



Working for a healthier PNG

ANNUAL REPORT 20/21



Working for a healthier PNG



Dr Ishani Kaluthotage attends to a newborn at Matkomnai Health Centre, Western Province.

The Department of Foreign Affairs and Trade (DFAT) is the Australian Government agency in charge of managing Australia's overseas aid program. The goal of the Australian aid program is to promote Australia's national interests by contributing to international growth and poverty reduction.



Acronyms

ACFID	Australian Council For International Development
ADI	Australian Doctors International
ANCP	Australian NGO Cooperation Program
AP	Aid Post
CHP	Community Health Post
CHS	Catholic Health Services
CHW	Community Health Worker
COVID-19	Corona Virus Disease 2019
CYP	Couple Years Protection
DFAT	Australian Department of Foreign Affairs and Trade
DTP3	Third dose of the Diphtheria, Tetanus and Pertussis vaccine
EMONC	Emergency Obstetric and Neonatal Care
GEDSI	Gender Equity, Disability and Social Inclusion
HC	Health Centre
HEO	Health Extension Officer
HSC	Health Sub-Centre
KRA	Key Result Area
LLG	Local Level Government
MOU	Memorandum of Understanding
NDOH	National Department of Health in PNG
NIPG	New Ireland Provincial Government
NIPHA	New Ireland Provincial Health Authority
NO	Nursing Officer
PHA	Provincial Health Authority
PPE	Personal Protective Equipment
RDT	Rapid Diagnostic Test
SDG	Sustainable Development Goals
SOE	State of Emergency
STI	Sexually Transmitted Infection
STMs	Standard Treatment Manuals
TB	Tuberculosis
UNFPA	United Nations Population Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation
WNBPHA	West New Britain Provincial Health Authority

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Chairman's Message

The COVID-19 pandemic continues to change the world on a daily basis. We've seen what can be achieved when government provides adequate investment and support to the scientific community. The outcome has been not one, but many, safe and effective vaccines brought to market in record time.

While the Australian government has committed to providing the doses that Papua New Guinea requires to vaccinate its population, ADI knows all too well how significant the infrastructure and workforce challenges are to achieving an adequate level of coverage.



In the last few months, ADI has been working to support Provincial Health Administrations in PNG to deliver COVID vaccinations and address vaccine hesitancy. This work is likely to be a focus for the next two to three years. Restrictions, lockdowns, quarantine and safety concerns have meant that for much of this year ADI has not had Australian volunteer doctors on the ground in PNG. Despite the challenges, the team have found ways to push through and provide the much-needed support and services to rural communities and rural health workers.

At the end of February we held our first in-person fundraising and community awareness event in partnership with Waves for Water, at Q-Station in Manly. The event was a great success and it was wonderful to see all our supporters in person again.

At the beginning of March, we said farewell to our CEO, Klara Henderson after 3 years of wonderful service for which ADI was grateful. We then welcomed our new CEO, Mimi Zilliacus who brings a wealth of skills and experience from her background in the non-profit and medical education sectors in PNG, Australia and Asia.

This year's financial report shows a reduction in revenue compared to last year which is attributed to reduction in volunteer time provided in-kind due to COVID restrictions. Dr Judy Lambert retired from the board after 10 years of service. In May 2021 James Sheffield had to step back from his position with the board. We also welcomed Dr Becky Taylor to the board this year.

Dr. PETER MACDONALD
Chair and Founder
OAM, MBBS MRCGP DA DRCOG

Our Board



Dr. PETER MACDONALD
Chair and Founder
OAM, MBBS MRCGP DA DRCOG

Peter was a general practitioner in Manly for more than 25 years and served on Manly Council for 20 years including four years as the Mayor. His commitment to environmental and public health concerns led to him becoming an active and effective Member of Parliament between 1991 and 1999. He then volunteered with Medecins sans Frontiers and was deployed to Iran and later with Timor Aid in East Timor. He retired from medical practice on 2019 and is still heavily involved in community affairs.



LIZA NADOLSKI
Vice Chair
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.



DAVID MILES
Treasurer
BCom, FCA

David worked as a chartered accountant for 33 years with Price Waterhouse and JPMorgan in Sydney, Canada, Jakarta, and Tokyo. He went on to work as Finance Director for Australia and Indonesia, then as COO (Chief Operating Officer) in Australia. David then became CEO (Chief Executive Officer) of JP Morgan Trust Bank in Japan and CEO (Chief Executive Officer) of JPMorgan/Aus Post JV in Australia. Since retiring, he spends his time raising Angus beef cattle in the central west of NSW.



COLIN PLOWMAN
Director, Chair of the Revenue Committee
BA, MSc

Colin is an ex-Commonwealth Public Servant having undertaken senior executive roles as Registrar of the Migration Review Tribunal-Refugee Review Tribunal, First Assistant Secretary in the Department of Finance, and a Program Manager in the Aboriginal and Torres Strait Islander Commission, among others. Colin has many years working with Indigenous communities across Australia and in program management and evaluation



BRENT EMMETT
Board Director
BSc (Hons)

Brent has over 40 years' experience in petroleum exploration, exploration and production management, and investment banking. He first worked as an explorationist in Australia, PNG and New Zealand then filled general management roles in North and South America. Brent was the CEO (Chief Executive Officer) and MD of Horizon Oil for 17 years and retired in 2018.



LOUISE WALKER
Board Director
BEd, MComm, CAIA, GAICD

Louise has more than 25 years' experience in funds management, at Macquarie Group and now at Brookvine. Louise's interests extend to promoting diversity and inclusion across the financial services industry as well as football and, of course, through ADI's work. Louise joined ADI's fundraising committee in 2017 and joined the board in August 2018.



