



ANNUAL REPORT 2015 - 2016



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Dr Bruce Slonim examines patient at health centre.

VISION

A healthier Papua New Guinea.



Dr Bronwen Morrison with local hospital staff at the ADI office in Kavieng.

MISSION

Believing that everyone has the right to health care, ADI provides access to this in rural and remote areas of PNG.



ADI Health Manager Gemma Tuxworth addresses the NIPG Development Partnership conference.

ABOUT US

ADI tackles the principal health challenges in PNG through improving access to primary care and by capacity-building of PNG's rural health workers. We also have working partnerships with local enterprises, the local health system and communities, and provincial governments where we can.



ADI Health Manager, Patrick McCloskey and Becton Dickinson (BD) representative present Bio-Safety cabinet to pathology staff at Kavieng Hospital.



ADI HEO, Dashlyn Chee, checks the blood pressure of New Ireland Governor, Sir Julius Chan.

PRESIDENT'S REPORT

My report would be remiss if I didn't thank our wonderful volunteer doctors and health professionals and their partners who accept ADI assignments from three months to one year in PNG. Without them, we could not do our important work.

ADI has introduced an ADI Alumni to maintain contact with all our volunteer health providers who have served ADI in PNG to benefit from their experience and wisdom in our future planning.

In 2016, ADI will celebrate 15 years of providing continuous health services in Western Province, PNG, in partnership with the Catholic Health Service, Kiunga. During that time, 28 doctors undertaking 36 assignments and 4 Health Management Advisors were deployed. For the years from 2011-2013, ADI Health Management Advisor, Leona Cayzer, supported the work of Sister Anna Sanginawa and her team at the Catholic Health Office and supervised the setting up of a drug and vaccine storage and distribution system at the Montfort Mission in Kiunga. Our sincere thanks to Horizon Oil who have funded ADI's Western Province Program since 2012. At their request and with the enthusiastic agreement of Catholic Health, ADI doctor patrols were resumed in 2016 with the deployment of Dr Anna Morris and her husband, Neil McMullan, (engineer) in January 2016.



On the other side of the country, in New Ireland Province, ADI's landmark program of Integrated Rural Health patrols and In-Service training has continued. A five year evaluation was undertaken by consultant, Dr Klara Henderson, to assess the impact of the patrols and provide recommendations to ADI for continuing improvement. This will be an important reference document for ADI as we consider requests to provide our services to other provinces. New provinces and new partnerships are under consideration.

ADI has welcomed the presence of a number of local PNG doctors from Kavieng Hospital on our patrols who have brought increased knowledge and skills. Returning doctor, Dr Bruce Slonim, on his third assignment in New Ireland has commented on the improvement in capability of the nurses and health workers who have attended ADI's In-Service training.

Working in PNG continues to present many challenges particularly in the areas of finance, governance, topography and lack of infrastructure. The PNG National Department of Health (NDOH) has introduced a new administrative entity for each province, a Provincial Health Authority (PHA) which will merge the primary health care sector with the hospital sector to form one "chain of command". ADI is looking forward to working with these authorities to benefit all the provinces in which we operate now and in the future.

ADI continues to work in partnership with many organisations in PNG and joint projects continued this year with Becton Dickinson (BD) in an ambitious training project for laboratory managers from all provinces at a two week session in Port Moresby in September 2015. Thanks to ADI Projects Officer, Delene Evans, for her coordination. ADI also partnered with Marie Stopes International (Family Planning), Fred Hollows (Eye Surgery) and has re-established links with North Fly Health Services Development Program.

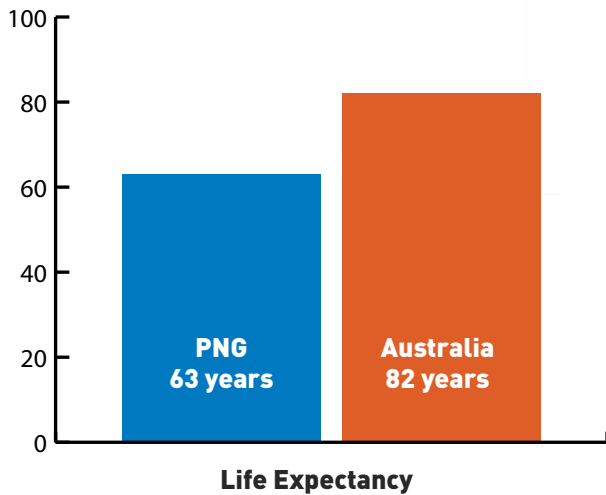
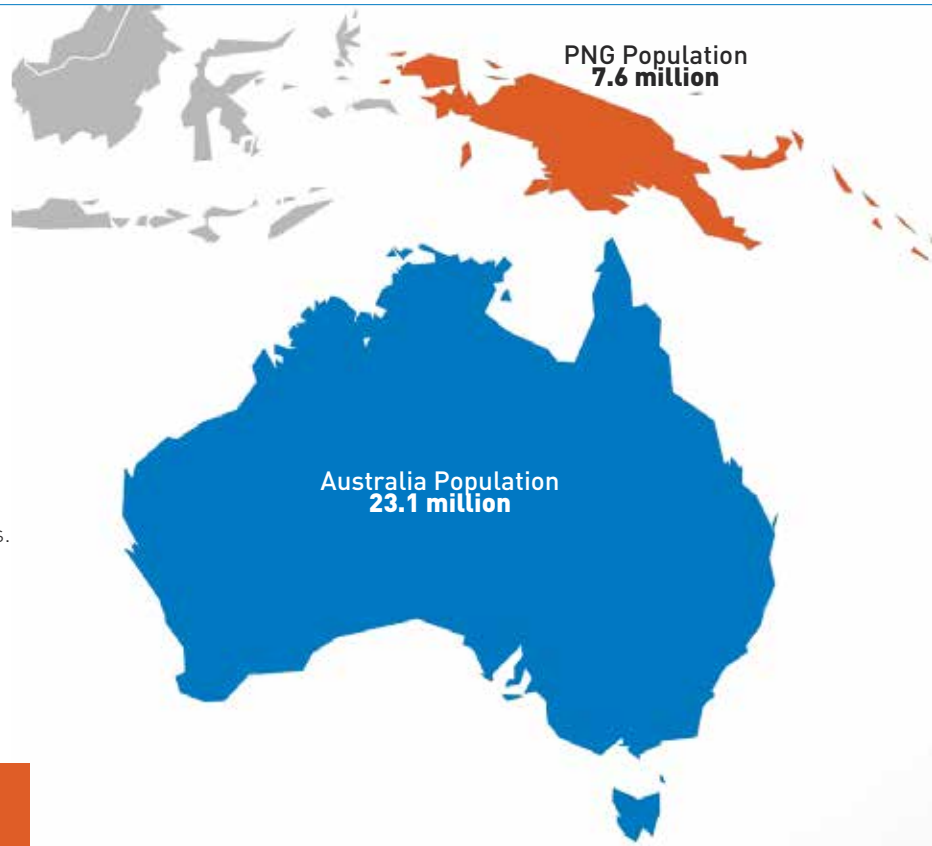
At the Sydney Office, ADI has a very efficient and dedicated combination of paid and volunteer staff. I would like to thank Anne Lanham who assumed the role as Acting Executive Officer (pro-bono) for this year and is succeeded by our new Chief Executive Officer, Liz Mackinlay, who commenced in June 2016. My thanks to our Board members and Committee members who have served ADI so well in the past year and to our generous sponsors without whom there would be no ADI.

