean structure and we are very well set up with a clear focus on the areas where we can add most value in the countries in which we operate.

Thank you, to our donors and supporters, for your continued encouragement and assistance.

Thank you also to our staff and volunteers who have not lost any of their passion and dedication to the cause.

Vision

Improving the health and lives of people in Africa.

Overview

BACKGROUND

Established in 2005, Australian Doctors for Africa (ADFA) is a volunteer medical organisation, providing medical training and services, hospital equipment and infrastructure development for vulnerable communities in East Africa. Our aim is to enable greater access to medical treatment, and through training and capacity building contribute to long term sustainable development.

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.

ADFA currently works in Madagascar, Ethiopia, Somaliland and Comoros, where we have established strong collaborations and stakeholder networks with Ministries, government departments, medical facilities, other non-government organisations and the larger community.

OUR APPROACH

ADFA is guided by a 5-year Strategic Plan adopted by the Board of Management in November 2017, and reviewed in July 2021.

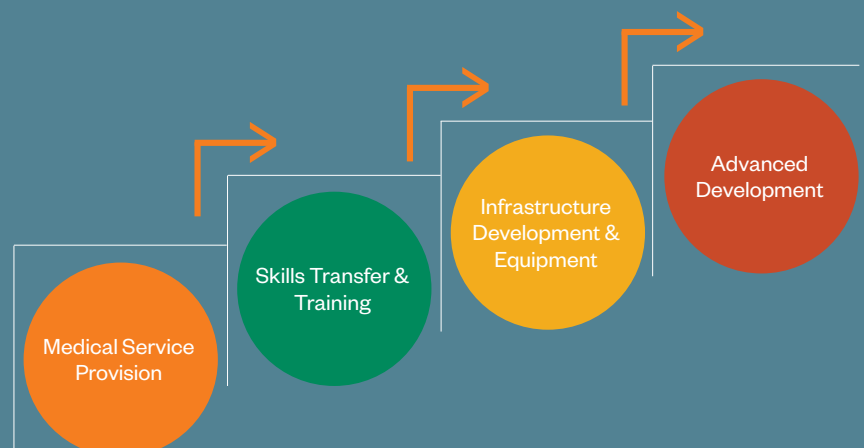
Our approach focuses on building capacity in the health systems of East Africa, through the development staircase below.

Medical Service Provision – by volunteer medical teams in the specialist areas of orthopaedics, clubfoot, gastroenterology, urology, ENT, and obstetrics/ gynaecology.

Skills Transfer and Training – through formal, on the job, on-line, and other training opportunities including scholarships.

Infrastructure development and equipment – through construction or renovation of existing infrastructure, and provision of medical equipment and supplies.

Advanced Development – through prevention activities such as clubfoot screening and treatment programs, building partnerships, and support to strategic and policy development.



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.

Strategic Priorities

ADFA's strategic priorities are outlined in its five year Strategic Plan 2018 to 2022.

COVID-19 has impacted on ADFA's core programs significantly. No overseas medical assignments have been undertaken since November 2019. ADFA has been agile in its response to the pandemic, refocusing on ways in which it can continue to pursue its mission and vision and deliver on its strategic priorities. Our current focus, given the impact of COVID-19, is outlined below.

CURRENT FOCUS

- Reduce exposure to COVID-19 for volunteers, staff and overseas medical colleagues.
- Build capacity through provision of medical equipment and supplies to hospitals in East Africa.
- Increase on-line training seminars and mentoring by ADFA volunteers.
- Additional scholarships to African medical professionals.
- Provision of PPE to collaborating hospitals.
- Collaboration on development of low-cost medical equipment and technology.
- Support for partner organisations in Somaliland and potential new partnerships.
- Strengthen ADFA's internal policies and practices to reflect best practice.
- Strong engagement with ADFA supporters and volunteers through a range of media.

EXTENDING OUR REACH

ADFA has been exploring opportunities to support the health sector in other countries:

South Sudan - the world's newest country, is developing its administration and medical and surgical services. ADFA has provided support for returning scholarship recipients, who have completed their orthopaedic specialist training in Ethiopia. ADFA is also responding to a request for support to develop services at St Therese Hospital in Western Equatoria.

Eritrea - ADFA has previously undertaken scoping missions to Eritrea and continues to explore opportunities to support surgeons and hospitals in Asmara.