REBECCA TAYLOR
Board Director
**MBChB (Hons), BMed Sci
(Reproductive Biology),
EADTM&H, DRANZCOG, DCH**

Rebecca is a Fellow in Obstetrics and Gynaecology. She obtained her medical degree from the University of Edinburgh in 2010, before moving to Australia in 2013. She has a Diploma in Tropical Medicine and a special interest in improving maternal and child health in the Pacific. She joined ADI in 2014 as a member of the Programme Committee and is now Programme Committee Chair as well as a newly appointed member of the Board.



RICHARD SCHRODER
Board Director
B.Sc. (Hons)

Richard has 40+ years of experience in the resources business in Africa, Indonesia, PNG, NZ, and onshore and offshore Australia. Richard has spent 30+ years operating in the lowland and highland jungles of PNG and has managed companies such as Santos and Sydney Oil Company in the capacity of Exploration Manager, Southeast Asia, and more recently as CEO (Chief Executive Officer) of Kina Petroleum Limited an ASX listed company. Beyond operational activities in PNG Richard has taken an active interest in social factors that affect PNG including improving sanitation for remote areas in PNG.

CEO's Message

I joined ADI in March this year and wow what an incredible team I have inherited. Just two weeks into my new role COVID-19 cases started surging in Papua New Guinea so it was certainly a trial by fire, but also somehow stepping into the familiar again. I've had a connection to Papua New Guinea for almost ten years and have spent several years living and working in Port Moresby.

What stands out for me is how dedicated and committed the whole ADI family is to our shared goals of improving the health and wellbeing of the communities we work with.



I am incredibly proud of the work that the whole team has been doing in all our offices across Sydney and PNG to respond to COVID but also to stay focused on our core programs, working in close partnership with provincial health authorities. These shared goals have also helped us to pivot quickly into new areas. The ever-changing COVID environment has meant we've had to pivot a lot.

One of our team members deserves a special mention, Aron Bale, in our Kiunga office, not only kept our programs going but actually expanded them! You can read more about our work delivering routine vaccinations later in this report.

While we have seen a dramatic drop in the volunteer hours provided to ADI, and there have been several months where patrols were put on hold due to COVID restrictions we have still done over 230 days of patrols across all of our provinces, delivered over 90,000 pieces of PPE and 2,856 doses of routine immunisations. But it wasn't just PPE and vaccines, ADI, in partnerships with Provincial Health Authorities, District Health Services, and Catholic Health Services achieved some amazing results. We began the incredibly challenging work of addressing COVID vaccine hesitancy and getting our own staff vaccinated.

With the support of Newcrest Mining, we began planning our program to roll out COVID vaccinations in New Ireland and improve routine immunisation coverage in New Ireland province.

A very special acknowledgment and thanks are owed to my predecessor, Dr. Klara Henderson. It is clear that she has done an amazing job building the organisation into what it is today. I would also like to thank Andrew Noble, Finance Manager who has recently left ADI.

MIMI ZILLIACUS BA MPH
ADI CEO

Our Team

In Country Team



New Ireland

- Lucy Berak, Gender Equity Coordinator
- Shaem Kuam, Driver
- Demilyn Micah, GEDSI Officer
- Sherel Nama, Office Manager
- Devlyn Olan, New Ireland Programs Coordinator
- Sam Piliman, Logistics Officer and Driver
- Gibson Piskaut, Driver
- Mary Silakau, Health Extension Officer (HEO)
- Joelee Thomas, GEDSI Officer

West New Britain

- Stephen Keu, Logistics Officer
- Jack O'Shea, West New Britain Program Manager
- Joyce Seneba, GEDSI Officer

Western Province

- Aron Bale, Office Manager
- Ruth Biendwore, Maternal Health Coordinator

Sydney Team



Sydney Team:

Brooke Briggs,
Mimi Zilliacus,
Kay Nevill,
Mark Newcombe,
Aisha Hassan,
Yaman Kutlu,
Tanuja Bissa,
Caroline Busvine

Papua New Guinea

Papua New Guinea is in the southwestern Pacific Ocean. It encompasses the eastern half of New Guinea, the world's second largest island (the western half is made up of the Indonesian provinces of Papua and West Papua); the Bismarck Archipelago (New Britain, New Ireland, the Admiralty Islands, and several others); Bougainville and Buka (part of the Solomon Islands chain); and small offshore islands and atolls. The national capital, Port Moresby, is located in south-eastern New Guinea on the Coral Sea.

The islands that constitute Papua New Guinea were settled over a period of 40,000 years by the mixture of peoples who are referred to as Melanesians. Since the country achieved independence in 1975, one of its principal challenges has been the difficulty of governing many hundreds of diverse, once-isolated local societies as a viable single nation.



Papua New Guinea is Australia's nearest neighbour and is only a 30-minute dingy trip from the Torres Strait.



Who We Are

Australian Doctors International (ADI) is a not-for-profit focused on improving the health and wellbeing of rural Papua New Guineans while working in close collaboration with local health authorities and health providers to strengthen the health system.

Our vision is a healthier Papua New Guinea.

This year we begin our countdown to providing 20 years of continuous health service to the people of PNG.

We operate only in PNG and are proud of our commitment to the country.

What We Do

Quality primary health care (PHC) is the backbone of Universal Health Coverage and creates trust in public institutions. ADI is committed to championing and working with our partners in PNG empowering the people of PNG to build health systems that will improve the health of their population.

