

ROMAC
Rotary
Oceania Medical
Aid for Children

A Program of the Rotary Districts of Australia and New Zealand



Annual Report 2012/13



Rotarians proudly changing and saving
the lives of over 350 children



**ROMAC's
'youngest' ever patient!**

A pregnant mother from Timor Leste was brought to Canberra Hospital to give birth because the unborn baby boy was suffering from duodenal atresia, and it was feared he may not survive if born at home. The baby's condition was life threatening – his bowel had not developed and could not allow the passage of normal stomach contents. This caused lack of nutrition and the little boy would have died unless treated. It was an urgent situation and Reinaldy was operated on to correct the defect the day after his birth. Reinaldy was born weighing 2.77 kg – a huge relief to his mother Lelia and Sandra Mahlberg, Chair of Rotary District 9710's ROMAC Committee and co-ordinator of ROMAC in ACT. He spent considerable time in Neonatal Intensive Care at Canberra Hospital and progressed very well. He was soon back in the Paediatric Ward with normal bowel function. Sandra Mahlberg accommodated Lelia at her own home on arrival whilst waiting for the baby's birth. Sandra is a very dedicated ROMAC devotee and was recognised for her commitment to this Rotary project by being awarded the Key Rotarian Award for 2012/13. It was a well deserved recognition as Sandra had accommodated 13 ROMAC children and their carers during that period. Lelia concluded her stay in Canberra at a Ronald McDonald House, whose caring staff gave her support and made her most welcome.



Patron

Her Excellency
Ms Quentin Bryce AC
Governor-General
of the Commonwealth
of Australia.



New Zealand Patron

Past Rotary International
President Bill Boyd QSO.



Australian Patron

Former cricketer and
media personality Max
Walker AM.

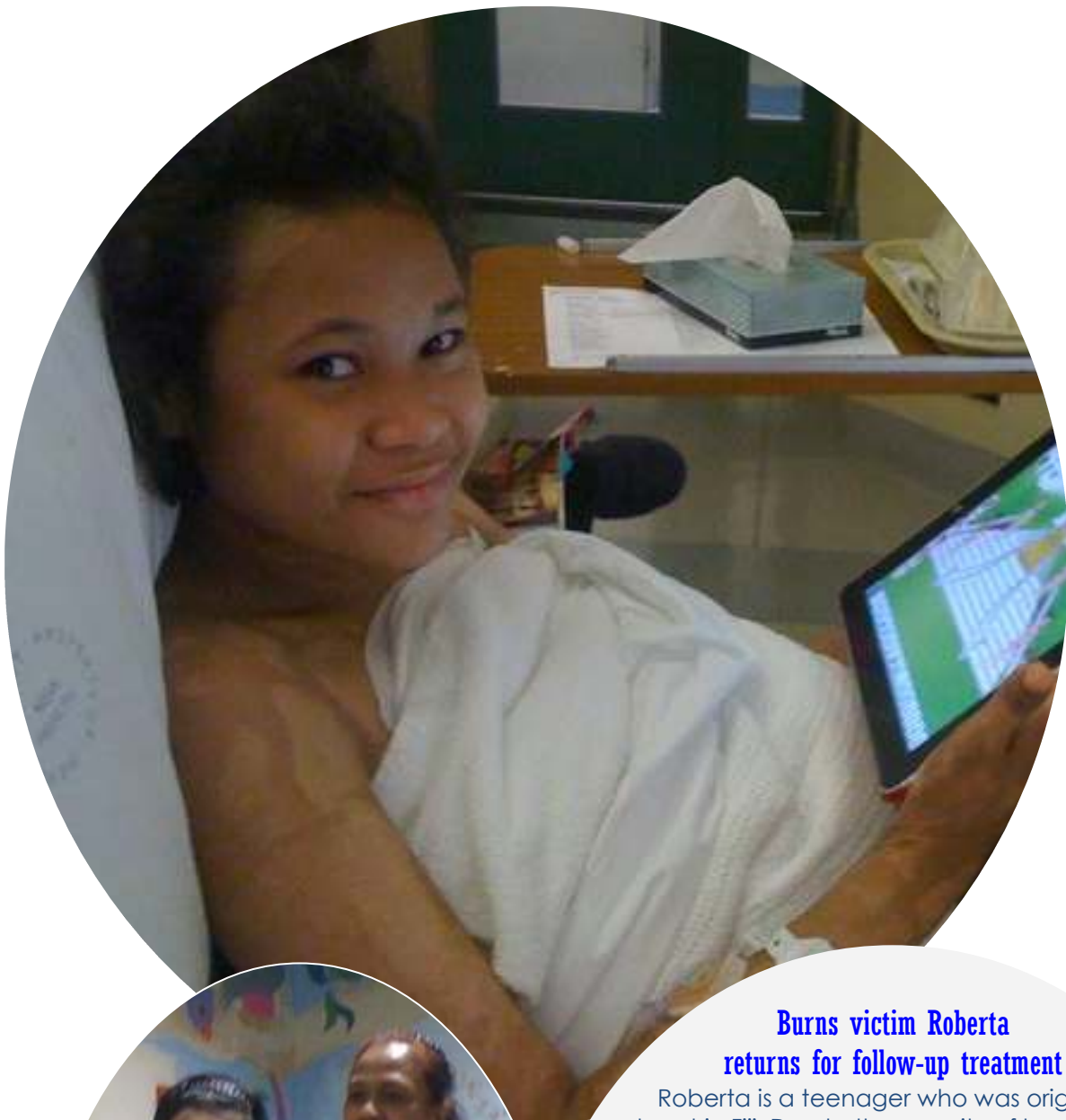
Mission:

To provide medical treatment for children from developing countries in the form of life saving and/or dignity restoring surgery not accessible to them in their home country

Objectives:

- } To provide hope when there is no hope.
- } To restore dignity to human life.
- } To transform a child's life.
- } To provide the best medical and surgical expertise.





Burns victim Roberta returns for follow-up treatment

Roberta is a teenager who was originally burnt in Fiji. Due to the severity of her injuries, local hospitals in Suva were not able to treat her burns. Dr John Harvey, a leading Surgeon from Sydney, travelled back and forth to Fiji to treat Roberta at the hospital in Suva. She was treated for release of contractures – a serious problem resulting from severe burns. Unfortunately burns take a long time to heal, especially when the child is growing from childhood into her teens and the skin is stretched and tightening. To assist Dr Harvey in his treatment of Roberta, over a 12 month period ROMAC brought her twice to Sydney's Westmead Children's Hospital for treatment. Roberta was the subject of a great news story last year on the Channel Two's "7.30 Report". A great outcome and Roberta returned home to Fiji towards the end of August. ROMAC is most appreciative of Dr Harvey's dedication and expertise in burns treatment and for giving Roberta a new start in life.

Chairman: Geoff Dainty

ROMAC is a cause that every Rotarian can feel proud to champion.

One of the great attributes of Rotary is that it gives its members phenomenal philanthropic choices. As a Rotarian you can choose to support either local or international projects; to help kids, youth or adults; to nourish either welfare, culture, education or health causes; or you can try and be ambitious and cover the lot.

ROMAC satisfies our appetite more ways than most as it's a Rotary humanitarian cause that:

- } Supports our neighbours most disadvantaged and under-privileged kids
- } Is easily managed by dedicated Rotary volunteers and individual clubs
- } Is not a distant project but rather one that we can be part of and see and touch
- } Empowers and enthuses our status as business leaders and shakers
- } Is photogenic and pulls the heart strings and raises a tear
- } Makes a serious lifelong difference to an individual and to a struggling community

And it is within this context that, with pleasure, after 8 years on the ROMAC Board that I present this final Report as Chairman for the Rotary year 2012 – 2013.

This last year has been very busy for ROMAC and certainly one to be truly proud of, because in 12 months ROMAC has organised a new life for a record number of patients, at a reduced cost per patient, and now has the lowest number of untreated patients awaiting treatment for many years. **I am proud to announce that last year a record total of 48 disadvantaged children received surgery including 16 in NZ, 10 in NSW, 10 in Qld, 5 in Canberra, 4 in SA, 2 in Vic and 1 in WA.**

48 medical and surgical teams gave free or discounted time including helping

18 heart patients, 8 orthopaedic, 5 urology / renal, 5 encephalocele / neurosurgery, 3 burns / plastic and 9 others.

48 Rotary clubs proudly became host clubs in the 27 Rotary districts of Australia and New Zealand

48 families were able to welcome home their cured kin, 18 in Timor, 8 in Vanuatu, 6 Samoa, 5 Fiji, 5 Solomon Is, 2 Cambodia / Viet Nam, and 1 from each of Nauru, Indonesia and Tuvalu, each able to witness the real meaning of international understanding, goodwill and peace.

What an achievement a tireless group of ROMAC volunteers and their team were able to accomplish in the name of Rotary. I am so proud and excited about their efforts and their tremendous results.

Medical Advisory Panel

The ROMAC Medical panel have once again provided the Board with a really valuable advice about the treatment of prospective patients. Their contribution is much appreciated.

- } **Medical Director** Dr Andrew Rosenberg
- } **Paediatric Burns Specialist** Dr John Harvey
- } **Maxillofacial Specialist** Dr John Arvier
- } **Northern Region** Dr Robert Justo
- } **Eastern Region** Drs Hala Kafk and Dr Hasantha Gunasekera
- } **Southern Region** Dr Janice Peeler
- } **Central Region** Dr David Croaker
- } **Western Region** Dr Andrew Bullock
- } **New Zealand** Prof Ed Mitchell

Board Succession

The year saw the ROMAC Board farewell a number of members, including myself, who have served the Board for several years. Included are:

PDG Geoff Dainty, who will be replaced after 8 years on the Board, the last 3 as Chairman, by PDG Brendan Porter.

DGE Brian Eddy, Treasurer, who will be replaced by *Bruce Robinson*. ROMAC owes an incredible debt and respect to Brian. For 3 years he has not only given the organisation accurate financial figures of income and expenses, but he has also helped produce the organisation's new structure including By Laws and Constitution.

Brian, we wish you luck in your year as an RI Officer.

Richard Woodburn, Operation's Director, who is replaced by *Barry Wilson*.

For over 8 years Richard has been, and



Rex can now go to school

Five year old Rex and his mother Karen live in the Papua New Guinea Highlands, a 10 hour bus ride from the nearest town. Like so many who live what we would consider a primitive life, because of his deformity Rex was ostracized so couldn't attend school. They were met by members of the Rotary Club of Henley Beach and his carer, Anthony Masson, when they arrived in Adelaide for treatment for an encephalocele (herniated brain). Like so many of ROMAC's children's parents, Karen had no idea of how to use money or even how to shop 'big city' style. Rex was operated on by Dr. Mark Moore at the Women's and Children's Hospital, made a very quick recovery and within two weeks he was organizing miniature games of Rugby Union in the corridors and enjoying outings to the zoo and stroking kangaroos. When he visited Henley Beach his eyes lit up when he saw sand and water for the first time! ROMAC's South Australian Director Oleh Bilyk said "We are much richer for Rex's time here. He will now be able to live a normal life and even fulfill his dream of going to school like the other children."



continues to be, a tireless worker, not only coordinating the acceptance and movements of each ROMAC child, but also keeping a commendable record of our Manual of Procedure. He is another very special person who becomes Deputy Chairman for a short period.

Phil Rosenberg, Marketing Director, who is replaced by *Ray Compton*. A loyal and talented ROMAC member who has professionally and skilfully marketed the program to all, including compiling our brochures, reports and advertisements, and along with **Jill Ellis**, our very competent Board meeting secretary and marketing editor, will continue to support Ray.

John Benger, Secretary, who is replaced as secretary by *Peter Maitland*. John's experience as Secretary and Southern Region Director will be strongly missed. His passion, invaluable lateral thinking and humour will be irreplaceable.

Joan Varian, Western Region Director, who is replaced by *Peter Snell* will also be missed, including her quiet maturity and enthusiasm.

I commend each of you on the time, commitment and expertise you have each devoted to your roles, and on behalf of all the children you have cured, a big thank you. You are indeed special people and have made such a huge contribution to the ROMAC program. Your dedication and professionalism is a true credit and inspiration to everyone.

And to the new Directors, who are joining a special band of truly remarkable Rotarians, like me, you have each made a wise choice supporting ROMAC, a choice you will not regret. Good luck.

ROMAC from July 2013 onward

Under the new ROMAC structure, approved by special resolution at a May 2013 ROMAC general meeting, the company, ROMAC, Rotary Oceania Medical Aid for Children Ltd ACN:101370003, accepted and adopted new By Laws.

Under the new By Laws, the ROMAC Board would be restricted to an executive comprising the Chairman, Deputy Chairman, Medical Director, Treasurer and Operations Director. This new structure sought to provide a protective barrier for the ROMAC Corpus, to reduce the number of Rotarians exposed to the overseas liabilities of Directorship and to provide a more streamlined and effective management model. Others attending

regular meetings would be members of the ROMAC Operations Committee.

