adi

australian doctors international

Working for a healthier PNG

ANNUAL REPORT 2016/17








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Cover photo: ADI volunteer Dr Belinda Gowen attends to a young mother's newborn during patrol in New Ireland.

PRESIDENT'S REPORT

I am constantly in awe of the wonderful doctors and health professionals who volunteer for Australian Doctors International (ADI) in Papua New Guinea and especially those who take on more than one assignment.

In 2016/17 we were fortunate to have two Dutch doctors Dr Agnes De Boer and Dr Ronald Oosterhuis and two Australian doctors and their partners: Dr Rong Bing and his partner nurse educator Kiasha McInnis, and Dr Belinda Gowen and partner Jay Callaghan. Their many achievements and remarkable experiences are noted in this report.

In Sydney, we were required to move into new premises as our landlord, the Royal Far West Children's Health Scheme (RFWCHS), was demolishing the building to make room for a Centre of Excellence for Children's Health. We have enjoyed a long and close relationship with RFWCHS who welcomed us as tenants because of our shared ideals. We wish them well.

The transition to new premises was challenging and I thank the Head Office staff for their patience and perseverance. Finally, we moved into our new office in the Bupa building at 550c Sydney Road Seaforth and we now have a new light-filled space where we can hold meetings, small functions and are happy to welcome visits from our members and supporters.

The ADI Board and staff met on two occasions early this year to review our vision and mission and to adopt the Australian Council for International Development (ACFID) values collectively agreed to by its members. Taking time out for engaging in such discussions defines not only what we do but also why we do it. Our rights-based approach to health is the cornerstone of ADI's work – it is about how best we can work together to fulfil the right to health for everyone.

As this report will detail, our work is only possible through our partnerships in Papua New Guinea (PNG); government, corporate and philanthropic partners all have a role to play in improving the health outcomes of Papua New Guineans. Our special thanks to Horizon Oil who has funded our Western Province program since 2012. If we are to expand our work into new provinces in PNG and perhaps another Pacific country, we need more partners and sponsors to join our loyal troupe.

My thanks to our Board members and Committee members for their services in 2016/17, particularly the members of our new Accreditation Committee who are all working to ensure a bigger and brighter future for ADI and, in turn, the people of PNG.

Dr Peter Macdonald
OAM MBBS MRCGP DA DRCOG
President

DONATIONS OF $2 AND OVER ARE TAX DEDUCTIBLE

Make a donation by visiting our website www.adi.org.au
or by calling us on (02) 9907 8988

OVERVIEW

Our Vision:

A healthier Papua New Guinea (PNG).

Why are we in PNG?

Papua New Guinea is Australia's nearest neighbour, yet it struggles to combat diseases common in third world conditions, such as malaria, leprosy, and tuberculosis. Only about one third of the rural population has access to clean water, making cholera and diarrhoeal diseases a continuing threat. The incidence of non-communicable disease continues to rise, in part because of a more affluent lifestyle and associated use of alcohol and tobacco.

Proper antenatal care, family planning and safe and supervised births are a particular health concern for PNG's rural and remote population, where a staggering 87 per cent of the population reside. As a result, infant and maternal mortality rates are among the worst in the world.

The World Health Organisation (WHO) ranks PNG as having the worst health status in the Pacific region, at 157th of 187 countries on the United Nation's Human Development Index. Australia ranks second.

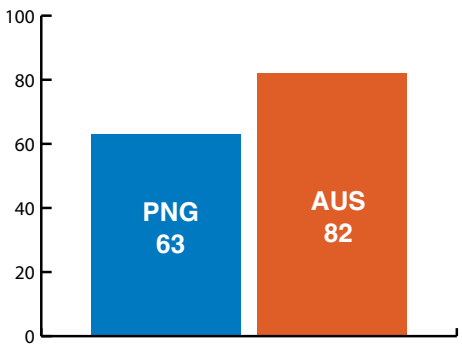
In PNG, the under five mortality rate is **57** per 1,000 births

In Australia, it's **4**

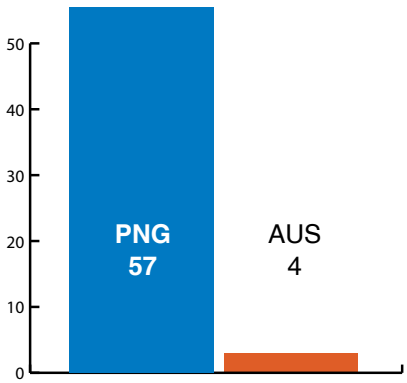
In PNG, the maternal mortality rate is **215** per 100,000 births

In Australia, it's **6**

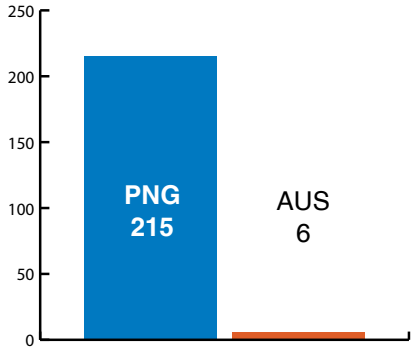
Source: UNICEF 2015



Life expectancy

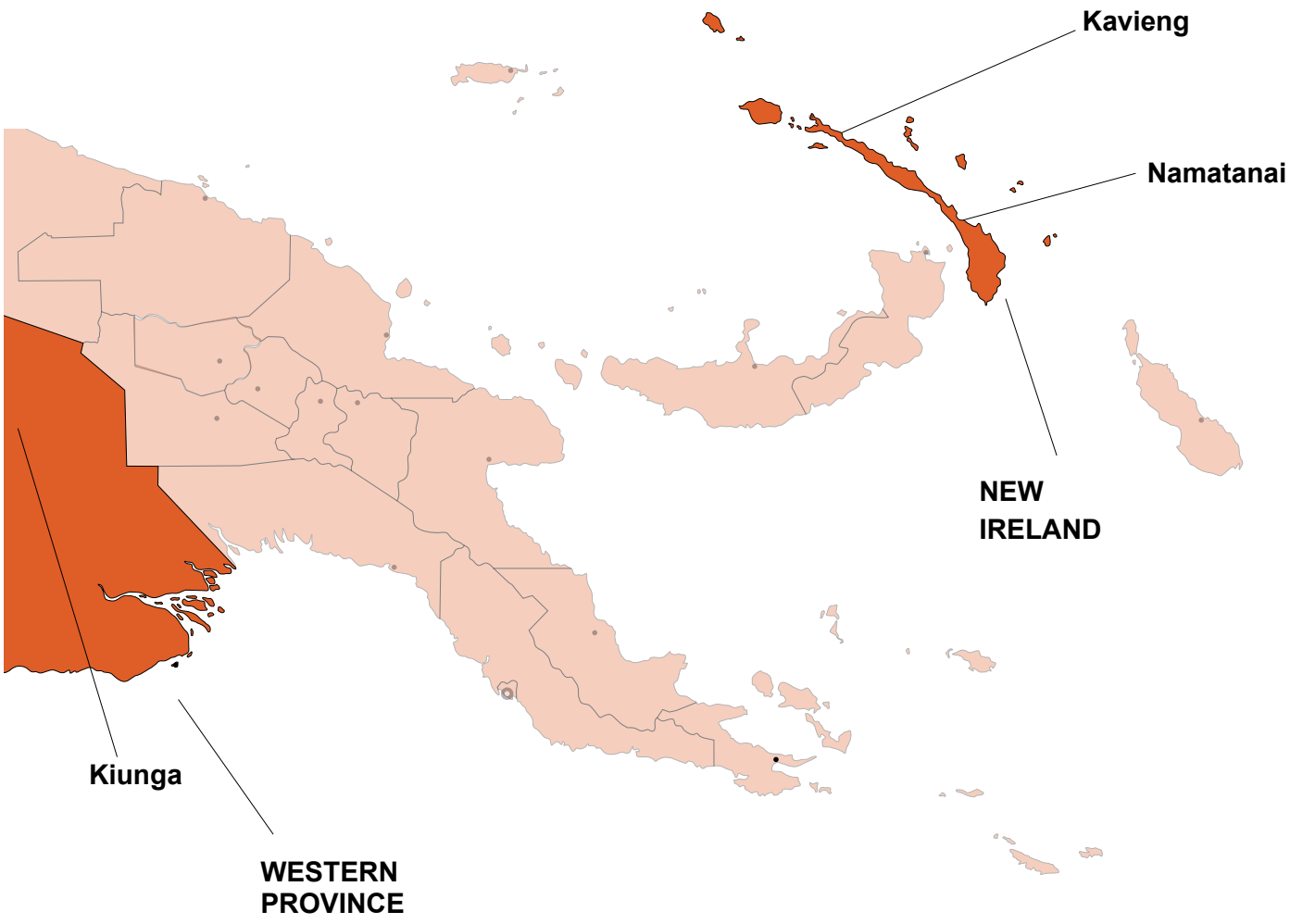


Under five Mortality
per 1,000



Maternal Mortality
per 100,000

Where we operate



ADI operates in New Ireland and Western Province.

