ANNUAL REPORT

2013-2014

adi

australian doctors international

Working for a healthier PNG

Contents

Goals

ADI is a not-for-profit, non-government health care and development aid organisation with no religious or political affiliations. Our goals are to:

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

Australian Government
Department of Foreign Affairs and Trade

Australian Aid

ACFID MEMBER

Australia Papua New Guinea Business Council

ADI is accredited by the Australian Government's Department of Foreign Affairs and Trade.

ADI is also 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. Any other complaint concerning ADI should be addressed to ADI's President and Vice President via the contact details on the back cover of this annual report.

ACFID's contact details are:

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Email: main@acfid.asn.au

Front cover: ADI volunteer Dr Tim Baird on an integrated rural health patrol in New Ireland Province, PNG.
This page: Dental therapist Lenaen Lamano performs a tooth extraction on patrol, assisted by Simon Misikaram.

President's introduction

Given the enormity of the challenges Australian Doctors International (ADI) faces in delivering health services to remote communities in PNG, I take pleasure in ADI's ongoing success each year. As this Annual Report details, 2013-14 is another reason for a good measure of satisfaction.

Consider some of this year's highlights:

ADI has been recognised by the Australian Government and awarded base accreditation by the Department of Foreign Affairs and Trade (DFAT). This is a significant acknowledgement of ADI's standard of delivery and also provides core funding for our programs and administration.

Our flagship project, the Integrated Health Patrols in New Ireland Province (NIP), goes from strength to strength, taking a range of health services to widespread areas that are hard to access, and offer only a basic treatment, most often without the benefit of electric power, water supply, sanitation or radio contact. During the year ADI doctors spent over 110 days on patrol.

Building on knowledge gained from the Integrated Health Patrols since 2011, ADI has now ensured that 50% of the staff from the 27 health centres throughout NIP have received one week of residential inservice training at central locations.

ADI has trained staff from every health centre in New Ireland Province and treated almost 10,000 patients since 2011.

Despite the fact that ADI's efforts to improve the functioning and services of Namatanai Hospital have been slow, the improvements to date have been sufficient to enable the New Zealand arm of the Fred Hollows Foundation to send a team of four to NIP for two weeks and conduct cataract operations for 143 very grateful patients.

After two years of consultation with ADI, global technology company Becton Dickinson provided six volunteers from three countries for two weeks to visit New Ireland to develop a PNG customised version of the WHO pathology strengthening course, helping improve the diagnosis of communicable diseases in NIP and donating urgently needed pathology equipment.

But plenty of challenges remain.

The introduction of maternal and child health services, including family planning, is urgently needed, though progress has been cautious, out of respect for local sensitivities. The health administration in NIP struggles due to shortage of staff, but is mentored by ADI. Our continuing partnership with Catholic Health in Western Province is enduring and the strength of the health office improves.

My thanks to all the Board members and dedicated staff and volunteers. Indeed, at ADI we count ourselves very fortunate to have a great team. However, after seven dynamic years as team leader, General Manager Delene Evans has indicated her wish to retire. Delene joined ADI back in 2007, before ADI had in place the very comprehensive governance handbooks of policies and procedures and systems we have today. Also, it was prior to the establishment of the Program, Finance, Risk & Compliance and Accreditation Committees that are now such important components in ADI's operations.

Delene has played a key role in transforming ADI's organisational structure, its internal systems and securing base accreditation. As General Manager she has applied her considerable abilities with dedication and passion, making a big contribution to the ADI cause, year in year out. We wish her well in retirement, happy in the knowledge that she can still be called upon when required for special projects.

Dr. Peter Macdonald
OAM MBBS MRCGP DA DRCOG

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Raymond J Patmore – Chartered Accountant

The Governor of New Ireland Province, Sir Julius Chan, receives a health check from ADI Health Extension Officer, Dashlyn Chee, during celebrations to mark the third anniversary of NIPG's health partnership with ADI.

"I know when to bring my pikinis [children] in for malaria treatment – when they get starry eyes."

– Mother of seven year old Francis pictured below with ADI's Dr Bruce Slonim

ADI volunteer Dr Bruce Slonim with young patient Francis, who presented with malaria.

Seven year old Francis has been infected with malaria many times. His family lives in Palabong Village near a large flowing river and malarious swampland in the remote southern Konoagil region of New Ireland Province.

Despite sleeping under mosquito nets, Francis' parents and four siblings have all been repeatedly infected. They cannot get any treatment from their village aid post as there is no health worker to run it.

This time, however, young Francis was able to seek medical help from the ADI patrol team who were visiting Kabanut Health Centre, an hour away by truck.

His symptoms included severe anaemia, exhaustion, failure to thrive, frequent infections and a dangerously enlarged spleen – a condition called splenomegaly – caused by chronic malaria.

"His spleen could easily rupture if he were to get a bump while playing at school. This would result in a life-threatening situation and require emergency surgery," says ADI volunteer Dr Bruce Slonim, who treated Francis.

Dr Bruce also trained the local health worker to test Francis' haemoglobin (blood) level using a HemoCue device donated by Manly Rotary Club. The young patient returned an extremely low reading of 48 g/L compared to a healthy range of 120 g/L or more.

Francis returned home that afternoon with medication for his acute and chronic malaria, iron tablets and dietary advice to improve his blood count.

Building the clinical skills of remote and rural health workers in Papua New Guinea is at the heart of what ADI does.

Above: Gedjolly Aaron, Health Education Program Manager for New Ireland, teaches rural health workers how to perform a Rapid Diagnostic Test for malaria during the NIIP/ADI inservice training.

Australian Doctors International delivers and strengthens primary health care services in rural and remote communities in PNG by working in mutually supportive and collaborative partnerships. We aim to create long-term sustainable change and place high importance on clinical training for local health workers in all our programs.

