adi australian doctors international

Working for a healthier PNG

ANNUAL REPORT 2018/19

ADI paediatrician Dr Penny Uther provided 545 clinical services to children in PNG
Front cover: Dr Yen Lim with a newborn she helped to deliver

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AUSTRALIAN DOCTORS INTERNATIONAL

ANNUAL REPORT 2018/19

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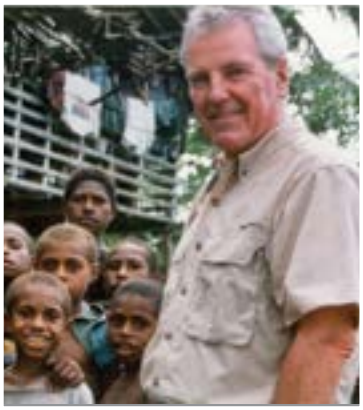

Dr Peter Macdonald
PRESIDENT'S REPORT

"For the Board and staff at ADI, this has been the year of accreditation. This accreditation process, by Australia's Department of Foreign Affairs and Trade (DFAT), is a detailed and demanding exercise involving all Board members and staff in cooperation with our partners here and in the field."

Message from our President

Preparation for accreditation began two years ago when we set up our ADI Accreditation Committee and researched, prepared and updated all the information required to meet the high standard of operation expected. The final stage occurred in December 2018 when a team of three experts in development and finance spent three days with our Sydney staff analysing in detail every aspect of our operation based on evidence - everything from selecting Board and staff members to delivering health messages in remote villages in Papua New Guinea (PNG). Our staff, led by CEO Klara Henderson, were the frontline officers who successfully satisfied the DFAT reviewers that ADI should be awarded full accreditation for five years - the highest level available. This means a significant increase in Australian Government funding for ADI and our health programs in PNG. Congratulations to all involved!

An accreditation requirement is that ADI be a member of the Australian Council for International Development (ACFID), the umbrella organisation for all Australian overseas aid organisations. ACFID has a mandatory Code of Conduct. Members must undertake a Code Self-Assessment every three years to ensure they are meeting the required high standards in financial and operational management. Policies and procedures are scrutinised in areas such as prevention of fraud, child protection, disability services and gender equity.

The number of ADI Board members this year has remained at eleven, although we have had two resignations and two new appointments. Close colleague and ADI co-founder, George McLelland, resigned as Vice President and Board member. His contribution to the financial strength and integrity of ADI has been exceptional. He has also been involved in the areas of partnership building and disease prevention. A tribute to George's work with ADI appears later in this report. I am delighted that George will remain active on the Board's finance committees. I have welcomed the Board's appointment of Colin Plowman as the new Vice President.

Our Treasurer, Margarita Krasteva, resigned in January 2019 as she has moved to Victoria. We acknowledge the magnificent work of Margarita and our Finance Manager, Dianne O'Brien, in preparing our financials for the successful Accreditation process. The Board welcomed David Miles as our new Treasurer in June 2019. Thanks to Louise Walker for taking on the role of Acting Treasurer in the interim. The other addition to the Board is Brent Emmett who was appointed in April 2019. Brent was formerly CEO of Horizon Oil, well known to ADI as a partner in Western Province. Brent brings to the Board extensive knowledge of PNG Government and corporate personnel and operations.

In early 2018, the Board held a strategy meeting facilitated by external business consultants, TLP. The result of that meeting has been the development of an ADI Board Action Plan and a Board Skills Matrix which has guided us in our search for new Board members.

To meet our commitment to expand our PNG operations, ADI has welcomed many new staff members, within the area of program delivery, expanding under Program Manager Yaman Kutlu. New staff have joined in both our Sydney office and in PNG. Their skills, experience and expertise facilitate ADI's ability to reach more remote communities with health services. Their stories make up this report.

Dr Peter Macdonald
OAM MBBS MRCGP DA DRCOG
ADI President

Patrol officers often find the only drugs available in a remote community are expired

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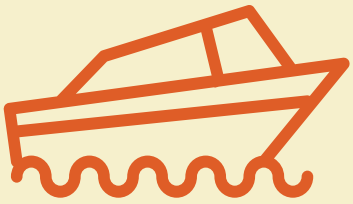
OUR IMPACT IN PNG 2018/19



100% of communities we visit are **remote**

= over **4** hours travel by boat or 4WD

52% coverage of Health Facilities across our provinces

ACCESS TO HEALTH FOR REMOTE COMMUNITIES

215 patrol days

25,000 clinical services provided

TRAINING HEALTHCARE WORKERS

58% OF **HEALTHCARE WORKERS** from ADI Health Partners in PNG received training from a doctor or health educator

181 **HEALTHCARE WORKERS** trained = 61% of HCWs in patrol catchment area

in New Ireland **24%** of remote HCWs attended in-service training this year

over **50%** of HCWs receiving training come from remote areas

367 HOURS of case based and group based **training delivered** to healthcare workers

403 people received case or group based healthcare training

FAMILY PLANNING

91% of patrols in NIP have a family planning healthcare worker

108 hours of public health education delivered

1000 couple-years of protection

We demonstrate our commitment to upholding the universal right to healthcare by working with local partners to provide and strengthen health services in rural and remote areas.

PUBLIC HEALTH EDUCATION FOR COMMUNITY

13,276 community members attended public health education

77% of communities in our patrol catchment area received **public health education**

316 HOURS OF public health education

DISABILITY INCLUSIVENESS

1,130 people received physiotherapy

550 pairs of glasses supplied

180 people with disability received clinical services

87 house calls made to remote, marginalised patients

15 new patients registered with the National Disability Register helping to ensure ongoing medical care

GENDER EQUITY

50% of multidisciplinary health patrol team are women

51% OF **clinical services** FOR **female** patients

CAPACITY BUILDING

80% of program positions filled by PNG Health Partner staff in both Admin & Clinical roles

Dental services on patrol

"Health is a universal human aspiration and a basic human need"
- Sir Michael Marmot
President of the World Medical Association

Why are we in PNG?

To best answer why ADI is working in PNG, we want to introduce you to the people we help. We want you to know them as well as we do.

Throughout this annual report we will introduce you to the people our team and partners know so well: the community and the family – mother, father and children we serve.

How do the families we know live?
Most likely the families we see in communities live a subsistence-based life in small villages, in many cases very small villages of 100-200 people. Most likely they don't have electricity. There's no ATM or bank. There's probably no toilet in the family home or even in the village. The family would spend most of the day subsistence farming, and food from the garden is gathered and cooked over an indoor fire. No electricity means no fridge or freezer, no light bulbs to do homework by at night. There are likely to be four children in the family, although in some places six or eight children is not uncommon. The children are likely to go to school although only for about eight years in total – with the girl's time in school slightly less than her brothers' (and PNG is well below the region's average).

By any international standards the communities and families we see and treat are very poor. They have very limited ability to access healthcare, and if they can they become vulnerable to health-related financial stress which pushes them further into poverty.

When a member of the family gets sick, their access to healthcare is dictated by the terrain and proximity to the limited number of health aid posts dotted across the countryside as well as the family's ability to find and pay for a boat ride or seat in a public bus. If that aid post is open and staffed, the community health worker is likely to have had only two years training - and this most likely completed decades ago. Community health workers make up 50% of the health workforce, and service 85% of the rural and remote population. Yet researchers find this critical health resource is inadequately trained, aging and demotivated due to poor working conditions.

This is reality of frontline healthcare in rural PNG. Yet it is the only access our family has to health services. They share this access with 2,000 others, as there are 5.3 healthcare workers per 10,000 head of population. Of the four children from this family, statistically speaking only one would have been born under the watch of a skilled birth attendant; and only two of the four would have received the immunisations they need.

ADI seeks to partner with local healthcare providers, to level up the maldistribution of access to health for children and families in PNG as well as providing further education and professional support to remote healthcare workers (HCW). ADI acknowledges the size of the population the HCW is expected to cover and we work to remove barriers of access and knowledge, providing training so she can, amongst other things, be that skilled birth attendant to the mother in labour.

What do we do in PNG?

We partner with local healthcare providers to reach remote communities in need of health services, focusing on the areas of greatest need. We create teams of healthcare workers with our partners: to build patrol teams whose composition meets our ideal definition; to build the capacity of our healthcare provider partners; to meet the health needs of the community and to fill the educational skill gaps of the cohort of healthcare workers on the remote frontline of health.

ADI identifies and recruits volunteer doctors for placement in PNG to join with partners in this work. We also identify partners to develop and deliver educational content for in-depth training courses that meet the health and skills gaps we identify on remote patrols. We operate within the framework of the PNG's National Health Plan (2010-2020) and other overarching policies. We create public-private-philanthropic partnerships that build on member strengths and that leverage our proven track record in PNG's remote areas utilising our robust partnership, program and project management tools. We uphold high standards in our policies and practices, adhering to ACFID's Code of Conduct and those of the Australian Government's Australian NGO Cooperation Program.