ADI closely aligns its activities with the priorities of the PNG National Department of Health and Provincial Health Authorities to ensure health priorities are addressed. ADI volunteer doctors are deployed alongside staff to work in collaboration with the local health workforce and partners to deliver:

- Regular outreach health patrols to rural and remote communities.
- Professional development of rural health workers in key priority areas.
- Public health education to increase community understanding of preventing disease.
- Improve access to health and wellbeing for women and girls.
- Improved community understanding of gender equity, child safeguarding, and inclusion of people with disabilities.

ADI first established its activities in the North Fly District of Western Province in 2001 and expanded its reach to New Ireland in 2011 and West New Britain in 2019. ADI now has 12 staff in PNG and plans for expanding the PNG provincial teams in the coming year.

The provision of health services is one of the big challenges for Papua New Guinea.

It relies on a network of local-level health clinics, with hospitals at the provincial and national levels providing higher-level services. Rugged environments, lack of infrastructure and communications, and high service delivery costs can lead to limited availability in many areas. PNG is experiencing extreme health workforce shortages, falling well below WHO standards for a minimum health worker to population ratios, and the majority of the workforce is approaching or past the age of retirement.



Dr Chris McCall takes a client's blood pressure with Nursing Officer Harin Woram in Yuluwas, Western Province.

ADI aligns its activities with the PNG NDoH key result areas:

KRA 1: Improve service delivery

KRA 2: Strengthen partnerships and coordination with stakeholders

KRA 3: Strengthen health systems

KRA 4: Improve child survival

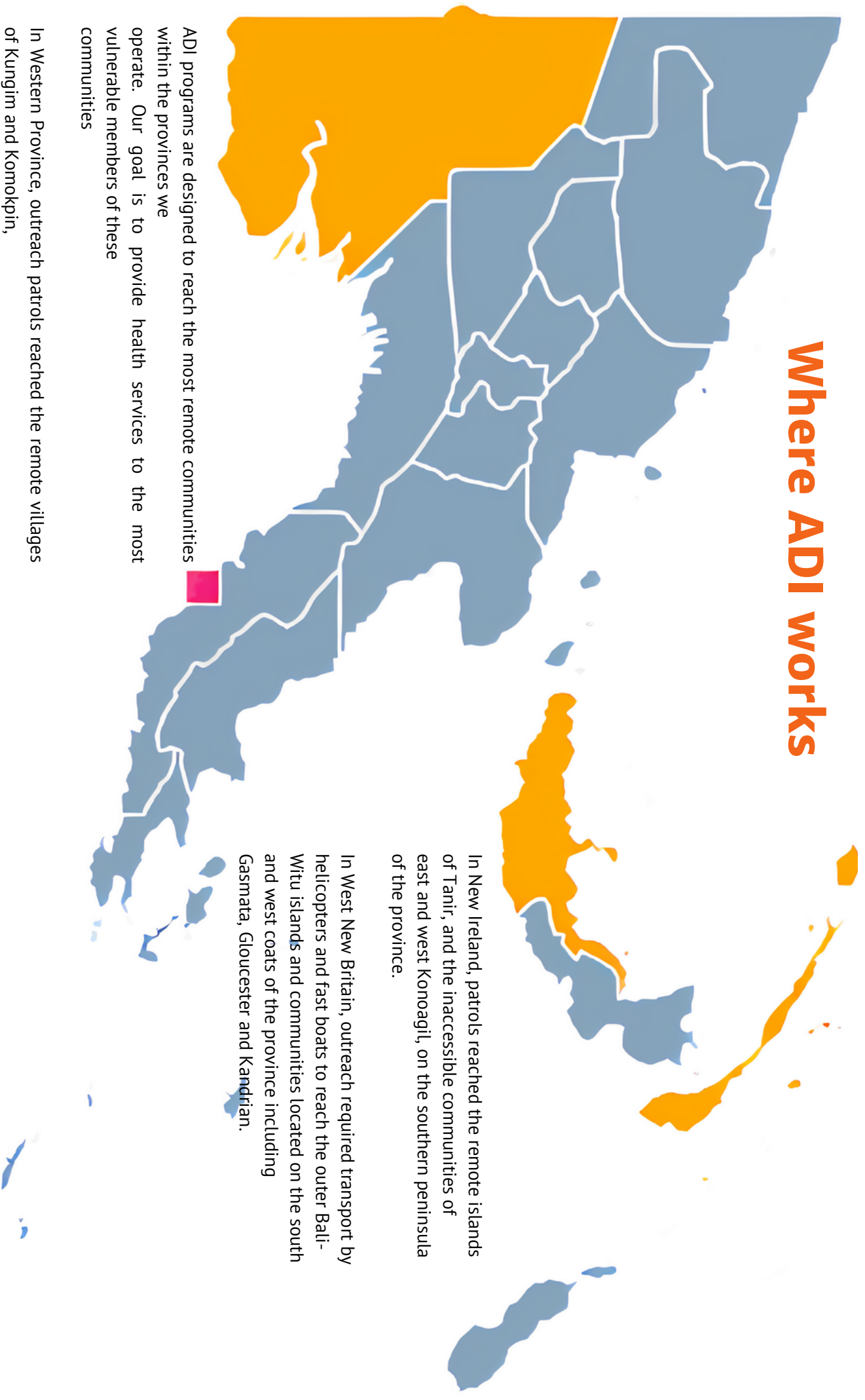
KRA 5: Improve maternal health

KRA 6: Reduce burden of communicable diseases

KRA 7: Promote healthy lifestyles

KRA 8: Improve preparedness for disease outbreaks and emerging population health issues

Where ADI works



ADI programs are designed to reach the most remote communities within the provinces we operate. Our goal is to provide health services to the most vulnerable members of these communities

In Western Province, outreach patrols reached the remote villages of Kungim and Komokpin, located on the West Papuan border, providing services to the people of north Awin and Oktarim, and northern rainforests of Ningerum ward.