Dr Peter Macdonald
OAM MBBS MRCGP DA DRCOG

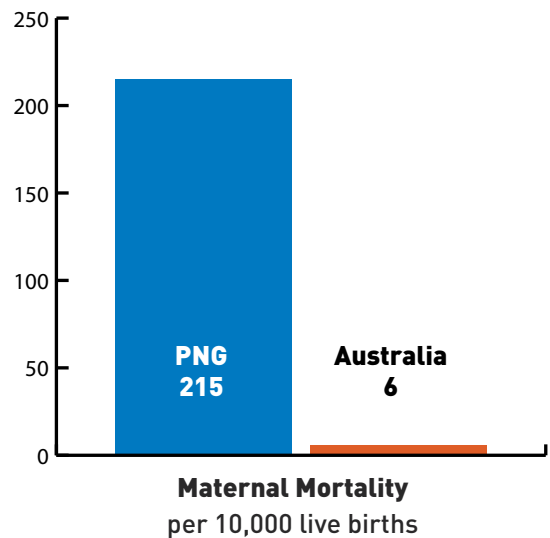
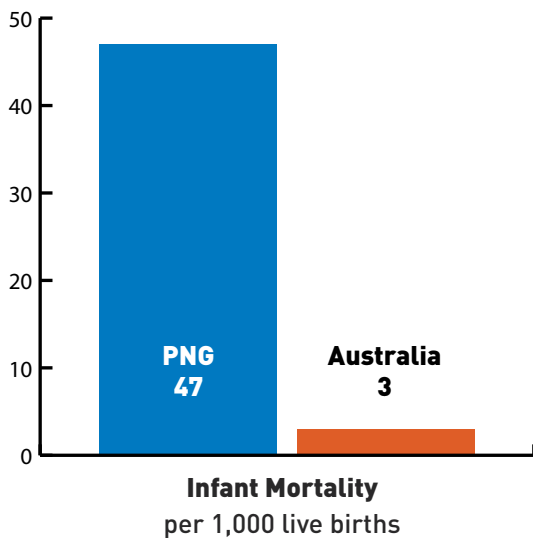
President

WHY ARE WE IN PNG?

Papua New Guinea is Australia's nearest neighbour, yet it struggles to combat diseases rarely seen in Australia such as malaria and tuberculosis, but also respiratory infections and diarrhoeal diseases. Diabetes is on the rise as lifestyles change with growing affluence. With 87% of PNG's population living in rural areas, outreach health clinics and patrols are essential, yet across the country these are declining in frequency. Supervised births, antenatal care and family planning are also reportedly in decline or stagnate. These trends impact on the PNG government's efforts to improve maternal and child health and combat communicable and non-communicable diseases.



87%
of PNG's
population living
in rural areas



NEW IRELAND PROJECTS AND STORIES

Integrated Rural Health Patrol – New Ireland

The Work:

ADI is providing health care to the rural and remote population in New Ireland in partnership with Kavieng Hospital and New Ireland Provincial Health through regular integrated rural health patrols. This model integrates the health team, a cost effective multidisciplinary outreach health service, comprising a doctor, optometrist, dentist, physiotherapist, Maternal and Child health nurse, disease control officer, family planning services and public health promotions. Each month, our volunteer doctor and allied health teams set out from the provincial capital on a two-week patrol over sea and mountains to treat patients in different remote and rural areas of New Ireland. They see patients who might otherwise never see a doctor or a health professional. The doctor and allied health team also provide much needed on-the-job training for the health workers on the frontline.

The pillars of ADI's program improve treatment, provide training and disease prevention through public health promotion.

The Results:

These integrated rural health patrols are unique, addressing unmet medical needs in remote locations, providing clinical services to the New Ireland population and, more recently also providing public health education to local communities. In addition, patrol teams provide frontline rural and remote health workers with on-the-job training.

The ADI In-service and integrated patrol program is contributing to improved health indicators over the past 5 years in New Ireland including;

66% reduction in Maternal Deaths

12% reduction in Pneumonia in children under 5

20% reduction in Diarrhoea in children under 5

In total the integrated rural health patrol held

150 clinics

over

133 days,

treating over

18,300 patients,

and promoting public health education and awareness to

30,600 people

in rural areas.

The patrol team

also provided

375 hours

of case and

group based

training to over

230

rural health workers

during this year.

Key outputs achieved include the delivery of

15

integrated rural health patrols to:

49

health centres & aid posts

50

schools

63

rural villages

NEW IRELAND PROJECTS AND STORIES

Story from the field:

Tanir Patrol: Natong Aid Post, May 2016

Dr Bronwen assists a Natong family

This affectionate little boy with Down Syndrome presented to Natong Aid Post with pneumonia, a common childhood presentation in Anir. There have been no immunisations on this remote island group for over two years, due to difficulties with transportation and coordination of the "cold chain", and so the youngest children have had no protection against a range of preventable childhood illnesses such as pneumonia. Thanks to the hire of the Governor's fast boat, the MV Akalei, the Integrated Rural Health Patrol team were able to visit Anir for the first time in three years, and to deliver much-needed immunisations to Babase Health Centre. The ADI Patrol does not normally carry out immunisations, due to the lack of an MCH midwife on patrol and immunisation program responsibility lying at sub-provincial level, but the Patrol tries to be responsive to the greatest health needs of New Ireland's most isolated and vulnerable communities.



Story from the field:

Namimar Patrol: Palie Health Centre, June 2016

Bronchiolitis and Broken Bones: Emergency Transfer

This baby boy was admitted to the children's ward at Palie HC with fever and laboured breathing three days prior to the patrol's arrival. Despite antibiotic treatment, he got worse and was in marked respiratory distress by the time he was reviewed by the team's doctor. Bronchiolitis is caused by a respiratory virus and affects babies and very young children only. Most of the time it is a mild disease and babies recover quickly. However, in some infants the lung inflammation is severe, meaning that all their energy is used in taking the next breath. These babies often develop dehydration because they are too exhausted to breastfeed. The team assisted the local health staff to assess and treat the child with oxygen and intravenous fluids, and eventually decided to transfer him in the team's vehicle to Lihir Medical Centre, where he was put on artificial respiratory support until his lungs recovered.



Malaria was rife in Anir and Tanga when the ADI team arrived, but thanks to an emergency supply of anti-malarial medications through City Pharmacy in Kavieng, the team was able to treat 121 RDT-positive patients, two-thirds of these children, some with severe complications of malaria such as heart failure, during their 2 week visit to these island groups. Martha Lungunga, the team's education officer, delivered health talks to hundreds of local adults and children on prevention of malaria and other common diseases. The team was also able to reach remote populations on the islands away from health centres that local health staff are routinely unable to provide outreach for due to clinic boat fuel shortages. In addition, ADI provided Haemoglobin Colour Scales to health centres with training to enable quick and inexpensive screening for anaemia during antenatal visits, and to prevent further maternal deaths.

Of
121
malaria positive
patients treated
by the team,
two thirds were
children.

Profile from Dr Bruce Slonim and Gayle Slonim, July-Dec 2015

What an ADI journey we have had. Welcoming villagers, adventurous boat journeys, laughter, breathtaking scenery and working with exceptionally dedicated health workers as a formidable team are only some of the memories we will hold forever. Three assignments in New Ireland from 2012 to 2015 as patrol members have certainly changed our lives for the better.

There were moments of great highs but also moments of frustration and feelings of inevitability. Some things could not be changed nor should we try to, but there were many successful outcomes. The development of our role over the three years saw a move from mostly clinical work and primary care to a strong focus on education, both at a community level and with the local health workers. This is where we saw a future for ADI.

We were lucky enough to be on a team where for the first time we had an education officer, Martha Lunganga. Her role was dedicated to helping the team members deliver their health messages to school and community groups as well as assisting us in the education of the isolated health workers. Many health workers had only two years of training often years ago and no professional development since. The ADI in-service program has also gone a long way to help change this, and, with participation places highly sought after, it has been an amazing success.