Our Vision

ADI demonstrates its commitment to upholding the universal right to healthcare by working with local partners to provide and strengthen health services in rural and remote areas.

What do we do in PNG?

ADI's model of integrated health patrols and in-service training is a unique solution to the challenge of providing healthcare to the rural and remote communities of PNG and strengthening existing health systems.

We send a volunteer doctor to PNG for six months at a time, working with local health staff forming a patrol team to visit rural and remote health centres and aid posts. These integrated patrols provide much-needed clinical care and present a valuable opportunity for health worker training.

Several times a year we also bring local health workers together for two weeks of practical training in requested subject areas such as maternal and child health. The value of this model is that it builds the capacity of the health system in PNG.

Our partnership model combines multilateral support from the PNG Government, the Australian Government and corporate, philanthropic and public donors.

ADI has base accreditation with the Australian Government Department of Foreign Affairs and Trade (DFAT) and receives ANCP funds. ADI is a registered charity and a public benevolent institution with deductible gift recipient status.

Our Values

ADI is a voluntary not-for-profit non-government development healthcare organisation. ADI adheres to a number of key values:

INTEGRITY	We act with honesty and are guided by ethical and moral principles in all that we do
ACCOUNTABILITY	We take responsibility for our actions and are accountable to all our stakeholders, and in particular our primary stakeholders for our performance and integrity
TRANSPARENCY	We openly share information about our organisation and our work to all stakeholders and to the public
RESPECT	We recognise the value and diversity of every person and are committed to treating others with due regard for their rights, dignity and integrity
EFFECTIVENESS	We strive to deliver outcomes that bring about positive change in the lives of people living in poverty
EQUITY	We are committed to overcoming prejudices and disadvantage and promoting fair and just access to resources and opportunities
COOPERATION	We work with and alongside others in a spirit of mutuality, respecting diversity and difference in the pursuit of common goals

Photo: ADI volunteers Dr Belinda Gowen and public health educator Jay Callaghan at Kavieng Hospital, New Ireland.

Our Goals

Deliver and strengthen primary health services to rural communities in PNG through doctor-supervised integrated health patrols.

- ***Reduce preventable diseases*** through public health programs, health education and health promotion.
- ***Increase the capacity of local health workers*** to manage and deliver primary health services through training and education.
- ***Improve access to primary health*** services by rural and remote communities.
- ***Demonstrate improvement in health indicators*** as a result of our activities through the use of a structured monitoring and evaluation framework.
- ***Continue to be a leading non-government professional provider of high quality primary health care in Papua New Guinea***, seeking always to increase public awareness of our work and continual improvement through ongoing rigorous evaluation of programs and activities.

THE YEAR AT A GLANCE

Stationed two volunteer doctors to lead patrols in New Ireland.

PAGE 8

Stationed two volunteer doctors to lead patrols in Western Province.

PAGE 12

Provided public health education on patrols in both provinces.

PAGES 8-13

Delivered clinical in-service educational seminars focused on women's health to health workers across both provinces.

PAGE 14

Addressed disability issues across both provinces through treatment and education..

PAGE 15

Stationed two volunteer doctors to increase Namatanai Hospital's capacity.

PAGE 19

Partnered with Griffith University to collaborate on research and medical student placements.

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Presented at the National and World Rural Health Conferences in April 2017 in Cairns.

PAGE 21

NEW IRELAND PATROLS

ADI provides healthcare to the rural and remote population in New Ireland in partnership with Kavieng Hospital and New Ireland Provincial Health through regular integrated rural health patrols.

Each month, our volunteer doctor and allied health teams set out from the provincial capital (Kavieng), on a two-week patrol over sea and mountains to treat patients in different remote and rural areas of New Ireland. The health teams comprise local healthcare professionals from multiple disciplines including optometry, dentistry, physiotherapy, pathology, maternal and child health, disease control, family planning services and public health promotions.

Photo: Health Coordinator Rachael Smith.

Our patrols attend to patients who might otherwise never see a doctor. They also provide much needed on-the-job training for local health workers on the frontline in clinics and remote aid posts, improving service delivery for successive generations.

ADI had two volunteer patrol doctors stationed in Kavieng in 2016/17: Dr Belinda Gowen from July 2016 to December 2016 followed by Dr Agnes De Boer from February 2017 to July 2017. Dr Belinda was accompanied by ADI public health educator Jay Callaghan. Our patrols were coordinated by ADI's two volunteer Health Coordinators: Rachael Smith from July 2016 to December 2016 and Jennifer McKellar from January 2017 to September 2017.

This culminated in achieving 13 patrols to 69 health centres and aid posts in 97 villages with 117 days on patrol during 2016/17. It also translated to 352 hours of case-based training during clinical consultation and 69 hours of group-based training after clinic hours.

Overall 22,560 patients were treated or screened during patrols and 24,032 community members, including school children, attended 89 hours of public health education.

Photo: Health Coordinator Jennifer McKellar.

Key outputs achieved include the delivery of

13 integrated rural health patrols to:

- **69** health centres & aid posts
- **117** patrol days
- **97** rural villages

Field report: Public Health Education on patrol

Public health education is provided to communities on each patrol, ranging from a small group chat about safe lifting from the patrol physiotherapy nurse to a large-scale presentation on oral health to hundreds of school children by the patrol dental nurse.

Pictured here is an oral health demonstration run by Dental Therapist Abraham during patrol. In 2016/17, our patrols visited 65 schools and provided 32 hours of oral health education to 7,509 people.

Field report: Dr Belinda and the newborn medivac

In a hastily erected clinic in the village of Patapai in July 2016, a young mother brought her seriously ill one week old baby to be examined. The infant presented extremely unwell and was barely breathing. The patrol team sprang into action, simultaneously coordinating resuscitation of the baby and emergency evacuation to Kavieng Hospital.

It was vital Dr Belinda acted quickly to stabilise the newborn. Dr Belinda used the opportunity to teach a local healthcare worker how to place an IV line in the newborn, in order for it to survive the two-hour medivac by boat. It was incredibly fortunate that the patrol team had stopped by the village as it does not normally have the support of an aid post.

The baby, who had contracted sepsis, survived and to the delight of all involved was released from hospital several days later. Many babies in PNG are not so lucky, dying before the age of two, mostly from vaccine-preventable illnesses and treatable conditions such as sepsis.

During and after the clinic Dr Belinda performed two hours of case-based training on major obstetric complications and another hour of group-based training to her patrol team and the local healthcare worker on the resuscitation and management of critically ill neonates.

Photo: Dr Belinda inserts an IV line and (inset) the medivac operation underway.

Our New Ireland patrol outcomes

3,795 patients
seen by ADI doctors

3,678 patients
given optometry checks

372 glasses provided

358 opthalmology referrals

1,441 patients
screened or treated
by the physiotherapy team

92 new TB cases
and 1,979 people
educated about the disease

6,759 people
given oral health checks
(4,273 children)

505 people
treated for
malaria

OUR ALLIES ON PATROL

Gayleen (Patrol Coordinator)

"I organise patrols all year around. Before I started with ADI I knew little about health as I worked in business. Now I better understand the health needs in my province and each day go home happy that I am contributing to saving lives."

Blaise (Family Planning /Community Health Worker)

"From my observations population issues have been affecting our communities and family planning is one of the solutions. I am very grateful for the experience being on ADI patrol because it helps my knowledge."

Colman, (Boat Skipper)

"Sometimes it is dangerous to land the boat because of the waves and rocks. The team send me out during the day into the villages to find fresh fish and fruits for us to eat so they call me the fruit man!"

Ignatius (Eye Nurse)

"We see lots more people on patrol than in the clinic and I am challenged professionally. It is so important we reach people in these rural settings.

Dinah Mavoko (Infection Control/ Nursing Officer)

"My role on patrol is infection control nurse. I have to go and check on the waste disposal and the sharps incinerator. I also do health awareness to all the health staff and communities for hygiene awareness and learning about the healthy island concept."

Eroldine Laboram (Physiotherapy Nurse)

"Coming out on patrol we see how hard things can be. I see a lot of patients with lower back pain and knee pain and I can interact with them and help the disabled."