Optometry nurse conducts eye health screening on patrol

About PNG at a glance

8.4 million population

87% rural population

DTP3 immunisation coverage **62%**

Life Expectancy **63**

GDP per capita **$ USD 7** per day

under 5 mortality rate **57** per 1,000 live births

maternal mortality rate = **733*** per 100,000 live births

only **40%** of people have access to improved water sources

& **19%** of people have access to improved sanitation

only **43%** of births are attended by a skilled HCW

1 doctor for every **20,000** people

1 nurse for every **1,886** people

*Source: WHO Statistical Report 2008.

Where we work in PNG

ADI has been working in Western Province since 2002, New Ireland since 2011 and after several years of detailed research and analysis, early program implementation has begun in West New Britain.

ADI continues to seek out remote communities that would benefit from our involvement in order to expand our reach and impact in PNG. We work closely with our implementing partners to reach remote communities in New Ireland, Western Province and now West New Britain.

This year ADI signed a Memorandum of Understanding of the National Department of Health. This brings our partnership with the PNG Health System closer. We look forward to continuing productive relationships with health partners throughout PNG.

In the 2018/2019 financial year ADI delivered 25,000 clinical services and over 13,000 community members attended at least one of the public health education sessions delivered during outreach patrols.

ADI's programs and projects aim to strengthen health services at a provincial level. As we partner with local healthcare stakeholders, we can assist with the identification of communities in need and help deliver successful health outcomes. The professional development of remote healthcare workers (HCW) through in-service training programs and through direct contact with patrol doctors and other patrol clinicians is a strength of our program model which in-turn complements the delivery of both clinical services and public health education.

Program patrol teams in New Ireland (NIP) and Western Province (WP) are built around the involvement of local HCWs from both government and faith-based organisations. In WP, PNG nationals make up 67% of patrol team members and in NIP the number is close to 92%. Outreach patrols are designed to build the capacity of local HCWs.

"As I listen to the storm brewing outside, I hope the seas will be calm enough to travel in the morning for it's a long journey" - ADI patrol doctor

Klara Henderson
CHIEF EXECUTIVE OFFICER

"Poverty in PNG is stubbornly high - showing no signs of reduction, malnutrition plagues children; and there has been a resurgence of polio, leprosy and HIV – all of which ADI sees on the remote frontline and keeps the team busy. We work within this context and the hard-working team's daily efforts culminate in making an impact on PNG families, mothers, children, every individual we touch."

Message from our CEO

Reviewing the results and updates over the past year from ADI's field reports a couple of key themes emerge that tie together our priorities and responses – safe birthing and women's health.

Inextricably tied to these themes is the work we do in family planning. The photo chosen for the cover of this year's annual report is telling. This young mother's life was saved after the birth of her 12th baby by our volunteer doctor on patrol. Afterwards, she requested and was provided with long lasting contraception. In a nation with staggeringly high maternal mortality, bringing down birth rates is part of the solution. ADI has doubled our efforts to focus on this through our family planning and gender equity work, and education of remote community health workers. We focus on this for the betterment of every mother, her children, her community and even the future. Meet our staff working in these areas on page 30.

In 2019 the film '2040' was released. This film examines the positive steps we can take to tackle climate change and projects those into the future. One such strategy is to provide family planning options. Project Drawdown modelled different future scenarios: one, under a medium population scenario where voluntary family planning - particularly in low-income countries is available, versus one where there is no investment in building up access to family planning. The resulting difference shows that provision of voluntary family planning is one of the top ten solutions for slowing carbon dioxide-equivalent emissions. PNG is a nation vulnerable to the impacts of climate change and ADI, through the rollout of family planning, contributes to a recognised solution.

PNG - the poorest country from the APEC block of 21 countries - played host to the APEC conference in November 2018. The event was a great success and brought engagement from a global sphere of people who may not have otherwise engaged on matters concerning PNG.

ADI's governance committees saw new members join, bolstering our depth of expertise – see page 33.

ADI's reputation and strength has continued to build over the last financial year. Along with receiving full accreditation under the Australian Government's Australian NGO Cooperation Program, ADI was invited to participate in some larger-scale program and partnership grant applications. ADI continues to leverage our implementing partners' unique skill sets to create a forward thinking, solution-focused consortium that delivers health results for the people of PNG – even in some of the most remote and challenging environments. Thank you to our partners for inviting us to join you – we look forward to future opportunities to work together towards a healthier PNG.

Presenting at the 15th National Rural Health Conference in Hobart this year offered me the opportunity to link in to Australia's rural doctor and health professionals' network. I shared with participants details of the parallels and the disparities between working in the Australian outback and remote PNG. Emeritus Professor Paul Worley, Australia's first National Rural Health Commissioner, gave an inspiring speech describing the provision of rural health in Australia as a real 'team sport'. An observation which also rings true for PNG.

This year we've also been working closely with ACRRM developing online learning tools to upskill Australian rural doctors interested in PNG placement opportunities with ADI. These learning tools give doctors a head-start on content they require to work in PNG and at the same time contribute to their required accredited professional development activity.

We continue our work in PNG with public, private and philanthropic partners to create a healthier Papua New Guinea.

Dr Klara Henderson
BA. MCom. PhD.(Int Public Health)
ADI CEO

Dr Charlie Coventry assessing the nutritional status of a young patient in WP

Volunteer Doctors and Midwives Making an Impact

This year ADI's volunteer doctors brought a depth of experience and energy to their work with us in Papua New Guinea.

"You may be motivated to visit this extraordinary land called PNG where the sun rises like its people and babies are born – ready; where the rain pours and stretches the rainbows unendingly across the horizon – like its people's characteristic patience; where the clouds move without time, rhyme or reason – yes, like its people."
ADI patrol doctor NIP

Working in Papua New Guinea with ADI provides an opportunity for doctors to conduct medical procedures 'they only read about in textbooks', meet families that struggle with both poverty and ill health, and take boats, planes and helicopters to small islands and remote mountain villages. Each doctor brings their own style and expertise to the ADI program. This year we were privileged to have doctors bring with them skills and qualifications in public health and tropical medicine; surgical skills and experience gained from time in rural Australia and Port Moresby; and diplomas in family planning. With our growing emphasis on upskilling healthcare workers for maternal health care we also had a midwife travel to Western Province to deliver emergency obstetrics training with a returning ADI doctor who specialises in obstetrics and adult education.

This year we also saw three doctors return to ADI for a third or more volunteer placement. To us this speaks to the working relationship and deep connections we have with our cohort and network of doctors and their commitment to the people of PNG.

- **Dr Jenny Hamper** first worked with us in 2013 and 2014 spending time in New Ireland on outreach health patrols. We are grateful for her return to New Ireland in 2019 where she took on two of the more challenging and remote patrols – East Konoagil and South Lavongai.
- **Dr Bruce Slonim and wife, Health Educator Gayle,** have worked with ADI multiple times (2012, 2014, 2015 and 2017) and again in 2019 they both joined our scoping trip to West New Britain.
- **Dr Merrilee Frankish** first joined an ADI health patrol in 2012, then returned in May 2019 to run emergency obstetrics and neonatal care (EMONC) training in Western Province.

The quality of doctors and their passion to take on the challenge of working in PNG – away from the comforts on their regular lives – is exceptional.

Dr Matt Kelly

Dr Matt forged (re)newed patrol locations for ADI working in Western Province – taking flights to Mougulu and foot patrols to surrounding areas to provide health services to these communities struggling with malnutrition, malaria and respiratory disease. Dr Matt was also part of the PNG-wide polio immunisation campaign.

Dr Penny Uther

Dr Penny Uther's specialty in paediatrics combined with her rural experience, drove her to have a particular focus on the children of New Ireland and this was most welcome. While on patrol - and on her day off - Penny sought out children in special need. This motivation and tenacity to go the extra mile is a common trait of the wonderful doctors and volunteers who choose to undertake a placement with ADI.

Dr Charlie Coventry

Dr Charlie worked tirelessly both on patrol and in the Kiunga hospital where he lent a hand with his surgical skills. Overall Dr Charlie saw over 150 patients in Kiunga hospital – treating trauma injuries; and conducting skin grafts and hernia repairs.

Dr Yen Lim

Dr Yen was deployed in the province of New Ireland. She has a keen interest in women's health, antenatal care and paediatrics. Dr Yen reported that patients at her outreach clinics suffered the same muscle aches and pains associated with hard work that she would see anywhere as a GP - however in PNG they were often complicated by malaria, TB and tropical skin infections! *"I suspect that with life being so tough in PNG, living for today is the cultural norm."*

Camila Sabok – Nursing Officer and Midwife

Camila was released by the NIPHA to join ADI patrols and in 2018/19 she joined six remote patrols where she delivered over 2,000 clinical services to remote community members. Camila believes that outreach will enable her to interact with people and understand disease patterns across the province. Camila is keen to assist in the delivery of better family planning and gender equity education on patrol.

Midwife Lois Berry

A remote area clinical nurse and midwife with many years of experience working with indigenous communities in Australia and the Pacific, Lois was instrumental in developing and delivering ADI's Emergency Obstetric in-service training in Kiunga in May 2019 where 22 individual remote healthcare workers were trained by a variety of different stakeholders.