Gayle Slonim with a New Ireland Education Officer Martha Lunganga who has been an integral part of the patrols



Dr Frank Appamumu and Dr Bruce Slonim with staff and volunteers at Maragon Health Centre, Simberi

We also went on patrol with the first PNG doctor to accompany an ADI patrol, Dr Frank Appamumu, obstetrics and gynaecologist specialist from Kavieng hospital. We hope this becomes normal practice in time to come. Dr Frank was able to see firsthand how the outreach patrols were reaching people who would never have been able to see him in the Kavieng hospital and became an enthusiastic advocate for the program.

Going on patrol was hard work. Logistically it was often a nightmare as communication around the island was unreliable and often non-existent. The areas we visited were remote and involved sometimes challenging boat trips. Days were long and hot and the availability of fresh food inconsistent. We slept on floors in local schools, on wooden hospital beds and in guest houses. Some health centres were dysfunctional, others excellent.

So why did we return for two more trips? Most communities and especially the health centre staff were overwhelmingly grateful for our visit. The people came from miles around by foot or boat – any way they could to see the dentist, eye nurse, physiotherapist, maternal health nurse and family planner. At the end of a long hot day, more often than not, fish had been caught and cooked, fresh fruit brought in and best of all the team would sit around the table – tell stories and laugh – always lots of laughter. We were lucky to be included in that!

So we would start a new day – travel to another centre through the most physically beautiful isolated regions and work with the most dedicated people. One day at midday on a remote island everyone disappeared – even the one health worker. Twenty minutes later we were in the middle of a village celebration- highly decorated men and women (including our nearly unrecognisable health worker) singing, dancing and feasting.



Dr Bruce Slonim playing with a small child at the end of a hectic patrol day

NEW IRELAND PROJECTS AND STORIES



Local villagers at Mahur dance in celebration

As we were able to return to the same Health Centres over the three year period we were in a good position to note changes and gauge the impact of the ADI Integrated Patrol Program. It was pleasing to see the resources we had left were still being used, but more importantly, areas of education we had concentrated on were being put into practice, particularly safer management of women in labour, resuscitation of neonates, musculoskeletal presentations, prescribing appropriate medication as well as reinforcing the care of those with malaria, TB and respiratory infections.

We have been privileged to have had this opportunity to represent ADI in their effort to improve the health of those in PNG. Admittedly, there is a long way to go, but the contribution of all at ADI over many years has been immense. We both have learnt new skills and to be able to share this with each other and the patrol team, for which we have the greatest respect, has been an unforgettable and amazing experience. We are proud of what we have achieved, but this has only been possible by the dedication, hard work and commitment of all of those associated with ADI, both in Sydney and PNG, and we thank them all so much for their support.



Dr Benjamin, our first PNG trained junior doctor on patrol, used ADI developed resources explaining to a patient all about diabetes.

“ **So why did we return for two more trips?**

Most communities and especially the health centre staff were overwhelmingly grateful for our visit. The people came from miles around by foot or boat – any way they could to see the dentist, eye nurse, physiotherapist, maternal health nurse and family planner.

”

In-service – 2016

New Ireland Provincial Government and ADI partner to deliver In-service training to 56 rural health workers.

Through the valuable support of New Ireland Provincial Government (NIPG), the ADI In-service program is working towards strengthening primary health care services in rural and remote communities by training health workers based on their needs.

Consistently trained health workers are more able to treat and manage the health challenges in the remote rural regions. NIPG is providing annual professional development for rural health workers through the ADI In-service program that supports improved knowledge of the latest diagnostic, treatment and management standards.

These topics chosen by the New Ireland Health Education Committee include improving child survival, improving maternal health and reducing the burden of communicable diseases, align with Key Result Areas of the National Department of Health Plan and responded to training needs identified by health workers.

A committed team of clinical facilitators and presenters delivered a range of topics focussed on critical health challenges in PNG including maternal and newborn health, essential and emergency obstetrics, anaemia, family planning, tuberculosis management, sputum collection and reporting, malaria, family violence and child protection.

5 - Year Evaluation of New Ireland Integrated Patrol and In-service

During 2015-2016 an external consultant undertook an evaluation to: assess the impact of the New Ireland Patrols and In-service programs. This evaluation was used to:

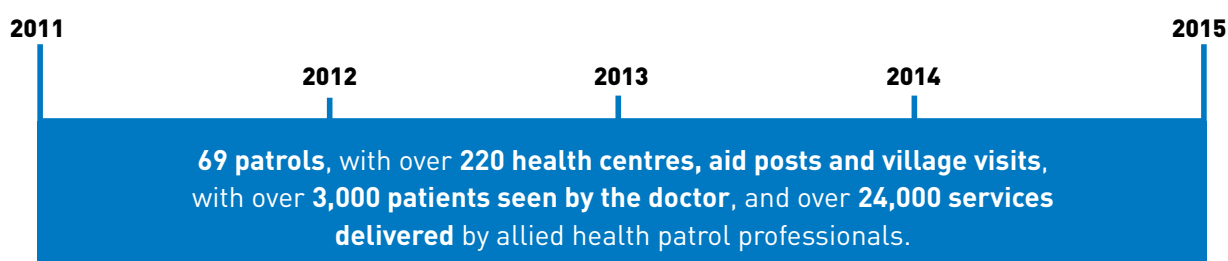
- Determine how those programs have assisted in rural health service provision and health worker development;
- Identify and document a flexible and adaptive model of integrated patrol and in-service programs for potential application in other provinces of PNG;
- Document a staged handover and transition plan of the New Ireland Patrol and In-service Programs to local partners in New Ireland.

The patrol team regularly includes dental and eye health professionals, along with TB and HIV/AIDS services. The integrated patrol and in-service programs have responded to gaps in the health system by focussing on delivering clinical services and health worker on-the-job training to the most remote communities in New Ireland, while also identifying and training health workers to attend in-depth training on key health topics such as maternal health and TB. Over the 2011-2015 period, 80% of rural health workers attended at least one ADI In-service.

The evaluation found the combination of a medical doctor with allied health professionals conducting patrols with the twin objectives of delivering clinical services and training to health workers, backed up by in-depth training of those health workers, a unique and successful model, improving health outcomes of remote populations in New Ireland and building confidence and knowledge of the province's health workforce. With certain criteria in place, this model is adaptable and suited for implementation in other PNG provinces.

Over the
2011-2015
period,
80%
of rural health
workers
attended at
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Over the 2011-2015 period,
ADI, in partnership with Kavieng Hospital and New Ireland Provincial Health,
have delivered:



NEW IRELAND PROJECTS AND STORIES

Family Planning – ADI and Marie Stopes International

ADI continued its partnership throughout 2016 with Marie Stopes International, the largest non-governmental provider of family planning in Papua New Guinea, along with the New Ireland Provincial Government to deliver a two week family planning training program for rural health professionals in February 2016.

12 participants from across 9 rural Health Centres, 1 from Kavieng General Hospital and 2 from Provincial Health, covering 7 Local Level Governments and both Kavieng and Namatanai Districts. During the training, participants learnt thorough Family Planning counselling and awareness techniques, setting up private and confidential counselling sites, applying strict aseptic techniques according to best practice standards and setting up Infection Control- sterile and non-sterile areas, and practical procedures. All participants are now competent in non-permanent Family Planning methods and able to give Implants and IUDs under supervision.