Edward Abel (Cold chain/ Logistics Officer/ Nursing Officer)

"I have been going on patrols with ADI since the very beginning and the communities are very happy to see us. Often the health clinics have no working fridge so they are not able to store any vaccinations so it is a good feeling when I can get a fridge working again. Teamwork has developed a lot since I first started."

Samuel Piliman (Driver/Boatman/ Eye Assistant/Dental Assistant/ Infrastructure Report)

"In other years, I have learnt a lot about testing eyes. Since I have been travelling out on patrol with the dental team I have learnt even more things especially about the instruments we use and what they are for."

Special thanks to all our patrol members

Jack Taliva, Dental Assistant
Abraham Kalamana, Dental Therapist
Merelyn Aruke, Eye Nurse
Desmond Jamlong, Physiotherapy Nurse
Eileen Makapa, Family Planning
Agnes Meleng, Dental Officer
Sabina Maul, Dental Assistant
Martha Lunganga, HEO
Lucas Saris, Pathology Officer
John, Boat Operator
Brendon Yapa Kopa, Dental Technician
Annemarie Melengas, Physiotherapy Nurse
Dr Everline Mogola, Dental Officer

Leanne Kana, Family Planning
Peter Ati, Health Manager
Hillary Toes, Dental Officer

Maurice Christie, Eye Nurse
Hossillah Hosea, Health Manager
Paul Na'au, Physiotherapy Nurse
Sylvia Wenzel, Eye Nurse
Dr Joseph Dorugl, Dental Officer
Fembuar Silas, Family Planning
Dr Jeremy Low, RMO
Mark Aleni, Marie Stopes Trainer
Rayleen Abert, Family Planning Officer
Musangu Kanus, Dental Assistant
Leontyne Taumomoa, Dental Officer
Sheam Kuam, Driver

WESTERN PROVINCE PATROLS

Western Province is a profoundly challenging environment in which to work – both geographically and politically. The region is defined by the expansive Fly River, and many areas are inaccessible by road. Few roads and high average rainfall make travel by longboat necessary and service provision difficult.

Pictured here are some of our dedicated allies from Catholic Health Services while on patrol.

WESTERN PROVINCE PATROLS

Overview

Western Province presents a number of challenges including a lack of infrastructure, shortage of healthcare workers and a lack of professional development opportunities for these rural health workers. Essential medications are in short supply and the referral chain is hampered by the cost of transport across rugged terrain.

Political instability makes consistent delivery difficult, but not impossible. By partnering with local stakeholders, such as Catholic Health Service (CHS), and Horizon Oil (HO), patrols have successfully recommenced.

With the financial support of HO, ADI assigned two more volunteer doctors in the 2016/17 financial year: Dr Rong Bing from July 2016 to December 2016, accompanied by clinical nurse educator Kiasha McInnis, and Dr Ronald Oosterhuis from March 2017 to July 2017.

Our doctors attended 16 patrols to seven health centres and 15 aid posts in 57 villages with 71 days on patrol treating 1,140 patients during 2016/17. It also translated to 36 hours of case-based training during clinical consultation and 36 hours of group-based training after clinic hours. Catholic Health staff treated or screened an additional 1,883 patients and provided 23 hours public health education, including to 135 school children.

Outside patrol hours, ADI doctors treated almost 300 patients at Catholic Health's urban clinic in Kiunga, where an additional 35 hours of case-based training was provided.

Our Western Province patrol outcomes

1,140 patients seen by ADI doctors over **16** patrols at 22 health centres and aid posts over **71** days on patrol plus our doctors saw **300** patients at Kiunga's urban clinic and gave **35** hours of case-based training

Field report: ADI volunteer doctor Ronald Oosterhuis worked in PNG for the entire 2016/17 – moving from Namatanai Hospital to Western Province. He explained why he chose to dedicate so much time to the cause:

"Why change your air-conditioned hospital for a sweaty clinic day in a bush house. Why give up your Friday night salami pizza for rice with tinned fish? Why trade your nice pay cheque for a food allowance? Because in ten years' time you will not remember the air-conditioning, the pizza or the pay!

My first patrol in the Western Province was a four-hour boat drive down the mighty Fly River to a place called Membok. During the clinic, held on the ground in a wooden house, there was all kinds of pathology – leprosy, tuberculosis, filariasis, congential heart disease and epilepsy, to name a few. It seemed like an endless stream of patients as we are the only doctor most will see the entire year. Being immersed on patrol with the local health workers allowed me to better understand local culture and traditions, which coupled with the work felt immensely satisfying. The mosquito bites and swamp walks aren't very romantic but the experience, the adventure, is something I will happily give up my salami pizza for!"

Photo: Dr Rong demonstrates a heart monitor and (inset) Dr Rong and nurse Kiasha at Kiunga Hospital. (Below) Dr Rong teaching Yenkenai schoolchildren about health.

Field report: Dr Rong Bing

ADI volunteer doctor Rong Bing is a cardiologist who worked in Western Province from July 2016 – December 2016 alongside partner Clinical Nurse Educator Kiasha McInnis, a paediatric intensive care specialist. He reported on his experience:

Swamp, jungle and mountains. Western Province is no walk in the park. One gravel mining road and the largest river in PNG. A plethora of waterways, jungle tracks and bush airstrips. Eight local doctors for a population of 180,000.

At the end of the line: a largely rural population with limited access to healthcare, where the closest aid post may be many hours of difficult walking away… the work required a complete change in mentality. Here the most basic treatments – when available – can save lives. The cost of fuel for a dinghy ride becomes a crucial part of the treatment algorithm. Evidence-based first-world medicine bows to the practical laws of supply, sustainability, cost and sanguma (traditional sorcery.)

There are problems with unsupervised births and rare diseases are not so rare: TB, HIV, Buruli ulcers, yaws, filariasis, and pot-bellied, malnourished children. For me it was a most worthwhile endeavour as I could be part of routine immunisation of unvaccinated children, diagnose TB in toddlers and enjoy the gratitude from staff for providing case and group-based training. Volunteering in Western Province requires a total paradigm shift – Australia's closest neighbour is a world apart."

> The cost of fuel for a dinghy ride becomes a crucial part of the treatment algorithm. Evidence-based first-world medicine bows to the practical laws of supply, sustainability, cost and sanguma – traditional sorcery.
>
> Dr Rong Bing

WOMEN'S HEALTH

In all its programs, ADI looks to empower women and advance their right to full and equal participation in their communities. ADI does this through an emphasis on family planning and maternal and child health projects.

WOMEN'S HEALTH

Family planning saves lives. Early pregnancies and frequent pregnancies are associated with higher mortality rates. Both men and women need access to information and appropriate reproductive health services throughout their lives. Such information and services should be gender sensitive and allow all individuals to make informed choices about sexuality and reproduction, and to have a safe and satisfying sexual life, free from violence and coercion.

ADI collaborated to bring three in-service training programs to remote regions in PNG in 2016/17: two centred around family planning and a third on maternal and child wellbeing.

The first program was delivered at Rumginae Community Health Worker School in North Fly, Western Province and engaged 13 health workers in the region over two weeks in July 2016. This was in collaboration with Marie Stopes International (MSI), leading experts in family planning training in Papua New Guinea.

The second program was held with 26 participants at Namatanai Hospital, New Ireland, from October 31 to November 11, 2016, and was a collaborative effort with Burnet Institute, as part of its Healthy Mothers, Healthy Babies project, focusing on maternal health, antenatal and obstetric care. This project included the distribution of Days for Girls kits for new mothers, an effective incentive for women to attend the hospital for the birth of their baby.

The third in-service was a MSI family planning program organised at Namatanai Hospital over two weeks in May 2017 and engaged 12 rural health workers.

Funding for our Marie Stopes projects came from the ongoing generosity of Gail and Graham Smith and the Namatanai Hospital in-service was funded by ADI volunteer and Days for Girls advocate, Lili Koch.

In-service programs like these ensure local workers are trained to respond to a range of medical emergencies. In New Ireland, responding to obstetric and child-health emergencies continues to be a priority area. In the words of our Namatanai In-service attendee Stewart, a nursing officer from Manga Health Centre just three weeks after attendance: "Last night I attended a case of post-partum haemorrhage; before the in-service I would panic, but now I feel confident because I know exactly what to do."

Photos: ADI collaborated to bring three in-service training programs to remote regions. Pictured above are images from the training provided in Namatanai in May 2017. Pictured far right is ADI Health Coordinator Jennifer with in-service attendees.