In New Ireland, patrols reached the remote islands of Tanir, and the inaccessible communities of east and west Konoagil, on the southern peninsula of the province.

In West New Britain, outreach required transport by helicopters and fast boats to reach the outer Bali-Witu islands and communities located on the south and west coasts of the province including Gasmata, Gloucester and Kandrian.

Capacity Building

The World Health Organisation recommends that 4.45 health workers are needed per 1000 people for a health system to operate effectively in developing countries.

In PNG that number is 0.47 with massive disparities across the country and even lower rates in rural areas where over 85% of the population lives.

Eighty-four percent of the workforce are nurses, midwives, health extension officers and community health workers, many of whom are working in complete isolation. These dedicated health professionals have limited opportunities for professional development and often work without access to infrastructure and supplies.

The COVID pandemic has made professional development difficult. Face-to-face training has been replaced with live webinars. The success of these modified activities has been remarkable and a sign of ADI's ability to adapt to current and persistent circumstances.

ADI has also continued to assist with training to support COVID-19 response.

From July to August 2020 in New Ireland, ADI's Dr Alison Brown delivered three training webinars to Kavieng hospital staff on the use of oxygen concentrators donated by Newcrest mining, delivered in partnership with trainers from the National Department of Health (NDoH). 183 individual health workers received training from ADI patrol teams or facilitators.



Lambon Aid Post health worker Rulyine Goro and Dr Alison Brown conduct clinic in West Konoagil, New Ireland.



Aron Bale, ADI Office Manager for Western Province (left); local Nursing Officer Harin Woram (right)

ADI's COVID-19 Response



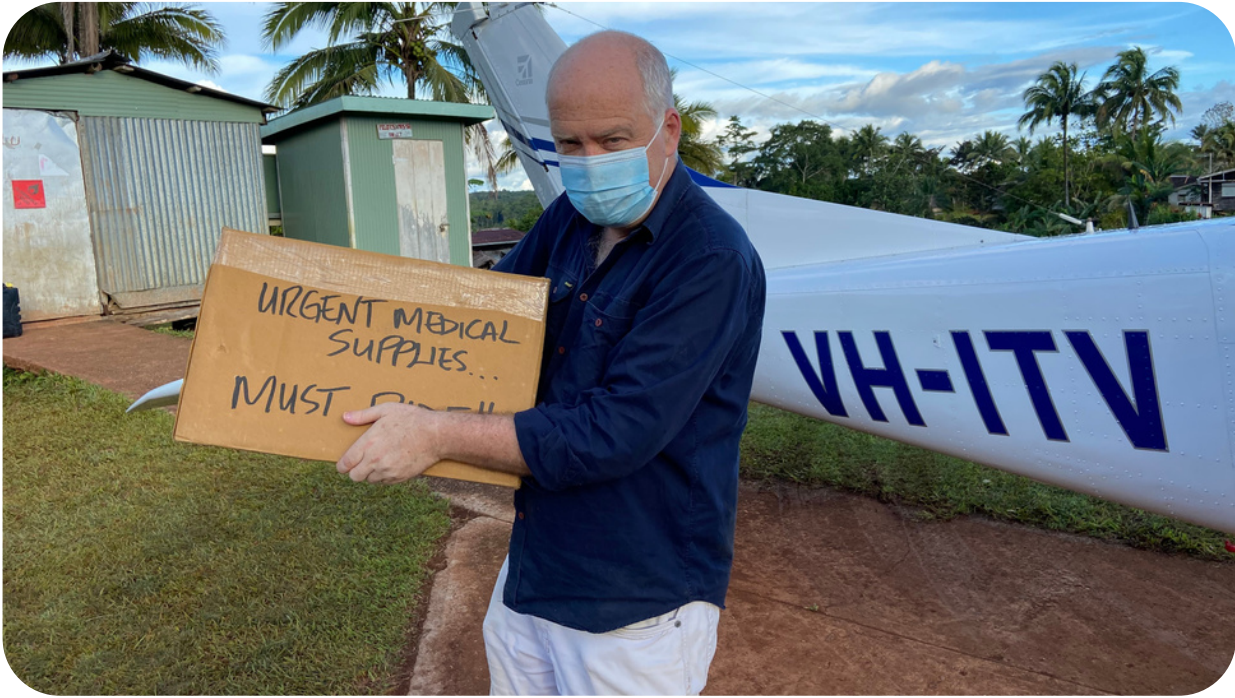
Since the emergence of COVID-19 globally, ADI has pivoted its activities to support PNG's response and management to the pandemic while ensuring access to existing, essential health services remained.

ADI has contributed to PNG's COVID-19 response through PPE (Personal Protective Equipment) supplies, COVID-19 training, and supporting Provincial Health Authorities.

In March 2021, PNG saw a sudden surge in positive COVID-19 cases nationwide, prompting ADI to scale up our support.

Provision of PPE (Personal Protective Equipment) Supplies





Dr. Chris McCall unloads urgent medical supplies delivered to Mougulu, Western Province

Protecting the health workforce is vital to allow for the continued delivery of health services.



Distribution of PPE and cleaning supplies to rural health workers and communities in West New Britain

COVID-19 Vaccinations



In May 2021, ADI began working with Provincial Health Authorities to address misinformation and roll out vaccinations.

Public health education messaging on COVID-19 and vaccinations have become part of regular outreach to rural communities.

Brave Doctors Redeploy

While volunteer doctors were eager to support PNG during this challenging time, COVID restrictions made it impossible for them to remain in PNG.