Dr Ganam Naemen

As part of both our transition strategy in New Ireland and building sustainable development, we have been pleased to have Dr Naeman, the Rural Outreach doctor based in Kavieng Hospital, join our patrols. We work closely with our partners on a daily basis and having Dr Naeman on patrol was a positive development bringing the patrol work closer to the work in Kavieng hospital and the newly established New Ireland Provincial Health Authority.

Patrol team in New Ireland

"Almost all the increased child survival is achieved through preventive measures outside hospitals by local nurses, midwives, and well-educated parents"
- Dr Hans Rosling

100%
of communities we visit are
remote
= over **4** hours travel by boat or 4WD

Bringing Healthcare to Remote Areas

In delivering our vision to build a healthier Papua New Guinea, we strive to reach rural and remote PNG populations. We focus on these populations because they represent the largest proportion of people in PNG (87%) and they are under-serviced in terms of access to healthcare and skilled healthcare workers.

ADI continues to focus on reaching remote communities. Remote communities are defined as over four hours away by boat or 4WD. We also visit communities that are classified as very remote such as Murat in New Ireland and Bosset in Western Province. Being 'very remote' is defined as accessibility to healthcare being boat rides or travel greater than seven hours.

We acknowledge the PNG Government's own target to achieve over 50 outreach clinics per 1,000 children – a rate which currently stands at 29. ADI is working with our partners to close the gap between actuals and the PNG Government's target. This year we have achieved a small rise in the number of days on patrol to 215 days.

A key component of our sustainability strategy is the delivery of public health education as part of preventative health. We have increased our focus on this over the past year, and seen

87% rural population

98% OF people with disability in PNG receive no support

1,130 people received physio

550 pairs of glasses supplied

215 patrol days

180 people with disability received clinical services

87 house-bound people received home visits by a patrol team member

a 25% increase in the number of community members who have attended public health education sessions with ADI and our health patrol partners; coupled with a 32% increase in the number of hours of public health education over the last year. This builds on the mantra “keep people healthy so they don’t need to reach an inaccessible healthcare centre or hospital”.

This year our teams reached out to very remote communities in Western Province only accessible by air, regions we have not been able to visit for many years including:

- Mougulu and surrounding villages – communities who had experienced very little contact with the outside world before the 1980s.
- Bolevip and Golgobip – communities who had not seen a doctor in three years before the ADI and partner health teams arrived.

Providing healthcare for children is another focus of our work. We build on the **PNG Government Key Result Area 4: Improve Child Survival** coupled with our ambition to close the gap between the actual and target number of outreach health clinics per 1000 children. In 2018/19:

- Our ADI doctor and partner health teams saw, treated, diagnosed, screened and immunised 13,000 children across all the remote locations we patrol with our partners
- We also visited over 120 schools with public health education messages for children

School health education sessions

The Family

The Matoba family of seven is one of 94 households that make up the village of Natong on a small island in the remote Tanir island group in New Ireland Province PNG. Basic healthcare for the family is available from their local aid post staffed by a community health worker (CHW). For more serious issues they need to take a costly and sometimes dangerous one hour banana boat ride to a more substantial regional sub-health centre.

In order to bring improved healthcare to the Matoba family and their community, ADI visited Natong twice in 2018/19. During their last patrol, three of the children had their teeth and eyes checked by dental and optometry officers at school. Their school also took part in health education sessions.

Back at the aid post, the two youngest children were tested for malaria by the patrol’s nursing officer as well as being checked for malnutrition. Their mother was concerned about the family’s food security. “It’s hard to find enough food every day for seven,” she reported. This led to a discussion about birth spacing and family planning. On day two of the clinic, the mother consulted privately with the female patrol doctor on maternal health issues associated with having five children in eight years. At the same time, the father was able to receive treatment from the physiotherapy officer for musculoskeletal symptoms arising from hard work in the garden.

At the end of the second day, the family joined with their community to receive education on simple hygiene, the prevention and treatment of tuberculosis, malaria, and gender equity.

ADI clinics don’t just provide access to better healthcare. They also give the local CHW at Natong the chance to work with experienced patrol doctors and nurses to learn on the job. This up-skilling of a remote CHW is another way the Matoba family benefits from outreach patrols.

Our doctors:

- Attended three births in three days in the remote village of Mougulu
- Delivered baby number 12 for a New Ireland mother and then saved the mother's life which was at-risk due to a prolapsed uterus
- Immunised children on the remote island of Murat who, at the ages of four and six, had not yet received any immunisations
- Diagnosed suspected tuberculoid leprosy in a child
- Visited communities where most of the children were suffering from malnutrition

Our gender equity officer(s):

- Delivered messages to communities on child rights and protection across New Ireland, including the Lukautim Pikinini Act.

Additionally, ADI and our partners:

- Provided oral hygiene kits donated by Colgate PNG to 8,000 school children
- Saw over 70 disabled children and provided clinical care and support to them and their families.

Throughout our program work we continue to seek to address the staggeringly high maternal mortality ratio in PNG. We tackle this on multiple fronts:

- Provision of family planning options
- Education of healthcare workers with hands on skills in emergency obstetrics
- Directly supervising births
- Follow up with new mothers offering family planning services.

Specifically:

- Dr Yen assisted in the delivery of a healthy baby while she was on patrol in East Konoagil, New Ireland
- Dr Penny attended to a mother in labour in the very remote Feni Islands (where women can have up to 15 pregnancies)
- Dr Charlie assisted in the emergency retrieval of a mother and twins from the remote village of Kalabadua, Western Province
- We provided over 240 Mother/Baby Days For Girls kits since June 2018.

Key Objective for ADI over the 2018/2019 financial year for Western Province

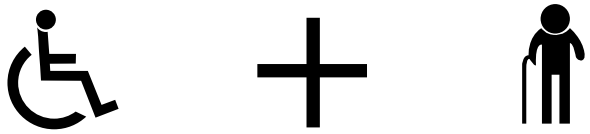
One of our key objectives in the 2018/2019 financial year was to increase the level of public health education participation.

Efforts in this direction have resulted in a 50% increase in the number of individuals we reached with public health education (from 2,246 in 2017/18 to 3,363 community members in 2018/19). ADI was also able to increase the time spent on public health education by 14% this financial year whilst visiting 39 health facilities, 14 remote villages and 12 schools across Western Province Middle and North Fly regions.

Topics covered included sexual health, tuberculosis, malaria, musculoskeletal disease, eye and ear care, family planning, disability and the importance of immunisations.

Disability Services

ADI policies work together to ensure our disability and impairment inclusivity policy is action-oriented by seeking out the most isolated, vulnerable and marginalised people.



Disability and impairment inclusivity

Seeking out the most isolated, vulnerable and marginalised people

During 2018/19 ADI doctors and our partners continued to provide clinical services to remote people living with a disability. With Callan Services, our partners specialising in disability services in Kiunga Western Province, and the NIPHA Physiotherapy Department at Kavieng Hospital, we have:

- improved our data collection and reporting on health access for people with a disability and disability services
- actively sought to increase awareness of disability and decrease the stigma associated with it through education
- assisted with and improved the number of registrations of people living with a disability within the provincial health authority system
- continued the facilitation of training for rural healthcare workers on managing patients with disabilities.
- Education of healthcare workers with hands on skills in emergency obstetrics. Dr Jenny returned to this province after a six years absence and observed an improvement in healthcare worker skill set in this area.

Dr Yen Lim treating Samuel at a recent outreach patrol clinic

The Child

It's mid-morning and a group of pregnant women and children arrive at their closest health aid post where the ADI patrol team had set up a clinic. It's been a two-hour walk for the group. Samuel, age six, was the first to be seen by the ADI patrol doctor and he presented with chronic sores on his legs and signs of malnutrition. None of the children from this group were immunised or had received routine medical care in the past. Their mothers, for the most part, had given birth unaided in their home villages. Samuel was one of eight children in his family. The sores on his legs were not healing due to a combination of inadequate medical attention and the low protein diet he'd been surviving on. He was significantly malnourished and was lucky to have made it to six years of age.

The ADI doctor tested Samuel for malaria by taking a finger prick. The little boy was brave and did not cry. The test proved positive - as expected - as he was suffering from the malaise and fevers that come with malaria. He was given the appropriate treatment for malaria and the wounds on his legs were cleaned and properly dressed. While the ADI doctor was administering this treatment, the local HCW provided support and learnt about the importance of taking care of wounds.

After seeing the doctor, Samuel received screening from the patrol's optometry and dental health officers who checked his eyes and his teeth. He was very excited to receive the gift of a toothbrush. This was the first time that Samuel had ever seen a health professional. And not only did he see a doctor, he also saw a dentist and an optometrist. This is why ADI health patrols are so important. They reach children and communities in some of the most remote regions of PNG, providing life-saving clinical services to people who would otherwise have little or no access to healthcare.

The Healthcare Worker

Camilla Sabok is a Nursing Officer and a Midwife from Kavieng Hospital who goes on ADI patrols.

“Going out into remote communities with ADI is an opportunity to learn more about all people in New Ireland, study how people interact with each other and their environment, and increase my understanding of disease patterns. I need to assist because the people don’t know why bad health happens to them. Public health is the key to this. If we know about people and understand their health problems first, then we can resolve them.