In particular it was also resolved that the company recognise the ROMAC Gift Fund and its Trustee Rotary Oceania Medical Aid for Children Ltd

Recent Achievements

When we reflect on ROMAC's achievements since a National Administration Committee was first established some 25 years ago in 1999, we should all be very pleased. From slow beginnings the Rotary program is now treating in Australia and New Zealand close to 50 children each year.

ROMAC now:

} Spends perhaps \$900,000 annually, the most prominent treatment being open heart surgery (30%) followed by craniofacial (20%), burns (10%) and orthopaedic (10%).

} Average patient cost about \$17,500 but perhaps over \$100,000 on a quid pro quo basis.

} Developed a current balance in trust exceeding \$2.2m with an annual income of over \$900,000.

} Continued to manage proper Governance with an updated Constitution and By-Laws

} Obtained RI Multi-District Service Activity status for the 27 Australian and New Zealand Rotary Districts.

} Established an effective Board, including significant Operations and Marketing divisions

} Supported and strengthened an outstanding Medical Advisory Panel

} Developed definitive Policies, Guidelines & Procedures and published same as an Operations Handbook

} Developed a significant series of ROMAC Reflections brochures

} Established a ROMAC website

} Formed effective Regional and District Committee structures throughout Australia

} Assisted the Rotary Districts within New Zealand to form an effective ROMAC Region committee with their own Charitable Trust and Operations Company.

} Established significant contacts with Rotarians, surgeons, doctors, hospitals, carers, airlines, immigration, medical suppliers and sponsors within Australia, New Zealand and the South Pacific

} Completed their first Rotary Foundation Matching Grant, a joint project between D9910 in New Zealand and D3730 in Korea. Established a significant partnership with the

Government of Samoa assisting children needing cardiac surgery

The Challenges ahead

A number of challenges continue to face the ROMAC Board. Notable are the following:

} Availability of Beds

In many paediatric hospitals the theatre costs that ROMAC is required to pay are increasing. Government policies dictate that hospitals must work within a particular budget and be accountable. As a result hospitals, while recognising the need, become reluctant to admit off shore patients unless they are full paying admissions with payment in advance. This places huge pressure on ROMAC's humanitarian objects, and is frequently in contradiction to the desires of surgeons, anaesthetists and nurses. For the past year or more ROMAC has been unable to place children in the children's hospitals in both Melbourne and Perth.

Acceptance into Brisbane, Melbourne and Canberra has been limited. This has put considerable pressure on other hospitals, particularly those in Sydney and Auckland.

} Discounted or Free Beds

ROMAC has been busy trying, with some success, to counter rising costs by seeking free or discounted beds in hospitals with possible surplus capacity. Brisbane, Monash, Canberra and Sydney are each helping in limited ways.

This is encouraging. While hospitals have an obligation to ensure the provision of services for eligible local patients, it is heartening that there is also a desire to accommodate requests from a compassionate perspective.

} Availability of Public and ICU Beds

As the standard of hospital facilities in our South Pacific region improves, the complexity of cases requiring attention in Australia and New Zealand is accordingly increasing. And with this increase comes a demand for more children needing scarce ICU beds. ROMAC continues to investigate ways that it may give preference to certain types of compatible (non ICU) children to help, and to fill free or discounted beds.

It thereby needs to "actively" recruit those with certain ailments, rather than try and wait for available ICU beds. It's a difficult decision because ROMAC has always felt that every child, no matter their circumstances, should receive equal opportunities for help.

} Waiting time

This year there has been particular focus

on those children who have been waiting for many years for their treatment, and it is pleasing to see that for many children the waiting has been reduced substantially. However, long lead times to place children into hospitals has possibly resulted in a loss to ROMAC's credibility in some places like PNG, Fiji and to a lesser extent Timor and the Solomons. (The earlier average time referral to arrival of 366 days is disappointing)

This is certainly a reason some doctors are not referring certain cases to ROMAC. They may see "queue jumping" and long waits as a deterrent to submitting cases. The Operations Director has been endeavouring to clear the backlog of difficult and long waiting cases and is more actively encouraging doctors to find cases that we know we can find beds for more easily and to "discourage" ones that will take a long time and cost possibly over our limit of spend per child.

} Committee Workloads

The workload commitment by a small number of volunteer Board members is astonishing. There are a number of members contributing well in excess of 40 hours per week to the ROMAC cause and their workload is becoming a real concern. How do other comparable humanitarian volunteer groups solve the problem and still remain in contact with RI policy? Being a Rotary service activity, to date Rotary has resisted this move. However, perhaps the time will come, as ROMAC continues to grow, where we follow the example of so many other Rotary inspired charities and hire paid or sponsored employees and rent and office and purchase plant.

} ROMAC Overhead and Administration Costs

ROMAC is fully accountable each year, by audit, for all the funds it raises and spends. It is very mindful for example, in Rotary tradition, of the need to keep administration, PR and marketing costs to a minimum. Unlike many others, it discourages expenses on extravagant marketing campaigns, tele-marketers, third party commissions on funds raised, and black-tie galas, and further, is able to proudly claim that it is a voluntary charity, paying no wages and receiving huge discounts from most medical helpers. Last year 7% of the total income raised by ROMAC was spent on administration, IT and promotion expenses. ROMAC is proud to announce that this cost was covered



**ROMAC
celebrates its
25th Anniversary**

Since its inception, ROMAC has matured into one of the top three Rotary humanitarian service programmes in Australasia. The organisation is blessed by an outstandingly active, friendly and professional Board and because of their volunteer efforts, the programme remains in excellent heart.

Australian Governor General Ms Quentin Bryce also recognised this contribution, and in May 2013 invited the Board to Admiralty House in Sydney for a special reception to celebrate 25 years of service and the healing of over 350 suffering children.

entirely by investment income. No income from Rotary clubs or districts was used for expenses other than helping repair children.

Compare this result with almost any other charitable organisation, Rotary or non-Rotary. The continuation of this tradition and its transparency is imperative and fundamental to ROMAC's continuation

} Income from Rotary Sources

ROMAC relies on a sizable percentage of its funding (61% last year) on the benevolence of Rotarians, clubs and districts. But the funding is very competitive. More than ever, Rotary clubs are being asked, and encouraged, to support an ever increasing list of deserving Rotary and non-Rotary causes.

And those that receive preference are invariably the ones with both the most attractive marketing and endorsement from the RI Director and DGs.

For example ROMAC recently paid \$2,000 to be one of 23 Rotary and non-Rotary activities making pleas to incoming DGE's at the August RDU Directors weekend. ROMAC then went on to pay a further \$10,000 to sponsor a dinner at the November Institute Training Week thereby guaranteeing an audience with their own leaders.

The need for ROMAC to spend hard earned funds marketing to their own Rotarians is a difficult decision for the Board to grasp, but they accept that it remains inevitable if they wish to retain a fair market share of this competitive club giving process.

ROMAC looks forward to the day that our Rotary leaders put more value to the great work of their own volunteers and their proven services, rather than continually endorsing new or non-Rotary approved activities.

} Child Sponsorship

ROMAC needs to continue to develop ways to source individual child sponsorship. **Of late, a number of Rotarians and their partners, many wishing to remain anonymous, have helped sponsor surgery for individual children with disabilities, some of whom, as sponsors, they have "discovered themselves" while on holiday. It's a fabulous gesture, with most sponsors saying it's the best thing they've ever achieved in their time in Rotary. Many give upward of \$15,000, matched by ROMAC and are proud of the recovery of**

“their own child”.

It needs more encouragement.

Rotary has a multitude of mature, “well heeled” members, many with their own established children, seeking ways they can help. ROMAC needs to foster this goldmine.

Interestingly, a number to Rotary clubs have similarly expressed an interest in sponsoring their own child. Frequently these donor clubs are regular supporters of Rotary’s popular International Youth Exchange program, and have instead expressed a desire to help a disadvantaged youth for a change.

A recent innovation is child sponsorship on behalf of a district by the DG's partner.

Acknowledgements

If it were not for the selfless dedication of our fellow Board members, our medical advisors, the surgeons and the specialists who freely give of their time and expertise, a program like ROMAC just wouldn't exist. Thank you.

ROMAC is truly indebted to the many Rotarians who not only provide the donations but who regularly meet and greet our guests at the airports, make and keep the medical appointments, and open their homes to provide love and support and many other things that together make up this wonderful program. Thank you.

To various government departments and management in both public and private hospital systems, the staff of immigration posts around the regions, we thank you for your enormous help which is critical to our success and much appreciated.

Thanks too, to our sponsors and benefactors, whose generous support and loyalty never fails to surprise us.

A special acknowledgement to Daryl Mills and Dr Ingrid Bucens in Dili; Craig Brouggy and Prof John Vince in Port Morsby; Janet Kalpukai and Robert Bohn in Port Vila, Dr Nathan Kere and Wayne Morris in Honiara, and to Rod Meyers and Jim Wright in the South Darwin Rotary Club, plus many others.

Your work and support is invaluable.

ROMAC is indebted to wonderful support from ConocoPhillips and Airnorth.

Also special thanks are due to our patrons, Patron in Chief, Ms Quentin Bryce AC, Australian Patron Max Walker AM and New Zealand patron Bill Boyd QSO, for their great support of ROMAC.

Future Directions

I hand over to a most worthy successor, PDG Brendan Porter, under whose leadership I know, ROMAC will expand its activities, attract much greater funding and help many more children get healed.

Good luck Brendan, and may the ROMAC cause flourish under your leadership.

My final Story

My 8 years on the ROMAC Board is filled with many fine memories. But perhaps I could finish with one I will never forget. As with many, it involves the farewell at the airport of a child after they have received life-saving surgery.

Eight year old Fijian boy Ishraq was badly burned suffering deep burns to 30 - 40% of his body. He languished in the Lautoka hospital, being administered morphine twice daily before taking saline baths followed by SSD cream and plastic film dressings. The morphine made him nauseous and he tended to vomit up a lot of food. He steadily lost weight going from 21kg down to 15kg in six weeks and his white cell count increased because of low grade contamination to his extensive raw area. His situation deteriorated and became serious. He could die from infection, fluid loss or electrolyte complications if nothing was done and his contemporaries were powerless.

Fortunately Ishraq was discovered by a visiting NZ doctor, who notified ROMAC. ROMAC was able to take immediate action for the boy and his father, arranging for them both to travel to the burns unit in Lower Hutt, Wellington for emergency operations. The surgery was a success and some 3 months later it was time for Ishraq to return home, recovered, happy and handsome. And this is the good part. Ishraq's New Zealand cousins had bought him a new suit and I can remember that he showed few signs of his earlier problems as he proudly bounced around the terminal, smiling and laughing,

Ishraq before, during and a very happy lad after ROMAC. Below with his grandmother

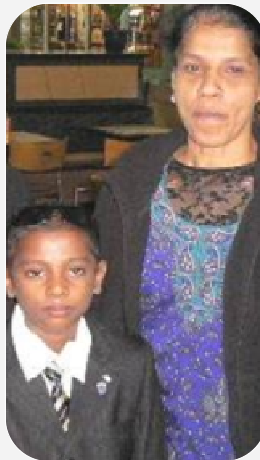


almost out of control with happiness.

Ishraq's grandmother was also at the airport. We were sitting together and in a quiet moment she leaned over and said to me....*"Ishraq can expect a tremendous welcome when he arrives home in Nadi, and everyone will go to the temple for a long prayer session"*. I think it was a Sunday and she added, *"And will you be going to your church later for prayers?"* I said *"No I don't go to church very often."* And I remember Ishraq's grandmother replying, *"Then why did you help Ishraq? In Fiji, being Islamic, we don't get on too well with the Hindus and we have lots of problems with the Fijians, and we have never been at peace with the Christians, so why did you bother to save my grandson's life?"*

I was a bit at a loss for words but managed to say something like, *"ROMAC helps any child, no matter what their colour, creed or religion is, on the proviso that the children have insufficient means in their own lands and provided their families lack the personal funds to help themselves."* And I added that *"ROMAC volunteers help these children because they believe that it's about the best and most rewarding thing you can do."*

I can remember Ishraq's grandmother leaning over and taking my hand and saying quietly, *"Thank you mister. You and your ROMAC organisation provide more hope and love than you can ever imagine, and you do more to offer peace than anything else I have seen. If everyone offered the same help ROMAC has given my grandson, there would be no arguments and no conflicts. With my heart, I thank you."*



I drove home that day on cloud nine... I knew for sure that my support for ROMAC was

justified. I was so proud of my cause and my fellow Rotarians and the surgeons and hospital, and can clearly remember thinking that one of the principal objects of Rotary is to advance international understanding, goodwill and peace through the ideal of service. To me, the healing of Ishraq was indeed proof, and I knew for sure that ROMAC certainly epitomised all the Rotary objectives better than anything else I knew. And I concluded *"If we can fix a man's children and make them whole and worthy, we also fix the man himself to make him compassionate, beholden and utilitarian"*.