Mauritius - ADFA has worked in harmony with the Mauritius Medical Council and the Australian High Commission particularly related to training. ADFA is exploring opportunities with Curtin Mauritius' new nursing school, and the potential for scholarships for nurses from Madagascar.

Kate's Story

My association with Australian Doctors for Africa began in 2013 with an orthopaedic trip to Toliara, Madagascar.

Madagascar Clubfoot Program team (Dr Kate Stannage 2nd from left).



I had previously worked in the South Pacific and was passionate about advancement of medical care in developing nations. I think that Dr Graham Forward had planned out my destiny well before I was aware of it as on that trip I fell in love with the place and the people.

In 2014 Graham offered me the opportunity to establish a clinic to treat children born with a clubfoot deformity. As a paediatric orthopaedic surgeon this was a golden opportunity! Without hesitation I committed to this programme, and with the support, knowledge and skill of physiotherapists Helen Burgan, Nick Buttigieg and Chris McLeod, and anthropologist/doctor Cassie Smith we have now established three clinics in Madagascar – Toliara, Fianarantsoa and Ampanihy.

I remain incredibly proud of all the clubfoot team has achieved. We have trained 13 staff in the Ponseti method of clubfoot treatment, and trained three doctors in surgical techniques. We have presented research about our

programme at a national conference. We have broken down cultural barriers to seeking treatment for clubfoot in the regions in which we are active. And most importantly we have successfully treated hundreds of children who without access to ADFA clinics could not have received treatment, and would have faced a lifetime of disability.

Unfortunately due to COVID-19 it has now been over 2 years since I was last able to visit the team. However, I am so pleased that the ADFA clubfoot clinics have continued to treat children during this time. We have moved to remote oversight of the clinics, and I love opening my emails each morning and seeing the progress photos of children undergoing treatment in Madagascar for clubfoot.

Finally...some words in the Toliara dialect: *Biko azo ahity* (clubfoot can be straight).

Dr Kate Stannage

Comoros



POPULATION
888,451

MEDICAL SUPPORT

Due to COVID-19 travel restrictions, ADFA's regular medical visits to Comoros, and particularly to the Caritas Hospital in Moroni, were cancelled. However, we continued to support Caritas in other ways to assist their work with the most disadvantaged in the community.

The provision of personal protective equipment (PPE) to staff of the Caritas Hospital was the most urgent response, to keep our colleagues safe from infection. As of 30 June 2021, 4,018 people in the Comoros had contracted the COVID-19 virus, and 146 people had died.

ADFA provided 4,000 surgical face masks, and 100 face shields, and donated equipment and supplies to the Caritas Hospital.

During the year, ADFA volunteers have maintained contact with their medical colleagues in Moroni, providing mentoring and support where possible, especially related to clubfoot. ADFA has also used this time to renew its Agreement with Caritas and is in the process of renewing its Agreement with the Ministry of Health. This will enable ADFA to re-engage quickly when travel restrictions are lifted, and our teams can again support communities in Comoros, and the wonderful work of Caritas.

Our sincere thanks goes to Ausplow Farming Systems once again for their generous support, providing vital medications through the pharmacy at Caritas.

Below: Caritas staff receiving PPE.

Right: Fahane received clubfoot treatment in 2019, Moroni.



Ethiopia

POPULATION

117.9
million

“The C-arm has transformed our department as a whole, and myself and my colleagues as individual surgeons. We are now operating daily on complex surgeries with less invasive approaches. Thanks ADFA, AOA & NOTAA for the generous donation.”

Dr Ephrem Gebrehana, Head of Orthopaedics, Hawassa University Hospital.

Hawassa University Hospital
Orthopaedics Department gratefully
receiving c-arm x-ray machine.



MEDICAL SUPPORT

ADFA's volunteer medical team visits to Ethiopia have been suspended since March 2020 due to COVID-19 travel restrictions. We have, however, continued to support hospital orthopaedic departments and our medical colleagues by providing on-line training seminars, medical equipment and personal protective equipment (PPE).

In collaboration with the Ethiopian Society of Orthopaedics and Trauma, ADFA volunteer orthopaedic surgeons presented two on-line training seminars – *Update on Shoulder Instability* and *Patellofemoral Instability* – to 65 Ethiopian orthopaedic consultants and residents. The seminars were very well received. Thanks to orthopaedic surgeons, Dr Peter Campbell and Dr Antony Liddell for their time and expert knowledge, and to Jake Warman for organising the seminars.