"Since the latest ADI inservice training, two community health workers have told me they used misoprostol for successfully managing third stage labour [during childbirth] to safely deliver the placenta and prevent post-partum haemorrhage, which is often fatal. Previously they thought that only a doctor could do this," says Gedjolly Aaron, Health Education Program Manager for New Ireland Province (pictured above left).

Sister Elsie Tamelcare at Namatanai Hospital also knows what a difference ADI's training makes.

Hours after attending an onsite obstetrics workshop with the ADI volunteer doctor, a young woman presented in labour with breech twins.

Despite the absence of power and water – and two breech deaths earlier that month – Sr Elsie delivered the first baby without any assistance. "Because of the ADI doctor's education that morning, I felt confident doing the delivery," she says. The second twin required active resuscitation, which the staff performed promptly and efficiently thanks to training by previous ADI volunteers. Both babies survived (inset).

New Ireland: health challenges

By Delene Evans, General Manager

ADI is focused on treating patients, training health staff, promoting good health to communities and advocating for improvements in the local health system.

New Ireland Province is home to 194,000 people, 40% of whom live on remote offshore islands with limited or no access to most basic services.

The province has just six doctors, all of whom are based at the provincial hospital in Kavieng and stretched to service rural areas. Health is split across two independent systems, with rural health run by the province and Kavieng District Hospital run by the national government. Recently a commitment was made to merge the two systems into one under the Provincial Health Authority Act to improve accountability and efficiency.

The National Government's Free Primary Health Care and Subsidised Specialist Health Care policies were introduced into New Ireland in 2013, whilst provincial funding was increased for public health programs for tuberculosis and filariasis in 2014.

The New Ireland Provincial Government continues to support ADI's engagement in New Ireland with the allocation of K450,000 (AU $225,000) for health patrols and inservice training. ADI could not continue its programs without the dedication and support of local health staff who do the best they can in extremely challenging and isolated conditions, including:

Failing infrastructure: Infrastructure audits of all health centres by ADI during patrols in 2011 and 2014 show that the majority of health centres have no running water, no working radios, no electricity (although 10 health centres now have solar lighting) and a broken cold chain which impacts vaccination rates. A serious outbreak of measles was testament to this.

Insufficient health staff: There are just 243 rural health staff outside the provincial capital, Kavieng – 50% below the minimum service standard set by WHO.

Equipment shortages: A shortage of small medical instruments and consumables has been addressed with donations from ADI. The Government has agreed to increase funding for these items along with educational resources for health workers, including standard treatment manuals.

Drug shortages: This remains a persistent problem across PNG as AusAID (now DFAT) has withdrawn support for the winning tenderer for the supply and distribution of the new contract for probity reasons.

Population growth: New Ireland's annual growth rate is 3.2% above the national average of 2.9%, with the province ranking below the national average on the use of modern family planning methods. The development of a family planning project with provincial health is now a priority for ADI.

ADI works in Western Province and New Ireland Province of PNG

Health worker Pendrick Tomande learns critical lab skills at the 2014 NIPG/ADI inservice training.

Special pathology project

ADI & BD collaborate to train lab technicians

ADI partners with specialist healthcare companies to help strengthen PNG's primary health care system. ADI provides facilitation and logistical coordination whilst the partners bring complementary skills and resources.

For the past two years ADI has been working with international global medical technology company Becton Dickinson (BD). Six BD volunteers developed a PNG customised version of the WHO Pathology Strengthening Course for delivery in Kavieng in September 2014. In April 2013 and again in April 2014 BD's Biosciences Director, Chris Bligh, visited New Ireland's three existing laboratories – one at Kavieng General Hospital and two at Lemakot and Namatanai – to conduct an audit and establish a baseline for the project.

To help improve the diagnosis of communicable diseases, BD has donated urgently needed pathology equipment to all facilities, and funded the establishment of a new small rural laboratory in the centre of New Ireland at Kimadan Health Centre. We are delighted to work with such a wonderful and supportive partner and thank Kevin Barrow, CEO of BD Australasia, for his vision and commitment to BD's social investment program in the Pacific.

New Ireland: health patrols, clinical training & Namatanai Hospital

By Delene Evans, General Manager

ADI's programs in New Ireland Province address the three minimum priority areas for health delivery as set out by the PNG National Department of Health:

1. Integrated rural health patrols
2. Rural health facility operations
3. Distribution of medical equipment

Integrated Rural Health Patrols

The New Ireland Provincial Government (NIPG) provides excellent financial support for ADI's health patrol project with an annual grant of K400,000 (AU $200,000). Patrols are conducted by ADI volunteer doctors and allied health staff to remote and needy locations throughout the province.

In 2013/14, ADI deployed three volunteer doctors on health patrols to New Ireland:

- Dr Tim Baird (June to December 2013), joined by his partner and nurse Samantha Bannear for six weeks
- Dr Liz Scott (May to August 2013) on her second ADI assignment
- Dr Bruce Slonim (January to October 2014) on his second ADI assignment, joined by his wife and teacher Gayle Slonim

Our doctors conducted 13 patrols lasting 2-3 weeks each over 110 days. They held 157 clinics and treated 2,791 patients, plus spent 690 hours training local health staff (579 hours case based and 111 hours group based).

Medical conditions treated included (in order of frequency): musculoskeletal, respiratory/ pneumonia, surgical, ear/nose/throat, cardiovascular, neurological, gynaecological, skin conditions, malaria, TB and eyes.

Allied health team on patrol

Allied health staff from Kavieng General Hospital joined patrols to provide a wide range of clinical and preventative services.


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On patrol in New Ireland
1 | ADI volunteer Dr Bruce Slonim gives case-based training to staff on Djaul Island. 2 | ADI volunteer Dr Merrilee Frankish trains health workers at Lemakot School of Nursing. 3 | Allied health team member and physiotherapist Rose Womaling conducts a physio session for community members. 4 | Provincial Logistics Officer Edward Abel advises staff at Lemakot School of Nursing. 5 | ADI volunteer Dr Tim Baird. 6 | Dental Therapist Lenaen Lamano gives a dental health talk to students at a local school. 7 | Eye Nurse Ignatius Diumale conducts one of 2,710 optometry exams performed on patrol last year.