“On a recent patrol to Konoagil East (which is right down the bottom of New Ireland and to get there we needed to drive a long way on a bumpy road and then get a banana boat) I saw lots of people who had been coughing up blood for months. It was TB. When I came back to Kavieng I was able to report this for follow up. Again, on patrol in Sentral West in the Namatanai district, there was lots of trachoma cases which weren’t at other places and weren’t in that place before. But now there is logging in that area and the water is dirty and flooding all the time and children swim and wash in that water. Also their pigs are in that water. We were able to talk to the community about this and about the importance of sanitation and hygiene.

“There are many problems that impact on the health of people living in rural and remote areas such as poor hygiene and a lack of knowledge about health and how this affects their life. Poverty is a problem. People are very poor so when they get sick they sometimes just sit down and die. Also, about 80% of people in rural villages are illiterate and don’t speak Pidgin or English so communication is a barrier. Finally, our culture is a problem, especially with maternal health. People believe it’s shameful that the mother is on family planning methods so the husband doesn’t want their women to be on it. And husband is the boss. When we go out into community we spend time educating communities about many of these health and gender issues to help families overcome some of the barriers which stop them from accessing health services.

Nursing Officer Camilla Sabok leads an education session on men’s reproductive health

“On patrol in Simberi last year I saw that there was lots of drinking and sexual activity. I saw women were powerless there and the men were making all the decisions. The health manager asked me to talk to the men. So I got the male physio and the gender equity officer and together we started talking to them about reproductive health. Right at the start I said, I am a woman and it might be a topic of embarrassment but you need to know how your body works and how it affects other people, especially your wife. I drew pictures of anatomy and told them what each organ does so they can understand how their body works. I told them how STIs occur, the types of diseases, symptoms and complications. They said, “This is the first time. We have never heard this before”. Men even came out of their office to hear about this. Then I explained how this is important for your family and for family planning. I explained womens’ pleasure and womens’ reproductive health. And some men cried and felt bad that they had made their women have so many babies.

“They really liked this talk. They told other men and when we got to the next village, the men asked if they could have that same education. All ages came – the youths, young and old. All men. They didn’t want me to stop and just kept asking questions. It was the first time I had ever done this talk with men. When those men left, the next mining shift came in so I had to tell this information all over again. The men said, “Normally no one would talk about this because of shame”. The men of Simberi now understand why family planning and child spacing is important. They better understand about their health which will help not just themselves, but the women too and the whole community!”

"The ADI patrol team visited my school and taught us about our teeth and our eyes, they gave us all toothbrushes and told us not to chew betel-nut. I will brush my teeth every day."
- Primary school student, Koloaboy village NIP

Timeline of ADI relationships with our Implementing Healthcare Partners

2002 ADI partners with the Catholic Diocese of Daru-Kiunga to provide health services in Western Province

2011 ADI partners with the New Ireland Provincial Government (NIPG) to provide health services and training to remote and rural areas of New Ireland

2014 Horizon Oil joins ADI as an implementing partner in Western Province providing support for outreach patrols

2016 Once established, the New Ireland Provincial Health Authority (NIPHA) joins ADI in providing integrated outreach patrols to remote and rural communities

Making healthcare accessible to all

In 2018/19 ADI and our partners:

- Made house calls to 87 patients with an apparent disability (increase on previous year)
- Saw 180 patients with an apparent disability (57% were female)
- Provided crucial rehabilitation services to help people living in remote communities, helping them go about their lives once more, including:
- Provided 553 pairs of glasses in New Ireland (63% increase over previous year)
- Referred 285 people for ophthalmology services at the hospital, including 177 people for cataracts
- In a joint venture with NSW Health, NIPHA and Habitat for Humanity, ADI provided 65 disability aids to Kavieng Hospital as part of a container of equipment sourced from the Manly Hospital closure
- Provided 1,070 people with physiotherapy services (51% were females)

Our Healthcare Implementing Partners

Integral to ADI's model is the connection and relationship with our healthcare implementing partners. Together ADI doctors and our partners provide a range of clinical health services in Western Province and New Ireland.

In 2018/19 there were a total of 4,817 clinical services provided in Western Province. This was possible with the help of our partners including the Diocese of Daru-Kiunga, Catholic Health Services, Callan Health Services and the Good Samaritan Society. We worked with and were supported by Horizon Oil. Students from Queensland Rural Medical Education, Griffiths University joined patrols. Jointly, with our partners, the patrol teams provided clinical services including services in optometry, HIV/STI testing, physiotherapy, immunisations, and sexual health.

In New Ireland there were a total of 20,300 clinical services delivered with our partners. This was made possible with the help of our partners including the New Ireland Provincial Government and the New Ireland Provincial Health Authority who have provided doctors and other health professionals such as physiotherapists, dental officers and nurses for the patrol team. Together we provided clinical services to the remote communities of New Ireland in HIV/STI testing, physiotherapy, optometry, oral health, malaria, TB, family planning and disability services.

Health education training

Training and Retaining Healthcare Workers

Over the course of this year we have continued to know, train and support Papua New Guinea's remote healthcare workers.

ADI continues our training and support programs in full knowledge that the health workforce in PNG is characterised by a low number of midwives and community health workers (CHW), and an aging workforce.

CHWs comprise 50% of the health workforce in PNG and shoulder most of the responsibility for caring for the health needs of the rural and remote communities. We know that CHWs – because there are more of them than there are midwives and registered nurses – provide most of the maternal care and take primary responsibility for all the pregnancies in their community. They manage the labour and birth health issues of the mothers; they care for newborns as well as providing family planning.

There are about 569 births every day in rural PNG and every birth needs a skilled birth attendant. The more skills they possess and the more birth attendants available, the greater the impact we can have on reducing PNG's maternal mortality rate which currently stands somewhere between 215 and 733 deaths per 100,000 births and infant mortality rate of 57.3 deaths per 1000 live births (statistics from 2016 WHO SDG Report).

For these reasons ADI has strategically focussed on:

1.Targeting community health care workers for clinical skill building, and

2. Building their clinical ability and confidence in maternal health and family planning.

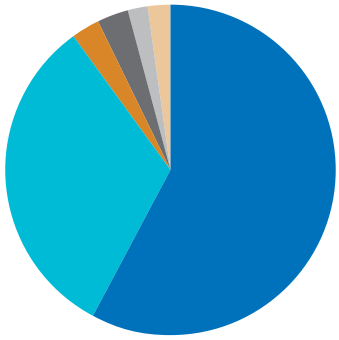
Over the years ADI has built up a database of all the healthcare workers we work with from an educational perspective. Into this database goes details of the healthcare worker, their remote location, the type of training they have received (*on-the-job training* alongside an ADI doctor or partner allied health professional while on patrol or *group/in-depth training* where they come to a local-area centre for anything from two to ten days of intensive training), their job title and the topics they have received training on. In this way we can know answers to questions such as which healthcare workers have received training and when; and which geographical areas need upskilling in certain topics to support their community's health needs – by virtue of where healthcare workers are based.

Knowing the answers to these questions allows ADI to train healthcare workers in topics needed to address clinical capacity and confidence gaps.

By building relationships through repeat visits and training sessions, ADI continues to provide ongoing support for remote healthcare workers in PNG.

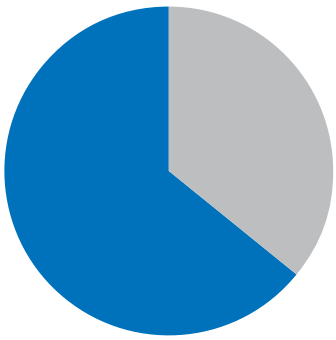
Remote healthcare workers receive training in neonatal resuscitation.

The majority of ADI education and training is directed where it is most needed – to community health workers in remote PNG:



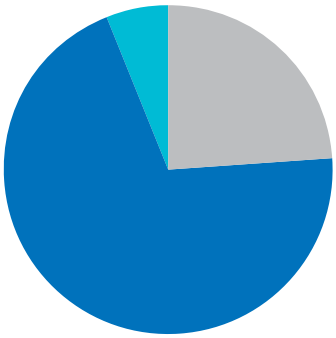
- Community Health Workers - 58%
- Nursing Officer - 32%
- Health Extension Officer - 3%
- Sister in Charge - 3%
- Logistics Officer - 2%
- Other - 2%

Most education provided by ADI is delivered to women:



- Female - 64%
- Male - 36%

Emergency Obstetrics followed by Family Planning have been by far the two most important topics we have delivered education and training on this year. In addition, we have also delivered education and training on sexual health, tuberculosis and malaria:



- Emergency Obstetrics - 70%
- Family Planning - 24%
- Other - 6%

Other includes:

Drug Therapy	0.9%
Musculoskeletal	0.7%
Respiratory	0.7%
Gastro Intestinal	0.5%
TB	0.4%
Malaria	0.4%
Sexual Health	0.3%
Diabetes	0.3%
Maternal Health	0.3%
Cardiovascular	0.3%
Other topics	1.4%

The Clinical Educator

Dr Merrilee Frankish, pictured above, is a long-time volunteer with ADI. She is a recipient of the RDAQ Meritorious Service Award (2011) and has qualifications in health education along with obstetrics and tropical medicine.