Over many years, support has been provided to the Orthopaedics Department at the Hawassa University Hospital, located 280 km south of the capital, Addis Ababa. This support continued, in conjunction with long time international partners, AO Alliance Foundation (AOA) based in Switzerland and Northwest Orthopaedic Trauma Alliance for Africa (NOTAA) based in the UK, with the purchase and installation of a c-arm x-ray machine. The university and hospital expressed their gratitude for this major purchase, which will allow for more complex orthopaedic operations and improve outcomes for patients.

To improve protection against COVID-19 for frontline healthcare workers, 89,300 masks were air freighted to Ethiopia in August and September 2020, for distribution to metropolitan and rural public hospitals. The Australian Ambassador, HE Peter Doyle, represented ADFA at an official handover ceremony at the Black Lion Hospital.

PPE handover, September 2020.





Nigist Eleni Mohammed Memorial Referral Hospital representatives unpacking the container.



Sea container of medical equipment arriving at the Hospital in Hossana.

These masks were donated by Minderoo Foundation and a generous private donor. As at 30 June 2021, Ethiopia had recorded 276,368 cases of COVID-19, and 4,330 deaths.

A volunteer orthopaedics team visit and scoping study in August 2019 resulted in the identification of necessary equipment for the new orthopaedic wards at the Wachemo University Nigist Eleni Mohammed Memorial Referral Hospital in Hossana. A sea container of donated medical equipment and supplies, including 2 operating tables, 17 hospital beds, 34 mattresses, 16 wheelchairs, defibrillators, vital signs monitors, crutches, scrubs, face shields and gloves, was shipped in August 2020, and will improve medical treatment for people in need of trauma and orthopaedic care.

“Your invaluable contribution has safely arrived to Hossana. The President and community representatives are really thankful and they have appreciated your contribution for the establishment of Orthopaedic and Trauma Centre”, said Dr Habtamu Tamrat, Orthopaedic Surgeon, Assistant Professor of Orthopaedic Surgery.

In October 2020, Arthroscopy equipment (shaver consoles, tourniquet machines, operating table leg brace and clamp sets) donated by Smith & Nephew, were sent to St Peters Hospital and the Black Lion Hospital, to complement the arthroscopy stacks sent in 2019. This equipment has made a big difference to arthroscopic surgeries at both hospitals. A refurbished Heat Sealer was also shipped to the Black Lion Hospital, which will improve equipment sterilisation procedures.

Madagascar

POPULATION
28.4
million

“We are grateful to the support of ADFA. The availability of the endoscopy unit which is performing banding has a huge impact... having such equipment is a cornerstone for the improvement of our practice. Thank you so much.”

Professeur Hélio Razafimahefa,
CHU-Andrainjato, Fianarantsoa

CHU Joseph Ravoahangy
Andrianavalona staff fitting
face shields.



MEDICAL SUPPORT

Visits to Madagascar by ADFA medical volunteers have been suspended since early 2020. However, our volunteers in the areas of gastroenterology, orthopaedics, obstetrics and gynaecology, urology and ENT have maintained contact with their Malagasy colleagues electronically, providing mentoring and support where possible. In addition, much needed medical supplies and equipment have been sourced and shipped to collaborating hospitals in Madagascar.

ADFA has continued to provide support to 6 endoscopy units at hospitals in Antananarivo, Toliara, Antsirabe, and Fianarantsoa, which, in normal times, would receive our volunteer medical teams to assist in training and capacity building. ADFA staff in Madagascar have played a key role in supporting these units, responding to their needs and maintaining our networks.

The provision of personal protective equipment (PPE) to hospitals in Madagascar has been a priority. As at 30 June 2021, Madagascar had recorded 42,194 COVID-19 cases and 909 deaths. ADFA has responded by providing 32,000 face masks and 200 face shields to public hospitals in Madagascar. The Australian High Commission in Mauritius provided support for shipping this PPE and other equipment.

Planning for the new Madagascar Endoscopy Treatment and Training Centre in Antananarivo, and consultation with stakeholders, is progressing.

ADFA Toliara Clubfoot Team.





Left: Clubfoot patient with corrective boots.
Right: Clubfoot patient with plasters.

Toliara Clubfoot Team plastering.