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Staff included a dentist and dental therapist, eye nurse, physiotherapist, HIV/STI worker, Maternal and Child Health Nurse, logistics officer, drivers and boatmen.

"We have a genuine desire, commitment and dedication," says Provincial Logistics Officer Edward Abel, noting the risks undertaken to travel to these remote communities. "We serve the less fortunate, touch the untouchable and reach the unreachable. We are truly silent achievers in our own professional right."

In 2013/14, the allied health team conducted 6,799 dental exams, 2,710 optometry exams, 894 Pap smear examinations, 921 HIV tests and 1,044 physiotherapy consultations, plus identified 47 new tuberculosis cases.

The team and the ADI doctor also conduct preventative health education talks at schools, churches and village gatherings. Gayle Slonim helped create simple educational resources (such as flip charts and booklets) for these talks.

We are now witnessing a change in emphasis from curative to preventative health, with the inclusion of 'wellness' checks by Dr Bruce reinforcing this positive change.

What's improved – anecdotal evidence

Dr Slonim reports that graduates of ADI's inservice training program show a new level of understanding and clinical application.

Post-partum haemorrhage (the most common cause of death during birth) is better managed, more health centres are using partograms to track pregnancies, and the management of third stage labour has improved. Most labour wards are now equipped with resuscitation ambu-bags thanks to generous donors of ADI and most health workers have received training in neo-natal resuscitation.

Also, the management of malaria has greatly improved with the increased availability of Rapid Diagnostic Tests and the new medication MALA1.

Inservice training

This year 46 rural health workers graduated from the NIPG & ADI Inservice Health Training program, which is held annually at Lemakot School of Nursing. Tests completed by participants before and after the training showed a 55-88% improvement on scores.

Twenty-four participants from Kavieng District and 22 participants from Namatanai District each attended one of two five-day residential workshops led by experienced NIPG and ADI trainers. Most participants hadn't attended a formal training like this since their original studies. Topics included the province's priority health issues – maternal health, tuberculosis (TB) and malaria – plus drug therapies and family planning.

"The inservice program provides health workers with new skills and a boost in their morale," said Gedjolly Aaron, Health Education Program Manager for New Ireland.

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Achievements on patrol 2011-2014

ADI's three-year partnership with the New Ireland Provincial Government has brought unprecedented primary health care services to the most remote pockets of this isolated region.

28,128	total consultations (ADI doctors and allied health staff)
11,971	dental examinations
9,423	patients seen by ADI doctors
4,533	eye examinations
1,693	hours of clinical training
1,234	PAP smears
428	doctor clinics

"Together with their colleagues they can share experiences and gain help with their day to day problems. They can learn how to properly manage patients at their health centre and when to refer high risk cases to Kavieng."

We were extremely honoured to have Associate Professor Linette Lock, RN, from the Faculty of Nursing, Midwifery and Health at the University of Technology in Sydney, return as the workshop facilitator.

Linette and former ADI patrol doctor Merrilee Frankish, a north Queensland based GP, co-delivered the obstetrics training. The session on malaria was run by Oil Search Health Foundation, which has had zero on-site malaria transmission in its areas of operation in Southern Highlands Province.

Local expert presenters included Aileen Makapa, Family Health Program Manager; Gedjolly Aaron, Health Education Program Manager for NIPG, who guided and advised us on local practice and custom; and Nedley Laban, Senior Scientist at Kavieng General Hospital.

Presenters employed fun and active learning techniques such as case studies, group role plays, quizzes and hands-on practical exercises.

Participants learned how to prepare and analyse a TB sputum slide using a microscope, conduct a Rapid Diagnostic Test for malaria, practise emergency birthing techniques, resuscitate a newborn using lifelike training models which simulate a baby's breath and heartbeat, and more. The highlight was on the last day where each work group dressed up and acted out various scenarios to help educate their communities about family planning and contraception.

Daily and end of program evaluations demonstrated a very high overall level of satisfaction and a major teaching/learning strategy was the use of topic pre and post-tests, that is the same test given at the beginning and end of the day, which assessed improvements in skills and knowledge acquired during the day.

"Before the inservice I only knew a little about TB, but now when I get back [to Natong] I will make progress – I will know where to start with a TB patient," said Odilia (pictured below, a CHW at Natong on remote Anir Island, where for 30 years she has single-handedly cared for a catchment of 300 people in three villages.

"Before I used to always sweat my guts when there was a complicated delivery. This inservice training has drawn me to a different loop. I can do complicated

Half the NIPG health staff have completed inservice training since 2012

2014 inservice training at Lemakot School of Nursing 1 | Health workers Rita, Odilia and Rulyn from Namatanai District with ADI volunteer Dr Merrilee Frannkish, who co-delivered the obstetrics sessions. 2 | Sr Clematsia Kliawi and Rapheal Silita from Bol Health Centre, Kavieng District, learn life-saving newborn resuscitation techniques. 3 | Rural health workers learn critical lab skills.

deliveries now," said Sister Wasise, a paediatric nurse at Namatanai Hospital.

This knowledge is being successfully applied by health workers in their daily lives, as observed by staff themselves, ADI volunteer doctors in the field and others.

"Many times on patrol it was obvious whilst sitting with a health worker whether they had attended the program. When quizzed on what had been learned they were able to recall specific areas of new knowledge," said Dr Slonim.

The importance of these residential inservice training is hard to overstate. Working in isolated remote areas without supervision, radios, doctors and midwives is a way of life and these workshops give participants a chance to meet colleagues, share their frustrations and learn from others.