Marie Stopes Family Planning training, February 2016

Sr Eileen Makapa is the Family Planning Officer for New Ireland Provincial Health and a regular on ADI patrols. Following the Marie Stopes training, Sr Eileen will follow up those Marie Stopes trained health workers around the province. She provides ongoing monitoring and supervision of trained staff to ensure they are maintaining best practice standards as taught during the training, and that this is being applied in their own health care setting. She will also train health workers to do insertions, give community awareness talks on a range of women's and baby health topics, and insert implants where there is no health worker. On the recent South Lavongai patrol, she inserted close to 50 implants over 10 days in 7 communities and delivered education talks on family planning to over 400 people, correcting some misconceptions and rumours about the implant and championing its use. The implant is the most effective reversible method available worldwide, and is slowly changing birthing patterns in New Ireland as its use becomes more widespread. Population pressure on land within traditional communities is becoming intense and causes conflict within family groups and dispossession from customary lands. By using the implant families can ensure they don't outgrow their resources.



Top: Ngourvalus and her new baby Gwendoline

Bottom: SR Eileen inserting a contraceptive implant for Ngourvalus

Story from the field:

South Lovongai Patrol; Baungung AP, April 2016

Ngourvalus is a single mother who gave birth to her third child at home. She is unremarkable in the New Hanover Island community in that more than 50% of births on the island take place away from delivery centres in unsafe conditions. Ngourvalus was lucky – the birth was uncomplicated for both her and her new daughter. She presented to the ADI Patrol Clinic wanting treatment for her baby's mild conjunctivitis. Baby Gwendoline had not had a baby check nor received immunisations. Dr Bron Morrison treated her eyes, did a thorough newborn and post-natal check, arranged for them to visit Metemana Health Centre for immunisations, and talked to Ngourvalus about family planning, an essential part of any post-natal consultation. Ngourvalus was interested! After some careful counselling about possible changes to her menstrual cycle and other important information, such as the implant's protective effect against certain cancers, Sr Eileen, the team's Family Planning Officer, then inserted Ngourvalus's first contraceptive implant under the skin of her left inside upper arm using a local anaesthetic.

Stories from the field:

Domestic Violence

(Tikana patrol: Piliwa Health Centre, by Dr Bronwen Morrison, March 2016)

Serah G is a wife and mother who lives on a small and beautiful coral island off the west coast of New Ireland. She presented to Piliwa Health Centre, 1.5 hours boat ride from her home, with a broken forearm after being hit with a wooden paddle by her husband. The injured arm was plastered, a home-made sling was devised for comfort, and the team delivered her home the next day. Education was also given to local health workers in dealing with this kind of injury, and local police contacted.

Sadly, Serah is not the only victim of domestic violence presenting for treatment during rural patrols. As in Australia, women and girls in New Ireland sometimes suffer at the hands of their close family, husband or father, and their children often witness or are also victims to this violence. After attending Child Protection Training delivered by ADI, the rural patrol team has decided to start including topics of domestic violence prevention and child protection in their community health talks, and are developing appropriate materials in conjunction with Kavieng Hospital's social worker to start addressing this important issue in New Ireland's rural communities.



Serah G and Dr Bronwen Morrison waiting for the boat at Piliwa, Djaul Island.

Namatanai Hospital –

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

ADI started deploying volunteer doctors to the hospital in 2012 to provide medical treatment for patients and clinical training for staff. In 2015, from August to December, ADI deployed Dr Ian Hunter to the Medical Officer position at Namatanai Hospital.

Reflection from Dr Ian Hunter, Namatanai Hospital:

Dashlyn Chee, Chief Health Extension Officer at Namatanai Hospital, and her husband, Dr Penny Charles, greatly value the support that ADI provides. In addition to their direct clinical and administrative duties, they have a large teaching responsibility with a regular rotation of student health workers. We currently have a group of eight new students and four Resident Medical Officers (RMOs) have recently joined us.

The RMOs are Port Moresby trained doctors who work for two years post-graduation under supervision and then do a rural placement at the end of their residency here in our hospital.

They are all young and keen to learn. I was impressed to see all four RMOs come in together for their nights and weekends on-call, when only one of them at a time is actually required. I act as back-up to their on-call duty and do ward rounds on Saturday and Sunday and they all come in, such is their commitment to learning. I reflect on my days as a medical student and then as a young hospital doctor and have no memory of being as dedicated to learn as these young people. It is a humbling experience and makes the job worthwhile.

The teaching and mentoring of both the medical students and RMOs is one of the most rewarding parts of my work, as I feel that the training I provide is contributing towards an improved health system which should be sustainable in the long term. Delivering two healthy breech twins was another special moment! "



Dr Ian Hunter successfully delivers twins at Namatanai Hospital

Eye Surgery – Partnering with Fred Hollows Foundation

ADI continued its partnership, which began in 2014, with the Fred Hollows Foundation and Kavieng Eye Clinic to deliver the first ever ophthalmology outreach project at Namatanai Hospital in New Ireland province in May 2016.

The Surgical Outreach Program was successfully implemented on schedule despite the funding constraints encountered in the province. ADI funded the costs of the 4 person Eye Team. The program served a total of 571 patients of which 100 ophthalmic operations were performed, meeting the needs of those in the Local Level Government areas of Namatanai District.

Services delivered included:

- Diagnosis and treatment of eye conditions
- Identifying eye surgical condition and arranging surgery booking
- Biometry
- Surgery
- Post-operative treatment and management



Surgery patients at Kavieng General Hospital and ADI/NIPG Patrol Eye Nurse Shirley Lalen

Story from the field: M.P's sight is restored

Patient M. P is a 41 year old male who comes from Kaselok village in the Tigak mainland area of New Ireland. He spontaneously lost his right vision to cataract some years ago and sadly lost the left vision to the same condition at the end of 2015. He was laid off from his job in Kavieng and he struggled to carry out normal commitments at home. He needed fulltime care and assistance from his family and was a liability for them.

At the end of April his mother took him to the Eye Clinic. For the examination he was helped by his mother into the clinic because he could not see. He had densely opaque lens in both eyes and was diagnosed with a mature cataract in both eyes and was only able to see hand movements from about 30 centimeters.

M.P travelled to Namatanai to see the Surgical Outreach Team and have cataract surgery on his right eye. On the first day after the surgery, M.P shyly hesitated to enter the clinic room for his post-operative review. He kept standing outside and when the staff asked his mother why M.P didn't want to enter, she said he was shy to come into the room. It was because he could now see that he was shy to see the staff. However, amazingly this time he entered the room by himself without support and guidance. He had regained about 80% of his sight.

M.P was so pleased with the outcome of the surgery to the first eye that he requested for the second eye to be done. Surgery to the second eye was also successful.

We were so glad to see him walking unassisted with a relative in town at the end of the surgery week knowing that he has recovered from his blinding condition. He can now go back to work and provide for his family.



ADI/NIPG Patrol Eye Nurse Shirley Lalen and ADI Driver Samuel Pillman assist patients with their forms at Kavieng General Hospital



Eye patient at Kavieng General Hospital with ADI/NIPG Patrol Eye Nurse Merelyn Aruke



WESTERN PROVINCE PROJECTS AND STORIES

WESTERN PROVINCE PROJECTS AND STORIES

The Diocese of Daru-Kiunga was ADI's first partner when we commenced health services in Papua New Guinea in 2002. Living in the Montfort Catholic Mission in Kiunga, ADI volunteer doctors served for periods from 3-6 months undertaking patrols to remote health centres, aid posts and villages with the nursing and ancillary health staff from the Catholic Health Service.

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, presenting challenges for providing all services including maternal health, obstetrics, child immunisation, drug and vaccine supply and management of malaria and tuberculosis.