CLUBFOOT

During extended lockdown periods all ADFA Malagasy staff continued to be fully paid and supported, including a specific COVID supplement. ADFA's Clubfoot Clinics, in Toliara, Ampanihy and Fianarantsoa have continued to provide much needed clubfoot screening and treatment to infants and children. Due to village awareness raising campaigns and word of mouth we are now seeing more babies, which provides the opportunity for better outcomes. During the year, 141 children were treated for clubfoot, which is a huge effort given the impact of COVID-19 on the program, the staff, and the priorities of the Health Department. ADFA continued to support all 3 Clubfoot Clinics with equipment

and supplies, including boots and plaster, and program management support from Dr Kate Stannage.

In the District of Ampanihy, where ADFA manages a Clubfoot Clinic, the Ministry of Public Health was facing a shortage of space and hospital beds to respond to COVID-19 patients, so requested support from ADFA. In response the ADFA Clubfoot Clinic, which is within the perimeter of the hospital, was made available as a treatment centre for COVID-19 cases in the district, for a period of 5 months.

Somaliland

POPULATION
5.7 million

Beerwayso Mother and Child Medical Clinic, Sanaag Region, Somaliland.



Left: Dr Abdirashid & Dr Ahmed, Orthopaedic Surgeons, Hargeisa Group Hospital

Right: Unloading donated medical equipment, Hargeisa.



MEDICAL SUPPORT

As no volunteer medical teams were able to visit Somaliland due to COVID-19 travel restrictions, ADFA focussed on supporting hospitals and partner organisations with the provision of medical equipment and personal protective equipment (PPE).

During the past 12 months, 3 sea containers of medical equipment and supplies were delivered to Hargeisa for Hargeisa Group Hospital, Edna Adan Hospital, and our 2 partner organisations, Diversity Action Network and Taakulo Somali Community. These shipments included hospital beds and mattresses, birthing beds, an ophthalmic surgical microscope, resuscitators, autoclave, wheelchairs, crutches, gloves and theatre supplies. One shipment contained new equipment purchased from India – 20 beds, 10 cots, 6 examination tables, 2 delivery beds and 4 instrument trolleys – for the new maternity ward at Hargeisa Group Hospital.

ADFA also supported the orthopaedic surgeons at Hargeisa Group Hospital through the provision of two significant orders of orthopaedic plates, screws and instruments. “We want to express our appreciation for your kind generosity in supporting of Hargeisa Group Hospital. Your continuous support and donations of orthopedic implants and instruments is incredible and allowed us to operate on hundreds of poor patients who go back to their lives and unite with their families after they heal. The hospital could not do what it does without your contributions and help.”, Dr Abdirashid & Dr Ahmed, Orthopaedic Surgeons, Hargeisa Group Hospital.





Renovated operating theatre, Hargeisa Group Hospital.

“With the new equipment, the treatment process will be faster so that more children will be treated. It will also decrease the waiting time for parents of children. The clubfoot clinic staff’s moral has become already high, as cast cutting was a challenge before the equipment was received.”

Mr Ali Jama, Managing Director, DAN



DAN staff using new plaster cutting equipment.

A slit lamp, retinoscope, ophthalmoscope, and vision and Snellen charts, were purchased for the Ophthalmology Department at Hargeisa Group Hospital. This equipment was gratefully accepted by the eye surgeon who advised it will improve outcomes for many patients.

To improve protection for hospital staff from COVID-19, much-needed PPE was provided to the Hargeisa Group Hospital and Edna Adan University Hospital, including 11,000 surgical masks, 200 gowns and scrubs, 1,000 gloves and 200 bottles of hand sanitiser.

CLUBFOOT

ADFA continued its long partnership with Diversity Action Network (DAN) through a grant to deliver clubfoot clinics in the capital city, Hargeisa, and rural towns of Burao, Borama and Erigavo. Over the last year, 68 children were treated for clubfoot with 15 requiring a tenotomy.

DAN continues to provide Ponseti training to its staff, and ongoing training and mentoring is provided by Dr Kate Stannage, ADFA’s Clubfoot Manager, which ensures screening, treatment and training is kept at a high standard.

ADFA provided DAN with some new equipment, including electric plaster cutting saws, blades, shears and other essential plastering instruments, which has improved services for children receiving care at the clinics.