Eventually, volunteer doctors were able to get fully vaccinated and that was a good start but behind the scenes, in the Sydney office, ADI's Brooke Briggs faced a mountain of paperwork and red tape to get the rest of the job done. Landing a volunteer doctor in PNG has always been a difficult and drawn-out process but now with COVID 19 increased administrative burdens have resulted. Visa applications had slowed, travel exemptions, proof of vaccinations and negative COVID test were all new requirements. Australian outbreaks, state border closures, reduced flights, and quarantine requirements all added to the difficulties, not to mention increased our costs significantly.

COVID-19 Staff Vaccinations



ADI Maternal Health Coordinator receives first prize for being the first PNG staff member to receive their COVID-19 vaccine.

COVID vaccinations are a priority for our staff and the protection of the rural and remote communities visited during outreach.

Dr Alison Brown and Australian-based nurse, Lisa Peberdy conducted weekly zoom information sessions with some of the staff to address questions and hesitations. It is difficult for our staff in PNG with opposition to the vaccine and widespread hesitancy.

ADI Maternal Health Coordinator Ruth Biendwore was one of the first front-line workers to receive a COVID-19 vaccine dose when the vaccine roll-out was launched in Western Province's North Fly District on June 11th. This won her first prize in our staff incentive program.

ADI's Joyce Seneba in WNB has also had both shots and commented "it took a while but finally I made up my mind to be vaccinated due to the nature of my role with ADI."

The NDoH combined with WHO and UNICEF has launched the "Sleeves up campaign" to help disseminate accurate information on COVID utilizing prominent people including famous sporting identities to improve confidence.

ADI will continue to educate their staff and work with them on this difficult and concerning issue aligning to these campaign messages.

"Prevention is better than cure and as health workers, we have to lead by example."

- ADI Maternal Health Coordinator, Ruth Biendwore

Women's Health and Wellbeing



Mothers at Matkomnai HC with Dr Ishani Kaluthotage.

The COVID-19 pandemic has made it even harder for women in rural PNG to access family planning and safe birthing services. Gender inequity impacts women's rights and access to health care. COVID has exacerbated inequities. There have been reports of women accused of witchcraft for contracting COVID or being blamed for the death of a community member from COVID.

We have heard tragic stories of women in labour who have been too scared to go to a hospital or health centre because they would not be welcome or might get COVID.

Through remote learning technologies and by supporting local facilitators, training in family planning and emergency obstetrics has been able to continue.

With only one or two years of initial training and working in isolation with no peer support, rural health workers greatly value professional development opportunities.

Many ADI patrols also include discussions with communities on gender equity and women's empowerment, linking these issues with the impact on women's and children's health.



Family planning training with rural health workers in Namatanai, New Ireland.

Child Health



Child health assessment on WP patrol to lowara

Childhood immunisation rates are below 50% and are further impacted by the pandemic. ADI's in- country patrol manager in Western Province put together a team made up of local health workers and delivered six outreach patrols to the remote communities of Hawenai, Atkamba, Kungim, Tarakabits, Ningerum, and Matkomnai.

Spotlight - Western Province

- 2,469 routine childhood vaccines
- 3,106 outreach paediatric services
- 2,544 attended public health education

Program development in ADI's new West New Britain program was slowed by current COVID-19 conditions, but still managed to deliver seven quality patrols to some of the most remote communities in PNG.

9,552 paediatric clinical services provided in remote communities included many for children focusing on oral health, immunisations and nutrition.

Over 5,000 children attended ADI's public health education sessions delivered by ADI/PHA teams on a variety of topics.



Child nutritional assessment and immunisations during under 5 and baby clinics on WP patrols

Summary of Outreach

25 Patrols
Across 3
Provinces



20,448 clinical
services by
auxiliary patrol
team



2,856
Immunisations
administered



99 rural
communities
received outreach
health clinics



9,552 clinical services
delivered to children



Advocacy

In March 2021, ADI became one of the key voices highlighting the urgent need for Australia to step up its response to COVID and the vaccine roll out in PNG. Working with ACFID and the PNG Communities of Practice Group, ADI had appearances on all the major TV news networks, as well as radio and print. Pleasingly our media profile continues to grow.



Fundraising

Waves 4 Water – ADI joint fundraising event

Waves 4 Water is an Australian non-profit organisation based locally in the Northern Beaches, aiming to improve access to clean water in 48 countries – including in Papua New Guinea. One of their key interventions is the implementation of portable, water filtration systems, a cost-efficient method of removing bacteria from drinking water that can cause disease such as cholera, typhoid, dysentery, and salmonella.

Since 2020, ADI has distributed over 150 of these portable water filters to rural and remote communities and health facilities in New Ireland, West New Britain and Western Province.

Our Supporters

With much gratitude, ADI would like to acknowledge our generous donors and supporters that have facilitated our growth and helped us with our vision in the past year. This list includes some long-time supporters of ADI as well as welcoming some new donor friends.

Your support of our work is intrinsic to our success – thank you.

Australian NGO Cooperation Program (ANCP)
ATS Charitable Foundation
Austpac Commodities Pty Ltd
Alecto Consulting
Becton Dickinson
Brent and Vicki Emmett
Colgate PNG
Australian Government Department of Foreign Affairs and Trade (DFAT)
Ela Motors
Graham and Gail Smith
John Byrne
John Forsyth Trust
Lili Koch
Mary Alice Foundation
MinterEllison
Newcrest
New Ireland Provincial Government
Ian Wright
Old Dart Foundation
PNG Sustainable Development Program
PwC PNG
Three Flips Foundation
West New Britain Provincial Government
Women's Plans Foundation

Our Patrons

The following people have made exceptional contributions to the success of ADI over the years and have been designated Patrons. We thank them for their service:

George McLelland, Lili Koch, Chris Lavers, Turner Massey, Anne Lanham, Boronia Foley, Virpi Tuite, Dr. Judy Lambert, and Savi Wickremeratne.