Merrilee returned to PNG this year to co-deliver an Emergency Obstetrics and Neonatal Care training workshop with Australian midwife Lois Berry. Together, they provided training on topics such as addressing post-partum haemorrhage and neonatal resuscitation. The workshop focused on teaching through practical sessions and role plays using replicate mother and baby dolls, as well as group discussions.

ADI utilizes content from PNG's Standard Treatment Manuals in development and delivery of materials ensuring that we reflect the NDoH's policies and standards as well as working in line with local knowledge and expertise.

Mother and new baby in PNG

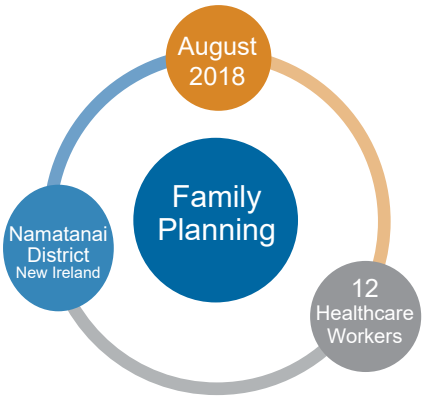
67% of HCW trained in New Ireland by an ADI doctor are **women**

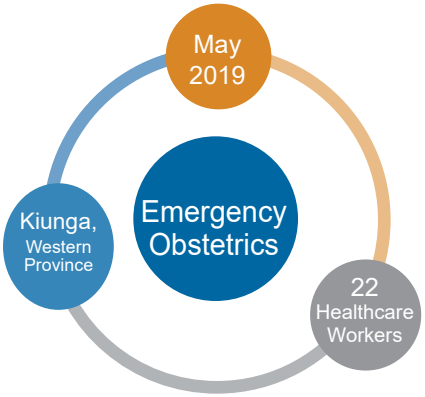
91% of patrols in New Ireland included a family planning **officer**

108 HOURS of public health **education** delivered in family planning

2018/19 Training Courses

Over the 2018/19 year ADI has delivered three in-depth training courses:





Each of the training workshops incorporated practical training elements allowing participants to role play and practice the techniques they were being taught, for example – inserting and removing implants; carrying out aortic compression in an obstetric emergency postpartum haemorrhage and newborn resuscitation using mother and baby manikins.

ADI is taking an approach, where possible, to have training delivered through a low dose/high frequency method – which focuses on shorter, more targeted simulation-based training coupled with practical hands-on components. Clinical topics are broken up into smaller, manageable parts (low dose), which are then practiced often (with high frequency).

"I can assist in shoulder dystocia or breech now. Now I know what I will do when there is an emergency. I will not just stand there and do nothing." – EOC in-service participant, November 2018

"I am the only nurse officer [at my health centre]. I am going to educate the mothers and staff about complications in delivery. The most important thing is that we need two [people] in the delivery room, and the mothers must understand why I need someone with me." – EOC in-service participant, November 2018

For the future ADI has plans to continue undertaking these in-depth training workshops with healthcare workers in PNG.

60% of participants undertaking Emergency Obstetrics training in Kiunga reported never having any training in emergency obstetric care since their initial training as healthcare workers.

Women attending clinic while on patrol in PNG

Gender Equity

ADI demonstrates its commitment to Gender Equity through directly funding, designing and implementing gender equity programs.

The Gender Inequality Index (GII) reflects gender-based inequities across reproductive health, empowerment and economic activity. As in the previous annual report, PNG remains 159th out of 160 countries on this index.

For a woman, PNG is one of the least equitable places on earth to live – this is manifest across health indicators (access to a skilled birth attendant; the maternal mortality ratio; access to contraception and unmet need for family planning), through violence and provisions in the socio-economic sphere (absence of mandatory paid maternity leave and no seats held by women in the national parliament).

It is reported that about 41% of men in PNG admit to having raped someone and over two-thirds of women are estimated to have suffered some form of physical or sexual violence in their lifetime. Twenty-seven percent of girls in PNG have experienced some form of physical violence and 12% have experienced some form of sexual violence by the age of 15. Time and time again our patrol teams see and treat injuries and traumas resulting from this violence.

Behavioural change takes time. ADI now has full-time staff dedicated to progressing gender equity and family planning programs in PNG, with an initial focus on New Ireland.

ADI's active gender equality program approach

ADI is in a unique position to make gender an important and deliberate objective of health outreach patrols to rural and remote communities, starting with those in New Ireland.

Firstly, we do this by ensuring women and girls have good access to healthcare. Over the 2018/19 period 54% of patients seen by an ADI doctor were female and 51% of community members who received clinical services or public health education were women or girls. Our training programs are primarily directed towards women, with females making up 65% of community healthcare workers.

Secondly, we do this by increasing awareness and strengthening community capacity in promoting gender equity coupled with access to family planning. We, led by ADI's Gender Equity Coordinator Lucy Berak, are working to mobilise local champions (like Court Magistrates, Ward Councils and Presidents, Church leaders, Community Police) to create positive change through education on women's rights, child's rights, rights of people with a disability and violence. We have developed a suite of materials to take to communities to go through in an in-depth way with them to:

- Empower communities to mobilise and create positive change by reducing family violence, improve child safety, improve the rights of people with disabilities and build social inclusion, and
- Promote recognition of discriminatory practices, inequality, injustice and violence and work towards equality and justice for all in the family, the community and the work place.

This material will be rolled out to community groups in New Ireland over the 2019-2020 period.

Thirdly, we included a gender equity officer on all 2018/19 patrols, reaching over 5000 individual community members throughout the remote villages of New Ireland with public health education specifically on gender equity and social inclusion. People in villages like those in Murat, South Lavongai and Central East.

ADI's maternal health and family planning program

ADI has taken significant steps to build our programming in maternal health and family planning. This strategic decision lines us up with the **PNG National Department of Health's Key Result Area to improve maternal health.** Tracking the trend of PNG's maternal mortality rate with the number of babies born per women we see, since the 1990s, a decline in both – the two health indicators are inextricably linked. Steps we have taken to make maternal healthcare and family planning accessible over the last financial year include:

- In July 2018, a mini patrol was conducted by ADI Dr Yen Lim and Family Planning Officer, Eileen Makapa to provide follow up and further supervision to family planning trained healthcare workers. The purpose of this patrol was to ensure that healthcare workers feel supported, and to further evaluate the effectiveness of training through understanding the impact on their confidence and clinical abilities. These mini-patrols are also essential to reach out to remotely stationed healthcare workers to identify barriers that they may face that prevent them from building their skills and knowledge and practising family planning in their communities. Seven of the nine trained healthcare workers assessed on this mini patrol reported increased confidence and greater clinical ability in their family planning skills.
- Having a Family Planning Officer on 10 out of 12 patrols in New Ireland, with 584 clinical family planning services provided (an increase from last year).
- This year with our partners we have achieved 1000 couple-years protection from our family planning work in New Ireland and Western Province (an increase of 22% from last year). These family planning services included counselling, provision of condoms, implants, tubal ligations and vasectomies.

- From January 2019, ADI has a Maternal Health and Family Planning Coordinator leading our work on the ground in PNG.
- In partnership with Marie Stopes PNG, 12 healthcare workers attended in-depth family planning training.
- In order to upskill and improve the health outcomes for mothers in Western Province, ADI developed and ran an Emergency Obstetrics and Neonatal Care two-day hands on course.
- In November 2018 ADI and partners BD joined together in order to supply and install a stand-alone solar power system in Namatanai rural hospital In New Ireland. The goal was to bring running water and light to the maternity ward as well as a fresh coat of paint.
- In May 2019, 67 key community members in New Ireland were trained by the ADI team, led by ADI National Maternal Health and Family Planning Coordinator Devyn Olan, on educating their communities about the importance of family planning methods.

ADI continues to build and strengthen our multi-pronged approach to improving maternal health and women's health.

The diagram above illustrates the multi-pronged approach directed at both communities themselves to build receptivity and generate demand for services; and approaches we take to build the clinical ability and confidence of remote healthcare workers.

Staffing

ADI supports equal opportunity for both male and female workers in PNG to participate in delivery of our programs with our partners. 50% of our multi-disciplinary team are women. On our outreach patrols in Western Province, 41% are female. In New Ireland, 57% are female.

Over this financial year ADI has appointed five Papua New Guineans to our program work - four of whom are female.

As at January 2019, our Board is predominantly female – with seven out of eleven directors women.

Health worker discussing family planning options with a young mother in New Ireland

The Woman

Susan is a 22-year old woman living in the remote area of Murat, seven hours away from Kavieng by fast boat, where the nearest hospital is located. From her village, the nearest aid post is an hour away by foot. For Susan, such trips are time-consuming and costly for her family of six. As a result, ADI's patrol visits to Murat are often the only time her community is able to receive a range of clinical health services.