SCHOLARSHIPS

During the year, ADFA expanded the Scholarship Program which now supports 13 Somaliland doctors and a medical student to complete specialist training in Ethiopia and 4 medical students at Edna Adan University. This continues our long association with Edna Adan Hospital and University. Further information on the Scholarship Program is on pages 14–15.

INFRASTRUCTURE DEVELOPMENT

In September 2020, the operating theatre block at Hargeisa Group Hospital was renovated and refurbished. Internal and external walls were repaired and painted, new handwashing facilities, air conditioning and lighting were installed. The enhancements will improve medical care particularly in terms of infection control.

ADFA provided equipment and financial support for the construction of new Mother and Child Medical Clinic in a remote village in the Sanaag Region, in eastern Somaliland.

These two infrastructure projects were efficiently managed by Taakulo Somali Community and throughout the year they provided support with scholarship payments, the purchase of PPE and equipment, and customs clearance and transport of shipments. ADFA and Taakulo have a long standing and successful partnership which is being strengthened for the future.

Scholarship Program

ADFA's Scholarship Program began in 2015, with the aim of improving medical services in Somaliland, the home of the majority of scholarship holders. ADFA's aim of building capacity and upskilling people is clearly achieved through the Scholarship Program which is vital for long-term improvement of medical services in African countries.

ADFA founder Dr Graham Forward spoke of the value which the Scholarship Program has demonstrated since its inception.

"The first two orthopaedic surgeons in Somaliland's capital Hargeisa, since 1991, are graduates from our Scholarship Program. The Ethiopian government gives them the training. We give them their living expenses, usually for four years."

The Scholarship Program continues to flourish despite the challenges faced from COVID-19. During the year ADFA was supporting a total of 19 scholarships:

13

DOCTORS (all male) are studying a variety of specialties in Ethiopia including: Orthopaedics (4), ENT (1), General Surgery (4), Neurosurgery (2), Obstetrics & Gynaecology (1) and Urology (1).

2

MEDICAL STUDENTS (1 female) are training in colleges in Addis Ababa, Ethiopia.

4

MEDICAL STUDENTS (3 females) are studying at Edna Adan University in Somaliland.

Interest in the ADFA Scholarship is abundant, and many and varied requests are received from applicants, in particular from Somaliland. We are very grateful to the Scholarship Committee for their dedication in assessing potential scholarship recipients, and for accompanying them during their journey with ADFA.

FELLOWSHIPS

In March 2020 the Board approved the extension of the Scholarship Program to include Fellowships. Four positions were made available by hospitals in Coimbatore and Bangalore, India. However, COVID-19 has impacted significantly on our progress. Due to travel restrictions and the pressure COVID-19 has placed on the Indian health system, hospitals are not currently accepting applications for fellowship placements. As such, this component of our program may not progress until 2022.



Hafsa Harun Abdilahi, medical student



Mohamed Abdi Ismail, medical student



Dr Yasin Awil Elmi, scholarship recipient

“As a recipient of the ADFA scholarship, I would like to express my sincere appreciation for your generous support to be Orthopaedic and Trauma Resident at Mekelle University in Ethiopia. I feel very fortunate to have been chosen as recipient of this scholarship in which without it, I would not achieve my ambition to be orthopaedic and trauma trainee.

My first intention after the completion of my training is to go back to my country and help my people who are complaining lack of health facilities, specifically in this specialty. I will work any public hospital is assigned by the ministry of health. I will train medical students and general practitioners as volunteer.”

Dr Yasin Awil Elmi
Orthopaedics, Mekelle University, scholarship recipient since January 2019

Tiavina's Story

In October 2020, 3 year old Tiavina, along with her mother and grandmother arrived in Toliara.



“I didn’t know what to do. I only hoped she could be treated with massage. But when I saw photos of other children, I hoped that Tiavina would one day be able to walk like other children.”
said Tiavina’s mother.

They had made the 500 km journey from their home city Ambovombe in the far south of Madagascar to seek treatment for Tiavina’s feet. They did not know Tiavina had clubfeet, or “biko” in the local Malagasy dialect, but knew that without treatment her feet would never be normal and would result in a lifetime of disability and discrimination.

Initially the family presented at the local rehabilitation centre which fortunately, recognised that Tiavina had clubfeet and needed treatment at the ADFA clinic. Lucile Rasamison, ADFA’s clubfoot manager in Madagascar, educated the family about the Ponseti method of treating clubfoot. They faced many challenges but Tiavina’s family were determined that she should receive excellent treatment for her clubfoot.