> "Last night I attended a case of post-partum haemorrhage; before the in-service I would panic, but now I feel confident because I know exactly what to do.
>
> **In-service attendee, Nursing Officer Stewart**

DISABILITY INCLUSIVITY

Overview

Disability and impairment in Asia and the Pacific are expected to increase over the coming decades as a result of population growth, ageing, lifestyle diseases such as diabetes, conflict, and malnutrition, among other causes. Children with disability face major barriers to enjoying the same rights and freedoms as their peers and may often face greater risks of abuse.

ÁDI believes that people living with disabilities need to be able to improve the quality of their lives by having access to the same opportunities for participation, contribution, decision-making, and social and economic wellbeing as others. Our integrated health patrols in both Western and New Ireland Provinces are designed to reach patients with varying degrees of disability and where possible, the patrols include a disability officer from Callan Services, a branch of Catholic Health Services.

ADI doctors, with the support of local health care workers, seek out seriously incapacitated patients who require house calls, and work with authorities to improve the conditions in which they live.

Musculoskeletal problems such as back injuries, resulting from hard labour, remain the most common affliction seen by our patrol team. During 2016/17, ADI consulted and treated 306 patients in Western Province with serious vertebral and peripheral musculoskeletal symptoms, several of whom suffered from permanent disability.

In New Ireland, ADI doctors treated 96 patients with severe disability and worked with the patrol physiotherapy nurse to treat more than 1,300 patients with serious vertebral and peripheral musculoskeletal symptoms.

ADI patrol team members also provided 15 hours of public health education to 2,234 people on how to prevent, treat and manage their disability.

Photo: Bais James with his family in Ungalabu.

***Field report*:**

Bais James and the patrol team physio nurse

Bais James is a 12-year-old boy from the village of Ungalabu. Shortly after Bais was born he developed cerebral malaria leaving him with secondary blindness.

His mother explained: “He stopped going to school because all the children teased him. But he is happy at home because he plays the ukulele and sings.”

Malaria, which is endemic in New Ireland, can be particularly devastating to children. Drug shortages continue to hamper treatment and ADI continues to work with the provincial government to advocate for improved supply, education and treatment in rural and remote communities.

Bais was recently examined by the ADI patrol team, including long-time patrol member and physiotherapy nurse Desmond Jamlong at a patrol clinic in New Ireland, but it was confirmed the eye damage was permanent. Desmond registered Bais on the provincial disability register, and was able to supply and instruct him in the use of a white mobility aid cane.

Desmond’s role as the physiotherapy nurse on patrol largely centres around musculoskeletal pain, which is common because of the need to walk long distances carrying heavy loads. Through the use of ADI-supplied models of bones and joints, Desmond works to educate New Irelanders on their injuries, recovery and preventative techniques.

***Field report**: Three doctors, one mission*

On patrol in early 2016, Dr Anna Morris treated a young boy named Kenric *(both pictured above)*, suffering from spina bifida who had wasted, deformed lower limbs. Unable to walk, he had developed several large ulcers on his legs from crawling along rough ground.

Dr Anna made a request for a wheelchair through Callan Services, which was later delivered by ADI patrol doctor Rong Bing and Callan Services' Jon Sika *(pictured right conducting eye tests)*. In early 2017, a third ADI doctor, Ronald, checked in on the patient to discover his ulcers healed. Dr Ronald reported the child was a happy, cheeky boy enjoying his mobility.

> ADI believes that people living with disabilities need to be able to improve the quality of their lives by having access to the same opportunities for participation, contribution, decision-making, and social and economic wellbeing as others.

NAMATANAI HOSPITAL

Photo: Namatanai Hospital's maternity ward.

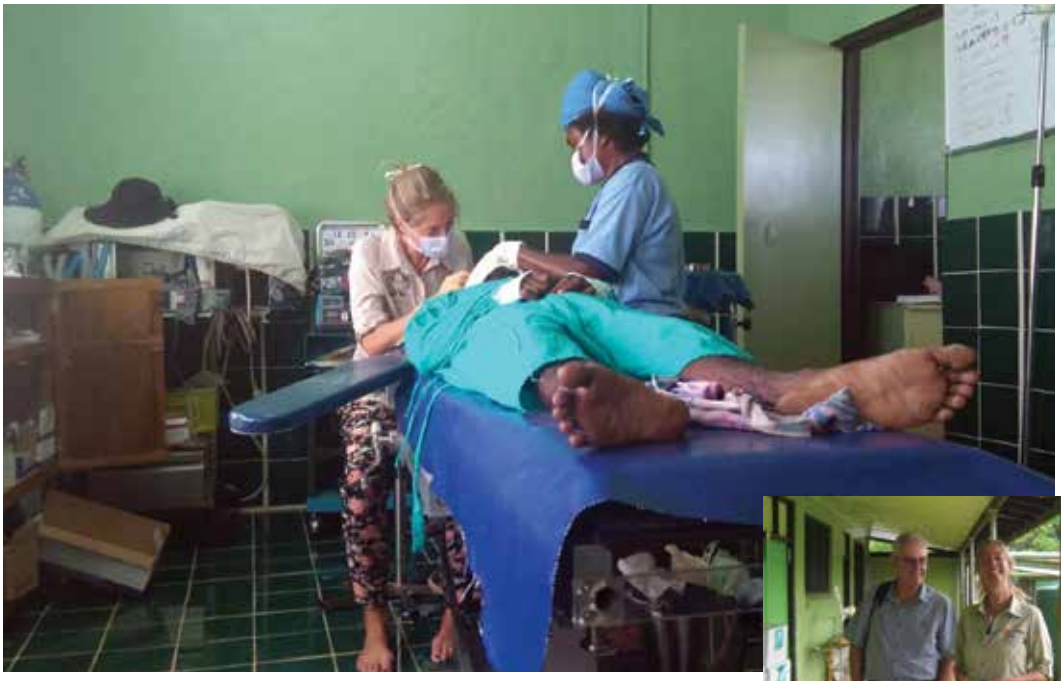
NAMATANAI HOSPITAL

Overview

Namatanai District Hospital, located in the rural south of New Ireland Province, five hours by road from Kavieng, treats more than 47,000 outpatients a year and yet has only one local part-time doctor, no landline or reliable power and limited running water.

ADI started deploying volunteer doctors to the hospital in 2012, with the assistance of locally-based resources company Newcrest Mining. The partnership is aimed at improving the provision of medical treatment and clinical staff training, as well as bolstering the hospital's basic infrastructure and surgical capabilities. ADI stationed two doctors, Ronald Oosterhuis and Agnes de Boer, at Namatanai from August 2016 to February 2017.

During this deployment, our doctors treated 723 patients, provided 38 hours of in-service training (as referenced in the Women's Health section), 66 hours of case-based training with individual health care workers, and more than 30 hours of group-based training.



Photos: When a patient suffered a ruptured uterus our team had to act fast: Dr Agnes performed the surgery, Dr Ronald took charge of anaesthesia and Dashlyn Chee was scrub nurse. (Inset) ADI President Peter Macdonald with Dr Agnes and Dr Ronald at the hospital.

Field report:* '*The only way to save her life was to perform an operation at once'

Staff and patients of Namatanai Hospital were startled out of their Sunday slumber in late 2016 when a patient in the labour ward suffered a ruptured uterus. Such heavy abdominal bleeding required a major operation – at Namatanai there is no anaesthetic machine, no theatre light and few surgical instruments for major operations as its operating theatre is suited only for small procedures.

ADI doctors Ronald and Agnes assessed that referral to a major hospital was not an option as the woman went into shock with major blood loss. It was determined that the only way to save her life was to perform an operation at once.

While the operating theatre was prepared, several nurses donated blood, including Health Extension Officer (HEO) and resident 'bush doctor' Dashlyn Chee, who would be the scrub nurse during the operation 20 minutes later. Dr Ronald took responsibility for the anaesthesia, while doctors Agnes and local surgeon Dr Penny operated.

After opening the abdomen, two litres of blood were removed and two hours later the uterus was removed and the abdomen closed. The patient remained stable during the operation - it was a success. The patient was transferred to Kavieng Hospital for observation and post-operative care. After fighting a post-operative infection, she was later discharged to be reunited with her husband and children.

HEAD OFFICE

CEO's Report

ADI has had a busy 12 months throughout the 2016/17 financial year. I came on board as CEO in late May 2016 and it's been a fascinating year getting to know the strengths and opportunities that ADI has under Peter and the Board's leadership. The Board and staff agreed on a strategy in June when I joined and we have now executed successfully against the agreed objectives which include developing our donor base, implementing the recommendations from the five-year evaluation of the New Ireland project across all programming, and positioning ADI to achieve re-accreditation with DFAT in 2019.