Horizon Oil (HO) have been funding ADI's Western Province program since 2012 through supporting a drug storage and distribution service at the mission and through providing medicines, vaccines and equipment to the Kiunga urban clinic, 8 health centres and 14 remote health posts.

In January 2016, ADI, in partnership with Horizon Oil (HO) and the Catholic Health Services (CHS), recommenced medical patrols in Western Province for the first time in five years. ADI's Dr Anna Morris treated 500 patients and the program delivered 10 patrols over 39 days of outreach primary health care to 6 health centres, 6 aid posts and 29 villages providing 35 hours of in-service training to rural health workers. 18 villages visited did not have access to a health worker and 14 villages did not have any health facility.

The most consistent clinical presentations during the patrols included musculoskeletal problems, respiratory conditions, TB, dermatology, eye problems, ENT and gastrointestinal presentations.

The ADI Dr treated 120 patients presenting with musculoskeletal problems, which are very common in all communities due to repetitive work-related injuries causing back and shoulder pain, falls from height, carrying heavy loads, rugby-related chronic injuries and deformities resulting from a failure to seek medical care for fractures which was especially common amongst children. There is a general lack of awareness of safe-lifting techniques, significantly increasing morbidity via low back injuries.

Dr Morris's reports have provided valuable analysis of health challenges in some Health centres, aid posts and villages within Western Province.



L to R: ADI Dr Anna Morris, Sr Anna Sanginawa, Catholic Health Secretary, Anne Lanham ADI acting Executive Director and Neil McMullan, ADI logistician

Dr Anna Morris with patients in Yulawas which has no Health facility.



Family Planning in Western Province:

ADI and Marie Stopes International partner again

Early in 2016, ADI was approached by Graham Smith, a corporate executive who had visited many developing countries and wished to provide funding for much needed family planning interventions in Papua New Guinea, particularly in Western Province.

ADI Program Manager, Patrick McCloskey, consulted with our colleagues at North Fly Health Services Development Program (NFHSDP) about any plans for Family Planning Training this year and found that a Marie Stopes International training was booked for July, but there was no funding available for travel, meals and accommodation for the 12 hopeful participants. Graham Smith and his wife Gail generously agreed to fund the training.

On behalf of the families in Western Province, ADI sincerely thanks Gail and Graham Smith.

Stories from the field:

Medical Evacuation (Dr Anna Morris), May 2016

On the 21st of May, Dr Anna Morris was contacted about a situation where a 60 year old male patient had presented to the Iowara Health Centre after being attacked by a wild boar. Following a four hour walk through the jungle to reach the clinic, he presented with multiple puncture wounds to the jaw, thoracic region, posterior trunk and all limbs. An emergency call went out to the Catholic Health Office and Dr Anna gave initial instructions by phone and contacted Horizon Oil for use of a helicopter for an emergency evacuation.

No helicopter was available, but Horizon Oil did not give up. They made contact with fellow mining company, Repsol for assistance and they were able to provide the chopper. Dr Anna accompanied the paramedic and stabilized the patient ready for transfer to Kiunga Hospital.

This life saving intervention was only possible due to the skill of Dr Morris and the assistance of Horizon Oil and Repsol who responded to the emergency call. This is a wonderful example of how a great partnership can save lives.

Dr Anna Morris stabilising the victim of the wild boar attack prior to emergency evacuation to Kiunga Hospital



National Pathology Training

BD and ADI join forces again to strengthen Pathology Services this time throughout Papua New Guinea.

Following the success of the “Strengthening Laboratory Services in New Ireland Province” project in 2014, ADI and Global Medical Technology Company, Becton Dickinson (BD) partnered again to provide an ambitious two week program of training laboratory managers from all PNG Provinces in Port Moresby in September 2015.

Five volunteer laboratory scientists from BD were in Port Moresby for two weeks to provide the training in World Health Organisation (WHO) Pathology Standards. ADI Special Projects Officer, Delene Evans, provided the logistical and organisational support. The program aimed to improve diagnostic laboratory testing capabilities and achieve more accurate diagnosis by strengthening quality assurance and control processes. During the second week, training was held at Port Moresby General Hospital for Central Public Health Laboratories and Port Moresby General Hospital Pathology laboratory officers.

“This training has been very timely, as Central Public Health Laboratory steps up its activities to become the National Reference Laboratory for Clinical Pathology and National Blood Service. This training will assist with improved quality across all PNG laboratories to deliver enhanced patient care” said Dr. Evelyn Lavu Director of Central Public Health Laboratories.



“This marks an exciting, strong partnership between the corporate sector and the not-for-profit,” says Dr. Peter Macdonald, President of ADI. “ADI looks forward to continuing to work with BD for the benefit of the health of the people of Papua New Guinea.”

The attendees of the BD training in Port Moresby with Delene Evans, Project Manager ADI (far left)

OUR PEOPLE - BOARD MEMBERS



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, Timor Aid (post Independence) and is currently providing clinical services regularly in remote South Australia.

Treasurer
Godfrey Gay, CA

Godfrey has enjoyed a career as a Director/Company Secretary and Management consultant in a number of Australian and International Companies. Recently he has worked for Chartered Accountants with emphasis on Accounting/Tax/Audit – Self Managed Superannuation Funds. Godfrey accepted an appointment with ADI in October 2015, but due to work pressures resigned in May 2016.



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.



Alison Overton
BA (Hons) ProDipDirMkting,
Member CFRE

Alison is a professional Fundraising and Marketing Consultant. In 2004, she moved to the not-for-profit sector and was Deputy CEO at UNICEF Australia until April 2010 before establishing her own consultancy. She resigned from the Board of ADI in April 2016.



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.



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

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

OUR PEOPLE - BOARD MEMBERS



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.



Patricia Anne Lanham
OAM, BSc MHID

Anne followed an extensive career working as a microbiologist 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.



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, and effective change management in complex public sector environments. He also has excellent experience and success in the policy development and delivery of high value programs and projects, including a number to Australian Indigenous communities.



Lili Koch
Dip Commerce

Lili has had an extensive career in the travel, medical and finance industries. She began on the ADI Board in 2009 and has contributed to areas of finance and membership management. She is also an active member of Results International. Lili resigned from the ADI Board in November 2015.

BOARD OF DIRECTORS COMMITTEE MEMBERS

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

Accreditation Committee:

Anne Lanham (Chair), Dr Peter Macdonald, George McLelland, Judy Lambert, Colin Plowman, Liz Mackinlay

Program Committee:

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

Others who served during 2015-16 financial year:

Katie Acheson (to Oct 2015), Bijay Bharati (Sept 2015 to Sept 2016), Tariq Khan and Grace Moyo were officially members to Oct 2015 but did not attend any meetings between 30 June and 31 October 2015.

Risk and Compliance Committee:

Dr Peter Macdonald (Chair), David Buxbaum, Richard Magee, George McLelland, Liza Nadolski, Dianne O'Brien, Liz Mackinlay

Revenue Committee:

Colin Plowman (Chair), Dr Peter Macdonald, George McLelland, Lili Koch, Margarita Krasteva, Liz Mackinlay

SYDNEY OFFICE - STAFF AND VOLUNTEERS

The Sydney office contains a mixture of highly committed volunteers and paid staff, supporting our Board, committees and field operations in PNG. I accepted the position of Acting Executive Officer for one year from July 2015 following a number of resignations and am grateful for the privilege of working with such an energetic and supportive team.

Patrick McCloskey taught us all a great deal about community and cultural development and staff meetings were always an edifying experience – we all wished they were more regular than fortnightly!

My thanks go to our great finance team, manager Dianne O'Brien and bookkeeper, Marcel Diebold. Virpi Tuite is approaching her fourth year as our HR expert, skilfully recruiting and placing local and clinical field staff. Irina Blackmore continues to provide fundraising and membership support for ADI.