Tiavina required many plaster casts and an Achilles tendon tenotomy, but she and her family are now very happy with the results of the treatment provided by the ADFA clubfoot clinic. This gorgeous child will hopefully now be able to live her life without deformity, pain and discrimination.

Governance and 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 three part-time administrators (2.1 FTE). The current Chair of the Board of Management is Mr John Bond, a prominent local, national and international businessman.

During 2020-21 the Board of Management comprised:

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

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

The Board of Management met on eleven occasions throughout the year.

Board Member	Appointed	Meetings	
		Eligible to Attend	Attended
John Bond	Feb 2016	11	10
Dr Graham Forward	Feb 2005	11	9
Ian Pawley	Jun 2011	11	11
Dr Kate Stannage	Feb 2016	11	10
Christine Tasker	Feb 2005	11	11
Graeme Wilson	Feb 2014	11	9

The Board has appointed two Committees which include:

[the Clinical Governance Committee](#), comprising Dr Shirley Bowen (Chair), Dr Rob Storer and Dr Graham Forward, who ensure best practice and medical governance for our activities; and

[the Scholarship Committee](#), comprising Dr David Samuels (Chair), Ian Pawley, and Amy Tasker (to February 2021) and Rebecca Thompson (from April 2021), who review and recommend the most appropriate medical scholars to receive support from ADFA.



Diversity Action Network receiving equipment, Somaliland.

The organisation continues to strengthen its policies and procedures to foster a culture of strong governance and compliance with government regulations and sector guidelines. 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 with some agility amidst the dynamic COVID-19 environment. The Board has continued to assess risk, review and approve programs, approve budget requirements, review new and revised policies, and overseen adherence to ATO, ACNC and ACFID regulations and guidelines.

BOARD OF MANAGEMENT

Dr Graham Forward is a Western Australian Orthopaedic Surgeon with primary medical degree of The University of Western Australia, and fellowship of the Royal Australian College of Surgeons and fellowship of the Australian Orthopaedic Association (AOA).

Following the tsunami of Boxing Day 2004, Graham assembled an emergency and traumatology team to provide assistance in Bosaso, Somalia, at the request of local doctors and surgeons. From that visit in February 2005, Australian Doctors for Africa was incorporated as an organisation to help sustainable development of surgical, medical and health services in Africa.

Graham continues as a busy Orthopaedic Surgeon in Perth and includes outreach to the Kimberley region of Western Australia, and Cocos (Keeling) and Christmas Islands.

Recognition has been received by the Order of Australia (AM), the John Curtin Medal, the G M Bedbrook Oration of the AOA, Australia Day Citizen of the Year, nomination for the Australia of the Year (WA) and the Ethiopian Society of Orthopaedics and Traumatology Award.

John Bond is one of the founders of Primewest, a national property investment business, and has been instrumental in its growth and development over the last 25 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 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. He was previously a board member of the Art Gallery of Western Australia Foundation and the Martu Charitable Trust.

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. As an inaugural member of our Scholarship Committee, Ian has great enthusiasm for this growth area of the organisation.

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, treasurer of the Australian Orthopaedic Association WA branch, and active teacher and researcher. She is a non-Executive Director of Curtin University and graduate of the Australian Institute of Company Directors.

She has previously spent time volunteering and teaching in the Solomon Islands, and teaches with the Pacific Islands Orthopaedic Association. Kate has received the Award for Excellence in Women's Leadership for Western Australia.



Clubfoot patient, Somaliland.



Volunteer Information Evening 12 Apr 2021.

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, Orthopaedic Surgeon and Founder of ADFA since 1993. Christine is an inaugural member of the Board of Management and managed the administration of ADFA on 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 143 teams to date. In March 2020, 3 teams were scheduled to leave Perth, but due to COVID-19 the trip program had to come to a grinding halt. Christine 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 with ADFA as the organisation transitions to new projects and structures impacted on ADFA by the COVID-19 pandemic.

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 and develop 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. Complaints can be made by emailing the CEO at ceo@ausdocafrica.org or the Chair of the Board at chair@ausdocafrica.org, or by phoning +61 8 6478 8951.

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.



ACFID
MEMBER



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 are available free of charge on the Australian Doctors for Africa website www.ausdocafrica.org.