Next steps are for ADI to maintain the momentum to achieve positive results for our existing work and explore new areas of growth.

A new volunteer fundraising team in the Sydney office has provided a renewed push for supporting our work in PNG, and our end of financial year campaign yielded its highest return in three years.I am also pleased that ADI was able to raise its profile in PNG among various stakeholders as these relationships are critical for the continued success of our work for people living rural and remote throughout the country. I'm delighted to share, through this annual report, more detail of ADI's stories during this period and to showcase some great opportunities in front of us.

Liz Mackinlay

Notable events

Presentation of five-year evaluation of New Ireland program in Papua New Guinea and Australia

In August 2016, independent development consultant, Dr Klara Henderson, completed a five-year evaluation of ADI's integrated health patrols and in-service training program in New Ireland Province. The evaluation found that the key strength of the model was its triple combination of:

1. Health service delivery and public health education
2. Extensive on-patrol practical training for local health workers
3. The opportunity for those workers to deepen or update their clinical skills in in-service training.

ADI shared the five-year evaluation widely with stakeholders in New Ireland where the results were well received and plans were commenced to implement recommendations. The report also:

- provided 21 recommendations for improving our approach;
- used our experience in New Ireland to define a 'flexible and adaptive' model which can be extended into other provinces; and
- delineated a plan for how we might gradually transfer responsibility for patrol activities to New Ireland Provincial Health Authority.

In early 2017, ADI was invited to present the five year evaluation at the Australasian Aid Conference, organised by the ANU Development Policy Group, and subsequently invited to post a blog elaborating on the evaluation on the Dev Policy website. Feedback from conference participants, and Professor Stephen Howes in particular, was that the ADI model was a good example of a program that is working and creating change in PNG.

On 10 April 2017, ADI had the pleasure of presenting at the Biannual Evaluation Meeting convened by the ANU's Development Policy Centre and DFAT's independent Office of Development Effectiveness (ODE). Titled 'Australian Aid Evaluations: New Policy; Indonesian Roads; and PNG Health,' the event is a nationally recognised forum for DFAT to review the effectiveness of Australia's development work overseas. This was the first time that a not-for-profit organisation has ever been invited to present an evaluation at this DFAT event. Dr Klara Henderson presented the findings of the five year evaluation via video and Liz Mackinlay spoke about the ADI management response to the recommendations from the evaluation.

National and World Rural Health Conferences April 2017

Dr Bronwen Morrison *(pictured right)* presented at the National and World Rural Health Conferences in April 2017 in Cairns, sharing the results of the five year evaluation after doing a six month placement as a patrol doctor in New Ireland from January to July 2016.

Gala 15 year anniversary celebration dinner October 2016

The ADI Annual Dinner was a special occasion celebrating ADI's fifteen years of working in Papua New Guinea. The dinner recognised the contribution of the ADI Alumni (our volunteer doctors and health coordinators) and the organisations and individuals who have supported ADI so generously during that time.

Inaugural Alumni event October 2016

The day after the Gala Dinner, ADI held its first Alumni event for our returning doctors at the home of Wendy and Peter Macdonald. It was an opportunity to gain insight and advice from them about their experiences as patrol doctors. Drs Tim Baird, Merrilee Frankish, Liz Scott, Ian Hunter, Marg Purcell, and Bronwen Morrison attended.

This event signalled ADI's commitment to engage regularly with the returning doctors to ensure ongoing learning and refinement of the ADI model. Two online meetings were held with Alumni throughout the rest of the year.

Donation from General Electric PNG

Peter Loko, former CEO of GE PNG donated a $10,000 portable ultrasound to ADI during our CEO's visit to Port Moresby in March 2017. This generous gift will help the New Ireland patrol team to better diagnose on patrol.

Relationship with Griffith University Queensland Rural Medical Education school

ADI has commenced a relationship with Dr Scott Kitchener and the Griffith University Queensland Rural Medical Education (QRME) school in Toowoomba based around mutual interest in Western Province. Griffith University send final year medical students to Kiunga hospital for six week placements. In 2016, the medical students joined ADI's patrol with Dr Rong Bing and Clinical Nurse Educator Kiasha McInnis *(pictured left)*.

ADI and QRME are collaborating on four areas of mutual interest: Griffith medical students in Western Province and the ADI doctor supporting supervision of the final year medical students when in Kiunga; leveraging off the Griffith network of doctors to find volunteer doctors for ADI to go to PNG; a collaborative research agenda where Griffith would provide a research framework for an agreed research project; and connecting with Hope4Health student group.

ADI and Newcrest: PNG Mining and Petroleum Investment Conference December 2016

Newcrest Mining Ltd generously provided ADI use of their booth *(pictured* right with Prime Minister Peter O'Neill in attendance) at the 14th Papua New Guinea Mining and Petroleum Investment Conference, held at the Hilton Sydney in December 2017. Crucially, this was the first time that ADI has been able to profile their important work in supporting rural health to the resources sector in PNG.

SYDNEY STAFF AND VOLUNTEERS

ADI encountered a number of staff changes in its Sydney office in 2016/17 with the departure of valued staff members PNG Program Manager Patrick McCloskey and Finance Assistant Marcel Diebold. We welcomed Yaman Kutlu as our PNG Program Manager, Dr Mark Newcombe as Monitoring and Evaluation Officer, and Lou Belle Barrett as our Office and People Coordinator.

We continued to enjoy support from experienced professional volunteers without whom ADI could not operate: Virpi Tuite, Irina Blackmore, Estee Madaschi, Lili Koch, Louise Walker, Darcy Plowman, Tim de Ridder, Judy Mahony, Mike Bayles, Naomi McLean, and John Lalor. This annual report was produced by Kim Smee.

Our CEO
Liz Mackinlay

Liz has over 20 years' experience in the not-for-profit sector, with extensive senior executive experience internationally and in Australia.
She has held roles with a variety of NFP's including with World Vision International as Global Vice President of Strategy, with World Vision Australia as Director of Indigenous development, International Red Cross Society in Cambodia as a gender specialist as well as serving on a number of NFP Boards.
Liz has a passion for community development and gender equality.

Program Manager
Yaman Kutlu

Yaman spent 18 months in Bougainville PNG, establishing and managing a youth economic development program. His field experience includes program design and implementation, mentoring local counterparts, project monitoring and evaluation.
He is passionate about social change.

Finance Manager
Dianne O'Brien

Dianne has extensive experience in large resource sector companies as a senior accountant. She brings dedication and robust financial management skills to this important position within ADI.

Volunteer Coordinator
Virpi Tuite

Virpi has worked with ADI for four years in a volunteer capacity providing invaluable time, talent and experience in the recruitment of PNG based and Sydney based staff as well as managing all induction and debriefing of staff.

People and Office Coordinator
Lou Belle Barrett

Lou Belle is a skilled coordinator with over 15 years' experience working in both local government and the Not-for-Profit sector. Her expertise includes organisational development, relationship management, community engagement, and workplace training.

SPONSORS AND SUPPORTERS

Donors of $20,000 +

New Ireland Provincial Government

Australian Department of Foreign Affairs & Trade (DFAT)

Horizon Oil Limited

Newcrest/ Lihir Gold Limited

ISG Foundation - Iain Gray

Becton Dickinson ("BD")

Hunt Family Foundation

Women's Plan Foundation

Diocese of Daru-Kiunga

Other sponsors and supporters

General Electric

Graham and Gail Smith

Three Flips Foundation

Lili Koch

Austpac Chemicals & Commodities Pty Ltd

Brent and Vicki Emmett

John Forsyth

BOARD OF DIRECTORS

PRESIDENT

Dr Peter Macdonald OAM, MBBS MBBS MRCGP DA DRCOG

Peter ran his own General Practice in Manly for more than 25 years and followed up his environmental and public health concerns by becoming an active and effective politician at both local and NSW State levels. He then volunteered with Medecins sans Frontieres and Timor Aid (post independence) before establishing ADI in 2001. He is currently working as a doctor in remote and indigenous health programs in Australia.

VICE PRESIDENT

George McLelland OAM, CA

George was NSW Secretary of Lend Lease's construction company Civil and Civic and Company Secretary for an Investment Bank. In retirement, he became ADI's Treasurer at its inception and has been a very committed and active member of the Manly community through Rotary, Manly Community Centre and Seaforth Bowling Club.

TREASURER

Margarita Krasteva CPA BCom GradDipCom M Com

Early in her career Margarita worked in London as a Financial Analyst; then on her return to Adelaide as a Business Analyst. Moving to Sydney, she is now in the travel industry. As Financial Controller she leads the finance team of a major travel wholesaler.