In 2016, other part-time volunteers to join the Sydney staff are Judy Mahony as Office Manager and Dr Mark Newcombe, as Patrick's offside as Program Officer.

I welcome the appointment of Liz Mackinlay as ADI's new CEO. She has a wealth of experience and enthusiasm and promises a great future for the organisation.

Anne Lanham, Director.



Our New CEO Liz Mackinlay

Liz has over 20 years' experience in the not-for-profit sector, with extensive senior executive experience internationally and in Australia. She has held roles with a variety of NFP's including with World Vision International as Global Vice President of Strategy, with World Vision Australia as Director of Indigenous development, International Red Cross Society in Cambodia as a gender specialist as well as serving on a number of NFP Boards. Liz has a passion for community development and community mobilization, and for developing effective and efficient organizations to facilitate this. She is a specialist in gender equity and reducing violence against women and children and is committed to children's rights to care, participation and protection. Liz is a Board member and Treasurer for Reality Learning Ltd, and a Director and Operations Committee Chairperson for the North Sydney Women's Benevolent Association.



Program Manager Patrick McCloskey

Patrick has been our dedicated Program Manager for 3 years, supporting all of our design, monitoring and evaluation as well as primary support for our in-country staff. He has a strong program management background in international, rural and remote and urban developing countries across a range of thematic areas.



Finance Manager Dianne O'Brien

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



Volunteer Coordinator – Volunteer Virpi Tuite

Virpi has worked with ADI for 4 years in a volunteer capacity providing invaluable time, talent and experience in the recruitment of PNG based and Sydney based staff as well managing all induction and debriefing of staff.

Our Other Volunteers

Irina Blackmore	Events Coordinator and Members Coordinator
Mike Bayles	Database Manager
Marcel Diebold	Book keeper
Judy Mahony	Office Manager
Dr Mark Newcombe	Project Advisor Support

SPONSORS AND SUPPORTERS

Donors of \$20,000 +

New Ireland Provincial Government
Australian Department of Foreign Affairs & Trade
Horizon Oil Limited
Newcrest/ Lihir Gold Limited
Becton Dickinson ("BD")
Hunt Family Foundation
Bank South Pacific

Other sponsors and supporters

Mrs Gail Smith
Ms Louise Baxter
Three Flips Foundation
Mr John Forsyth
Mrs Vicki Emmett
Ms Lili Koch
InterOil Ltd
Austpac Chemicals & Commodities Pty Ltd
Mr Colin McLelland
Mr Peter Baker
Rotary Club of Manly



ACFID
MEMBER



Australian Government
Department of Foreign Affairs and Trade



NEWCREST
MINING LIMITED



BOARD OF DIRECTORS' REPORT AND DECLARATION ON FINANCIAL STATEMENTS

The names of the members of the Board of Directors during the year ended 30 June 2016 and at the date of this report are:

- Peter Alexander Cameron Macdonald – President
- George McLelland – Vice President
- Godfrey Gay – Treasurer (appointed 12/10/ 2015, resigned 16/05/2016)
- Margarita Krasteva – Treasurer (appointed 17/10/2016)
- Patricia Anne Lanham- Secretary & Public Officer
- Lili Koch – (resigned 19/11/2015)
- Liza Nadolski
- Judy Lambert
- Alison Overton (resigned 02/04/2016)
- Colin Plowman (appointed 18/04/2016)

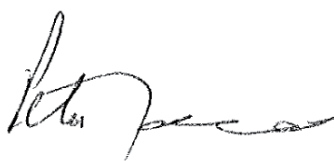
Each of the Board members provided their services on a voluntary basis, with reimbursement for out-of-pocket expenses incurred in the discharge of duties. The Board is supported by the Program, Revenue and Risk & Compliance Committees. Each of these committees has Terms of Reference that define their 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 27-34, are in accordance with the Associations Incorporation Act 2009 and:
 - a. Comply with relevant Australian Accounting Standards as applicable; and
 - b. Give a true and fair view of the financial position as at 30 June 2015 and of the performance of the association for the year ended that date;
- (b) In the opinion of the Board of Directors there are reasonable grounds to believe that the association will be able to pay its debts as and when they become due and payable.

This report and declaration dated this 26 day of October 2016 is made in accordance with a resolution of the Board of Directors.



Dr Peter Macdonald, OAM
President



George McLelland, OAM
Vice President

FINANCIAL OVERVIEW

Your directors present this report to the members of ADI for the year ended 30 June 2016.

ADI's net surplus as at 30 June 2016 was \$123,485 which was an increase from the previous year which showed a surplus of \$38,083. Total revenue of \$1,344,596 was raised through government grants, corporate grants and fundraising activities. It also includes the remarkable contribution of our volunteers whose donated time contributed \$449,606 in non-monetary revenue.

Expenditure is in line with revenues with a total of \$1,221,111 being spent to support our programs. The majority of our International program costs were incurred in New Ireland Province, PNG.

The Board of Directors acknowledges there have been:

1. No significant changes in the state of affairs of ADI;
2. No changes to the principal activities of ADI during the financial year;
3. No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the company;
4. No environmental issues have arisen during the financial year;
5. Insurance premiums paid to provide Indemnity cover for the Office bearers of ADI



Participants in Multi topic In Service training in May 2016

Chartered Accountant

P.O. Box 175
FRESHWATER NSW 2096

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

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 2016. The Association directors are responsible for the financial statements and have determined that the accounting policies used are consistent with the financial reporting requirements of the Association and are appropriate to meet the needs of the Association. I have conducted an independent audit of these financial statements in order to express an opinion on them. No opinion is expressed as to whether the accounting policies used are appropriate to the needs of the company.

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

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

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

Independence

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

Audit Opinion

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

- a) The Associations Incorporation Act 2009 including:
 - 1) Giving a true and fair view of Australian Doctors International Incorporated financial position as at 30 June 2016 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

25 October 2016
Freshwater NSW



ACCOUNTABILITY AND ACCREDITATION

Governance Statement

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

Risk and Ethical Standards

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

Accountability

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

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



ACFID's contact details are:

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

Telephone: +61 2 6285 1816 Fax: +61 2 6285 1720

Email: main@acfid.asn.au

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

ADI's contact details are:

Postal address: P.O. Box 954, Manly, NSW, 1655, Australia

Office address: Elsie Hill Building, RFWCHS, 18 Wentworth Street, Manly, NSW 2095

Telephone: +61 2 9976 0112 Fax: +61 2 9976 6992 Email: adioffice@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 54 Australian NGOs accredited with the Department of Foreign Affairs and Trade (DFAT) (formally AusAID); and received funding through the Australian NGO Cooperation Program (ANCP).