Namatanai District Hospital

ADI has been working at Namatanai District hospital which serves a population of approximately 110,000 people in southern New Ireland. The hospital remains significantly under resourced given patients loads are 60% higher than those for the Provincial hospital in Kavieng.

In 2013 dedicated staff at Namatanai amazingly attended to 49,112 patients (compared to 32,666 at Kavieng hospital), despite no resident doctor, unreliable power and no running water in wards.

Funded by Newcrest Mining, ADI appointed volunteer Dr Phil Smith (July to November 2013) and permanent ADI local Project Officer, Dashlyn Chee to train and support staff. Their achievements included:

- Refurbishing the old operating theatre, with equipment donated by Coober Pedy Hospital
- Performing the hospital's first Caesarean, plus over 100 tubal ligations and other minor surgery
- Setting up X-ray facilities (using the old fashioned film process!)
- Conducting same day blood transfusions after Nelson Lamberong, the local laboratory technician, received training as a result of ADI's advocacy

One of the first live saving operations, an emergency Caesarian section, was performed by Dr Phil, Dashlyn, nurses and ADI's General Manager, Delene Evans, who lent a hand at the anaesthetic machine. The baby was delivered but unresponsive. Miraculously, the matron got the baby breathing whilst Dr Phil successfully repaired the mother's uterine rupture.

Infrastructure improvements included five new 10,000 litre water tanks installed by Newcrest Mining in March 2014 which provide water for patients, and solar power and lighting for the

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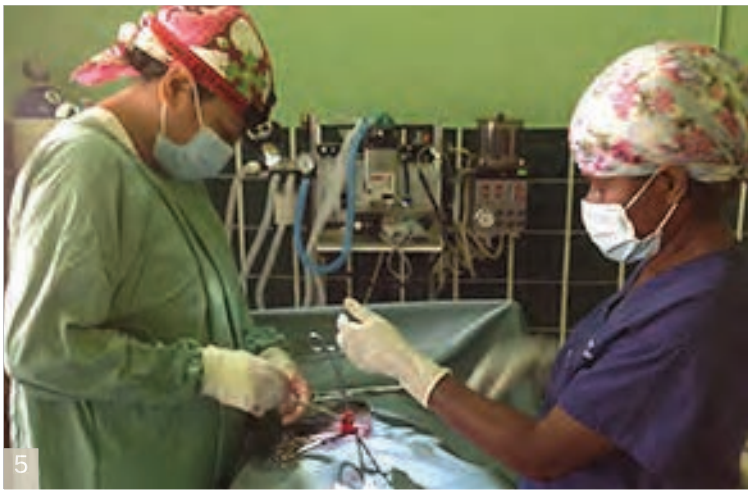

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Blood transfusions, surgery and tubal ligations at Namatanai Hospital

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4 | Namatanai District Hospital begins conducting same day blood transfusions after Nelson Lamberong, the local laboratory technician, receives training as a result of ADI's advocacy. 5 | ADI Project Officer Dashlyn Chee and nurse Maiti perform surgery in Namatanai District Hospital's newly opened operating theatre with equipment donated by Coober Pedy Hospital. 6 | Health workers from Kavieng District.

Western Province: health management & infrastructure

By Patrick McCloskey, Program Manager

For over 12 years ADI has continued to work in partnership with the Diocese of Daru-Kiunga's Catholic Health Services (CHS) unit in Western Province.

The province is geographically defined by the expansive Fly River environment and continues to experience profound challenges to the provision of health services due to remoteness, inaccessibility and lack of infrastructure. Limited roads and high average rainfall make travel by longboat necessary to reach many of the vast remote populations along the Fly River tributaries which experience ongoing challenges in relation to maternal health, obstetrics, child immunisation, drug and vaccine supply and management of malaria and tuberculosis.

In this remote but developing environment ADI continues to implement projects that are focused on capacity building the health systems management within the CHS, which operates eight health centres and 14 aid posts in North Fly and Middle Fly Districts of Western Province.

In 2014 two of these health centres at Matkomnai and Kiunga were identified by CHS and the PNG Government accreditation teams as priority health centres to receive capacity building to reach model service provision.

ADI's Enhanced Capacity Building program, funded by Horizon Oil, was able to combine health management skills with construction expertise when Teresa Carrington (Health Management Advisor) and William Mitchell (Engineer) were deployed and introduced to CHS in Kiunga by ADI Vice President George McLelland.

Emergency intervention

26 hours on the Fly

Emergency help is rarely around the corner in Western Province. When this patient suffering acute abdominal pain failed to respond to treatment given at his local health centre, staff radioed Catholic Health Services in Kiunga for assistance.

CHS Community Health Worker Josephine (pictured) travelled 13 hours in a banana boat down the Fly River, accompanied by ADI's Health Management Advisor Teresa Carrington (pictured right) and 8 x 20 litre containers of fuel for the round-trip journey.

To transport the patient – who was hugely stoic despite being in immense pain – a mobile IV system was created with a bamboo pole and Hartman fluids. Upon arrival at Kiunga Hospital, the patient was promptly treated for a peptic ulcer and survived.

With Teresa and William's expertise ADI prioritised location specific capacity building at Matkomnai and the Kiunga health centres by providing both infrastructure upgrade and capacity building via training as the recommended model of development.

Health care training

The focus areas of primary health care training provided by ADI in Western Province include improving infant mortality, reducing maternal mortality, improving the survival of children between 1 to 5 years of age, improved antenatal care, and improved disease control, especially tuberculosis. ADI therefore delivered case based training to CHS health workers at the Kiunga and Matkomnai health centres to improve clinical skills and practices for integrated management of childhood diseases, TB treatment, obstetrics and paediatrics.

Drug and vaccines supply continues to be a consistent challenge for the many remote health centres supported by CHS. ADI addressed this challenge by establishing a centralised drug management system in Kiunga and continuing to employ a Health Services Support Manager to manage the facility and ensure the health centres have adequate supplies of drugs and equipment for treating sick people in the communities.