SECRETARY AND PUBLIC OFFICER

Patricia Anne Lanham OAM, BSc MHID

Anne followed an extensive career working as a microbiologist in major hospitals in Australia and Canada with eight years as electorate officer for Peter Macdonald when he was NSW State Member of Parliament. She is a co-founder of ADI and since completing her Masters in International Development has worked on Accreditation and Compliance issues for ADI.

Liza Nadolski BA LLB LLM

Liza has had extensive experience in clinical governance and risk within the healthcare sector across hospitals, insurance agencies and a number of large corporate organisations. Liza has been a member of the ADI Risk and Compliance Committee since March 2013 and a Board Director since August 2014.

Dr Judy Lambert AM, BPharm BSc (Hons) PhD GradDipEnvMgt Grad DipBusAdmin

Judy is an environment, social and medical sciences expert who has worked in research, policy, ministerial consultancy and advocacy roles. Until recently, she was Director of Community Solutions.

Colin Plowman BA MSc

Colin has been a highly credentialed public sector senior executive with demonstrated success as a leader and manager and in delivering strong governance, corporate and operational services. He is highly experienced in policy development and delivery of high value programs and projects, including a number to Australian Indigenous communities.

BOARD OF DIRECTORS COMMITTEE MEMBERS

Committee members:
The Board of ADI relies on the support of members of their volunteer committees who have been chosen for their exceptional knowledge in their specific areas. The CEO is an invited member to all Board committees:

Accreditation Committee:
Anne Lanham (Chair), Dr Peter Macdonald, George McLelland, Judy Lambert, Colin Plowman, Margarita Krasteva, Liza Nadolski, Liz Mackinlay, Boronia Foley

Program Committee:
Judy Lambert (Chair), Klara Henderson, Dr Bernie Hudson, Wamiq Khan, Anne Lanham, Dr Peter Macdonald, George McLelland, Dr Mark Newcombe (membership approved April 2016), Patrick McCloskey (resigned Oct 2016), Dr Becky Taylor, Yaman Kutlu, Liz Mackinlay

Risk and Compliance Committee:
Dr Peter Macdonald (Chair), David Buxbaum, Richard Magee, Liza Nadolski, Dianne O'Brien (resigned 31 January 2017), Liz Mackinlay

Revenue Committee:
Colin Plowman (Chair), Dr Peter Macdonald, George McLelland, Lili Koch, Margarita Krasteva, Liz Mackinlay, David Buxbaum

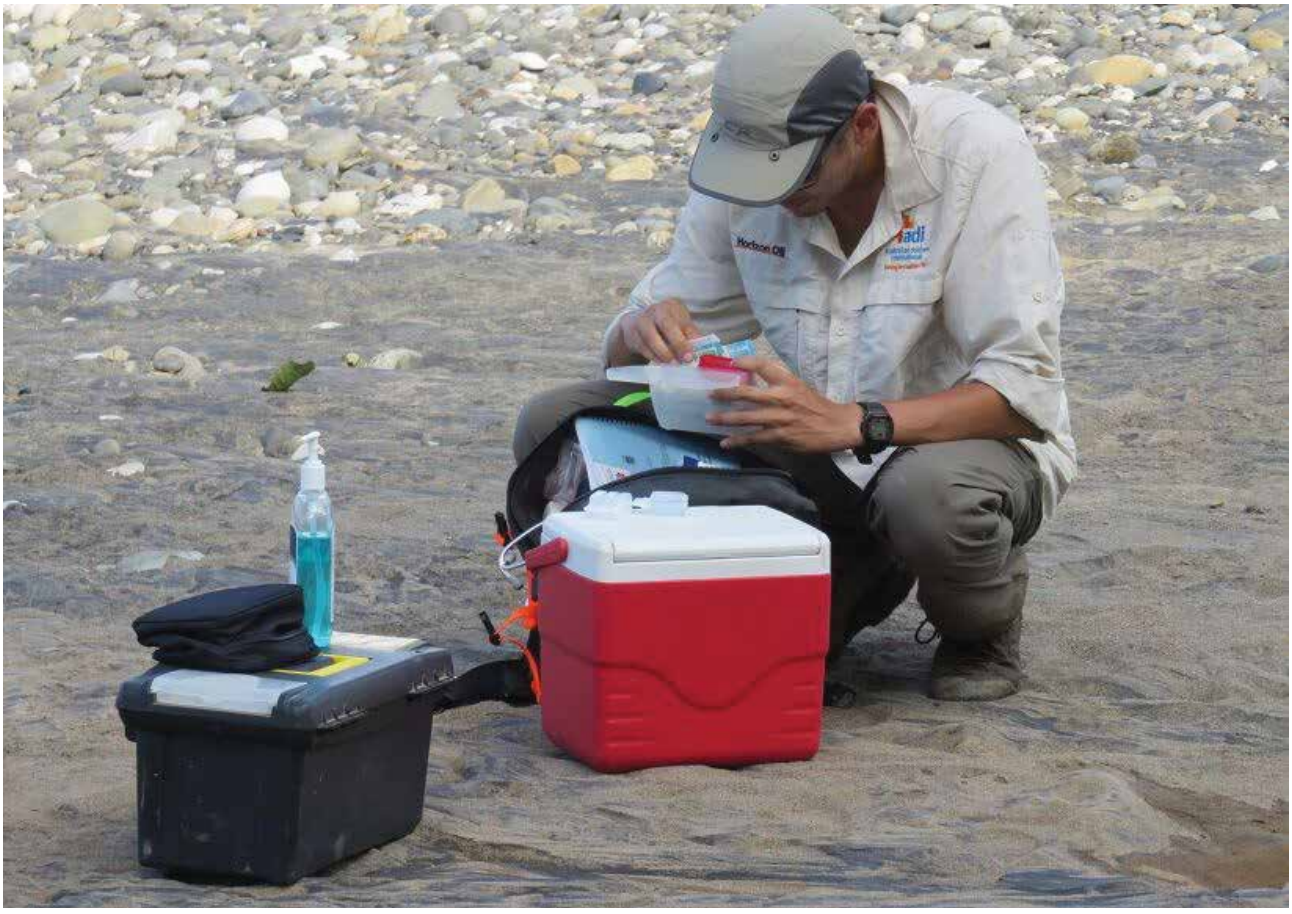


Photo: Checking the medications as part of the 'cold chain' drug supply process while on patrol in Western Province.

BOARD OF DIRECTORS' REPORT
DECLARATION ON FINANCIAL STATEMENTS

The names of the members of the Board of Directors during the year ended 30 June 2017 and at the date of this report are:

- Peter Alexander Cameron Macdonald – President
- George McLelland – Vice President
- Margarita Krasteva – Treasurer (Appointed 17/10/2016)
- Patricia Anne Lanham- Secretary & Public Officer
- Liza Nadolski
- Judy Lambert
- Colin Plowman

Each of the Board members provided their services on a voluntary basis, with reimbursement for out-of-pocket expenses incurred in the discharge of duties. The Board is supported by the Program, Revenue and Risk and Compliance Committees. Each of these committees has Terms of Reference that define their roles and responsibilities and report to the Board on a regular basis.

Declaration

The Board of Directors declares that:

(a) The financial statements and notes, as set out on page 28-38 are in accordance with the *Associations Incorporation Act 2009* and:

   a. Comply with relevant Australian Accounting Standards as applicable; and

   b. Satisfy the requirements of *The Australian Charities and Not-for-profits Commission Act 2012* (CNC Act 2012); and

   c. Give a true and fair view of the financial position as at 30 June 2017 and of the performance of the association for the year ended that date;

(b) In the opinion of the Board of Directors there are reasonable grounds to believe that the association will be able to pay its debts as and when they become due and payable.

This report and declaration dated this 26 day of October 2017 is made in accordance with a resolution of the Board of Directors.

Dr Peter Macdonald, OAM
President

George McLelland, OAM
Vice President

FINANCIAL STATEMENTS

Kiunga markets, Western Province.

FINANCIAL OVERVIEW

Your directors present this report to the members of ADI for the year ended 30 June 2017.

ADI's net surplus as at 30 June 2017 was $2,352 which was a decrease from the previous year which showed a surplus of $123,485. Total revenue of $1,117,062 was raised through government grants, corporate grants and fundraising activities. It also includes the remarkable contribution of our volunteers whose donated time contributed $353,828 in non-monetary revenue.

Expenditure is in line with revenues with a total of $1,114,710 being spent to support our programs. The majority of our International program costs were incurred in New Ireland Province, PNG.