As retiring Chairman, I ask every Rotarian to join the farewell group at the airport, after a child has received surgery and is returning home, because I can assure you that the experience will become an unforgettable highlight of your time in Rotary. Like me, it will be all the proof you need to be similarly smitten and declare it the best that Rotary offers.

From my heart, I sincerely thank you for the opportunity to serve such a great cause and commend it to you as being truly worthy of your support.

Yours in Rotary

PDG Geoff Dainty,
ROMAC Chairman

Incoming Chairman Brendan Porter

Chairman Geoff has given an excellent synopsis of the time that he has served as Rotary Oceania Medical Aid for Children's chairman and I am 100% supportive of all that he has said. I commend him for taking us into the second decade of the 21st century building on the legacy left by previous chairmen of Rotary Oceania Medical Aid for Children.

Due to Geoff's stewardship we have seen huge developments. In 2012/2013 we have seen a significant increase in the number of children treated. By the 30th of June 2013 48 children have been treated for a variety of life challenging conditions.

New Zealand has led the way in cardiac surgeries successfully mending broken hearts and permitting children to lead normal lives. Funding from government sources has enabled New Zealand's Rotarians to move forward with confidence in delivering surgeries.

Australia was not outdone and children received care and treatment in most of Australia's states and territories.

Each regional director has seen children come into their domain, many have come in pain but all leave with smiles even those that have had extensive treatment. Prolonged treatments can cause great heartache and homesickness for the families, but our family of Rotary rallies around, giving much needed counsel and love to all concerned. Each day Rotarians don't just recite or motto but they live it as they give "Service Above Self".

Without doubt Rotary Oceania Medical Aid for Children is a massive Rotary Success Story; however with success comes new challenges. An increase in surgical numbers and a growing waiting list dictates that Rotary Oceania Medical Aid for Children needs to engage Rotary International and Rotary Clubs more.

How will we meet the challenges?

Rotary Oceania Medical Aid for Children will continue to build goodwill within the Asia Pacific region by "providing medical treatment

to children from developing countries in the form of life-saving and/or dignity restoring surgery not accessible to them in their home country."

The ongoing work of Rotary Oceania Medical Aid for Children will continue to benefit all concerned - the children in need, their families, the surgeons and every individual Rotarian.

Goals for the years 2013 – 2016

- } To reduce the backlog** of children waiting more than 3 years for surgery.
- } To provide more surgeries** to children from developing countries.
- } To provide more opportunities** for Australian and New Zealand surgeons to develop and fine tune surgical skills.
- } To increase the profile** of Rotary Oceania Medical Aid for Children.
- } To enable committee members** to develop their own leadership skills and feel a sense of achievement.
- } To better engage Rotary Clubs** in Rotary Oceania Medical Aid for Children's by strongly promoting our Mission and Objectives.

Plans to achieve goals

Every Rotary programme requires finances to remain successful. We all rely on the generosity of Rotarians and our communities to achieve success in whatever we do. From the institute in Canberra 2013 Rotary Oceania Medical Aid for Children will launch a fund raising appeal.

The appeal

Rotary Oceania Medical Aid for Children wishes to appeal to all Districts and clubs within the Australian and New Zealand family region. We will ask Rotary Clubs and Rotarians to help us raise \$6,000,000+ over the next 3 years. (This equates to more than double our income from all sources each year.)

To achieve this goal Rotary Oceania Medical Aid for Children will take a twin track approach:

- } Better liaison with clubs** and individual Rotarians. This motivational task has been designated to the Marketing Manager.
- } To establish a National Fundraiser** entitled, "Eat a Meal Save a Life". The project involves encouraging Rotarians and individuals to enjoy a meal at home, in a restaurant or other



The ROMAC/Rotary difference

Have you ever been present when you realise that Rotary has made a long term difference to the lives of a whole family not just to one person? That realisation came to me at Brisbane's Mater Hospital when Ramos Agege, shook my hand for at least the fourth time, looked into my eyes and smiled as he exclaimed again, "Thank God for Rotary!". The reason for his unrestrained tribute was his grandson, Smith, sitting on his daughter Jecora's knee behind him. Smith Agege was admitted to hospital in Nauru at the age of five months with a chest infection. As luck would have it, a doctor from Sydney was visiting and quickly diagnosed a more serious problem. He recommended that ROMAC be contacted to bring the toddler immediately to Australia, preferably to the Mater in Brisbane, for urgent heart surgery and treatment for genital abnormalities. The family moved into accommodation at Ronald McDonald House near the Mater Hospital. Smith Agege returned to the ward after repairs to two hernias and the successful completion of his heart operation by Mater surgeons. By bringing Smith Agege to the Mater, ROMAC played its part in the process that turned a prognosis from a childhood plagued with infection and discomfort leading to death in early adulthood to the expectation of a normal life. It is a story worth telling and Channel 7, below, agreed and broadcasted their interview throughout Australia. It was good news for both ROMAC and Rotary. Then Ramos was reaching for my hand again and repeating his praise. What do you say? I was a very small cog. "That's what we do," was the best I could think of through the cloud of emotion. Ramos pumped my hand again and moved away, smiling back and waving as he exited the ward to a new life with his daughter and grandson.

Bill Benham



designated area with guests who they may ask to make a donation to Rotary Oceania Medical Aid for Children. The meal may be a humble sausage sizzle, a full a la carte meal or a wine and cheese evening. This fund raising initiative has been designated to all members of the board and will be driven by the Marketing Manager and his team.

Although these are ambitious goals the \$6,000,000+ total only equates to \$2,000 per club per year for 3 years. If every Rotarian held an event and raised \$50 each we would easily raise more than the targeted \$6,000,000. (Currently only 21% of clubs are supporting Rotary Oceania Medical Aid for Children in any way).

Continued growth of opportunities for Australian and New Zealand surgeons to develop their skills

For those who don't know Professor Roy Kimble is a specialist in the treatment of burns. Based in Brisbane he has developed techniques which he used on the Rasmiddin sisters Rafika and Uswatun from Banda Aceh. These two young ladies have required over 125 operations to date with more to follow. Professor Kimble has borrowed a technique from Korean colleagues which instead of putting wires through their bones he threads them underneath the sister's skin to hold the joints in place. He is quoted as saying ...

"The amount of benefit that Australian kids have had from these new techniques now being used in Australia is unmeasurable. I think the girls have given 10 times as much back as we've given them."

In this statement Professor Kimble eludes that not only does surgeries sponsored by Rotarians in Australia and New Zealand benefit children from developing countries but it also benefits children in our communities. It permits surgeons to perfect new skills which can be used to save the lives not only of Australian and New Zealand children but adults as well.

Patrons

Rotary Oceania Medical Aid for Children currently has 3 Patrons. Her Excellency the Governor General of Australia Mrs Quentin

Bryce AC, Mr Bill Boyd Rotary International President 2006-2007 and Mr Max Walker AM.

Each has served us well and in 2013-2016 we aim to increase the number of Patrons and or ambassadors who can help us with future events. Each new patron or ambassador will be expected to have high moral and ethical standards in keeping with Rotary's 4 way test.

Suggestions from Rotarians will be considered by the Rotary Oceania Medical Aid for Children's executive and where possible we would greatly appreciate an introduction to the potential Patron or ambassador.

Partnerships

In the past Rotary Oceania Medical Aid for Children has partnered with a number of organisations including organisations such as JFF and Interplast Partnerships with other organisations ensures that children from developing countries get the optimum care available.

One organisation which we have partnered with and had strong links with in the past is the charity "Children First." Over the next 12 months Children First and Rotary Oceania Medical Aid for Children will meet to discuss developing better co-operation and closer ties.

Discussions will include:

- } **What can we learn** from each other
- } **What are the differences** and commonalities of our organisations?
- } **How can we reduce duplication** and unnecessary bureaucratic processes
- } **How can we introduce efficiencies** through better processes
- } **Develop a memorandum of understanding** which will enable Child First and Rotary Oceania Medical Aid for Children to quickly respond to each other's requests and needs.

Information management and social media

} **eROMAC** Is an electronic programme which maintains and manages health records, photos and up to date information on all our patients. In addition the information system will allow us to easily see children that are registered to have treatments, how long they are awaiting including confirmation of treatment and confirmed visa's to enter Australia and New Zealand. Led by Dr Fred Jureidini it will help us to be more efficient in managing patient information.



Charlie has new feet

7 year old Charlie came to Newcastle's John Hunter Hospital for treatment for bilateral talipes (club feet). Charlie was flown to Australia for desperately needed surgery. He had been shunned by his village and did not have a wheel chair to get around. He couldn't read or write and had missed out on any education. Lyn Thorpe (Chair of Newcastle's ROMAC Committee) arranged for Charlie to have surgery at John Hunter Hospital after being alerted to his situation by Rotarian Brian Coffey who visited Charlie's village during a holiday in Vanuatu. Brian also acted as carer for Charlie during his Australian stay. Charlie's legs were prepared for surgery by placing them in plaster casts, initially one green and one red, two of the colours on the Vanuatu national flag. The casts gently manipulated his bones closer together. This young lad underwent two operations and, once out of his plasters, he was at the starting line at Newcastle's Memory Walk which benefits Alzheimer's Australia (see photo below). Also, after his successful surgery, he was a special visitor to Newcastle Jets training at Ray Watt Oval. Football is a popular sport in Vanuatu and Charley loves the game. It was a great experience for him to watch top players train and talk with them. A great reward after all he had been through. Jets attacking midfielder Mitch Cooper, who was also born in Vanuatu, spent time with Charlie and showed him some football tricks. Charlie's treatment was lengthy, during which time East Maitland Rotary Club raised more than \$7,000 for ROMAC. The majority of these funds were raised from a recital by internationally known pianist Roger Woodward at Hunter Valley Grammar School. Charlie has now returned to Vanuatu where he is so happy to be walking unassisted.



} **Website romac.org** Rotary Oceania Medical Aid for Children has had a website for a number of years but like most websites in their genesis it has now become tired and out-dated. Thanks to Mel Gray, John Benger and Phil Rosenberg we have developed a modern innovative website. I am pleased to announce that from today the new website will go live. Through the website anyone can make a donation, get an immediate tax receipt and /or make referrals. We ask all Rotarians to take photographs, write stories and promote the work of Rotary Oceania Medical Aid for Children and send the information to our webmaster.(TBA).

} **Facebook** Our Facebook page will continue to be updated regularly giving all Facebook users access to information on incoming children and their progress. **Currently managed by John Benger we are looking for an eager Rotarian to take on the job.**

} **Telephone Contact** Rotary Oceania Medical Aid for Children has a new phone number in Australia. For the foreseeable future Brendan Porter (2013/4 Chairman) will personally carry the phone enabling people to contact us for advice and support.

The new number is 0474 135 550.

Personal contact with the regions

As the chairman I don't see my position as one of making everything work but as one of facilitating so that every member of the board can achieve their goals and feel

satisfied in their achievements. I intend over the next 2 years to try to attend each regions board meeting at least once to support and encourage the leaders in each of our regions. I would also like to speak to Rotarians across the regions to gather information to help us plot our future direction.

Thank You

I would like to thank all members of the committee both out going and incoming for their dedication and hard work.

Rotary Oceania Medical Aid for Children is a labour intensive organisation and every member of the committee is passionate about serving Rotary and the children. I would also like to thank our many donors and supporters. Thank you to the hospital staff and people facilitating the children in their homeland and arrival in Australia and New Zealand. I would like to thank our people in the regions without your commitment Rotary Oceania would be but a name, and to the Australian and New Zealand Departments of Immigration your humanity and support is greatly appreciated.

Please do not hesitate to contact me if you want to know more about Rotary Oceania Medical Aid for Children. I look forward to hearing from you.

It's not always easy getting publicity for Rotary.

Fortunately the media recognizes that ROMAC proudly typifies the humanitarian work that caring Rotarian volunteers, just like you, devote themselves to. Over the years the general public have read, listened to and watched probably more ROMAC success stories than any other Rotary project. From alarmingly disfigured faces, extensive burns and conjoined twins to emergency, life-saving operations it's no surprise that the heart-warming, sometimes desperate stories of ROMAC's children have made 'good news' stories in newspapers, magazines, radio and TV all over Australia and New Zealand. This greater awareness of Rotary through ROMAC's achievements contributes towards making it easier to attracting new members.

Now that is good news.