Vital upgrades to infrastructure

ADI was also engaged in vital infrastructure assessment, repair and maintenance at the Matkomnai Clinic including:

- Implementation of a new water tank at the staff housing
- Reconditioning of the community generator
- Reconditioning of the water pump to the header tank of the multi-purpose building
- Servicing and replacing the taps, water supply and pipes to the main clinic building
- Installing solar power, 12v battery power for showers and toilets and a ceiling fan to the Labour/Post-natal ward
- Installing a new water tank at the in-patient ward
- Installing protection from white ants in all staff housing
- Upgrading community washing lines
- Complete service of the Matkomnai ambulance including new suspension and realigned front end

Essential trade skills learned

Community benefits

When ADI volunteer engineer William Mitchell (pictured left) began doing critical infrastructure upgrades at remote health centres and aid posts run by Catholic Health Services, he seized the opportunity to train the local men in a range of practical tasks.

On-the-job training included:

- Rebuilding motor vehicle and outboard engines
- Installing solar panels
- Upgrading water tanks and associated plumbing

ADI is committed to building the skills and expertise of local communities. Clean water, sanitation and hygiene are fundamental needs and can make a significant contribution to improving health outcomes for remote and rural populations.

Operations report

By Delene Evans, General Manager

Papua New Guinea

Local ADI staff

ADI Project Officer: Dashlyn Chee has been part of our team for 12 months, based at Namatanai District Hospital in southern New Ireland Province. She is a respected Health Extension Officer and a powerhouse of energy and enthusiasm.

Dash juggles multiple tasks. She supports ADI volunteer doctors; provides clinical and administrative leadership for staff; conducts Continuing Medical Education sessions; and advocates to the District Administration for upgrades to infrastructure and medical equipment. She also manages the operating theatre and conducts tubal ligations, as well as providing on-call assistance for emergencies.

"My most significant achievements are setting up the operating theatre and connecting the water," says Dash. "This has enabled me to perform minor surgery and over 100 tubal ligations."

ADI Integrated Health Patrol Coordinator: Alphonsia Wiringa works closely with New Ireland Provincial Health, allied health staff and ADI volunteer doctors to organise health patrols to some of the region's most isolated health posts. She manages all logistics, including food, fuel and medical equipment.

Alphonsia also helps coordinate the ADI/NIPG in-service training program and recently helped facilitate a new BD-sponsored training program to improve pathology services across the province.

"I have learned and experienced so much working with the different ADI doctors," says Alphonsia. "Seeing just the little differences that reaching out to the people makes, people who cannot usually access medical care, that's what I love to see."

Health Project Manager

ADI's Health Project Manager position is vital to our programs and now included as part of our regular recruitment. Australian Volunteer International (AVI) Health Project Manager, Dylan Tovey, managed our patrol and inservice projects for six months. This freed our doctors to do more clinical teaching and provide medical services to Kavieng General Hospital and Lemakot School of Nursing when not on patrol.

Advocacy

ADI raised the level of awareness of the fragility of the health system and advocated for improvements to staffing levels and the supply of medical equipment including consumables and drugs. We highlighted the deficiencies in health infrastructure, particularly the lack of running water, radios and power in health centres and the need for more investment in health infrastructure. ADI is also conducting an infrastructure audit of all health centres (following our initial audit in 2011). The findings will be presented to the Governor and the Provincial Administrator at the end of 2014.

Bigger office and new volunteer accommodation

ADI has moved to a bigger office within Provincial Health to accommodate three staff – a doctor, health manager and patrol coordinator, Alphonsia Wiringa. We also moved our volunteer accommodation from two separate locations to one large house in Kavieng, partially funded by NIPG, for camaraderie and security reasons.

Above: The landmark achievements of ADI Project Officer Dashlyn Chee at Namatanai District Hospital in southern New Ireland Province include setting up an operating theatre and conducting over 100 tubal ligations. Right: ADI Integrated Health Patrol Coordinator Alphonsia Wiringa assists with patrol logistics and coordinating the joint NIPG/ADI inservice training program.

Sydney

1 | ADI 's new PNG Program Manager, Patrick McCloskey (left) and ADI volunteers Dr Theresa Lei and Dr Bruce Slonim with Director of Medical Services at Kavieng General Hospital, Dr Alex Wanganapi (right). 2 | ADI featured in media in Australia, PNG and New Zealand. 3 | Sydney volunteers, directors and staff.

ADI awarded DFAT Accreditation

ADI strengthened its organisational structure and internal systems to apply for Baseline Accreditation with the Department of Foreign Affairs (DFAT, formerly AusAid) in October 2013. Accreditation focused on ADI's systems and processes in relation to corporate governance, development philosophy and programs, linkages with the Australian public, financial and risk management, and overseas partnerships.

Long-term supporter Peter Hunt provided $50,000 to fund an experienced development consultant to mentor our Accreditation Team of five directors and staff, plus a part-time office secretary to assist with processes and paperwork. We are forever grateful to Peter Hunt for stepping in where most funders would prefer to support more 'lifesaving' field activities.

Following a desktop assessment of our submission, a three-person DFAT team visited our Sydney office in April 2014 to conduct an on-site audit. In mid-June ADI was awarded Baseline Accreditation. To date only 46 other organisations have been similarly approved. Subject to annual reporting and a submissions schedule to DFAT, ADI will now receive $150,000 per annum for five years – $15,000 of these funds are for administration and the balance is for programs and monitoring and evaluation.

New Sydney staff

ADI welcomed PNG Program Manager Patrick McCloskey (shown at top) to our team in April 2014 to continue the excellent work done by his predecessor Michelle Abel in documenting our project activities and establishing a more robust monitoring and evaluation system.

Patrick has 20 years of experience in program management, design and implementation, and community engagement and development. He's worked in remote and urban communities with Indigenous people, people with physical and intellectual challenges, and culturally and linguistically diverse and marginalised communities.