During the 2021 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 COVID-19 adapted 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 1946 (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 2021, a total of \$811,999 (2020: \$1,269,062). 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.

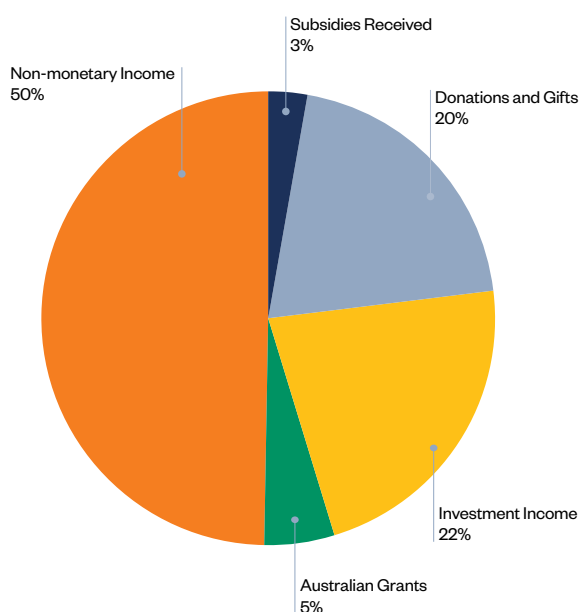
DR GRAHAM FORWARD
Founder & CEO

Concise Financial Report

CONCISE FINANCIAL REPORT		
For the Financial Year Ended 30 June 2021		
STATEMENT OF CHANGES IN EQUITY		
	2021	2020
	\$	\$
Opening Equity	2,343,967	1,741,802
Transfer to Asset Revaluation Reserve	949,000	483,000
Net Surplus for the Year	188,062	119,165
CLOSING EQUITY	3,481,029	2,343,967
STATEMENT OF FINANCIAL POSITION		
	2021	2020
	\$	\$
ASSETS		
Current Assets		
Cash Assets	1,066,048	951,400
Current Tax Assets	107,808	44,513
Total Current Assets	1,173,856	995,913
Non-current Assets		
Other Financial Assets	2,334,000	1,385,000
Property, Plant and Equipment	0	0
Total Non-current Assets	2,334,000	1,385,000
TOTAL ASSETS	3,507,856	2,380,913
Current Liabilities		
Payable	(1,667)	7,819
Provisions	23,707	23,511
Total Current Liabilities	22,040	31,330
Non-current Liabilities		
Provisions	4,787	5,616
Total Non-current Liabilities	4,787	5,616
TOTAL LIABILITIES	26,827	36,946
Net Assets	3,481,029	2,343,967
EQUITY		
Contributed Equity	2	2
Asset Revaluation Reserve	1,699,000	750,000
Retained Surplus	1,782,027	1,593,965
TOTAL EQUITY	3,481,029	2,343,967
STATEMENT OF COMPREHENSIVE INCOME		
	2021	2020
	\$	\$
REVENUE		
Donations and Gifts		
Monetary	335,285	510,921
Non-monetary	811,999	1,269,062
Grants		
Department of Foreign Affairs and Trade	0	150,000
Australian Grants	90,000	30,000
Investment Income	357,592	154,950
Foreign Exchange Profit (Loss)	(2,992)	(7,204)
Govt COVID Subsidies Received	50,000	22,000
Other Income	0	9,439
TOTAL INCOME	1,641,884	2,139,168
EXPENDITURE		
International Aid and Development Programs Expenditure		
Funds to International Programs	446,166	550,248
Program Support Costs	112,662	81,604
Community Education		
Fundraising Costs		
Public	0	13,067
Accountability and Administration	82,995	106,022
Non-monetary Expenditure	811,999	1,269,062
TOTAL INTERNATIONAL AID AND DEVELOPMENT PROGRAMS EXPENDITURE	1,453,822	2,020,003
Surplus (Deficit) from Ordinary Activities	188,062	119,165

Financial Overview

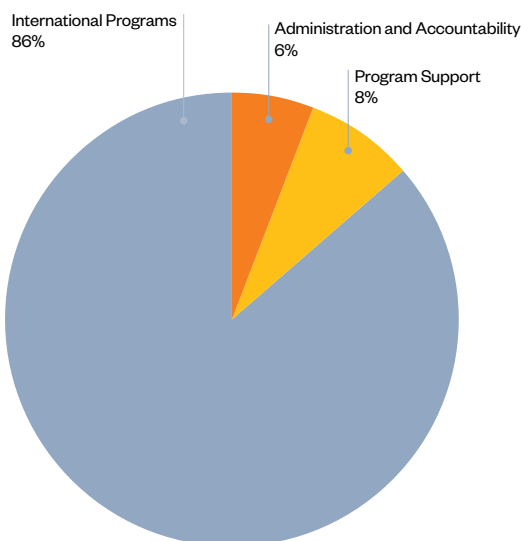
The income and expenditure totals shown below are taken from the Concise Financial Report.