During this year's ADI visit to Murat, Susan received counselling from the Family Planning officer on patrol about the health consequences of continuing to have more children in a short timespan. After discussing various contraception options, Susan decided on receiving an implant for the benefit of both her own and her family's health. With the implant inserted, Susan will be protected from unplanned pregnancies for up to five years, allowing her to focus on her work, her health and her children's health.

Jane, the local Community Healthcare Worker (CHW) in Murat, was able to use this opportunity to expand her clinical skills by working alongside the patrol Family Planning officer. Since receiving her qualifications to become a CHW ten years ago, Jane has not had the opportunity to receive any further training in practical, clinical experience or to update her skills and knowledge due to the costs involved and the distance she would need to travel to attend courses. As Jane is the only CHW working at her aid post serving over 1,400 people, her absence would also mean that there will be no-one available to assist patients like Susan, and the aid post's surrounding community.

During our patrol visit, the ADI doctor and Family Planning officer supervised Jane as she implanted Susan's contraceptive. Jane has indicated that she now feels more confident to provide this service in the future to other women in her community. This is just one example of how ADI's work can have long-term impacts and meet the needs of women – both through clinical services for patients and on the job training and upskilling for local healthcare workers in some of the remote communities in PNG.

Public health education on patrol in New Ireland

Working with Healthcare Partners

ADI takes an adaptive partnership coalition building approach to identify and implement our program work. We work with a range of partners, dynamically sourcing and creating partnerships driven by the identified need to meet our program objectives and our mission.

"Horizon Oil brought the ADI doctor to help me after I gave birth to twins in our village outside Kiunga, my babies were barely alive I kept bleeding, without help we may have all died" - Young mother WP

We provide leadership to the partnership and strive to see our PNG health implementing partners advance their capacity across a range of technical and functional areas. We listen to our partners' feedback to improve our program and increase capacity of our PNG health partners.

Implementing partners

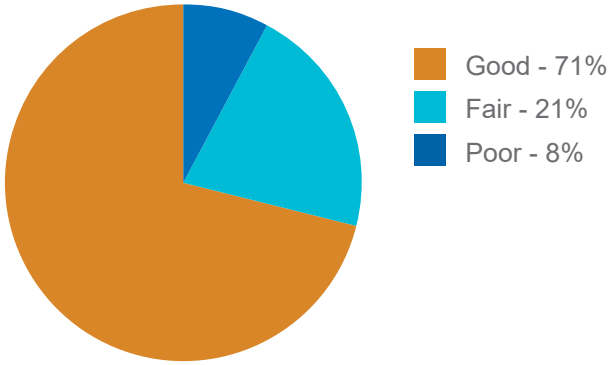
New Ireland Provincial Health Authority
Horizon Oil
Catholic Health Services - Diocese of Daru-Kiunga

Collaborating NGOs and partners

Marie Stopes PNG
Callan Health Services
BD (Becton Dickinson & Co)
Good Samaritan Society
Griffith University
Mercy Works
Niugini Helicopters
PNG Defence Force
Queensland Rural Medicine Education Ltd

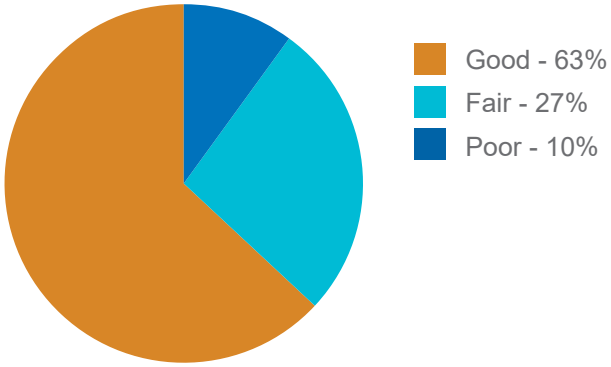
Feedback ratings from communities ADI and partner patrols visited in 2018/19

We track the views of the remote communities we visit, finding 71% rated the experience as good.



Feedback ratings from health facilities ADI and partner patrols visited in 2018/19

63% of the healthcare workers we partnered with and visited in remote locations rated the patrol team visit as good.



We provide leadership to the partnership

- ADI continues to drive outreach outcomes with its partners to deliver a healthier Western Province

We listen to our partners

- ADI gathers feedback from communities as well as from their implementing partners and uses it to improve program design and implementation. Our patrol model is continuously evolving to meet the changing health needs of people.
- ADI has moved to reporting quarterly on its Western Province program in order to improve the dissemination of information to its partners and interested stakeholders.

The ADI team leaving for remote area health patrol in New Ireland in the Governor's fast boat

The Partner

ADI's program goal in New Ireland is to strengthen rural health services through the education of remote healthcare workers and their communities, as well as the provision of a variety of clinical services to communities that have little or no access to healthcare. Over the last eight years ADI has partnered with the New Ireland Provincial Government (NIPG) and more recently the New Ireland Provincial Health Authority (NIPHA) to reach these goals.

The capacity of healthcare workers within the PHA, who go on outreach patrols and deliver services to remote communities, has been increased through the continuous use of these local healthcare workers to fill patrol positions. The use of PHA doctors and nursing officers that are released for patrol from Kavieng Hospital to lead clinical services and education on a regular basis builds capacity through developed experience.

Oral health, optometry, physiotherapy, pathology, family planning and gender equity staff have all regularly attended patrols and gained experience. Most departments at Kavieng Hospital rotate their staff in order to spread the experience gained on outreach throughout the hospital team.

The professional development of healthcare workers through in-service training in family planning, emergency obstetrics and infection control has built the skills of individual healthcare workers to not only become better health professionals.

ADI patrol doctors and nurses provide much needed case-based and on-the-job education for remote healthcare workers during patrol visits on topics they request, or topics chosen from the Department of Health's Standard Treatment Manuals. The capacity building of each remote healthcare worker represents the first line of long-term success in the strengthening of rural health services across all provinces in which ADI operates.

Our People

Sydney Office (left to right): Fiona Russell (Communications Manager), Irina Blackmore (Events Coordinator volunteer), Caroline Busvine (Human Resources Manager), Aisha Kakinuma Hassan (Project Officer), Andrew Noble (Finance Manager), Klara Henderson (CEO), Brooke Briggs (HR & Admin Officer), Mark Newcombe (Monitoring and Evaluation Coordinator), Kay Nevill (Program Manager & Family Planning Project Advisor), Carmel MacLeod (Book-keeper) and Yaman Kutlu (Program Manager). *Not pictured:* Maeve May (website support volunteer), Michelle Burton (Events Coordinator volunteer) and Mike Bayles (Database Developer volunteer).

Staff at ADI are united behind the vision to provide impactful health programs on the ground in PNG. We seek new opportunities to develop and grow our knowledge as individuals and as a team.

Running a remote health program in PNG takes skills as diverse as financial management; procurement of medical kits; liaising with PNG teams; buying fuel and plane tickets; running payroll; briefing doctors; building healthcare worker databases; analysing trends from patrol reports and tracking the daily movement of our teams as they inch across the remote, rugged terrain.

Staff participate in Australian NGO Cooperation Program events and workshops in both Sydney and Canberra building our skills in monitoring, evaluation and learning and to keep on top of changes in policies and compliance requirements. Last year we hosted a panel discussion at the Australian Council for International Development's annual conference held in October at UNSW on *Women's Rights to Health Care Access in PNG: Tackling the Worst Maternal Mortality Rate in the Region.* Our session was oversubscribed with standing room only. ADI's Dr Penny Uther spoke on the challenges involved in providing health care on the remote frontline of PNG. She shared the panel with ADI's CEO Dr Klara Henderson as well as colleagues from ChildFund; WHO Collaborating Centre for Nursing, Midwifery and Health Development; and PwC.

In 2018/19, ADI conducted an organisational self-assessment on our engagement on disability using tools shared through CBM and ANCP Partner Organisations. This

assessment led to improvements to the wording on our job advertisements to be more open and inclusive with respect to disability inclusion. ADI has a focal person responsible for disability inclusivity.

ADI has employed a number of Papua New Guineans to join our team. They take on roles essential to our ability to deliver quality health care to remote regions of PNG. We're proud to welcome Devlyn Olan (National Maternal Health and Family Planning Coordinator), Lucy Berak (Gender Equity Coordinator) and Sherel Nama (Integrated Rural Health Patrols Office Manager), *pictured above.* They are essential to our New Ireland patrol work and our ambition to address the maternal mortality rate and incidence of domestic violence.

"Our people are our greatest asset, they are our knowledge base and our connection out to the communities we serve. Our people also link us with our NGO colleagues in both Australia and PNG."

Our Volunteers

Volunteers started this organisation and to this day are a vital part of what we do. Every day our wonderful volunteers give their time, energy and passion.

This financial year we had numerous wonderful people volunteering with us at some point in time both in our Sydney office and in PNG. We could not do the work we are doing to change lives for a healthier PNG without these volunteers. Tytti Makinen volunteered for seven months of this financial year as the health coordinator for our New Ireland program based in Kavieng whilst her husband, Illari, assisted ADI with logistics and infrastructure projects associated with the program. On behalf of everyone here at Australian Doctors International, we thank Tytti, Illari and all our volunteers!

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.