Our team also welcomed part-time Office Manager Dawn Kemp to support ADI's other three part-time staff: the General Manager, Finance Manager Marcel Diebold and Marcomms Manager Leah Boonthanom.

Committed Sydney volunteers

ADI could not function without committed, regular volunteers who have professional qualifications across a range of specialties.

Office volunteers: We are blessed to have the following wonderful people on board: Virpi Tuite, Volunteer Coordinator; Therese Impey, an HR professional; Mike Bayles, Software Developer; Lucia Haines works on multiple projects; Jo Porritt, Marcomms Volunteer; Board Director Lili Koch, Membership and Fundraising Volunteer.

Committee members: We are also grateful for the invaluable expertise of our Committee members, who regularly volunteer their time:

Accreditation Committee: Delene Evans, Judy Lambert, Anne Lanham, Belinda Lucas, Peter Macdonald, Turner Massey, George McLelland, David Snedden.

Finance Committee: Kevin Bramley, Marcel Diebold, Delene Evans, Peter Macdonald, Turner Massey, Alison Overton, Michael Peters, David Snedden, John Shanahan.

Program Committee: Delene Evans, Tariq Khan, Wamiq Khan, Judy Lambert, Anne Lanham, Patrick McCloskey, George McLelland, Thomas White.

Risk and Compliance Committee: David Bauxbaum, Delene Evans, Peter Macdonald, Richard Magee, Turner Massey, George McLelland, Liza Nadolski.

Funding and collaboration

David Snedden conducted three trips to Port Moresby accompanied by myself or ADI President Peter Macdonald to meet potential funders. Significantly, Steve Lewin, partner in legal firm Leahy Lewin Lowing Sullivan, has been immensely helpful in introducing ADI to Port Moresby companies interested in supporting local charitable causes.

These efforts have been strengthened with the appointment of an ADI Port Moresby Volunteer Representative, Morwenna Burn, who performs a variety of tasks including presenting proposals to potential donors.

During the year ADI Directors were involved in a review of aid to PNG with the ACFID Pacific Working Group. ADI Public Officer Anne Lanham attended a conference 'Witchcraft and Sorcery in PNG' to improve our understanding of how traditional medicine impacts on health delivery.

Strengthening our message

Our website continues to go from strength to strength thanks to the creativity and dedication of our Marcomms Manager Leah Boonthanom. Google ranks our website first for the search term 'health in PNG' (before WHO) and second for the search term 'volunteer doctors' (beneath Médecins Sans Frontières and before Doctors without Borders). Our online donation page was activated in 2013/14 and will soon have the capability to accept regular automated monthly donations.

ADI also received indepth publicity in popular national medical and health publications. In Australia this included *Australian Rural Doctor*, *Australian Doctor, Partyline* (NRHA), and ABC Radio National. In PNG this included *The Post Courier, The National*, and local radio stations.

Board of Directors


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President

Dr Peter Macdonald
OAM MBBS MRCGP DA DRCOG

1 | Peter is a highly experienced general practitioner and accomplished politician who is currently providing locum medical services to remote Indigenous communities in Australia's NT and SA. Peter was formerly the NSW State Member for Manly (1991-1999), Director of Plan International Australia (1999-2004) and Mayor of Manly (2004-2008). He has also worked in Iran and East Timor with Médecins Sans Frontieres and Timor Aid respectively.

Vice President

George McLelland OAM CA

2 | George worked for accountancy firms in his native Scotland and in Belgium before migrating to Australia. He was NSW Secretary of Lend Lease's construction company, Civil & Civic, and Company Secretary for an investment bank. He later spent several years in England as director/shareholder of a private group of companies.

Treasurer

A.Turner Massey CA

3 | Turner is a Chartered Accountant who has worked with major companies in the UK, as well as the Aluminum Company of Canada in Vancouver and ICI Australia (now Orica) in Sydney. Presently retired, Turner is on the committee of the Scots Australian Council (Australia) and plays an active role in his local community.

Secretary

Lisa Justice

4 | Lisa works in the pharmaceutical industry in the areas of health, safety and sustainability. She previously worked as a Registered Nurse in hospital emergency departments in Sydney. Lisa contributed to aid efforts in East Timor 2001, plus completed a volunteer assignment in Costa Rica in 1995 with the community development organisation Youth Challenge International.

Steven Gagau
MSc BEng DipBusFLM ADipBA

5 | Steven is an engineer and practice manager with 30 years' experience in the telecommunications and human resources industries. He has expertise in quality assurance, accreditation, training and education, and governance. Currently the Regional Executive Manager of VASP Group Pty Ltd, Steven has previously worked with the Islands Development Bureau, Australian College of Technology, Datec, and Telikom Training College.

Lili Koch Dip. Commerce

6 | Lili has had an extensive career in the travel, medical and finance industries. She is an active member of RESULTS International (Australia), an advocacy group for the reduction of world poverty. Lili is also a dedicated ADI office volunteer, managing memberships and helping with fundraising activities, and a long-term financial donor.

Dr Judy Lambert AM BPharm BSc(Hons) PhD GradDipEnvMgt GradDipBusAdmin

7 | Judy specialises in the interface between social and environmental aspects of sustainable living in rural and urban areas. She has expertise in environmental, social and medical sciences and business administration with a career spanning research, government policy work as a ministerial consultant, and community sector advocacy. Currently Judy is the Director of Community Solutions.

David Snedden DipLaw (SAB) FAICD

8 | David is a former lawyer who specialised in corporate, financial and resources law and advice. He was a partner of Gadens Lawyers for 25 years, and spent five years working in the firm's Port Moresby's office. David was also a founding shareholder and director of the Campus Living Villages Group and Superior Coal Limited. He has worked extensively with Australian and Asian companies investing in Australia and the Pacific.