Six weeks for a normal heart

Warren, accompanied by his mother Pausesese, was a very sick young man when he came to Sydney from Tuvalu for an aortic valve replacement. Warren, who in the past suffered from suspected rheumatic fever, was severely compromised. ROMAC arranged for surgery at Sydney's POW's Children's Hospital where he was placed under the care of Cardiologist Specialist, Dr Christoph Camphausen and surgeon Dr Grant Warren. Surgery was performed soon after his arrival, during which a bovine valve was inserted.

Six weeks after surgery Warren's heart had returned to its normal size and was given the all clear to return to his home country. Warren's weight and energy increased and he looked very healthy and happy thanks to the great contributions of the Specialists, hospital staff, ROMAC volunteers and host family Neil and Heather Newbould and family from Caringbah Rotary.

Northern Region

Elaine Morgan

The past year has been a busy and productive year for Northern Region.

Many children transit to the southern states through Brisbane. We meet those families, take them to the domestic airport, and be sure they are safely on the next leg of their flight.

Larisah, a very sick little girl from a remote area of Solomon Islands was an emergency arrival following an accident, four months earlier, in her remote village. A nail had penetrated her skull, and as a result she developed infection and a large abscess on her brain.

Larisah was paralysed and had received treatment in Honiara until well enough to fly to Brisbane to be admitted to the Royal Children's Hospital.

On a daily basis, the abscess was drained to ease the pressure on Larisah's brain. She responded well to that, slowly

gaining mobility.

Just when we were filled with hope for a total recovery, because the abscess had become shallow, albeit still large, the walls of the abscess began to subside and there was no choice but for surgical intervention to remove the abscess.

After a night in Intensive care she bounced back and was soon wanting us to read her books.

From that day forward, Larisah grew stronger, gained mobility, loved her dolls, plastic jewellery with much bling and books given to her.

Larisah cried when Aunty Miriam told her that their small bag was not big enough to take her toys home and that she would have to choose which ones she wanted to keep. Larisah had never had toys, books or a doll in her life and they were precious to her.

I put a request on the noticeboard in my Apartment, asking for a medium sized case and why; I had enough offers to start a Bag Shop! Consequently, Larisah happily departed with her valuable toys and books.

We were continually smothered with hugs and kisses. She loved to run her hands



**Alfonso
& Eliana**



Kerriann

through our hair (because it was not frizzy). It was hard to say goodbye to her.

Afonso and Eliana were both bad orthopaedic cases from Railaco Craic in Timor Leste, and were the children of coffee farmers who Christian Brother Bill Tynan had been both educating and assisting them to improve the coffee yield.

Brother Bill instigated medical help for these children and asked ROMAC for assistance. The Terrace Timorese Network (St. Josephs Gregory Terrace College) offered support and accommodation. This union worked well.

Both children returned home and are now able to walk many kilometres to their schools.

Kerriann, from the Solomon Islands, responded quickly to her heart treatment and recuperated well. Her accompanying father, a teacher, had a great interest in plants and gained much from this visit as coincidentally their host family were horticulturists!

Natalina from Timor Leste had been here before for treatment in Oncology at Royal Children's Hospital 3 years ago. Because of her age she had to return for Endocrinology checks.

Natalina had no family able to come with her so elected to come alone. Carefully assisted by the ROMAC teams in Dili, Darwin and Brisbane, Natalina was closely monitored all the way. She was so proud of herself for doing this travel alone.

Unfortunately she lost her hair due to radiation three years ago, so we gave her a wig which was now falling apart! Because her hair has not grown back, we replaced that wig at no cost thanks to the kindness of Starkles Wigs who also donated hair clips and other hair adornments. Needless to say Natalina was thrilled and put them to good use!

The report from her Oncologist, who was elated with how she was caring for herself, also made her a very happy girl.

Edwin had legs badly bowed from his hips down, feet turned in and walking on the sides of his feet. Getting around was so difficult and he regularly tripping & injuring himself.



Natalina

There is still work to be done on Edwin, but his legs are now straight & he walks on the soles of his feet.

Hung was badly burned in a fire. Over time, his leg welded under his buttocks, he scooted around the floor and up stairs like a monkey and with as much speed.

His infections giggle and happy disposition makes this little fellow very lovable.

He was the first ROMAC child to be treated at Townsville Hospital. Unfortunately there was no choice but to amputate, above knee. Once his prosthetic was fitted, he had to learn to walk. Now, years later, as his stump has changed shape and not fitting into the socket of the prosthetic - which was now too short for him because he had grown - so we brought him back for a replacement

prosthetic.

He had always told us that his dream was to be able to walk with his brother. Now he proudly says that his dream has come true.

Many children are booked to come from Nauru and Timor Leste, some with heart conditions, into Brisbane's hospitals, and at the time of writing we have a 5-month-old Timorese boy about to undergo complex heart surgery – follow this story next year.

Our volunteers really enjoy being with ROMAC's children, taking them to their medical appointments, a walk in the park, to the beach or a zoo etc, so if you'd like to help please don't hesitate to contact any one of us. Our contact information is at the back of the report.



Edwin





Tiny tot with a large problem

Four year old Failyne from Vanuatu was treated for a very unsightly encephalocele (herniated brain) at Melbourne's Monash Hospital. She is a delightful little girl with a gorgeous personality, full of smiles and cuddles who won the hearts of her sponsoring Club, the Rotary Club of Glen Eira, and particularly some wonderful care and assistance from Alan Samuel and his wife Diane. Alan regularly sent out updates and photos of her progress. Failyne, accompanied by her mum Mepline who was full of awe of all the procedures, had her initial review was with a Neurological Professor, then a Plastic Surgeon plus, believe it or not, another 20 Plastic Surgeons were interested in her treatment due to her encephalocele being very complicated! They all consulted together to determine the best way to operate. **It was a long and dangerous operation, with the frontal lobe lifted, bones grafted, dissolvable plates and screws inserted that were to last for 18 months. Initially Failyne had a scar down the middle of her nose.** The involvement of so many of the Glen Eira Club members was amazing, from taking them to and from the hospital to going out on trips. Failyne also had the added excitement of meeting Melbourne Storm players Justin O'Neill and Robbie Kearns. **This little girl and her mother won many hearts with their strength and patience, and always so many smiles.** Alan and Diane Samuel were so constant in their involvements that they became "Abu" and "Bubu" (grandfather and grandmother) to Failyne.

Eastern Region

Rob Wilkinson

It has been a challenging year for Eastern Region, with treatment of 15 patients (from 7 countries) in four hospitals.

In a first for ROMAC, one patient actually arrived “in utero” with the mother brought from East Timor to give birth to her baby boy. Reinaldy was born to his excited mother at Canberra Hospital, and operated on (gastro-intestinal) at one day old.

I have had wonderful support from Chairs and volunteers in all six Districts in Eastern Region, and I give my grateful thanks to each and every one of them.

D9750 achieved great success with Club donations, thanks to DG spouse Christine Salter taking on ROMAC as her project for the year. Well done Christine.

In a very appropriate recognition, D9710 ROMAC Chair Sandra Mahlberg was named “Key Rotarian of the Year” for her District. Congratulations Sandra.

Our involvement in organizing the Roger Woodward Concerts was very rewarding, with over \$30,000 being raised for ROMAC. A great effort by Roger, and we thank him sincerely.

A special event of the 2012/2013 Rotary year was the Reception given by the Governor-General to mark the 25th Anniversary of ROMAC. ROMAC leaders and volunteers

were entertained at Admiralty House in Kirribilli on 10 May 2013. Governor-General Quentin Bryce was most welcoming and a great evening was had by all.

Eastern Region is most appreciative of the ongoing support of Johnson & Johnson. Their support has been constant, and extremely helpful over many years.

We were pleased to welcome Eureka Funds Management as a Corporate supporter, assisting ROMAC with accommodation for Board Meetings.

We have had outstanding fund-raising support from various activities such as – ACT Monaro District Golf Association; Luskintyre Air Show; Rotary Club of Woden Bike Ride; Gerringong Sunrise Trivia Night; Rotary Club of Sylvania Gatsby Night; Rotary Club Hills Kellyville “Eat a Meal and Save a Life”; plus Rotary Clubs of North Ryde and Macquarie Park’s Christmas Carols. I would also like to thank the Rotary Club of Sydney for a very generous donation of \$30,000 from the Adrian Golding Gift of Life Fund, to support the treatment of Francisca Saldanha. There’s been wonderful support all round.

It’s great to look back on this Rotary Year as another filled with achievement and enthusiasm.

Sincere thanks to all involved.





Saving Finova's life

Since she was six months old Finova had received treatment for Jaundice, in both Dili and Bali, before ROMAC brought her to Australia for life saving surgery to remove a long standing choledochal cyst. Finova was extremely ill, weighing only 6.6kgs, when she entered the Canberra Hospital for appraisal, then transferred to Sydney's Children's Hospital to drain her cyst, then returned to Canberra to improve her malnutrition prior to returning to Sydney for the removal of her infected cyst! She then weighed 7.6kgs. Finova and her mum certainly did their share of travelling between Sydney and Canberra! If it weren't for the cooperative hospitals' efforts Finova would have died. A huge thanks to Professor Albert Shun and his wonderful surgeon skills. Much encouragement and support was needed for mother Rita which was provided by NSW and ACT ROMAC teams. To save a child is a wonderful experience; to see the look of love from the mother to the child is our thanks!



Little Bras defying all obstacles in his fight to survive

Bras Kapu Key Eka has beaten the odds to enter his second month of life with a lot of help from his friends. The Timorese infant was born with a birth defect that left him unable to digest food.

His epic journey from a tiny village without electricity, running water or even the most basic of healthcare facilities to a major teaching hospital in the Australian capital is testament to what can be achieved through the kindness of strangers.

Mum Ervina Vilela, who was supported by Rotary volunteers, was catapulted forward in time by at least a century!

"Ervina had no prior experience of Western life; it would be like one of us going to another planet."

said Barry Wilson, ROMAC's incoming operations director. The 31-year-old gave birth to Bras at home, the same as she had done seven times before.

Home birthing is the norm in her remote village.

Ambulances do not exist, private cars are not an option and hospitals, and even medical clinics, are hours or days away.

Shortly after Bras was born, Ervina and her husband realised he could not keep his food down. After hours of arduous travel, they reached Dili's National Hospital Guido Valadares where paediatrician Ingrid Bucens, a ROMAC friend, was able to identify that his oesophagus did not connect to his stomach as when Bras tried to drink his mother's milk it would enter his lungs. While unusual, the condition is not life threatening in developed nations. Canberra paediatric surgeon George Malecky, when asked how difficult it had been to operate on Bras, Dr Malecky said there were many pluses and minuses.

The 15-day delay meant a procedure took more than twice as long as it normally would. Bras only weighed 1.9 kilograms when he reached Dili. While Dr Bucens was able to diagnose his problem, a feat the Canberra Hospital and Australian National University's Associate Professor Zsuzsoka Kecskes described as brilliant given her facilities, she was not in a position to correct it. When Dr Bucens called on ROMAC her assessment was blunt: "Our options are do nothing, send home, baby will die," she wrote, or "we can refer to ROMAC asap".

Bras was placed on a glucose drip that was keeping him alive whilst ROMAC organised immigration and travel arrangements.

When they arrived in Canberra Dr Malecky and his team were not able to operate immediately. While Bras is a fighter, he needed to be as well as possible before going under the knife.

Just over 48 hours after arriving here he went into theatre for an operation that has proved to be an unqualified success.

In the three weeks following, he increased in weight by 50 per cent to 2.8 kilograms and was taking his nutrition by mouth. Dr Kecskes said it was vital that Ervina be able to breastfeed. There would be no other option when they returned home a month later.

Ervina said when she first arrived at The Canberra Hospital she had been very frightened, both for her son and because so much was unfamiliar. "Now I feel like I am at home," she said.

Barry Wilson has been impressed, and humbled, by the trust and faith Ervina had shown in other people. "We have as much to learn from Ervina, from her love for her child and her faith in the goodness of others, as she does from us," he said.

He also wonders what the future holds. "Bras is a real fighter," he said. "He is a very strong baby; he could be a future president of his country." *Reprinted from the Canberra Times*

New Zealand: Dr Eric Horne

Over the past 12 months we have had 14 children from the islands of the Pacific receive major surgery in Auckland.

Six children from Samoa had open heart surgery at the Starship Hospital. The surgery was funded by the Samoan Government and ROMAC was responsible for arranging passports, visas and paying for air fares etc.

The involvement of the Rotary club of Apia proved crucial organising the process in Samoa, and over a six month period ROMAC was able to clear the backlog of urgent cardiac cases and also arrange for a very

seriously ill baby to have life saving heart surgery within 48 hours.

Like all good Rotary projects we were able to set in place procedures which the Samoans have now taken over, and their children are now being funded and looked after in the Starship without our input. Four children from Vanuatu and three from East Timor also had heart surgery fully funded by ROMAC.

One child from The Solomon Islands had major neurosurgery followed by facial reconstruction.