The Board of Directors acknowledges there have been:

1. No significant changes in the state of affairs of ADI;

2. No changes to the principal activities of ADI during the financial year;

3. No matters or circumstances that have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the company;

4. No environmental issues that have arisen during the financial year;

5. Insurance premiums paid to provide Indemnity cover for ADI's Board members.

AUDITOR'S REPORT

Raymond J.Patmore B.Ec F.C.A J.P

Chartered Accountant

P.O. Box 175
FRESHWATER NSW 2096

Telephone: (02) 9938 5685
Fax: (02) 9939 6269
Email: raymondjpatmore@hotmail.com

ABN 86 665 216 632

To the members of Australian Doctors International Incorporated

Scope

I have audited the financial report of Australian Doctors International Incorporated for the year ended 30 June 2017. The Association directors are responsible for the financial statements and have determined that the accounting policies used are consistent with the financial reporting requirements of the Association and are appropriate to meet the needs of the Association. I have conducted an independent audit of these financial statements in order to express an opinion on them. No opinion is expressed as to whether the accounting policies used are appropriate to the needs of the company.

I disclaim any assumption of responsibility for any reliance on this report or on the financial statements to which it relates to any person other than the directors, or for any purpose other than for which it was prepared.

The audit has been conducted in accordance with Australian Auditing Standards. The procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial statement and the evaluation of accounting policies and significant accounting estimates. These procedures have been undertaken to form an opinion whether in all material aspects, the financial statements are presented fairly in accordance with the accounting policies described in the financial statements. These policies do not require the application of all Accounting Standards and other mandatory professional reporting requirements (Urgent Issues Group Consensus Views).

The audit opinion expressed in this report has been formed on the above basis.

Independence

In conducting the audit, I have complied with the independence requirements of Australian professional ethical pronouncements.

Audit Opinion

In my opinion, the financial report of Australian Doctors Incorporated is in accordance with:

a) The Associations Incorporation Act 2009 including:

   1) Giving a true and fair view of Australian Doctors International Incorporated financial position as at 30 June 2017 and its performance for the year ended on that date;
   2) Complying with Accounting Standards; and
   3) Australian Doctors International Incorporated Constitution; and

b) ACFID Code of Conduct – Compliant Financial Statements; and
c) Other mandatory professional requirements.

RAYMOND J PATMORE F.C.A

26 October 2017
Freshwater NSW

Liability limited by a scheme approved under Professional Standards Legislation

Chartered Accountant

ACCOUNTABILITY AND ACCREDITATION

Governance Statement

Australian Doctors International is incorporated in New South Wales under the *Associations Incorporation Act 1984*. Ultimate responsibility for the governance of the company rests with the Board of Directors, who control and manage the affairs of the Association.

Risk and Ethical Standards

ADI acknowledges that it faces many risks including operational, reputational, financial reporting and compliance risks. Through our Risk and Compliance Committee and operational management ADI works to reduce and mitigate these risks to protect all our stakeholders and ensure these risks do not stop us achieving our goals. Board members, staff and volunteers are expected to comply with all relevant laws and the codes of conduct of relevant professional bodies and to act with integrity, compassion, fairness and honesty at all times. ADI shows a commitment to this through its Governance and Administration Handbook and Staff Handbook which detail ADI's ethical standards, code of conduct, conflicts of interest policy and child safeguarding policy.

Accountability

ADI is a member of the Australian Council for International Development (ACFID) and a signatory to the ACFID Code of Conduct. ADI is fully committed to the Code, the main parts of which concern high standards of program principles, public engagement and organisation. More information about the Code may be obtained from ADI or ACFID (www.acfid.asn.au).

Any complaint concerning an alleged breach of the Code by ADI should be lodged with the ACFID Code of Conduct Committee.

ACFID's contact details are:

Postal address: Private Bag 3, Deakin, ACT, 2600, Australia

Telephone: +61 2 6285 1816 **Fax:** +61 2 9949 8231

Email: main@acfid.asn.au

Any other complaint concerning ADI should be addressed to ADI's President and Vice President.

ADI's contact details are:

Postal address: P.O. Box 324 Seaforth, 2092, NSW Australia

Office address: BUPA Building 550C Sydney Road, Seaforth NSW 2092

Telephone: +61 2 9907 8988 **Email**: adioffice@adi.org.au

ABN: 15 718 578 292 **Website**: www.adi.org.au

ADI holds a charitable fundraising authority (number 17073) under section 13A of the *Charitable Fundraising Act 1991* and is bound to comply with the provisions of the Act. ADI is also endorsed as an income tax exempt charitable entity and endorsed as a Deductible Gift Recipient under the *Income Tax Assessment Act 1997.*

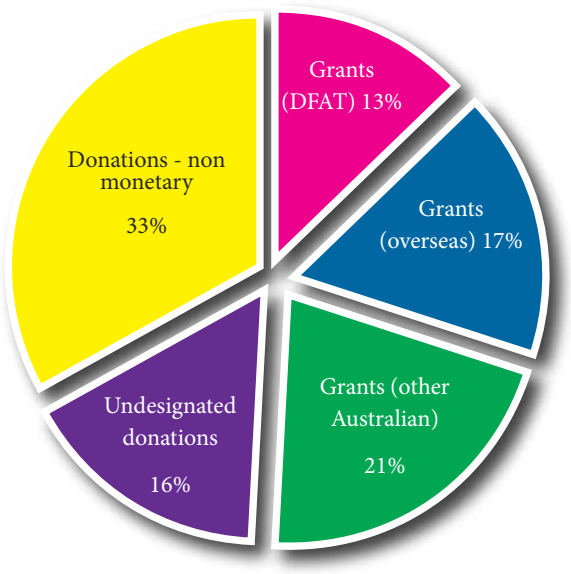
ADI is one of only about 50 Australian NGOs accredited with the Department of Foreign Affairs and Trade (DFAT) (formally AusAID); and received funding through the Australian NGO Cooperation Program (ANCP).

Australian Government
Department of Foreign Affairs and Trade

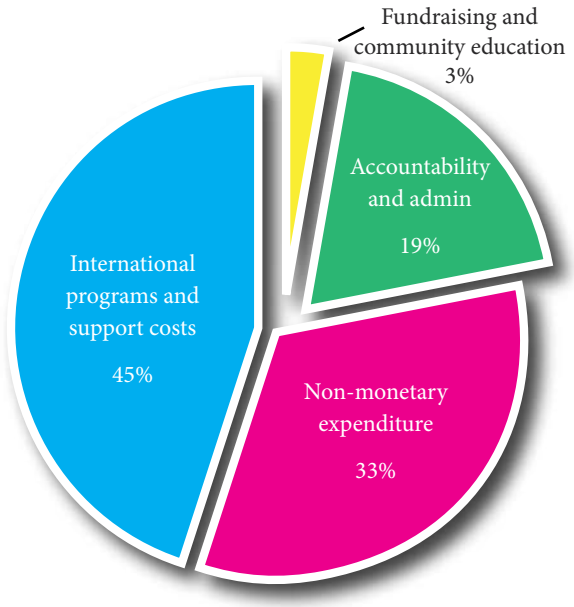
Australian Aid

FINANCES AT A GLANCE 2016/17

Total Revenue
$1,117,062



Total Expenditure
$1,114,710



INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2017

	Notes	2017	2016
REVENUE		**$**	**$**
Donations and gifts			
• Monetary		143,398	164,694
• Non Monetary	4	367,328	449,606
Bequests and Legacies		-	-
Grants			
• DFAT		150,000	150,000
• Other Australian		232,000	211,640
• Other overseas		191,489	321,808
Investment Income	5	4,778	5,532
Other Income	6	28,069	41,316
Revenue for International Political or Religious Prosellytisation		-	-
Programs			
TOTAL REVENUE		**1,117,062**	**1,344,596**
EXPENDITURE			
International Aid and Development Programs Expenditure			
• Funds to international programs	2	299,525	476,585
• Program support costs		199,900	131,347
Community education		2,322	
Fundraising Costs			
• Public	7	28,463	42,249
• Government multilateral and private		-	-
Accountability and Administration	8	217,172	121,324
Non-Monetary Expenditure	4	367,328	449,606
Total International Aid and Development Programs Expenditure		**1,114,710**	**1,221,111**
Expenditure for International Political or Religious Proselytisation		-	-
Programs			
Domestic Programs Expenditure *(Incl Monetary and Non Monetary)*		-	-
TOTAL EXPENDITURE		**1,114,710**	**1,221,111**
EXCESS/(SHORTFALL) OF REVENUE OVER EXPENDITURE		**2,352**	**123,485**