Directors' report and declaration on financial statements

The names of the members of the Board of Directors during the year ended 30 June 2014 and at the date of this report are:

- Peter Alexander Cameron Macdonald – President
- George McLelland – Vice President
- Alexander Turner Massey – Treasurer
- Adrienne Martin – Secretary (appointed 19/8/13, resigned 24/2/14)
- Lisa Justice – Secretary (appointed 24/2/14)
- Steven Young Moloe Gagau
- Lili Koch
- Judy Lambert
- David Christopher Snedden
- Liza Nadolska (appointed 21/7/14)
- Michael Peters (appointed 21/7/14)

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 principal activities of the association during the year were to provide medical services, clinical training, community health promotion and strategic health planning in Western Province and New Ireland Province, Papua New Guinea.

Declaration

The Board of Directors declares that:

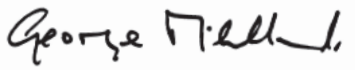
(a) The financial statements and notes, as set out on pages 17-21, are in accordance with the Associations Incorporation Act 2009 and:

i. Comply with relevant Australian Accounting Standards as applicable; and
ii. Give a true and fair view of the financial position as at 30 June 2014 and of the performance of the association for the year ended on 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 27th day of October 2014 is made in accordance with a resolution of the Board of Directors.

Dr. Peter Macdonald OAM MBBS MRCGP DA DRCOG
President



George McLelland OAM CA
Vice President

Treasurer's report

Thanks to a lot of hard work by all the ADI staff and the Board we achieved accreditation in 2014.

This brought into focus the need to manage available undesignated funds required to cover the expanding organisation with the fixed monthly salaries at a significantly higher level than the previous year. Note 3 to the financial statements shows the year's end cash position with a healthy bank balance, though less than one third ($104,481) is available towards future administration costs.

The timing of larger donations received goes some way to explaining why the excess of revenue in 2013 of $208,071 is a shortfall of $13,038 this year. The amount received from New Ireland Provincial Government is an example as Note 3 shows under NIPG Patrols.

At the same time Note 2 shows expenditure on programs undertaken by ADI was $1,048,195, of which $591,447 was non-monetary. This was again a remarkable achievement by our dedicated volunteers, whose donated time contributed 85% of this $591,447 non-monetary component.

In summary this was a very satisfactory year. However, ADI is mindful of the need to carefully manage its future progress.

A. Turner Massey CA
Treasurer

Auditor's report

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

Chartered Accountant

P.O. Box 175
FRESHWATER NSW 2096

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

ABN 86 665 216 632

To the members of Australian Doctors International Incorporated

Scope

I have audited the financial report of Australian Doctors International Incorporated for the year ended 30 June 2014. The Association directors are responsible for the financial statements and have determined that the accounting policies used are consistent with the financial reporting requirements of the Association and are appropriate to meet the needs of the Association. I have conducted an independent audit of these financial statements in order to express an opinion on them. No opinion is expressed as to whether the accounting policies used are appropriate to the needs of the company.

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

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

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

Audit Opinion

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

a) The Associations Incorporation Act 2009 including:

1) Giving a true and fair view of Australian Doctors International Incorporated financial position as at 30 June 2014 and its performance for the year ended on that date;
2) Complying with Accounting Standards; and
3) Australian Doctors International Incorporated Constitution; and

b) Other mandatory professional requirements.

RAYMOND J PATMORE F.C.A

27 October 2014
Freshwater NSW

Liability limited by a scheme approved under Professional Standards Legislation

COVER OF EXCELLENCE

Chartered Accountant

Financial Statements

Income statement

for the year ended 30 June 2014

	Notes	$ 2014	$ 2013
Revenue			
Donations and gifts			
Monetary		93,610	82,222
Non-monetary	4	591,447	748,740
Bequests and legacies		–	–
Grants			
AusAID		–	–
Other Australian		279,760	270,950
Other overseas		186,363	253,891
Investment income		4,021	4,376
Other Income		47,899	47,492
Revenue for international political or religious proselytisation		–	–
Total Revenue		1,203,100	1,407,671
Expenditure			
International aid and development programs expenditure			
International programs			
Funds to international programs	2	347,390	263,872
Program support costs	2	109,358	76,528
Community education		–	–
Fundraising costs			
Public		13,995	13,625
Government, multilateral and private		–	–
Accountability and administration		154,848	96,835
Non-monetary expenditure	4	591,447	748,740
Total international aid and development programs expenditure		1,217,038	1,199,600
Domestic programs (including monetary and non-monetary)		–	–
Total expenditure		1,217,038	1,199,600
Excess (shortfall) of revenue over expenditure		-13,938	208,071

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

Figure 1: Total revenue
$1.2 million in FY 2013/14

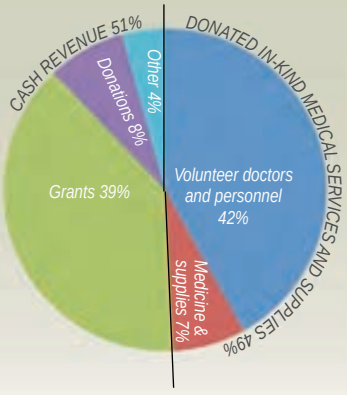
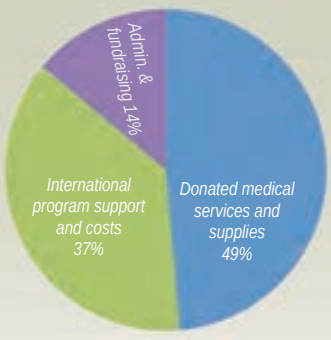