A special thanks to George McLelland who retired from the ADI Board.

Thank you to our Corporate Partners and Provincial Health Authorities, District Health Services and Catholic Health Services



A group of people are in a traditional dugout canoe on a body of water. One person is standing at the rear, using a long wooden pole to navigate. Other people are seated or lying in the canoe. The background shows a dense forest on a hillside under an overcast sky.

ADI Financial Overview

Board of Directors Report

Declaration of Financial Statements

The names of members of the Board of Directors during the year ended 30 June 2021 and at the date of this report are:

- Dr Peter Alexander Cameron Macdonald – President
- Colin Plowman – Vice President
- David Miles – Treasurer
- Liza Nadolski – Secretary & Public Officer
- Dr Judy Lambert (Retired Nov. 2020)
- Dr Rebecca Taylor (Appointed Nov.2020)
- Richard Schroder
- Louise Walker
- Brent Emmett
- James Sheffield (Resigned May 2021)

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, Finance and Audit 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 pages 40-46 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 (ACNC Act 2012); and
- c. Give a true and fair view of the financial position as at 30 June 2021 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 18th day of November 2021, is made in accordance with a resolution of the Board of Directors.



Dr. Peter Macdonald, OAM
President



David Miles,
Treasurer

Financial Overview for the year ended 30 June 2021

Your directors present this report to the members of ADI for the year ended 30 June 2021.

Key Financial Results:

ADI's net deficit as at 30 June 2021 was \$11,809 compared to last year's surplus of \$92,899

Total income of \$1,477,460 decreased by 20% with Grant income of \$1,286,288 decreasing by 4% on last year.

Donations from appeals and fundraising activities increased by 49% to \$134,148.

Grant income now represents 89% of total monetary income compared to 90% for the previous financial year.

ADI continued to receive support from the New Ireland Provincial Government and the Australian Government's Department of Foreign Affairs and Trade (DFAT) along with corporate sponsorship from Newcrest Mining and increasing support from a number of foundations and individuals including the Old Dart Foundation.

The non-monetary contribution from our wonderful In-country volunteer doctors and medical staff decreased significantly in 2021 from \$378,449 last year to only \$26,646 for the current financial year due to Covid travel restrictions.

The impact of Covid19 has had a lower than expected impact on ADI's monetary results.

Despite our volunteer doctors returning to Australia in 2020 we have been able to continue reduced programs using our PNG staff and conducting on-line training. During the year we have also been providing PPE equipment and advice to medical staff and the local people in the 3 Provinces in which we operate.

Total expenditure in 2020/21 was \$1,489,269 down 15% on last year.

Excluding non monetary volunteer expenses, costs increased by 6% with a 2% increase in program costs.

Our international program work was performed wholly within PNG and made up 88%* (a decrease from last year of 4%) of our total monetary expenditure.

Cash at the end of the financial year was \$720,882, an increase of \$57,329 on last year.

The board would like to acknowledge our Auditor, Raymond Patmore, for auditing ADI's Financial Statements.

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 have arisen during the financial year;
- 5.Insurance premiums paid to provide indemnity cover for ADI's Board members.

* *International program work is calculated as Funds to international programs; Program Support costs and Non monetary expenditure as a percentage of Total Expenditure.*

**INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF AUSTRALIAN DOCTORS INTERNATIONAL
INCORPORATED
15718578292**



Report on the Audit of the Financial Report

Opinion

I have audited the financial report of AUSTRALIAN DOCTORS INTERNATIONAL INCORPORATED, (the company) which comprises the statement of financial position as at 30 June 2021 and the statement of profit or loss and other comprehensive income for the year then ended, and notes to the financial statements, including a summary of significant accounting policies and the directors' declaration.

In my opinion, the accompanying financial report of the company is in accordance with the Corporations Act 2001, including:

giving a true and fair view of the company's financial position as at 30 June 2021 and of its financial performance for the year ended; and complying with Australian Accounting Standards to the extent described in Note 1 and the Corporations Regulations 2001.

Basis for Opinion

I conducted my audit in accordance with Australian Auditing Standards. My responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report section of my report. I am independent of the company in accordance with the auditor independence requirements of the Corporations Act 2001 and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (the code) that are relevant to my audit of the financial report in Australia. I have also fulfilled my other ethical responsibilities in accordance with the code.

I confirm that the independence declaration required by the Corporations Act 2001, which has been given to the directors of the company, would be in the same terms if given to the directors as at the time of this auditor's report.

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

Responsibilities of Directors' for the Financial Report

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the Corporations Act 2001 and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the company or to cease operations, or have no realistic alternative but to do so.

**INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF AUSTRALIAN DOCTORS INTERNATIONAL INCORPORATED
15718578292**

Auditor's Responsibility for the Audit of the Financial Report

My objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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 company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the company's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

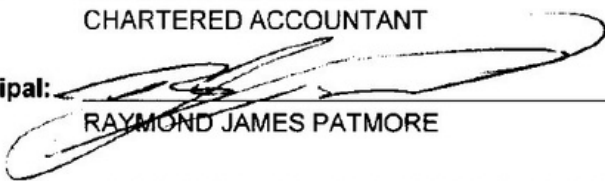
I communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

I also provide the directors with a statement that I have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on my independence, and where applicable, related safeguards.

**INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF AUSTRALIAN DOCTORS INTERNATIONAL INCORPORATED
15718578292**

From the matters communicated with the directors, we determine those matters that were of most significance in the audit of the financial report of the current period and are therefore the key audit matters. I describe these matters in my auditor's report unless law or regulation preclude public disclosure about the matter or when, in extremely rare circumstances, I determine that a matter should not be communicated in my report because the adverse consequences of doing so would reasonably be expected to outweigh the public interest benefits of such communication.

Name of Firm: RAYMOND J PATMORE
CHARTERED ACCOUNTANT

Name of Principal: 
RAYMOND JAMES PATMORE

Address: 49 WYNDORA AVENUE FRESHWATER NSW 2096

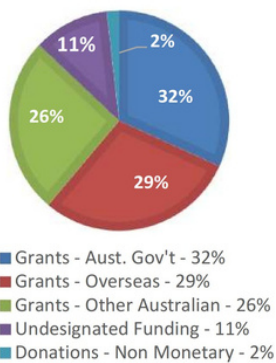
Dated this 3 day of NOVEMBER 2021

Finances at a Glance

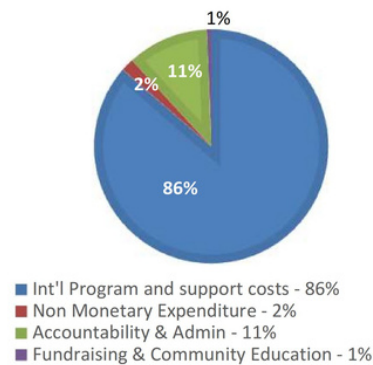
For the year ended 30 June 2021

	2021	2020
	\$	\$
INCOME		
Designated Grant Income		
Grants - DFAT	469,709	382,358
Grants - Other Australian Government	-	7,000
Grants - Overseas	433,264	329,355
Grants - Other Australian	383,315	603,478
	<u>1,286,288</u>	<u>1,322,191</u>
Undesignated Funding	164,526	151,813
	<u>1,450,814</u>	<u>1,474,004</u>
Donations - Non Monetary	26,646	378,449
Total Income	<u>1,477,460</u>	<u>1,852,453</u>
EXPENDITURE		
International Program and support costs	1,286,288	1,267,058
Accountability and Administration	167,182	95,257
Fundraising & Community Education	9,154	18,790
	<u>1,462,623</u>	<u>1,381,105</u>
Non Monetary Expenditure for International Programs	26,646	378,449
Total Expenditure	<u>1,489,269</u>	<u>1,759,554</u>
Net Income	-11,809	92,899

TOTAL REVENUE
\$1.5 MILLION FY 2020/21



TOTAL EXPENDITURE
\$1.5 MILLION FY 2020/21



Income Statement

For the year ended 30 June 2021

	<i>Notes</i>	2021	2020
		\$	\$
INCOME			
Donations and gifts			
Monetary		134,148	90,235
Non Monetary	4	26,646	378,449
Bequests and Legacies		5,000	-
Grant Income	2	1,286,288	1,342,191
Investment Income	6	698	4,322
Other Income	7	24,680	37,256
TOTAL INCOME		<u>1,477,460</u>	<u>1,852,453</u>
EXPENDITURE			
International Aid and Development Programs Expenditure			
Funds to international programs	3	740,252	716,539
Program support costs		546,035	550,519
Fundraising Costs		1,286,288	1,267,058
Public	8	9,154	18,790
Accountability and Administration	9	167,182	95,257
Monetary Expenditure		1,462,623	1,381,105
Non-Monetary Expenditure	5	26,646	378,449
Total International Aid and Development Programs Expenditure		<u>1,489,269</u>	<u>1,759,554</u>
TOTAL EXPENDITURE		<u>1,489,269</u>	<u>1,759,554</u>
EXCESS/(SHORTFALL) OF INCOME OVER EXPENDITURE		<u>(11,809)</u>	<u>92,899</u>

Balance Sheet

As at 30 June 2021

	Notes	2021	2020
		\$	\$
Assets			
Current Assets			
Cash and cash equivalents	4	720,882	663,553
Trade and other receivables		30,098	67,128
Current tax receivables	11	-	9,787
Total Current Assets		750,980	740,468
Total assets		750,980	740,468
Liabilities			
Current Liabilities			
Trade and other payables	10	51,020	61,591
Current tax liabilities	11	26,490	-
Other financial liabilities	12	3,675	4,425
Provisions	13	33,336	27,284
Deferred income	14	370,639	369,538
Total Current Liabilities		485,160	462,838
Total liabilities		485,160	462,838
Net Assets		265,820	277,630
Equity			
Reserves		-	-
Retained Earnings		265,820	277,630
Total Equity		265,820	277,630

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

Cashflow Statement

For the year ended 30 June 2021

	<i>Note</i>	2021	2020
		\$	\$
Cash flow from operating activities			
Receipts from Operations		1,488,247	1,672,231
Operating Payments		1,431,615	1,733,582
Net Cash provided by (used In) operating activities	16	<u>56,632</u>	<u>-61,351</u>
Cash flow from investing activities			
Investment Income		698	4,322
Payments for property, plant, equipment		<u>-</u>	<u>-</u>
Net Cash provided by (used In) investing activities		<u>698</u>	<u>4,322</u>
Net increase (decrease) in cash held		57,329	-57,029
Cash at beginning of financial year		663,553	720,582
Cash at end of financial year		<u>720,882</u>	<u>663,553</u>

Changes in Equity

Retained Earnings

	2021	2020
	\$	\$
Balance at beginning of year	277,630	184,731
Excess/(shortfall) of revenue over expenses	<u>(11,809)</u>	<u>92,899</u>
BALANCE AT END OF YEAR	<u>265,820</u>	<u>277,630</u>

Financial Overview for the year ended 30 June 2021

Note 1. Summary of significant accounting policies and basis of accounting

The following 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 organisation 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 the 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 straight-line 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 by the board of directors 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. Goods and Services Tax (GST)

Revenues, expenses, and assets are recognised net of the amount of GST except where the amount of GST incurred is not recoverable from the Australian Taxation Office or the PNG Inland Revenue. In which case it is recognised as part of the cost of acquisition of an asset or as part of an item of expense. Receivables and payables are recognised inclusive of GST, if applicable.