Australian Government
Department of Foreign Affairs and Trade





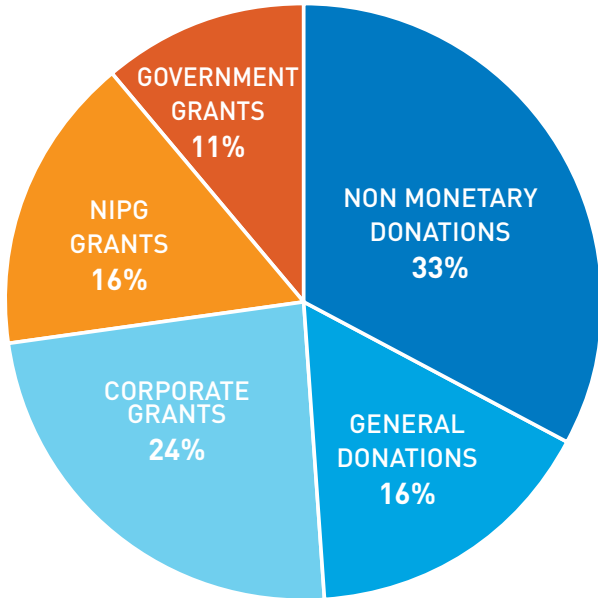
FINANCIAL STATEMENTS

ADI Health Manger 2016, Rachael Smith, facilitates In Service training

FINANCES AT A GLANCE

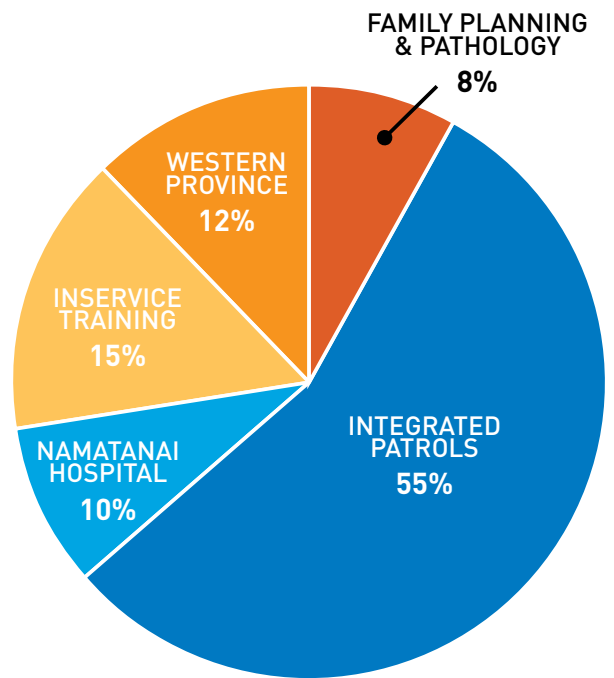
TOTAL REVENUE

\$1,344,596 - FY 2015/16



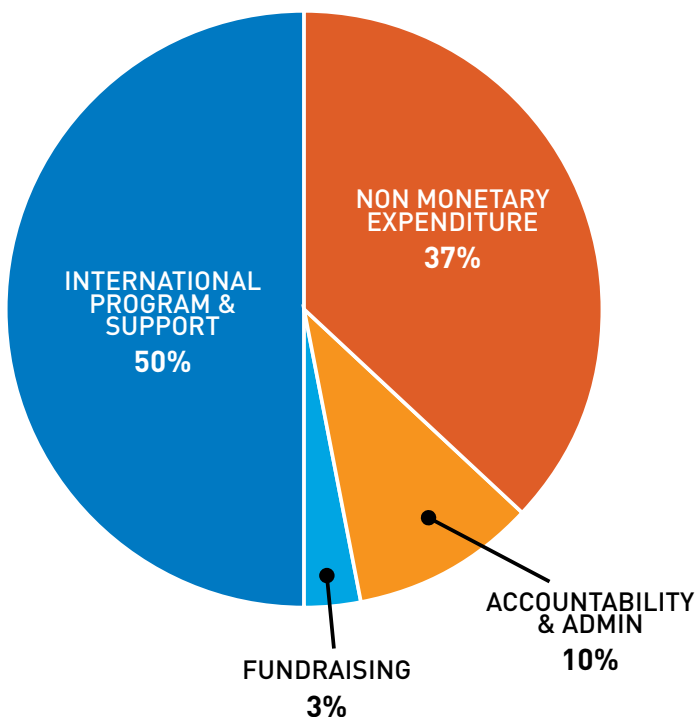
CASH PROGRAM EXPENDITURE

\$641,921 - FY 2015/16



TOTAL EXPENDITURE

\$1,221,111 - FY 2015/16



INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2016

	<i>Notes</i>	\$ 2106	\$ 2015
REVENUE			
Donations and gifts			
• Monetary		164,694	131,188
• Non Monetary	4	449,606	344,216
Bequests and Legacies		-	-
Grants			
• DFAT		150,000	150,000
• Other Australian		211,640	177,017
• Other overseas		321,808	244,554
Investment Income		5,532	5,537
Other Income		41,317	53,281
Revenue for International Political or Religious Proselytisation		-	-
Programs			
TOTAL REVENUE		1,344,596	1,105,793
EXPENDITURE			
International Aid and Development Programs Expenditure			
• Funds to international programs		476,585	328,740
• Program support costs		131,347	112,755
Community education			
Fundraising Costs			
• Public		42,249	55,936
• Government multilateral and private		-	-
Accountability and Administration		121,324	226,063
Non-Monetary Expenditure	4	449,606	344,216
Total International Aid and Development Programs Expenditure		1,221,111	1,067,710
Expenditure for International Political or Religious Proselytisation		-	-
Programs			
Domestic Programs Expenditure <i>(Incl Monetary and Non Monetary)</i>		-	-
TOTAL EXPENDITURE		1,221,111	1,067,710
EXCESS/(SHORTFALL) OF REVENUE OVER EXPENDITURE		123,485	38,083

BALANCE SHEET AS AT 30 JUNE 2016

	<i>Notes</i>	\$ 2106	\$ 2015
Assets			
Current Assets			
Cash and cash equivalents	3	555,714	413,666
Trade and other receivables		56,226	43,290
Inventories			
Assets held for sale			
Other financial assets		451	-
Total Current Assets		612,391	456,956
Non Current Assets			
Trade and other receivables			
Other financial assets			
Property plant and equipment	5	-	-
Investment property			
Intangibles			
Other non current assets			
Total Non Current Assets		-	-
Total assets		612,391	456,956
Liabilities			
Current Liabilities			
Trade and other payables	6	40,123	8,911
Borrowings			
Current tax liabilities			
Other financial liabilities	7	5,750	6,075
Provisions	8	7,767	6,704
Other			
Total Current Liabilities		53,640	21,690
Non Current Liabilities			
Borrowings		-	-
Other financial liabilities		-	-
Provisions		-	-
Other		-	-
Total Non Current Liabilities		-	-
Total liabilities		53,640	21,690
Net Assets		558,751	435,266
Equity			
Reserves		-	-
Retained Earnings		558,751	435,266
Total Equity		558,751	435,266

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

CHANGES IN EQUITY FOR THE YEAR TO 30 JUNE 2016

	Retained Earnings		Total	
	\$ 2106	\$ 2015	\$ 2106	\$ 2015
Balance at beginning of year	435,266	397,182	435,266	397,182
Adjustments or changes in equity due to adoptions of new accounting standards	-	-	-	-
Items of Other Comprehensive Income	-	-	-	-
Excess/(deficit) of revenue over expenses	123,485	38,083	123,485	38,083
Amount transferred (to) from reserves	-	-	-	-
Balance at end of year	558,751	435,266	558,751	435,266

CASH FLOW STATEMENT THE YEAR ENDED 30 JUNE 2016

	<i>Notes</i>	\$ 2106	\$ 2015
Cash flow from operating activities			
Receipts from Operations		876,072	719,920
Operating Payments		737,340	703,672
Net Cash provided by (used In) operating activities	10	138,732	16,248
Cash flow from investing activities			
Investment Income		5,532	5,537
Payments for property, plant, equipment		2,216	2,010
Net Cash provided by (used In) investing activities		3,316	3,527
			-
Net increase (decrease) in cash held		142,048	19,775
Cash at beginning of financial year		413,666	393,891
Cash at end of financial year		555,714	413,666

Reconciliation of cash

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

Cash		367,769	236,411
NIPG advance funding		187,945	177,255
Cash at end of financial year	3	555,714	413,666