The Rotary Foundation Grant

In conjunction with district 3730 in Korea district 9910 in New Zealand successfully completed a TRF project totalling NZ\$80,000. \$50,000 went towards the cost of



Urgent phone call saves Keleka's life

A phone call from rather distressed paediatrician Dr Farah told us of a desperately ill, underweight child of six months with severe heart failure. Keleka needed urgent open heart surgery. With the help of Rotarians in Apia passports and a medical visa were rapidly issued and baby and mum were on the flight to Auckland. A specially equipped ambulance met the plane on the tarmac. It took 40 minutes to stabilise Keleka at the airport before he could be transported to the Starship Hospital where a team of heart specialists struggled to get his oxygen levels up. Keleka needed urgent, open heart surgery in order to survive. After 5 hours of surgery Keleka's little heart was functioning normally, his weight doubled and so was able to return to Samoa after a total of eight weeks to great celebration in his remote village. Margaret and I were able to find their home very easily on our visit to Samoa and were delighted to find Keleka continuing to thrive. *Dr Eric Horne*

heart surgery for two Vanuatuan children and the remaining \$30,000 funded five nurses and one doctor from various paediatric units in Vanuatu who came to Auckland for two weeks intensive paediatric training at Middlemore hospital.

The training component was a condition of the Rotary foundation grant and although the organisation took a great deal of effort by ROMAC committee member Leigh Kelly, it proved to be very rewarding and greatly appreciated by the participating health professionals.

At present we are applying for three further TRF grants and we see these as the very best way of leveraging the donations from Rotary clubs.

27 clubs in district 9910 donated to the TRF project.

We have 14 very active Rotarians on our NZ ROMAC committee to whom I am very grateful for their continuing enthusiasm and support.



New nose made from ribs!

Eight year old Leanda was referred to ROMAC by a neurosurgeon in the Solomon Islands. She was born with an encephalocele, which is a hernia of brain tissue into her face causing deformity of her nose and exposing her brain to infection.

This operation cannot be done in the Solomons, and having been accepted as a ROMAC patient Leanda and her Aunt - who speaks fluent English - came to Auckland to be assessed by our surgical team of neurosurgeons, facial and plastic surgeons. Leanda was seen at the private Auckland cosmetic surgical clinic. The surgeons removed her nose and were able to access the brain tissue and remove it and close the bony defects. They then constructed a new nose from one of her ribs. Leanda was delighted with the results and we had an email a few weeks later to assure us that the swelling had completely gone and her new nose looked just great.



Operations

Richard Woodburn

As Operations Director, my role has been to manage the logistics of the overall patient referral process, working closely with Medical Director Professor Andrew Rosenberg and his colleagues in managing the overall referral, assessment and placement process. Once patients have been approved for treatment, arrangements are then made for their passports, visas and ultimately their travel to Australia or New Zealand, where these young kids and their guardians are handed over to the care of the Regional Directors and their teams to look after, sometimes for very lengthy periods.

2012/13 was another busy year for ROMAC committees at all levels, with 104 referrals received.

Each of these referrals was reviewed and prioritised by the Medical Director in conjunction with appropriate specialists. Unfortunately our financial resources and the availability of hospitals do not allow us to assist all of these children, and difficult decisions do need to be made. During the year 60 cases were not agreed as complying with our Acceptance Guidelines. I am grateful to the members of the ROMAC Medical Panel who review all cases that are not accepted for inclusion in the Program.

A record total of 48 children were provided with major surgery to address either life threatening conditions or major issues affecting their quality of life. There was a particular focus on those children who had been waiting some years for their treatment and as a result the numbers has been reduced substantially.

Supporting such a large number of children again provided its challenges as well as great rewards, as the outcomes impact not only on the children, but also very positively on their families and communities, as they all return home with a vastly improved quality of life, and the reality that they will be able to become productive members of their own communities.

It was also very pleasing to be able to provide assistance, primarily in the provision of advice regarding visa requirements and alternative options for treatment to another

five cases unable to be directly treated through the ROMAC Program.

One of the major challenges that we have been dealing with is the willingness of our local health systems to take on our cases, as they are under considerable pressure to ensure the treatment of local children. In particular we have not been able to place children in the major public hospitals in either Melbourne or Perth. As a result, the greater bulk of our cases have been undertaken in NSW and New Zealand, with a lesser number in Brisbane, Darwin and Adelaide.

The ongoing support of Rotary and other volunteers has been crucial to the success of the treatment of patients from those countries. Without people with the dedication of Daryl Mills and Dr Ingrid Bucens in Dili, Craig Brouggy and Prof John Vince in Port Moresby, Janet Kalpukai in Port Vila, Dr Nathan Kere and Wayne Morris in Honiara, and many others, our task would be impossible. They not only identify and vet many of our patients, but then organise passports, medical assessments, visas and travel arrangements for these children, many of whom live in remote locations.

As an example of this level of support, the Rotary Club of Honiara raised and expended some \$9,442 in support of the necessary preliminaries for ROMAC patients from the Solomon Islands.

There has been wonderful support from ConocoPhillips and Airnorth in transporting our many Timor Leste patients between Dili and Darwin, often a very short notice.

With the large number of patients from Timor Leste, there has also been a significant impost on our Darwin Rotarians, who have risen magnificently to the challenge. Not only are they assisting the seemingly endless stream of patients heading south, but a number of patients have undergone assessment in Royal Darwin Hospital, requiring additional support and care. To Rod Meyers and Jim Wright of South Darwin Rotary Club, we are extremely grateful for your efforts.

I am also indebted to all the Regional Directors and members of the various District ROMAC Committees, who have the very important task of looking after the patients and their carers whilst they are in our care – they were often required to perform the impossible at very short notice – organising airport arrivals, carers, interpreters,

Patients treated 2012/2013

Patient	Country	Diagnosis	Region	Hospital	Status
Abilio	Timor Leste	Heart	New Zealand	Starship-NZ	Completed
Abilio	Timor Leste	Heart	Western	Princess Margaret-WA	Completed
Afonso	Timor Leste	Orthopaedic	Northern	Holy Spirit-Brisbane	Completed
Amelia	Samoa	Heart	New Zealand	Starship-NZ	Completed
Anastacia	Timor Leste	Urology	Central	Adelaide Memorial	Completed
Anastacio	Timor Leste	Urology	Central	Adelaide Memorial	Ongoing
Avau	Samoa	Heart	New Zealand	Starship-NZ	Completed
Baby of Lelia	Timor Leste	Gastrointestinal	Eastern	Canberra	Ongoing
Cabel	Vanuatu	Heart	New Zealand	Starship-NZ	Ongoing
Christopher	Samoa	Heart	New Zealand	Starship-NZ	Completed
Edefizia	Timor Leste	Vascular	Eastern	Children's-Randwick	Ongoing
Edwin	Vanuatu	Orthopaedic	Northern	Mater-Brisbane	Ongoing
Eliana	Timor Leste	Orthopaedic	Northern	Holy Spirit-Brisbane	Completed
Elisa	Timor Leste	Neurosurgery	Northern	Darwin Hospital	Completed
Elsie	Timor Leste	Heart	New Zealand	Starship-NZ	Completed
Emmanuel	Vanuatu	Heart	New Zealand	Starship-NZ	Completed
Failyne	Vanuatu	Encephalocele	Southern	Monash Medical Centre	Completed
Fiaavae	Samoa	Heart	New Zealand	Starship-NZ	Completed
Finova	Timor Leste	Abdominal	Eastern	Canberra	Completed
Grace	Fiji	Vascular	New Zealand	Lower Hutt - Wellington	Completed
Hitilaima	Samoa	Heart	New Zealand	Starship-NZ	Completed
Honesio	Timor Leste	Orthopaedic	Eastern	Calvary-Canberra	Completed
Hung	Vietnam	Orthopaedic	Northern	Townsville	Completed
Iqbal Yoga	Indonesia	Heart	Eastern	Children's-Randwick	Completed
Juanita	Solomon Is	Renal	Eastern	Canberra	Completed
Justin	Fiji	Orthopaedic	Eastern	Children's-Randwick	Completed
Keleka	Samoa	Heart	New Zealand	Starship-NZ	Completed
Kerriann	Solomon Is	Heart	Northern	Mater-Brisbane	Completed
Larisah	Solomon Is	Neurosurgery	Northern	Children's-Brisbane	Completed
Leanda	Solomon Is	Neurosurgery	New Zealand	Ascot Private, Auckland	Completed
Leticia	Timor Leste	Cystic Hygroma	Eastern	Children's-Westmead	Completed
Lyon	Vanuatu	Imperforate Anus	Eastern	Canberra	Completed
Natalia	Timor Leste	Vascular	Northern	Darwin Hospital	Completed
Neha	Fiji	Burns	Eastern	Children's-Westmead	Completed
Nonnette	Vanuatu	Heart	New Zealand	Starship-NZ	Completed
Nurak	Vanuatu	Orthopaedic	Eastern	John Hunter Newcastle	Ongoing
Quivania	Timor Leste	Tongue	Eastern	Children's-Westmead	Completed
Roberta	Fiji	Burns	Eastern	Children's-Westmead	Completed
Sem	Timor Leste	Spina Bifida	Northern	Darwin Hospital	Completed
Serey Vichra	Cambodia	Heart	Eastern	Children's-Westmead	Completed
Smith	Nauru	Urology	Northern	Mater-Brisbane	Completed
Teresa	Timor Leste	Heart	New Zealand	Starship-NZ	Completed
Theary	Cambodia	Plastics	Southern	Monash	Completed
Tilani	Solomon Is	Encephalocele	Central	Cranio Unit, Adelaide	Completed
Tomas	Timor Leste	Wilms Tumour	Central	Woman & Childrens-SA	Ongoing
Varayame	Fiji	Orthopaedic	New Zealand	Starship-NZ	Completed
Victor	Vanuatu	Heart	New Zealand	Starship-NZ	Completed
Warren	Tuvalu	Heart	Eastern	Children's-Randwick	Completed

accommodation, hosting, attendance at appointments, and never once did they let our patients down.

Our excellent relationship with senior officers of the Department of Immigration and Citizenship continues, with regular dialogue and high level support often smoothing the way to facilitate the granting of the appropriate Medical Treatment Visas, particularly for urgent cases.

I am also very appreciative of the continued support and guidance of Operations Consultant Bryan Mason, who again has provided support and assistance

with his tremendous knowledge and contacts, built up during his time in a range of District, Regional and Board positions within ROMAC over many years.

Barry Wilson came on board during the year, as Assistant Operations Director, and he has proved a very accomplished apprentice. It has been a steep learning curve for Barry, but he has picked up on most of the intricacies associated with the role, successfully managing the process for a number of our recent patients. As he steps into the Operations Director role for 2013/14 I have every confidence that he will take us to new levels.

How do patients get referred to ROMAC, and then what happens?

ROMAC gets to hear of cases through a variety of means, but the most common is through Australian and New Zealand medical practitioners who give so very generously of their time and expertise to undertake outreach clinics in the many of the countries from which we source our patients. As Rotarians, we are all aware of the great work of Interplast, a program of the Plastic and Reconstruction Surgery Division of the College of Surgeons and supported by many Rotary Clubs. However, the College also sends out teams specialising in cardiac, ear nose and throat, ophthalmology, orthopaedics and general surgery. **Whilst the surgeons who go out with these teams do what they can with the facilities and time they have available, there are always the more complex and time consuming cases that they just can't fit in. It is these cases that are frequently referred to ROMAC for assistance. Often it is the same surgeon that then undertakes the surgical procedures back in either Australia or New Zealand. Children are also referred to ROMAC by medical practitioners in the various countries that we focus on, and we have medical representatives in Timor Leste, PNG, Solomon's and Fiji that screen cases for ROMAC consideration. Children are also referred through visiting RAWCS teams and our website.** Once a Referral is received, it is initially registered by the Operations Director, who then establishes the mechanisms to track and manage the ongoing consideration of the request. The Referral is then passed to the ROMAC Medical Director, who assesses the merits of the case against Acceptance Criteria which have been established by the ROMAC Medical Panel, consisting of senior paediatricians and specialists in the cardiac, burns and general surgical fields. If necessary the Medical Director will consult with appropriate specialists as part of those deliberations. If the case is deemed acceptable for ROMAC, a suitable hospital and surgeon is then identified and negotiations on costs and timings are undertaken. When all has been agreed, a case is submitted to the ROMAC Board for approval to accept the case. Once the case is formally approved, the Operations Director arranges passports and special Medical Treatment Visas, and then travel for the child and their guardian to travel to either Australia or New Zealand for their surgery. If necessary, medical escorts are arranged, and in some cases, assistance by local Rotarians requested to help them at intermediate airports. In preparation for the arrival of the child and their guardian, the host Regional Director and their teams swing into action to provide the necessary care and support for the child and Guardian during their stay, and that is another story ...