ATS Charitable Foundation
Austpac Commodities Pty Ltd
Brent and Vicki Emmett
The Fred P Archer Charitable Trust
Graham and Gail Smith
Hunt Family Foundation
ISG Foundation
John Forsyth
Lili Koch
Mary Alice Foundation
Rotary Club of Balgowlah
Three Flips Foundation

ADI would like to acknowledge the hard work of George McLelland OAM, CA, founding member of ADI.

George was a foundation member of the Australian Doctors International (ADI) management committee set up in 2001 and served as the Vice President until his resignation in November 2018. For the first 12 years he was also the ADI Treasurer.

After a visit to ADI's program in Western Province (WP) in PNG in 2002, where George saw many patients with malaria and lymphatic filariasis, he became ADI's Malaria Bednet Program Manager, known fondly in WP as "Mosquito George".

George inspired Rotary clubs in Australia and PNG to become involved financially in the "Adopt a Village" program. This led to obtaining funding for the distribution of 45,000 insecticide-impregnated bednets (IIBN) and three annual rounds of MDA drugs between 2003 and 2006. ADI volunteer doctors and Board members were called on to lead some of the teams reaching almost every village in the North and Middle Fly districts of WP. George spent long periods of time there supervising local community staff who were engaged in the distribution. Rotarians Against Malaria in PNG are continuing the bednet distribution program throughout the country.

In 2010, George was part of the scoping team that was invited to New Ireland Province by Governor Sir Julius Chan to promote the work of ADI in that province. This visit has resulted in a long and fruitful partnership between ADI and the New Ireland Provincial Government.

George has excelled in all areas of financial management, compliance and governance matters. While he has resigned from the Board of ADI, he has remained on the Board's financial committees continuing to lend his broad experience. George has shown a strong commitment to this organisation and has always been willing to help in any way. He has been a much-loved mentor/adviser to other Board members, staff and committee members - a role ADI thanks him for and hopes he will continue for many years to come.

Board Members

L - R: Colin Plowman, Anne Lanham, Brent Emmett, Boronia Foley, Peter Macdonald (President), Liza Nadolski and Richard Schroder. Not pictured: Judy Lambert, David Miles, Virpi Tuite and Louise Walker.

PRESIDENT
Dr Peter Macdonald OAM, 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. George resigned in November 2018. ADI would like to thank George for his long term commitment as a Board Director and Vice President.

VICE PRESIDENT
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. Colin took on the role of Vice President effective from the AGM, held in November 2018.

TREASURER
Margarita Krasteva CPA BCom GradDipCom MCom

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. Margarita resigned in January 2019. David Miles was appointed Treasurer in June 2019.

SECRETARY & 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.
Anne resigned from her role as Secretary and Public Officer in November 2018.

SECRETARY & PUBLIC OFFICER

Virpi Tuite BBA (Int Studies)

Virpi is a human resources generalist and a strong believer in the way volunteering contributes to the society and mental well being. She is experienced in team leadership, people management and strategy, with the ability to work effectively with colleagues and stakeholders to achieve the best HR solutions. Virpi volunteered in the ADI office for six years and joined the Board in 2017. Virpi took on the role of Secretary and Public Officer in November 2018.

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, advocacy and community development roles. Until recently, she was Director of Community Solutions.

Boronia C Foley BA Dip Ed, MA

Boronia worked across NSW public education for 32 years – moving from schools through to Senior Management. She developed particular expertise in Workplace Relations, Organisation Development and Governance.

Since retiring she has worked as an Australian Business Volunteer in Indonesia, Cambodia and the Solomon Islands.

Richard Schroder BS (Hons)

Richard has 40+ years of experience in the resources business which extends to both the UK and Norwegian sectors of the North Sea, Africa, Indonesia, PNG, NZ and onshore/offshore Australia, managing companies such as Santos and Sydney Oil Company. Richard has taken an active interest in social factors that affect PNG. Many of Kina Petroleum's assets are located in Western Province an area where ADI has extensive operational experience and an area of acute medical need.

Louise Walker BEc, MComm, CAIA, GAICD

Louise has more than 25 years' experience in funds management, mainly at Macquarie Group and now at Brookvine. She is also President of Mosman Football Club. Louise joined ADI's fundraising committee in 2017 and joined the board in August 2018. Louise took on the role of Acting Treasurer for the interim period between Margarita's departure and David's appointment.

Brent Emmett BSc (Hons)

Brent Emmett has over 40 years' experience in petroleum exploration, exploration and production management and investment banking. He first worked as an explorationist in Australia, Papua New Guinea and New Zealand then filled general management roles in North and South America. Brent was the Chief Executive Officer and Managing Director of Horizon Oil for 17 years. He retired as CEO in 2018 but remains actively involved in the oil business as a senior advisor to industry participants. Brent was invited to join the Board in April 2019.

David Miles BComm, FCA

David worked as a chartered accountant for 33 years with Price Waterhouse and JPMorgan in Sydney, Canada, Jakarta and Tokyo. Roles included Finance Director for Australia and Indonesia, COO of the Investment bank in Australia, CEO of JP Morgan Trust Bank in Japan and CEO of a JPMorgan/Aust Post JV which employed 300 staff in Australia. As COO, David helping to setup Investment Banking startup Moelis Australia (now $600mill ASX listed). Since retiring, David spends his time raising Angus beef cattle in the Central West of NSW.

David was invited to join the Board as Treasurer in June 2019.

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.

COMMITTEE MEMBERS

Accreditation Committee:
Anne Lanham (Chair), Dr Peter Macdonald, George McLelland, Dr Judy Lambert, Colin Plowman, Margarita Krasteva (resigned Jan 2019), Liza Nadolski and Boronia Foley. This committee was dissolved in January 2019.

Program Committee:
Dr Judy Lambert (Chair), Dr Klara Henderson, Anne Lanham, Dr Peter Macdonald, George McLelland, Dr Mark Newcombe, Dr Becky Taylor, Yaman Kutlu, Dr Joanne Epp, Dr Bruce Slonim and Rohan Langstaff.

Risk and Compliance Committee:
Dr Peter Macdonald (Chair), Richard Magee, Liza Nadolski, Turner Massey and Dr Klara Henderson.

Revenue Committee:
Colin Plowman (Chair), Dr Peter Macdonald, George McLelland, Lili Koch, Margarita Krasteva (resigned Jan 2019), Dr Klara Henderson and Louise Walker.

Finance and Audit Committee:
Margarita Krasteva (Chair - resigned Jan 2019), George McLelland, Dr Klara Henderson, Andrew Noble (appointed March 2019) and Dianne O'Brien (resigned March 2019). David Miles, as Treasurer, now chairs this committee.

Dr Naeman on boat patrol in New Ireland.

Board of Directors' Report
Declaration of Financial Statements

The names of members of the Board of Directors during the year ended 30 June 2019 and at the date of this report are:

- Dr Peter Alexander Cameron Macdonald – President
- George McLelland – Vice President (resigned November 2018)
- Colin Plowman – Vice President (appointed November 2018)
- Margarita Krasteva – Treasurer (resigned January 2019)
- David Miles – Treasurer (appointed June 2019)
- Virpi Tuite – Secretary & Public Officer
- Patricia Anne Lanham
- Liza Nadolski
- Dr Judy Lambert
- Boronia Foley
- Richard Schroder
- Louise Walker (Acting Treasurer, February to May 2019)
- Brent Emmett (appointed 15/4/19)
- Sarah Laverty (appointed 15/4/19. Resigned 20/5/19)

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, Accreditation (to January 2019), 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 page 36 – 43 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 2019 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 25th day of October 2019 is made in accordance with a resolution of the Board of Directors.

Dr Peter Macdonald, OAM
President

Patricia Anne Lanham, OAM
Director

Children with toothbrush kids donated by Colgate PNG

Financial Overview

for the year ended 30 June 2019

Your directors present this report to the members of ADI for the year ended 30 June 2019.

ADI's net deficit as at 30 June 2019 was $(77,856) compared to the previous year's (2017/18) surplus of $57,965. Revenues excluding non monetary donations increased by only 1% however grant income increased to $642,182, a 25% increase on last year. This increase was offset by lower donations from appeals and fundraising activities. Grant income now represents 76% of total monetary income compared to 61% 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 Horizon Oil and BD and increasing support from a number of foundations and individuals.

The non-monetary contribution from our in-country volunteer doctors, medical staff and health managers increased from $254,687 in 2017/18 to $360,286 for the current financial year. Total expenditure in 2018/19 was $1,277,918, up 24% from last year. Excluding non-monetary volunteer expense, costs increased by 18% with a 38% increase in program costs and a 15% decrease in accountability, administration and fundraising costs. Our international program work was performed wholly within PNG and made up 80%* (an increase from last year of 9%) of our total expenditure. Cash at the end of the financial year was $720,582, an increase of $36,300 on last year mainly due to grants received in the last quarter for next year's programs.