Note: Figures are rounded to the nearest per cent.

WHERE THE MONEY CAME FROM

	\$
Donations and Gifts	335,285
Received from the Australian public and corporate donors	
Investment Income	357,592
Dividends from current investments, franking credits and interest	
Australian Grants	90,000
Grants from The Very Good Foundation and St John of God Subiaco Hospital	
Non-monetary Income	811,999
Value of donated time, equipment and operational and logistical assistance used in our programs	
Subsidies Received	50,000
Australian Government COVID Financial support subsidies	
Not Shown: Foreign Exchange Profit (Loss)	(2,992)
TOTAL	1,641,884



Note: Figures are rounded to the nearest per cent.

HOW THE MONEY WAS SPENT

	\$
International Programs	1,258,165
Program delivery in Ethiopia, Madagascar, Somaliland and Comoros, including training, medical services, logistics and freight costs and non-monetary expenditure	
Program Support	112,662
Costs associated with program implementation in-country	
Administration and Accountability	82,995
Fundraising Costs	-
Due to COVID restrictions no fundraising events have taken place this financial year	
TOTAL	1,453,822

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 2021 as contained in the 2021 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

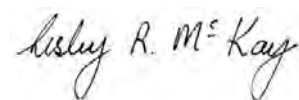
In my opinion, the concise financial reports present fairly, in all material respects, the financial position as at 30 June 2021 and the financial performance for the year then ended in accordance with Australian Accounting Standards and comply with AASB 1039 Concise Financial Reports and the requirements 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.



28 September 2021

Grants and Corporate Support



ADFA acknowledges the support of the Australian Government through the Direct Aid Program.



Many thanks to AWH for all their extraordinary assistance with storage and logistics.



We are extremely grateful to The Emirates Airline Foundation for long standing and loyal support.



Air Mauritius has provided support for excess baggage allowances for medical teams visiting Madagascar.



We are grateful to Minderoo Foundation for their financial support which has enabled many projects to be fulfilled.



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



Many thanks to St John of God Hospital Subiaco for their financial assistance and pharmacy products in support of our programs in Madagascar.



Bases Resources has supported ADFA in Madagascar through transport, executive support services and financially.



BlackEarth Minerals has supported ADFA in Madagascar through office and program support.

We also have strong advocacy and in-kind support from:

ChiI3, design and production of Annual Reports

Lesley McKay, Chartered Accountant and Registered Auditor

Royal Wolf, logistics assistance

Lycopodium and Mick Caratti, for collaboration in development of equipment

and a special mention to the **Lions Club of Claremont-Nedlands** and Lex Thomson for logistics support

Medical equipment and supplies donated by:

AxisHealth

Ansell

Bard

Boston Scientific

Bruce Candy

BSN Medical

Clinical Innovations Australia

Cook Australia

Defries Industries

Johnson & Johnson

Karl Storz

Matrix Surgical

Medivenn

Medtronic

Olympus

ProtoSpace, UTS

Smith & Nephew

Spotless

Stryker

Western Biomedical

Zeiss Australia

Zimmer Biomet

and many public and private hospitals.

Financial support from:

Ausplow Pty Ltd

Jack Goodacre & Susan Sheath

Max Montgomery

Mimi & Willy Packer

Mutual Investments Pty Ltd

Old Money Pty Ltd

Richard & Lesley Lockwood

Sock It To Sarcoma

The Dalkeith Rotary Charitable Trust

The Very Good Foundation

and many other private and corporate donations.



Australian Doctors for Africa
ABN 47 116 149 985

Suite 1, 219 Onslow Road
Shenton Park WA 6008
Australia

+61 8 6478 8951
admin@ausdocafrica.org

www.ausdocafrica.org