Richard Woodburn

Treasurer

Brian Eddy

This Report relates solely to the 2012/13 Financial Statements for the Australian operations of ROMAC. For information on the New Zealand operations of ROMAC please refer to the New Zealand Financials.

Overview

The 2012/13 Financials report a Surplus for the year as against a Budgeted Deficit. In broad terms that outcome was a result of Income being in line with Budget expectations but Expenditure being less than anticipated.

The Rotary Clubs of Australia continue to be ROMAC's major supporter, both financially and by way of volunteers. It is therefore disappointing to note Club financial support dropped again this year, not only in dollar terms but also in the number of Clubs contributing. In percentage terms the number of Clubs supporting ROMAC fell from 24% of all Clubs in 2011/12 down to 20% in 2012/13.

The Chairman's 2012/13 Report reinforces the belief that ROMAC is one of

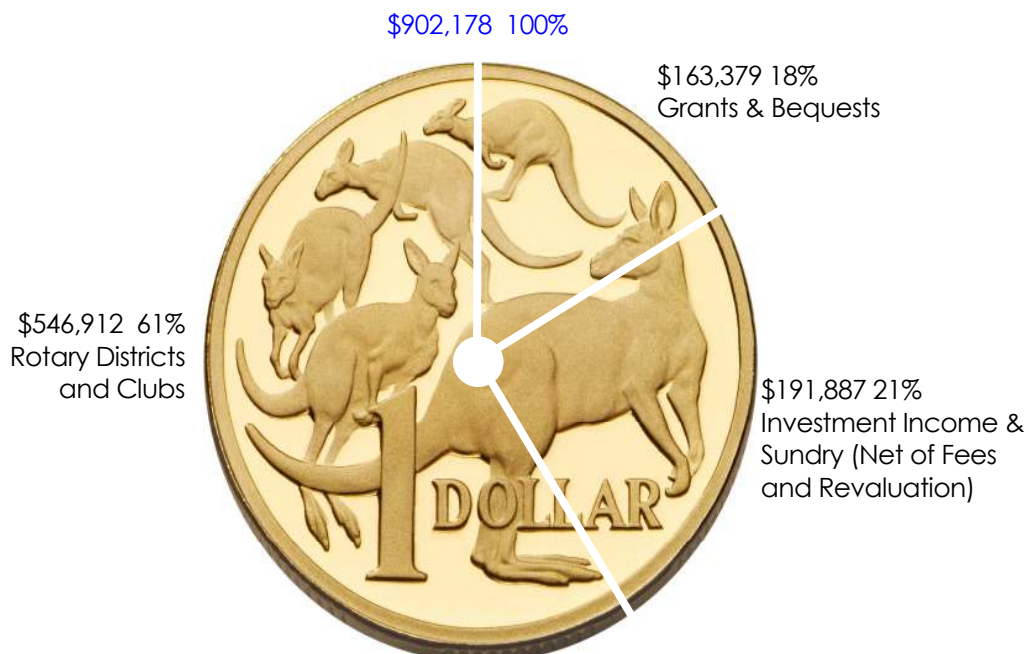
Rotary's best demonstrations of "doing good in the world". Those Rotarians directly involved in ROMAC know full well the value and worthiness of ROMAC and its work. With that knowledge comes the responsibility to make that worthiness known to all.

Income

Total Income from all sources for 2012/13 was \$902,178 some \$153,693 less than the \$1,055,871 received in 2011/12. Part of the decrease was attributable to bequests from Deceased Estates with \$300,000 in 2011/12 and \$86,000 in 2012/13. Other sources of Grants and Bequests increased marginally, with Investment Income recording a significant increase. However ROMAC experienced a decrease in Club; District and Regional support which fell from \$577,038 in 2011/12 to \$546,912 in 2012/13. That result masks a remarkable increase in the Eastern Region, without which the end result would have been of some concern.

The 2012/13 Investment Income was significantly higher than forecast due to the favourable movement in the value of the Investment Portfolio. The actual cash and imputation credits for 2012/13 was \$125,600 and is very similar to that of 2011/12 which was \$127,900. The continuing economic uncertainty and falling interest rates places significant pressure on the portfolio to produce

Income



an income stream whilst maintaining a very conservative capital strategy.

Expenditure

The 2012/13 Budget for Patient Expenditure was very ambitious. Although a record number of cases were acted upon, the year's effort was restricted by the availability of suitable medical facilities. Another significant factor in the amount expended on Patient Expenditure being less than anticipated was because of the remarkable efforts of a number of ROMAC Directors to obtain corporate support in various forms together with significant concessions from hospitals, all of which had a favourable impact on the total paid.

All other areas of expenditure were within Budget expectations. It is worth noting the increase in Administrative expenses reported for 2012/13 is largely attributable to the initial costs in upgrading the ROMAC Web Site to a professional and acceptable standard.

ROMAC is currently entering a phase of being obliged to invest in modern digital technology for Patient Care; communications, promotion and fundraising. These costs, in conjunction with increases in administration costs, will impact on ROMAC's ability to maintain its proud record of a remarkably

low ratio of Non-Patient Costs to Patient Costs.

Conclusion

The 2012/13 Surplus again allows the luxury of adopting a 2013/14 Budget with a planned deficit. However to ensure ROMAC continues to have a viable financial future the Board has determined that Corpus should be increased by the modest amount of \$100,000 to \$2.1 million.

This is my final Report as the ROMAC Treasurer and I take the opportunity to conclude on a personal note. I stand in awe of the efforts of my fellow Rotarians as they fulfil ROMAC's charter of improving the lives of many children within our area of influence, Oceania. It has not only been a privilege to work alongside them, it has also been motivational and inspiring.

There are many wonderful programmes and projects in Rotary. Some may well be equal to ROMAC but none are better.

Expenditure



**ROMAC
ROTARY OCEANIA MEDICAL
AID FOR CHILDREN LTD.**

A. B. N. 17 101 370 003

FINANCIAL REPORT

FOR THE YEAR ENDED

30 JUNE 2013

ROMAC. Rotary Oceania Medical Aid for Children Ltd.
ABN 17 101 370 003
Directors' report

Your directors submit the financial report of ROMAC. Rotary Oceania Medical Aid for Children Ltd. for the financial year ended 30 June 2013.

Directors

The names each person who has been a director during the year and to the date of this report are:

Brendan Porter	
Richard Woodburn	
John Bengner	Resigned 01/07/12
Bill Benham	Resigned 01/07/12
Ken (Fred) Jureidini	Resigned 01/07/12
Richard Groom	Resigned 01/07/12
Joan Varian	Resigned 01/07/12
Andrew Rosenberg	Appointed 01/07/12
Melville Gray	Appointed 01/07/12 Resigned 01/07/13
Elaine Morgan	Appointed 01/07/12 Resigned 01/07/13
Oleh Bilyk	Resigned 01/07/13
Robert Wilkinson	Resigned 01/07/13
Eric Horne	Resigned 01/07/13
Phil Rosenberg	Resigned 01/07/13
Geoff Dainty	Resigned 01/07/13
Brian Eddy	Resigned 17/08/2013

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

Company Secretary

The following person held the position of company secretary at the end of the financial year:

Mr John Bengner

Principal Activities

The principal activities of the Company during the financial year were:

To provide medical treatment for children from developing countries in the form of life saving and/or dignity restoring surgery not accessible to them in their home country

No significant change in the nature of the entity's activity occurred during the financial year.

Operating Results

The profit / (loss) from ordinary activities amounted to \$115,416 profit (2012: \$336,146 profit)

After Balance Day Events

No matter or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of ROMAC. Rotary Oceania Medical Aid for Children Ltd. the results of those operations or the state of affairs of ROMAC. Rotary Oceania Medical Aid for Children Ltd. in future financial years.

Auditor's Independence Declaration

The lead auditor's independence declaration for the year ended 30 June 2013 has been received and can be found on the final page of this report.

Rounding of Amounts

Amounts in the financial statements and directors' report have been rounded to the nearest dollar

Meeting of Directors

During the financial year 4 meetings of directors were held. Attendance by each director during the year were as follows:

Directors

	DIRECTORS MEETINGS	
	Attended	Eligible to Attend
Eric Horne	4	4
Phil Rosenberg	4	4
Geoff Dainty	4	4
Richard Groom (Resigned 1/7/12)	0	0
Richard Woodburn	3	4
Robert Wilkinson	3	4
Brian Eddy	3	4
John Bengner	3	4
Bill Benham (Resigned 1/7/12)	0	0
Ken (Fred) Jureidini (Resigned 1/7/12)	0	0
Joan Varian	3	4
Brendan Porter	3	4
Oleh Bilyk	3	4
Melville Gray (Appointed 1/7/12)	3	4
Elaine Morgan (Appointed 1/7/12)	2	4
Andrew Rosenberg (Appointed 1/7/12)	3	4

Indemnifying Officers or Auditor

No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an officer or auditor of the entity.

Proceedings on Behalf of the Company


No person has applied for leave of Court to bring proceedings on behalf of the Company or intervene in any proceedings to which the Company is a party for the purpose of taking responsibility on behalf of the Company for all or any part of those proceedings.

The Company was not a party to any such proceedings during the year.

Signed in accordance with a resolution of the Board of Directors.



Brendan Porter
Director



Richard Woodburn
Director

Dated this 12th day of September 2013

ROMAC. Rotary Oceania Medical Aid for Children Ltd.
ABN 17 101 370 003
Statement of Comprehensive Income
for the year ended 30 June 2013

		2013	2012
	<u>Notes</u>	\$	\$
Revenue			
Rotary districts	2	497,567	582,425
Other donations		212,723	395,579
Interest		97,537	107,188
Dividends		28,058	20,700
Sundry income		2,366	5,308
		<u>838,251</u>	<u>1,091,200</u>
Expense			
Medical aid		(686,962)	(631,670)
Administrative and other expenses		(20,866)	(12,385)
Meeting costs		(35,976)	(34,288)
Promotion and development expenses		(42,958)	(41,381)
		<u>(786,762)</u>	<u>(719,724)</u>
Profit / (loss) for the year		<u>51,489</u>	<u>371,476</u>
Net (loss)/gain on revaluation of financial assets		63,927	(36,330)
Total comprehensive income for the year		<u>115,416</u>	<u>336,146</u>

The accompanying notes form a part of these financial statements

ROMAC. Rotary Oceania Medical Aid for Children Ltd.
ABN 17 101 370 003
Statement of Financial Position
as at 30 June 2013

	<u>Notes</u>	2013 \$	2012 \$
Assets			
Current Assets			
Cash and cash equivalents	4	1,981,686	1,991,423
Investments	5	576,225	347,113
Trade and other Receivables	6	18,350	20,751
Other Assets	7	1,286	7,710
Total Current Assets		<u>2,577,547</u>	<u>2,366,997</u>
Total Assets		<u>2,577,547</u>	<u>2,366,997</u>
Liabilities			
Current Liabilities			
Credit Card Liability		4,166	10,845
Trade and other Payables	8	217,089	115,276
Total Current Liabilities		<u>221,255</u>	<u>126,121</u>
Total Liabilities		<u>221,255</u>	<u>126,121</u>
Net Assets		<u>2,356,292</u>	<u>2,240,876</u>
Equity			
Retained Earnings	9(a)	2,338,651	2,287,162
Asset Revaluation Reserve	9(b)	17,641	(46,286)
Total Equity		<u>2,356,292</u>	<u>2,240,876</u>

ROMAC. Rotary Oceania Medical Aid for Children Ltd.
ABN 17 101 370 003
Statement of Cash Flows
for the year ended 30 June 2013

	<u>Notes</u>	2013 \$	2012 \$
Cash Flows From Operating Activities			
Cash receipts in the course of operations		785,423	943,549
Cash payments in the course of operations		(691,627)	(801,933)
Interest received		97,537	142,282
Dividends received		28,058	-
Net cash provided by Operating Activities	10	<u>219,391</u>	<u>283,898</u>
Cash Flows from/(to) Investing Activities			
Purchase of Investments		(229,128)	(3,576)
Net cash flows from (to) Investing Activities		<u>(229,128)</u>	<u>(3,576)</u>
Net increase in cash held		(9,737)	280,322
Cash and cash equivalents at the beginning of the financial year		1,991,423	1,711,101
Cash and cash equivalents at the end of the financial year	4	<u>1,981,686</u>	<u>1,991,423</u>

NOTE: 1. Summary of Significant Accounting Policies

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards (including Australian Accounting Interpretations) and the Corporations Act 2001.

This financial report covers ROMAC. Rotary Oceania Medical Aid for Children Ltd. as an individual entity. ROMAC. Rotary Oceania Medical Aid for Children Ltd. is a public company limited by guarantee in Australia under the Corporations Act 2001.