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 that 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.*

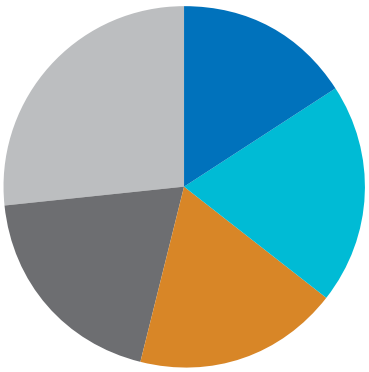
Finances at a Glance

for the year ended 30 June 2019

	2018/19 $	2017/18 $
REVENUE		
Grants - DFAT	150,000	150,000
Grants - Overseas	187,500	187,500
Grants - Other Australian	304,682	173,000
Undesignated Funding	197,594	324,476
Donations - Non-Monetary	360,286	254,687
Total Revenue	**1,200,062**	**1,089,663**
EXPENDITURE	$	$
International Program and support costs	664,572	480,453
Accountability & Administration	239,086	226,246
Fundraising & Community Education	13,974	70,312
Non-Monetary Expenditure for International Programs	360,286	254,687
Total Expenditure	**1,277,918**	**1,031,698**

Total Revenue

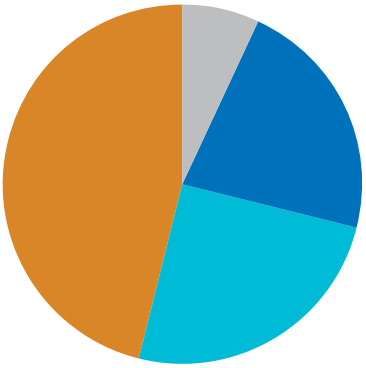
$1.2 million FY 2018/19



- Grants: DFAT - 13%
- Grants: Overseas - 16%
- Grants: Other Australian - 25%
- Undesignated Donations - 16%
- Donations: Non-Monetary - 30%

Total Expenditure

$1.3 million FY 2018/19



- Fundraising & Community Education - 1%
- Accountability & Admin - 19%
- Non-Monetary Expenditure for International Programs - 28%
- International Program & Support Costs - 52%

80%

Auditor's Report

for the year ended 30 June 2019

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

Scope

I have audited the financial report of Australian Doctors International Incorporated for the year ended 30 June 2019. 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 the 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 have 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 Association Incorporation Act 2009 including:
   1) Giving a true and fair view of Australian Doctors International Incorporated financial position as at 30 June 2019 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

8 November 2019
Freshwater NSW

Liability limited by a scheme approved under Professional Standards Legislation

Chartered Accountant

Income Statement

for the year ended 30 June 2019

	Notes	2019	2018
REVENUE		**$**	**$**
Donations and gifts			
Monetary		149,816	280,241
Non-Monetary	4	360,286	254,687
Bequests and Legacies		-	-
Grants			
DFAT		150,000	150,000
Other Australian Government		22,000	-
Other Australian		282,682	173,000
Other overseas		187,500	187,500
Investment Income	5	5,382	4,610
Other Income	6	42,396	39,625
TOTAL REVENUE		**1,200,062**	**1,089,663**
EXPENDITURE			
International Aid and Development Programs Expenditure			
Funds to international programs	2	390,189	306,957
Program support costs	2	274,383	173,496
Community education		299	1,580
Fundraising Costs			
Public	7	13,675	68,732
Government multilateral and private		-	-
Accountability and Administration	8	239,086	226,246
Non-Monetary Expenditure	4	360,286	254,687
Total International Aid and Development Programs Expenditure		**1,277,918**	**1,031,698**
Domestic Programs Expenditure *(Incl Monetary and Non-Monetary)*		-	-
TOTAL EXPENDITURE		**1,277,918**	**1,031,698**
EXCESS/(SHORTFALL) OF REVENUE OVER EXPENDITURE		**(77,856)**	**57,965**

Balance Sheet

for the year ended 30 June 2019

	Notes	2019	2018
Assets		$	$
Current Assets			
Cash and cash equivalents	3	720,582	684,282
Trade and other receivables		18,553	5,038
Total Current Assets		**739,135**	**689,320**
Non Current Assets			
Property plant and equipment		-	-
Total Non Current Assets		-	-
TOTAL ASSETS		**739,135**	**689,320**
Liabilities			
Current Liabilities			
Trade and other payables	9	46,542	12,532
Current tax liabilities	10	5,886	3,789
Other financial liabilities	11	5,250	5,675
Provisions	12	9,645	11,256
Other	13	130,600	37,000
Total Current Liabilities		**197,923**	**70,252**
Non Current Liabilities			
Other		-	-
Total Non Current Liabilities		-	-
TOTAL LIABILITIES		**197,923**	**70,252**
Net Assets		**541,212**	**619,068**
Equity			
Reserves		-	-
Retained Earnings		541,212	**619,068**
TOTAL EQUITY		**541,212**	**619,068**

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

Cash Flow Statement

for the year ended 30 June 2019

	Notes	2019	2018
Cash flow from operating activities		$	$
Receipts from Operations		914,479	831,577
Operating Payments		883,561	739,384
Net Cash provided by (used In) operating activities	15	30,918	92,193
Cash flow from investing activities			
Investment Income		5,382	4,610
Net Cash provided by (used in) investing activities		5,382	4,610
Net increase (decrease) in cash held		36,300	96,803
Cash at beginning of financial year		684,282	587,479
CASH AT END OF FINANCIAL YEAR		**720,582**	**684,282**

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.

Changes in Equity

for the year ended 30 June 2019

	Notes	2019	2018
		$	$
Balance at beginning of year		619,068	561,103
Excess/(shortfall) of revenue over expenses		(77,856)	57,965
Amount transferred (to) from reserves		-	-
BALANCE AT END OF YEAR		**541,212**	**619,068**

Financial Notes

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 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 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. 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

		2019	2018
Doctors, education and training		$	$
Non-monetary	(Note 4 below)	360,286	254,687
Funds to international programs		390,189	306,957
Program support costs		274,383	173,496
Total		**1,024,858**	**735,140**

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				
Integrated Patrols	41,724	128,000	169,724	0
NIPG Patrols (NIPG)	212,970	166,667	168,819	210,818
Inservice Training (NIPG)	75,551	20,833	48,326	48,058
Family Planning	130,302	58,000	67,527	120,775
Pathology	(2,601)	65,552	62,951	0
Western Province, PNG				
Catholic Health Improvement*	3,405	90,000	109,290	(15,885)
Aerial Patrols*	0	5,730	16,670	(10,940)
Emergency Obstetrics Care	25,000	60,000	31,733	53,267
West New Britain, PNG				
Integrated Patrols	0	131,000	27,621	103,379
Other Projects				
Non Designated	197,931	207,594	194,415	211,110
Total Cash Movements	**684,282**	**933,376**	**897,076**	**720,582**

*Cash deficits for both Catholic Health Improvement and Aerial Patrols resulted from Grant receipt delays until early July 19.

Note 4 Non-monetary revenue/expenditure

	2019	2018
International and development programs	$	$
Medical volunteers	325,074	241,437
Non-medical volunteers	35,212	11,983
Medical equipment and supplies	0	1,267
Total international and development programs	360,286	254,687
Other	-	-
Total non-monetary revenue/expenditure	**360,286**	**254,687**

Financial Notes

Note 5 Investment Income

	2019	2018
	$	$
Bank Interest	5,382	4,610

Note 6 Other Income

Annual Gala Dinner	42,396	39,625

Note 7 Fundraising Costs

Costs of attracting Corporate Sponsorship	0	3,472
Campaign Costs (EOFY and Christmas)	4,632	4,289
Annual Gala Dinner Costs	8,710	17,235
Adventure Bike Ride to PNG	333	43,736
	13,675	**68,732**

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

Trade creditors	8,100	0
Accrued charges	38,442	12,532
	46,542	12,532

Note 10 Current Tax Liabilities

Australia GST Receivable	(2,350)	(2,596)
PNG GST Receivable	(8,611)	(8,120)
PAYG	16,847	14,505
	5,886	3,789

Note 11 Other Financial Liabilities

Prepaid member subscriptions	5,250	5,675

Note 12 Provisions

Annual Leave Accrual	9,645	11,256

Note 13 Other Current Liabilities

Deferred Project Revenue	130,600	37,000

Note 14 Remuneration of Auditor

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

Note 15 Reconciliation of Excess (Shortfall) to Net Cash Flow from Operating Activities

Excess (Shortfall) of revenue over expenditure	(77,856)	57,965
Depreciation	(8,596)	(5,570)
Increase (Decrease) in creditors	31,729	(1,088)
Increase (Decrease) in deferred revenue	93,600	37,000
Investment Income	(5,382)	(4,610)
Capital Expenditure	8,596	5,570
PAYG & GST	2,342	1,715
Decrease (Increase) in trade and other receivables	(13,515)	1,211
Cash inflow (outflow) from operating activities	**30,918**	**92,193**

Note 16 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.

australian doctors international

Working for a healthier PNG

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 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

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

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

Email: main@acfid.asn.au

ACFID MEMBER

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

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 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).

Annual Report Graphic Design: Fiona Russell

Australian Aid

Australian Government
Department of Foreign Affairs and Trade

Education on dental health while on patrol in New Ireland

australian doctors international

Working for a healthier PNG

Father and children with their patient health book

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