E. 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 an insignificant risk of changes in value.

G. Comparative figures

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

H. Presentation of Graphs

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

Revenue shows each revenue type as a percentage of the 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.

Financial Notes

For the year ended 30 June 2021

	<i>Notes</i>	2021 \$	2020 \$
Note 2 Grant income			
Grants - Designated			
DFAT		469,709	382,358
Other Australian Government		-	7,000
Grants - Overseas		433,264	329,355
Grants - Other Australian		383,315	603,478
Total Designated Grants		1,286,288	1,322,191
Undesignated Funding		-	20,000
Total Grant income		1,286,288	1,342,191

Note 3 International aid and development programs

Doctors, education and training			
Funds to international programs		740,252	716,539
Program support costs		546,035	550,519
Monetary		1,286,288	1,267,058
Non-monetary	5	26,646	378,449
Total		1,312,934	1,645,507

Note 4 Table of cash movements for designated purposes

Program	<i>Cash available at beginning of year</i>	<i>Cash raised during the year</i>	<i>Cash disbursed during year</i>	<i>Cash available at end of year</i>
Integrated Patrols				
New Ireland	47,996	449,365	362,732	134,630
Western Province	10,345	190,772	201,117	-
West New Britain	136,708	282,177	350,404	68,481
Family Planning				
New Ireland	112,585	112,364	161,314	63,635
Western Province	-	8,827	8,827	-
West New Britain	-1,205	17,533	16,328	-
Emergency Obstetrics Care				
New Ireland	55,274	-11,221	43,283	771
Western Province	8	49,030	49,038	-
West New Britain	13,821	41,714	55,535	-
Other				
New Ireland - Covid Response projects	-	140,803	37,712	103,091
Non Designated	288,022	207,580	145,328	350,274
	663,553	1,488,945	1,431,616	720,882

Financial Notes

For the year ended 30 June 2021

	2021	2020
	\$	\$
Note 5 Non-monetary revenue/expenditure		
International and development programs		
Medical volunteers	26,646	343,237
Non-medical volunteers	-	35,212
Medical equipment and supplies	-	-
Total international and development programs	<u>26,646</u>	<u>378,449</u>
Other	-	-
Total non-monetary revenue/expenditure	<u>26,646</u>	<u>378,449</u>
Note 6 Investment Income		
Bank Interest	<u>698</u>	<u>4,322</u>
Note 7 Other Income		
Annual Gala Dinner	<u>24,680</u>	<u>37,256</u>
Note 8 Fundraising Costs		
Campaign costs (EOFY and Christmas)	876	850
Annual Gala Dinner costs	8,277	17,940
Total Fundraising Costs	<u>9,154</u>	<u>18,790</u>
Note 9 Accountability & 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 10 Trade and other creditors		
Trade Creditors	18,093	9,350
Accrued charges	32,928	52,241
	<u>51,020</u>	<u>61,591</u>
Note 11 Current Tax Liabilities (Receivables)		
Australia GST Payable (Receivable)	1,992	(7,789)
PNG GST Receivable	-	(1,998)
PAYG	24,498	-
	<u>26,490</u>	<u>(9,787)</u>
Note 12 Other Financial liabilities		
Prepaid member subscriptions	<u>3,675</u>	<u>4,425</u>
Note 13 Provisions		
Annual Leave Accrual	27,336	21,284
Other Provisions	6,000	6,000
	<u>33,336</u>	<u>27,284</u>
Note 14 Other Current Liabilities		
Deferred Grant revenues	<u>370,639</u>	<u>369,538</u>
Note 15 Remuneration of auditor		
The auditor, Mr. R J Patmore Chartered Accountant, does not receive any remuneration for his services		
Note 16 Reconciliation of Excess (Shortfall) to Net Cash Flow From Operating Activities		
Excess (shortfall) of revenue over expenditure	(11,809)	92,899
Depreciation	31,345	(9,691)
Increase (Decrease) in creditors	(11,321)	41,646
Increase (Decrease) in provisions	6,052	-
Increase (Decrease) in deferred income	1,101	(117,538)
Investment Income	(698)	(4,322)
Capital Expenditure	(31,345)	9,691
PAYG & GST	36,277	(15,674)
Decrease (Increase) in trade and other receivables	37,030	(58,362)
	-	-
Cash inflow (outflow) from operating activities	<u>56,632</u>	<u>(61,351)</u>

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, conflict of interest policy, child safeguarding policy and prevention of sexual exploitation and abuse 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

Postal address:

Private Bag 3, Deakin ACT 2600, Australia

Telephone: +61 2 6285 1816

Email: main@acfid.asn.au

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



ACFID
MEMBER

ADI's contact details

Postal address:

PO Box 324 Seaforth NSW 2092 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 accredited with the Australian Government's Australian NGO Cooperation Program (ANCP).




Contact

Australian Doctors International
550C Sydney Road, Seaforth, 2092 NSW
PO Box 324, Seaforth, 2092 Australia

www.adi.org.au 

admin@adi.org.au 

@AustralianDoctors
International 

@ADI_charity 