The following is a summary of the material accounting policies adopted by the Company in the preparation of the financial statements. The accounting policies have been consistently applied unless otherwise stated.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

(a) Income Tax

No provision for income tax has been raised as the entity is exempt from income tax under Division 50 of the Income Tax Assessment Act 1997.

(b) Goods and Services Tax

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO). Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the statement of financial position. Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities, which are recoverable from or payable to the ATO, are presented as operating cash flows included in receipts from customers or payments to suppliers.

(c) Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at-call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities in the statement of financial position.

(d) Revenue and Other Income

Income is recognised as revenue to the extent that it is earned. Unearned income at reporting date is reported as income in advance. Donations and bequests are recognised as revenue when received.

All revenue is stated net of the amount of goods and services tax (GST).

**Notes to the Financial Statements
for the year ended 30 June 2013**

(e) Comparative Figures

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

(f) Critical Accounting Estimates and Judgments

Board Members evaluate estimates and judgments incorporated into the financial report based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the company.

(g) Accounts Receivable and Other Debtors

Accounts receivable and other debtors include amounts due from members as well as amounts receivable from customers for goods sold in the ordinary course of business. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

Accounts receivable are initially recognised at fair value and subsequently measured at amortised cost using the effective interest rate method, less any provision for impairment.

(h) Functional & Presentation Currency

The presentation currency of ROMAC. Rotary Oceania Medical Aid for Children is the Australian dollar, which has also been identified as the functional currency of the company.

(i) Financial Instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions to the instrument. For financial assets, this is equivalent to the date that the Company commits itself to either purchase or sell the asset (i.e. trade date accounting is adopted).

Financial instruments are initially measured at fair value plus transaction costs except where the instrument is classified 'at fair value through profit or loss' in which case transaction costs are expensed to profit or loss immediately.

Classification and subsequent measurement

Finance instruments are subsequently measured at either fair value, amortised cost using the effective interest rate method or cost. Fair value represents the amount for which an asset could be exchanged or a liability settled, between knowledgeable, willing parties. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Amortised cost is calculated as:

- i. the amount at which the financial asset or financial liability is measured at initial recognition;
- ii. less principal repayments;
- iii. plus or minus the cumulative amortisation of the difference, if any, between the amount initially recognised and the maturity amount calculated using the effective interest method; and
- iv. less any reduction for impairment.

The *effective interest method* is used to allocate interest income or interest expense over the relevant period and is equivalent to the rate that exactly discounts estimated future cash payments or receipts (including fees, transaction costs and other premiums or discounts) through the expected life (or when this cannot be reliably predicted, the contractual term) of the financial instrument to the net carrying amount of the financial asset or financial liability. Revisions to expected future net cash flows will necessitate an adjustment to the carrying value with a consequential recognition of an income or expense in profit or loss.

ROMAC. Rotary Oceania Medical Aid for Children Ltd.
ABN 17 101 370 003
Notes to the Financial Statements
for the year ended 30 June 2013

(i) Financial Instruments (cont.)

- (i) *Financial assets at fair value through profit or loss*
Financial assets are classified at 'fair value through profit or loss' when they are held for trading for the purpose of short-term profit taking, or where they are derivatives not held for hedging purposes, or when they are designated as such to avoid an accounting mismatch or to enable performance evaluation where a group of financial assets is managed by key management personnel on a fair value basis in accordance with a documented risk management or investment strategy. Such assets are subsequently measured at fair value with changes in carrying value being included in profit or loss.

- (ii) *Loans and receivables*
Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.

- (iii) *Held-to-maturity investments*
Held-to-maturity investments are non-derivative financial assets that have fixed maturities and fixed or determinable payments, and it is the entity's intention to hold these investments to maturity. They are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.

- (iv) *Available-for-sale financial assets*
Available-for-sale financial assets are non-derivative financial assets that are either not capable of being classified into other categories of financial assets due to their nature, or they are designated as such by management. They comprise investments in the equity of other entities where there is neither a fixed maturity nor fixed or determinable payments.

- (v) *Financial liabilities*
Non-derivative financial liabilities (excluding financial guarantees) are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial liability is derecognised.

(j) Impairment

At the end of each reporting period, the company assesses whether there is objective evidence that a financial asset has been impaired. A financial asset or a group of financial assets will be deemed to be impaired if, and only if, there is objective evidence of impairment as a result of the occurrence of one or more events (a "loss event"), which has an impact on the estimated future cash flows of the financial asset(s). Impairment losses are recognised in the statement of comprehensive income.

(k) Derecognition

Financial assets are derecognised where the contractual rights to receipt of cash flows expires or the asset is transferred to another party whereby the entity no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised where the related obligations are either discharged, cancelled or expired. The difference between the carrying value of the financial liability, which is extinguished or transferred to another party and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed, is recognised in profit or loss.

ROMAC. Rotary Oceania Medical Aid for Children Ltd.

ABN 17 101 370 003

**Notes to the Financial Statement
for the year ended 30 June 2013**

	2013	2012
	\$	\$
NOTE 2: Rotary Districts		
Income from district number:		
Australia		
- 9455	1,270	8,620
- 9465	13,335	14,925
- 9500	2,320	10,239
- 9520	20,630	16,432
- 9550	4,700	11,500
- 9570	40,100	11,800
- 9600	45,874	56,183
- 9630	59,598	69,185
- 9640	31,832	81,038
- 9650	12,107	8,650
- 9670	3,300	11,200
- 9680	37,650	30,584
- 9690	3,700	7,050
- 9700	9,315	15,523
- 9710	18,200	19,685
- 9750	87,674	48,340
- 9780	17,365	12,790
- 9790	10,920	19,742
- 9800	24,955	61,310
- 9810	21,606	7,014
- 9820	16,410	24,295
- 9830	14,706	16,320
	<u>497,567</u>	<u>562,425</u>

NOTE 3: Auditors Remuneration

Amounts received or due and receivable by Richmond,
Sinnott & Delahunty for:

- Audit services	<u>1,150</u>	<u>1,100</u>
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NOTE 4: Cash & Cash Equivalents

Bank accounts:

- Operating account	17,900	4,398
- PayPal Account	25	-
- Trust Account	1,230,204	1,050,856
- Management Account	34,457	99,811
- District imprest accounts	11,600	11,358
- Short Term Deposits	687,500	825,000
	<u>1,981,686</u>	<u>1,991,423</u>

ROMAC. Rotary Oceania Medical Aid for Children Ltd.

ABN 17 101 370 003

**Notes to the Financial Statement
for the year ended 30 June 2013**

	2013	2012
	\$	\$
NOTE 5: Investments		
Share Portfolio	476,225	347,113
Term Deposit	100,000	-
	<u>576,225</u>	<u>347,113</u>
 NOTE 6: Receivables		
Sundry debtors	-	-
Interest receivable	10,919	10,428
GST receivable	908	4,842
Franking credits refundable	6,523	5,481
	<u>18,350</u>	<u>20,751</u>
 NOTE 7: Other Assets		
Shares in Ride for a Smile Pty Ltd	2	2
Shares in Rotary Oceania Med Aid Pty Ltd	15	-
Prepayments	1,269	7,708
	<u>1,286</u>	<u>7,710</u>
 NOTE 8: Trade & Other Payables		
Sundry Creditors	217,089	115,276
	<u>217,089</u>	<u>115,276</u>
 NOTE 9: Equity		
9(a) Retained Earnings		
Balance at the beginning of the financial year	2,287,162	1,915,686
Total comprehensive income for the year	51,489	371,476
	2,338,651	
Balance at the end of the financial year	<u>1</u>	<u>2,287,162</u>
 9(b) Asset Revaluation Reserve		
Balance at the beginning of the financial year	(46,286)	(10,956)
Total comprehensive income for the year	63,927	(35,330)
Balance at the end of the financial year	<u>17,641</u>	<u>(46,286)</u>
	2,356,292	
Total Equity	<u>2</u>	<u>2,240,876</u>
 NOTE 10: Statement of Cash flows		
(a) Reconciliation of cash		
Cash at bank	1,970,086	1,980,065
Imprest accounts	11,600	11,358
	<u>1,981,686</u>	
	6	<u>1,991,423</u>

ROMAC. Rotary Oceania Medical Aid for Children Ltd.
ABN 17 101 370 003
Notes to the Financial Statement
for the year ended 30 June 2013

(b) Reconciliation of profit from ordinary activities to net cash provided by operating activities

Profit from ordinary activities	51,489	336,146
Non-cash flows:		
- Change in market value of financial assets held at year end	63,927	35,330
Changes in assets and liabilities		
- (Increase) decrease in receivables	8,840	(5,369)
- Increase (decrease) in creditors	95,135	(82,209)
Net cash flows provided by operating activities	<u>219,391</u>	<u>283,898</u>

The Company has no credit standby or financing facilities in place. There were no non-cash financing or investing activities during the year.

NOTE 11: Subsequent Events

Since the end of the financial year, the following resignations and appointments to the board have taken place:

Barry Wilson - Appointed 01/07/2013
Bruce Robinson - Appointed 17/08/2013
Brian Eddy - Resigned 17/08/2013

In addition to resigning from the board, Brian Eddy has resigned from his position as Company Secretary that he held since 01/07/2013. This position was previously held by John Benger from 01/07/2012 to 01/07/2013, and is now held by Bruce Robinson as of the 17/08/2013.

NOTE 12: Contingent Assets & Liabilities

There were no contingent assets or liabilities at the date of this report to affect the financial statements.

NOTE 13: Registered office/Principal place of business

The registered office and principal place of business is: 2/7 Augusta Street
WA 6155
WILLETTON

NOTE 14:
Financial Instruments
a. Financial Risk Management

The company's financial instruments consist mainly of deposits with banks, local money market instruments, short-term investments, accounts receivables and payable (excluding statutory receivables & payables) . The company does not have any derivative instruments at 30 June 2013.

	Note	2013	2012
		\$	\$
Financial assets			
Cash and cash equivalents	4	1,981,686	1,991,423
Loans and receivables	6	17,442	15,909
Investments	5	576,225	347,113
Other Assets	7	1,286	7,710
		<u>2,576,639</u>	<u>2,362,155</u>
Financial liabilities			
Financial liabilities at amortised cost:			
- trade and other payables	8	217,089	115,276
- borrowings		4,166	10,845
		<u>221,255</u>	<u>126,121</u>

Financial Risk Management Policies

Consisting of directors, the Board's overall risk management strategy seeks to assist the company in meeting its financial targets, whilst minimising potential adverse effects on financial performance. Risk management policies are approved and reviewed by the Board on a regular basis. These include credit risk policies and future cash flow requirements.

The main risks that the Entity is exposed to through its financial instruments are interest rate risk, liquidity risk, credit risk and price risk.

Interest rate risk - is managed with a mixture of fixed and floating rates.

Liquidity risk - is monitored by forecasting cash flows and review of any borrowing facilities.

Credit risk - The maximum exposure to credit risk at balance date to recognised financial assets is the carrying amount of those assets as disclosed in the balance sheet and notes to the financial statements. There are no material credit risk exposures to any single debtor or group of debtors under financial instruments entered into by the economic entity.

Price risk - the Association is not exposed to any material price risks.

NOTE 14: Financial Instruments (cont.)

b. Financial Instrument Composition and Maturity Analysis

Financial Instrument	Floating Interest Rate		Fixed Interest Rate maturing in						Non Interest Bearing		Weighted average Effective interest rate	
	2013 \$	2012 \$	1 year or less		Over 1 to 5 years		Over 5 years		2013 \$	2012 \$	2013 %	2012 %
			2013 \$	2012 \$	2013 \$	2012 \$	2013 \$	2012 \$				
Financial Assets												
Cash assets	1,294,161	1,166,423	787,500	825,000	-	-	-	-	25	-	5.78	5.40
Receivables	-	-	-	-	-	-	-	-	18,350	20,751	N/A	N/A
Share Investment	-	-	-	-	-	-	-	-	476,225	347,113	N/A	N/A
Other Assets	-	-	-	-	-	-	-	-	1,286	7,710	N/A	N/A
Financial Liabilities												
Payables	-	-	-	-	-	-	-	-	217,089	115,276	N/A	N/A
Borrowings	-	-	4,166	10,645	-	-	-	-	-	-	11.00	11.00

Notes to the Financial Statement
for the year ended 30 June 2013

2013

	Note	Footnote	Net Carrying Value	Net Fair Value	Net Carrying Value	Net Fair Value
			\$	\$	\$	\$
Financial assets						
Cash and cash equivalents	4	(i)	1,981,686	1,981,686	1,991,423	1,991,423
Trade and other receivables	6	(i)	17,442	17,442	15,909	15,909
Share Investments	5	(ii)	576,225	576,225	347,113	347,113
Other Assets	7	(ii)	1,286	1,286	7,710	7,710
Total financial assets			<u>2,576,639</u>	<u>2,576,639</u>	<u>2,362,155</u>	<u>2,362,155</u>
Financial liabilities						
Trade and other payables	8	(i)	217,089	217,089	115,276	115,276
Borrowings		(i)	4,166	4,166	10,845	10,845
Total financial liabilities			<u>221,255</u>	<u>221,255</u>	<u>126,121</u>	<u>126,121</u>

The fair values disclosed in the previous table have been determined based on the following methodologies:

- (i) Cash and cash equivalents, trade and other receivables and trade and other payables are short term instruments in nature whose carrying value is equivalent to fair value.
- (ii) Trade and other payables excludes amounts provided for relating to annual leave which is not considered a financial instrument.
- (iii) For listed available-for-sale financial assets, closing quoted bid prices at reporting date are used.
- (iii) These liabilities are fixed interest leases carried at amortised cost. Differences between carrying value and net fair value represent decreases in market interest rates.

d. Sensitivity Analysis

The Company has performed a sensitivity analysis relating to its exposure to interest rate risk at balance date. This sensitivity analysis demonstrates the effect on current year results and equity which could result from a change in risk. As at 30 June 2013, the effect on profit and equity as a result of changes in the interest rate, with all other variables remaining constant would be as follows:

NOTE 14: Financial Instruments (cont.)
c. Net Fair Values (cont.)