BALANCE SHEET AS AT 30 JUNE 2017

	Notes	2017	2016
Assets		$	$
Current Assets			
Cash and cash equivalents	3	587,479	555,714
Trade and other receivables		6,249	56,226
Inventories			
Assets held for sale			
Other financial assets		-	451
Total Current Assets		**593,728**	**612,391**
Non Current Assets			
Trade and other receivables			
Other financial assets			
Property plant and equipment			
Investment property			
Intangibles			
Other non current assets			
Total Non Current Assets		-	-
Total assets		**593,728**	**612,391**
Liabilities			
Current Liabilities			
Trade and other payables	9	5,827	44,569
Borrowings			
Current tax liabilities	10	4,998	(4,446)
Other financial liabilities	11	5,075	5,750
Provisions	12	16,725	7,767
Other			
Total Current Liabilities		**32,625**	**53,640**
Non Current Liabilities			
Borrowings			
Other financial liabilities			
Provisions			
Other			
Total Non Current Liabilities		-	-
Total liabilities		**32,625**	**53,640**
Net Assets		**561,103**	**558,751**
Equity			
Reserves		-	-
Retained Earnings		**561,103**	**558,751**
Total Equity		**561,103**	**558,751**

The above financial statement should be read in conjuction with the accompanying financial notes

CHANGES IN EQUITY FOR THE YEAR TO 30 JUNE 2017

	Retained Earnings		Total	
	2017	2016	2017	2016
Balance at beginning of year	558,751	435,266	558,751	435,266
Excess/(shortfall) of revenue over expenses	2,352	123,485	2,352	123,485
Amount transferred (to) from reserves	-	-	-	-
Balance at end of year	**561,103**	**558,751**	**561,103**	**558,751**

CASH FLOW STATEMENT THE YEAR ENDED 30 JUNE 2017

	Notes	2017	2016
Cash flow from operating activities		$	$
Receipts from Operations		795,383	876,072
Operating Payments		768,396	737,340
Net Cash provided by (used In) operating activities	14	26,987	138,732
Cash flow from investing activities			
Investment Income		4,778	5,532
Payments for property, plant, equipment		-	2,216
Net Cash provided by (used in) investing activities		4,778	3,316
Net increase (decrease) in cash held		31,765	142,048
Cash at beginning of financial year		555,714	413,666
Cash at end of financial year		**587,479**	**555,714**

Reconciliation of cash

For the purposes of the cash flow statement,cash includes cash on hand and in banks and investments in money market instruments,net of outstanding bank overdrafts. Cash at the end of the financial year as shown in the statement of cash flow is reconciled to the related items in the statement of financial position as follows:

Cash	3	391,718	367,769
NIPG advance funding		195,761	187,945
Cash at end of financial year		**587,479**	**555,714**

FINANCIAL NOTES FOR THE YEAR ENDED 30 JUNE 2017

Note 1 Summary of significant accounting policies and basis of accounting

The summary financial statements have been prepared in accordance with the requirements set out in the ACFID Code of Conduct. For further information on the Code please refer to ACFID Code of Conduct Guidelines available at www.acfid.asn.au. This general purpose financial report has also been prepared to meet the requirements of the *Associations Incorporations Act 2009*, comply with Accounting Standards and other mandatory professional requirements and to be in accordance with the constitution of Australian Doctors International Incorporated. It has been prepared on the basis of historical costs, and except where stated does not take into account current values of non current assets. These non-current assets are not stated at amounts in excess of their recoverable values. Unless otherwise stated, the accounting policies are consistent with those of the previous year. Australian Doctors International Incorporated is a not for profit charitable organaisation and this financial report complies with such of the prescribed requirements as are relevant thereto.

A. Foreign currency

Transactions denominated in a foreign currency are converted at exchange rates prevailing during the financial year. Foreign currency receivables, payables and cash are converted at exchange rates at balance sheet date.

B. Depreciation of property, plant and equipment.

Property, plant and equipment acquired for international aid and development programs is charged to these programs in the year of acquisition. Depreciation on other property, plant and equipment is calculated on a straightline basis to write off the net cost of each item over its estimated useful life.

The carrying amount of property, plant and equipment is reviewed annually to ensure it is not in excess of the recoverable value of these assets.

C. Income Tax

Australian Doctors International Incorporated is exempt from income tax under the *Income Assessment Act 1997*.

D. Cash and cash equivalents

For the purposes of the statements of cash flows, cash includes cash on hand, deposits held at call with banks ,and investments in money market instruments which are readily converted to cash on hand and are subject to insignificant risk of changes in value.

E. Comparative figures

When required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

Note 2 International aid and development programs

	Notes	2017	2016
Doctors, education and training		$	$
Non-monetary	(Note 4 below)	367,328	449,606
Funds to international programs		299,525	476,585
Program support costs		199,900	131,347
Total		**866,753**	**1,057,538**

Note 3 Table of cash movements for designated purposes

Program	Cash available at beginning of year	Cash raised during the year	Cash disbursed during year	Cash available at end of year
New Ireland Province, PNG				
Namatanai Hospital	41,462	70,000	77,022	34,440
Inservice Training (NIPG)	39,322	80,112	35,392	84,042
Integrated Patrols	18,478	135,000	117,995	35,483
Pathology	15,584	30,000	6,740	38,844
NIPG Patrols (NIPG)	189,380	170,213	163,108	196,485
Western Province, PNG				
Catholic Health Improvement	(14,928)	100,000	62,470	22,602
Other Projects				
Family Planning	52,020	32,213	40,236	43,997
Non Designated Unrestricted	214,396	176,244	259,054	131,586
Total Cash Movements	**555,714**	**793,782**	**762,017**	**587,479**

Note 4 Non-monetary revenue/expenditure

International and development programs	**2017**	**2016**
Medical volunteers	328,334	425,840
Non-medical volunteers	25,494	22,966
Medical equipment and supplies	13,500	800
Property,plant and equipment	-	-
Total international and development programs	367,328	449,606
Other	-	-
Total non-monetary revenue/expenditure	**367,328**	**449,606**

Note 5 Investment income

	2017	**2016**
Bank interest	4,778	5,532

Note 6 Other income

	2017	**2016**
Annual Gala Dinner	28,069	41,317

Note 7 Fundraising Costs

	2017	**2016**
Costs of attracting corporate sponsorship	9,022	-
Campaign costs (EOFY and Xmas)	5,720	25,032
Annual Gala Costs	13,721	17,217
	28,463	**42,249**

Note 8 Accountability and Administration

These costs relate to the operational ability of the organisation and include the cost of running the Sydney office. This includes staff costs which are not able to be allocated to program support costs and other costs such as rent, stationery and IT.

Note 9 Trade and other creditors

	2017	2016
Trade creditors	1,827	21,822
Accrued charges	4,000	22,747
	5,827	44,569

Note 10 Current tax liabilities

	2017	2016
Australia GST Receivable	(2,515)	(4,986)
PNG GST Receivable	(5,277)	(5,253)
PAYG	12,790	5,793
	4,998	(4,446)

Note 11 Other Financial liabilities

	2017	2016
Prepaid member subscriptions	5,075	5,750

Note 12 Provisions

	2017	2016
Annual Leave Accrual	16,725	7,767

Note 13 Remuneratiom of auditor

The auditor Mr. R J Patmore Chartered Accountant does not receive any remuneration for his services.

Note 14 Reconciliation of excess (shortfall) to net cash flow from operating activities

	2017	2016
Excess (shortfall) of revenue over expenditure	2,352	123,485
Depreciation	-	2,215
Increase in creditors	(28,012)	31,315
Investment Income	(4,778)	(5,532)
Capital Expenditure	-	-
PAYG	6,997	636
Decrease in trade and other receivables	50,428	(13,387)
Decrease in loans payable	-	-
Advances	-	-
Cash inflow (outflow) from operating activities	**26,987**	**138,732**

Note 15 Presentation of graphs

The graphs included are based on the information contained in the current year's financial statements and relate to one period only.

Revenue shows each revenue type as a percentage of total revenue received by the organisation.

Undesignated revenue includes monetary donations, investment income and other income.

Non-monetary revenue includes voluntary services and donations of goods in kind.

Expenditure shows each expenditure type (from the ACFID Option 2 Income Statement template) as a percentage of total expenditure.

International Program Expenditure shows the percentage of total International Program and program support costs incurred on each program

Sunset in Kavieng, New Ireland.

AUSTRALIAN DOCTORS INTERNATIONAL
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ABN: 15 718 578 292
www.adi.org.au

ADI Program Manager Yaman Kutlu joins a patrol meeting in Western Province, PNG.