Figure 2: Total expenditure
$1.2 million in FY 2013/14



Financial Statements

Balance sheet

as at 30 June 2014

	Notes	$ 2014	$ 2013
Assets			
Current assets			
Cash and cash equivalents	3	393,891	396,032
Trade and other receivables		10,757	8,585
Inventories		–	–
Assets held for sale		–	–
Other financial assets		29,038	21,113
Total current assets		433,686	425,730
Non current assets			
Trade and other receivables		–	–
Other financial services		–	–
Property plant and equipment	5	16	301
Investment property		–	–
Intangibles		–	–
Other non current assets		–	–
Total non current assets		16	301
Total assets		433,702	426,031
Liabilities			
Current liabilities			
Trade and other payables	6	31,813	13,324
Borrowings		–	–
Current tax liabilities		–	–
Other financial liabilities	7	4,706	1,587
Other		–	–
Total current liabilities		36,519	14,911
Non current liabilities			
Borrowings		–	–
Other financial liabilities		–	–
Provisions		–	–
Other		–	–
Total non current liabilities		–	–
Total liabilities		36,519	14,911
Net assets		397,183	411,120
Equity			
Reserves		–	–
Retained earnings		397,183	411,120
Total equity		397,183	411,120

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

Financial Statements

Changes in equity

for the year ended 30 June 2014

	Retained earnings		Reserves		Total	
	$ 2014	$ 2013	$ 2014	$ 2013	$ 2014	$ 2013
Balance at **beginning** of year	411,121	203,049	–	–	411,121	203,049
Excess (shortfall) of revenue over expenditure	-13,938	208,071	–	–	-13,938	208,071
Amount transferred (to) from reserves			–	–	–	–
Balance at end of year	397,183	411,120	–	–	397,183	411,120

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

Financial Statements

Cash flow statement

for the year ended 30 June 2014

	$ 2014	$ 2013
Cash flow from operating activities		
Receipts from operations	597,536	651,647
Operating payments	603,698	448,611
	-6,162	203,036
Investment income	4,021	4,736
Net cash provided by (used in) operating activities	-2,141	207,772
Cash flow from investing activities	–	–
Payments for property, plant, equipment	–	–
Net increase (decrease) in cash held	-2,141	207,772
Cash at beginning of financial year	396,032	188,260
Cash at end of financial year	393,891	396,032

Reconciliation of cash

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

NIPG advance funding	*note 3*	135,908	198,702
Cash – other		257,986	197,330
Cash at end of financial year		393,891	396,032

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

Financial notes

for the year ended 30 June 2014

Top: Pap Smear Nurse Martha Lunganga (second from left) provides critical women's health services during integrated rural health patrols to communities in New Ireland Province, PNG.

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

The summary financial statements have been prepared in accordance with the requirements set out in the ACFID Code of Conduct. For further information on the Code please refer to ACFID Code of Conduct Guidelines available at www.acfid.asn.au

This general purpose financial report has also been prepared in accordance with Accounting Standards, other authorative pronouncements of the Australian Accounting Standards Board, Urgent Issues Group Consensus Views and the requirements of the Associations Incorporation Act 2009.

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.

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 propery 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 Tax Assessment Act 1997.

D. Cash and cash equivalents

For the purposes of the cash flow statement, cash includes cash on hand, deposits held at call with banks, and investments in money market instruments which are readily convertible 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

Non-monetary and monetary	$ 2014	$ 2013
Non-monetary (see note 4 below)	591,447	748,740
Funds to international programs	347,390	263,872
Program support costs	109,358	76,528
Total	1,048,195	1,089,140

Note 3. Table of cash movements for designated purposes	Cash available at beginning of year	Cash raised during the year	Cash disbursed during year	Cash available at end of year
Programs	$	$	$	$
New Ireland Province, PNG				
Namatanai Hospital	–	70,000	70,000	–
Inservice training	–	37,332	37,332	–
Integrated patrols	50,000	50,000	50,591	49,409
Hemocues	16,000	–	16,000	–
NIPG inservice	–	50,000	–	50,000
Pathology	8,220	50,000	8,033	50,187
NIPG patrols	119,380	181,818	215,293	85,905
Medical equipment	–	12,000	12,000	–
Western Province, PNG				
Catholic Health improvement	27,361	50,000	75,319	2,042
WP patrols	10,133	–	10,133	–
General health	10,000	–	10,000	–
Other Projects				
Family planning	43,967	10,000	2,200	51,767
Accreditation etc.	31,284	–	31,284	–
Non-designated	79,687	40,140	65,513	54,314
Unrestricted	–	50,267	–	50,267
Total cash movements	396,032	601,557	603,698	393,891

Note 4. Non-monetary revenue/expenditure	$ 2014	$ 2013
Medical volunteers	334,438	428,412
Non-medical volunteers	169,319	190,256
Medical equipment and supplies	87,690	65,317
Property, plant and equipment	–	64,755
Total international and development programs	591,447	748,740
Other	–	–
Total non-monetary revenue/expenditure	591,447	748,740

Note 5. Property, plant and equipment	$ 2014	$ 2013
Office equipment at cost	12,967	12,967
Less: accumulated depreciation	12,966	12,966
Office equipment written down value	1	1
Furniture and fittings at cost	1,155	1,155
Less: accumulated depreciation	1,140	855
Furniture and fittings written down value	15	300
Total written down value	16	301
Depreciation for year	285	979

Note 6. Trade and other payables	$ 2014	$ 2013
Creditors and accrued charges	31,813	13,324

Note 7. Other financial liabilities	$ 2014	$ 2013
Prepaid member subscriptions	4,706	1,586

Note 8. Remuneration of auditor

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

Note 9. Reconciliation of excess (shortfall) to net cash flow from operating activities	$ 2014	$ 2013
Excess (shortfall) of revenue over expenditure	-13,938	208,071
Depreciation	285	979
Increase in creditors	20,010	993
Capital expenditure	–	–
PAYG	1,598	1,587
Decrease in trade and other payables	2,061	-2,276
Decrease in loans payable	–	–
Advances	-12,157	-1,582
Cash inflow (outflow) from operating activities	-2,141	207,772

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