FINANCIAL NOTES FOR THE YEAR ENDED 30 JUNE 2016

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

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

C. Income Tax

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

D. Cash and cash equivalents

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

E. Comparative figures

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

Note 2 International aid and development programs

	Notes	\$ 2106	\$ 2015
Doctors, education and training			
Non-monetary	(Note 4 below)	449,606	344,216
Funds to international programs		476,585	328,740
Program support costs		131,347	112,755
Total		1,057,538	785,711

FINANCIAL NOTES FOR THE YEAR ENDED 30 JUNE 2016 *(continued)*

Note 3 Table of cash movements for designated purposes

Program	Cash available at beginning of year	Cash raised during the year	Cash disbursed during year	Cash available at end of year
New Ireland Province, PNG				
Namatanai Hospital	23,579	78,840	60,956	41,463
Inservice Training (NIPG)	48,866	84,903	94,447	39,322
Integrated Patrols	61,036	98,809	141,367	18,478
Pathology	968	60,000	45,384	15,584
NIPG Patrols (NIPG)	140,466	263,785	214,871	189,380
Western Province, PNG				
Catholic Health Improvement	-8,798	71,424	77,555	-14,928
Other Projects				
Family Planning	59,361	0	7,341	52,020
Gulf Province Scoping	-9,239	9,250	11	0
Non Designated	97,427	214,593	97,624	214,396
Unrestricted				
Total Cash Movements	413,666	881,604	739,556	555,714

Note 4 Non-monetary revenue/expenditure

International and development programs	\$ 2106	\$ 2015
Medical volunteers	425,840	296,456
Non-medical volunteers	22,966	44,820
Medical equipment and supplies	800	2,940
Property, plant and equipment	-	-
Total international and development programs	449,606	344,216
Other	-	-
Total non-monetary revenue/expenditure	449,606	344,216

Note 5 Property, plant and equipment

	\$ 2016	\$ 2015
Office equipment at cost	16,603	14,388
Less accumulated depreciation	16,603	14,388
Office equipment written down value	-	-
Furniture and fittings at cost	1,744	1,744
Less accumulated depreciation	1,744	1,744
Furniture and fittings written down value	-	-
Total written down value	-	-
Depreciation for the year	2,215	2,026

FINANCIAL NOTES FOR THE YEAR ENDED 30 JUNE 2016 *(continued)*

Note 6 Trade and other payables

	\$ 2016	\$ 2015
Trade creditors	21,822	5,712
Accrued expenditure	22,747	3,457
Goods & Services Tax	-10,239	-5,415
PAYG	5,793	5,157
Creditors and accrued charges	40,123	8,911

Note 7 Other Financial liabilities

	\$ 2016	\$ 2015
Prepaid member subscriptions	5,750	6,075

Note 8 Provisions

	\$ 2016	\$ 2015
Annual Leave Accrual	7,767	6,704

Note 9 Remuneration of auditor

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

Note 10 Reconciliation of excess (shortfall) to net cash flow from operating activities

	\$ 2016	\$ 2015
Excess (shortfall) of revenue over expenditure	123,485	38,083
Depreciation	2,215	(2,026)
Increase in creditors	31,315	(10,902)
Investment Income	(5,532)	(5,537)
Capital Expenditure	-	2,010
PAYG	636	1,972
Decrease in trade and other receivables	(13,387)	(7,352)
Decrease in loans payable	-	-
Advances	-	-
Cash inflow (outflow) from operating activities	138,732	16,248





Postal Address: P.O. Box 954, Manly NSW 1655 Australia

Office Address: Elsie Hill Building, RFWCHS,
18 Wentworth Street, Manly NSW 2095

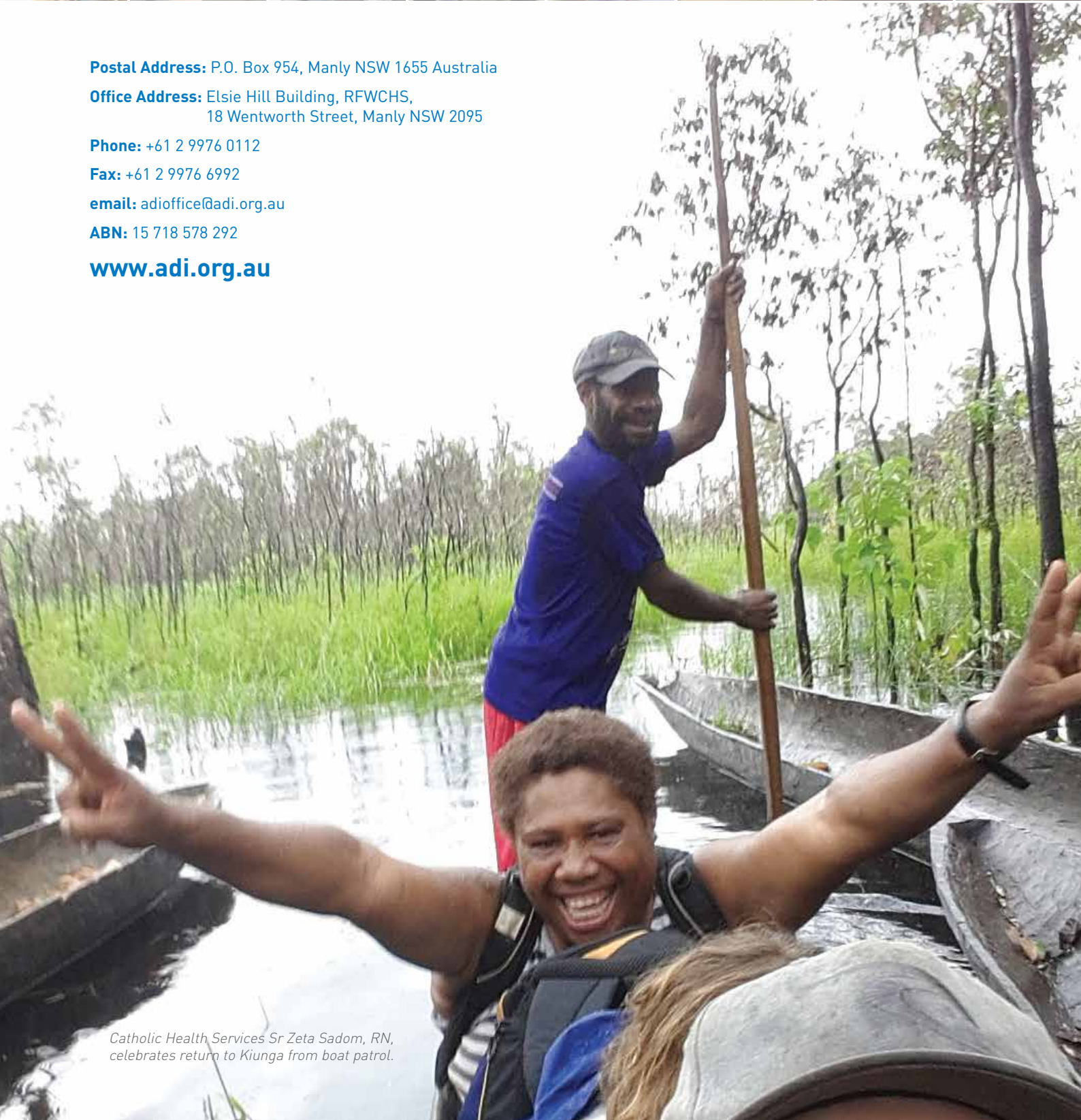
Phone: +61 2 9976 0112

Fax: +61 2 9976 6992

email: adioffice@adi.org.au

ABN: 15 718 578 292

www.adi.org.au



*Catholic Health Services Sr Zeta Sodom, RN,
celebrates return to Kiunga from boat patrol.*