	Movement in Interest Rate											
	-5%	-4%	-3%	-2%	-1%	0%	1%	2%	3%	4%	5%	
Change in profit:												
- 2013	(104,083)	(83,266)	(62,450)	(41,633)	(20,817)	-	20,817	41,633	62,450	83,266	104,0	
- 2012	(99,571)	(79,657)	(59,743)	(39,828)	(19,914)	-	20,855	41,709	62,564	83,419	104,2	
Change in equity:												
- 2013	(104,083)	(75,664)	(56,748)	(37,832)	(18,916)	-	18,916	37,832	56,748	75,664	94,58	
- 2012	(85,555)	(68,444)	(51,333)	(34,222)	(17,111)	-	17,111	34,222	51,333	68,444	85,55	

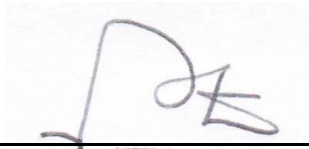
e. Capital Management

The Directors control the capital of the Company in order to maintain a good debt-to-equity ratio and to ensure that the Company can fund its operations and continue as a going concern. No capital management issues have been noted during the financial year.

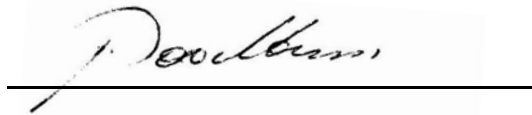
ROMAC. Rotary Oceania Medical Aid for Children Ltd.
ABN 17 101 370 003
Directors' declaration to the year ended 30 June 2013

The directors of the company declare that:

- (a) the financial statements and notes of the company are in accordance with the Corporations Act 2001.
 - (i) giving a true and fair view of the Company's financial position as at 30 June 2013 and of its performance for the year ended on that date; and
 - (ii) complying with Accounting Standards and Corporations Regulations 2001.
- (b) there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.



Brendan Porter



Richard Woodburn

Signed this 12th day of September 2013

**INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF
ROMAC, ROTARY OCEANIA MEDICAL AID FOR CHILDREN LTD.**

Report on the Financial Report

We have audited the accompanying financial report of ROMAC, Rotary Oceania Medical Aid for Children Ltd, which comprises the statement of financial position as at 30 June 2013, statement of comprehensive income, statement of changes in equity and statement of cash flows for the year ended on that date, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

Directors' Responsibility for the Financial Report

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

Auditor's Responsibility

Our responsibility is to express a conclusion on the financial report based on our review. We conducted our review in accordance with Auditing Standard on Review Engagements ASRE 2415: Review of a Financial Report – Company Limited by Guarantee, in order to state whether, on the basis of the procedures described, we have become aware of any matter that makes us believe that the financial report is not in accordance with the Corporations Act 2001 including:

- (i) giving a true and fair view of the company's financial position as at 30 June 2013 and its performance for the year ended on that date; and
- (ii) complying with the Australian Accounting Standards and Corporations Regulations 2001.

ASRE 2415 requires that we comply with the ethical requirements relevant to the review of the financial report.

A review of a financial report consists of making enquiries, primarily of persons responsible for financial and accounting matters, and applying analytical and other review procedures. A review is substantially less in scope than an audit conducted in accordance with Australian Auditing Standards and consequently does not enable us to obtain assurance that we would become aware of all

significant matters that might be identified in an audit. Accordingly, we do not express an audit opinion.

Independence

In conducting our review, we have complied with the independence requirements of the Corporations Act 2001. We confirm that the Independence declaration required by the Corporations Act 2001, which has been given to the directors of Rotary Oceania Medical Aid for Children Ltd, would be in the same terms if given to the directors as at the time of this auditor's report.

Conclusion

Based on our review, which is not an audit, we have not become aware of any matter that makes us believe that the financial report of Rotary Oceania Medical Aid for Children Ltd. is not in accordance with the Corporations Act 2001 including:

- (i) giving a true and fair view of the company's financial position as at 30 June 2013 and of its performance for the year ended on that date; and
- (ii) complying with Australian Accounting Standards and Corporations Regulations 2001.



Richmond Sinnott & Delahunty

Kathie Teasdale

BENDIGO

Dated this day 18th September 2013

ROMAC NEW ZEALAND

ANNUAL REPORT

For the period from 1 July 2012 to 30 June 2013

ROMAC NEW ZEALAND

CONSOLIDATED STATEMENT OF FINANCIAL PERFORMANCE

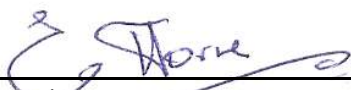
for the period from 1 July 2012 to 30 June 2013

INCOME	<i>Notes</i>	<u>2013</u>	<u>2012</u>
Donations	4	60,998	46,859
Grants	5	28,082	5,000
ROMAC Australia		135,352	127,744
Pillowfight Day		3,089	-
Sundry		-	-
Interest		163	241
TOTAL INCOME		<u>227,684</u>	<u>179,845</u>
EXPENSES			
Legal & Compliance		51	697
Marketing & Promotion		7,407	2,675
Postage & Stationery		-	80
Sundry		210	219
TOTAL EXPENSES		<u>7,669</u>	<u>3,670</u>
SURPLUS BEFORE PATIENT COSTS		220,015	176,174
Patient Costs	6	(218,704)	(178,695)
NET SURPLUS / (DEFICIT)		<u>1,311</u>	<u>(2,520)</u>

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

as at 30 June 2013

ASSETS	<i>Notes</i>	<u>2013</u>	<u>2012</u>
Bank Accounts	7	782	8,084
Pillowfight Day Inventory		9,513	-
Receivables	8	47,622	4,212
TOTAL ASSETS		<u>57,917</u>	<u>12,296</u>
LIABILITIES			
Payables	9	44,310	-
NET ASSETS		<u>13,607</u>	<u>12,296</u>
REPRESENTED BY			
RETAINED EARNINGS			
Opening Balance		12,296	14,816
Surplus / (Deficit)		1,311	(2,520)
BALANCE		<u>13,607</u>	<u>12,296</u>


Dr Eric J Horne
NZ Chairman

23 / 10 / 2013

ROMAC NEW ZEALAND

NOTES TO THE FINANCIAL STATEMENTS

for the period from 1 July 2012 to 30 June 2013

1. REPORTING ENTITY

These Financial Statements are a consolidation of the following entities:

- **ROMAC New Zealand Charitable Trust ("the Trust")**, a registered charitable entity under the Charities Act 2005 (Registration Number CC 45367);
- **ROMAC Limited ("the Company")**, a company registered under the Companies Act 1993 (Registration Number 1528820) and wholly owned by the ROMAC New Zealand Charitable Trust.

The Financial Statements have been prepared as Special Purpose Reports and are reported in NZ Dollars.

2. STATEMENT OF ACCOUNTING POLICIES

BUSINESS

ROMAC New Zealand Charitable Trust ("the Trust") is a registered charitable entity under the Charities Act 2005 (Registration Number CC 45367). The Trust is classified as a Small Entity and qualifies for differential reporting as it is not publicly accountable and there is no separation between the owners and the governing body.

ROMAC Limited ("the Company") is a company registered under the Companies Act 1993 (Registration Number 1528820) and wholly owned by the ROMAC New Zealand Charitable Trust ("the Trust"). The Company is classified as a Small Entity and qualifies for differential reporting as it is not publically accountable.

MEASUREMENT BASE

The accounting principles recognized as appropriate for the measurement of and reporting earnings and financial position on a historic basis have been followed in the preparation of these Financial Statements.

GENERAL ACCOUNTING POLICIES

The general accounting policies recognised as appropriate for the measurement and reporting of results and the financial position, under the historical cost method, have been followed in the preparation of these financial statements.

SPECIFIC ACCOUNTING POLICIES

The following particular accounting policies which significantly effect the measurement of profit and financial position have been applied

- (a) The Financial Statements have been prepared on a GST included basis as the entities are not registered for GST
- (b) Depreciation is not applicable as the entities have no Fixed Assets.
- (c) These Statements have not been audited.

CHANGES IN ACCOUNTING POLICIES

There have been no changes in accounting policies. All policies have been applied on bases consistent with those used in previous years.

SIGNIFICANT EVENTS OCCURRING SUBSEQUENT TO BALANCE DATE

To the best of our knowledge there were no events subsequent to Balance Date which would have a material effect on the disclosures or the Financial Position as set out in the attached Statements.

3. PAYMENT FROM ROMAC NEW ZEALAND CHARITABLE TRUST

The Company and the Trust have entered into a Services Agreement dated 1 December 2010 pursuant to which:

- (a) The Company provides services to the Trust in relation to the Trust's charitable objectives;
- (b) The Trust provides funds to the Company to meet the costs of the Company and of all services provided on the Trust's behalf.

4. DONATIONS RECEIVED	<u>2013</u>	<u>2012</u>
Rotary District 9910	20,040	14,140
Rotary District 9920	3,100	7,000
Rotary District 9930	12,026	9,935
Rotary District 9940	1,750	9,650
Rotary District 9970	4,500	4,530
Rotary District 9980	2,000	100
Rotary District 3730 (Korea)	11,567	0
Individual Rotarians	3,645	1,405
General Public	2,370	99
	<u>60,998</u>	<u>46,859</u>
5. GRANTS RECEIVED		
Harold Thomas Rotary Trust	16,300	5,000
Rotary Foundation (MG77738)	11,782	-
	<u>28,082</u>	<u>5,000</u>

6. PATIENT COSTS		<u>Medical</u>	<u>Travel</u>	<u>Pastoral</u>	<u>TOTAL</u>
* Varayame	R-0580	141	-	-	141
* Jennifer	R-0561	1,431	-	-	1,431
Hitilaima	R-0375	-	2,773	765	3,538
Emmanuel	R-0674	803	1,579	381	2,763
Christopher	R-0738	-	2,451	1,488	3,939
Avau	R-0737	-	2,822	2,035	4,857
Nonnette	R-0673	-	3,112	399	3,511
Teresa	R-0447	32,606	4,079	5,197	41,882
Fiaavae	R-0777	-	2,517	1,671	4,188
Amelia	R-0784	-	2,571	2,083	4,654
Victor	R-0766	30,300	1,773	5,628	37,701
Keleka	R-0790	-	135	2,093	2,228
Leanda	R-0717	10,733	420	892	12,045
Elsie	R-0288	24,750	3,789	8,272	36,811
Abilio	R-0710	42,810	2,835	10,121	55,766
** Cable	R-0672	-	1,628	1,621	3,249
		143,574	32,483#	42,647	218,704

*Additional costs re previous year's patients

** Incomplete as at 30 June 2013

7. BANK ACCOUNTS	<u>2013</u>	<u>2014</u>
ROMAC NZ Charitable Trust		
- Kiwibank Current A/c	304	3,061
- Kiwibank On-line Call A/c	90	4,827
- PayPal A/c	385	192
ROMAC Limited		
- Kiwibank Current A/c	3	4
Aggregate balances	782	8,084

8. RECEIVABLES		
Rotary Club of Port Nicholson (D9940)	4,212	4,212
ROMAC Australia	42,810	-
Pillowfight Day PayPal A/c	600	-
	47,622	4,212

9. PAYABLES		
Loan - G & B Pownall	1,500	-
Starship Hospital (Abilio)	42,810	-
	44,310	-

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Cliffs and Robinvale*

Oleh Bilyk

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“Thank you”

Imagine if your child was born with a deformity and was shunned by everyone, had a life threatening accident or was seriously ill.

Worse, what if there was no chance of your child receiving medical treatment?

Until ROMAC came along those are real, heart-wrenching situations that parents of the children whom ROMAC organises free medical treatment for faced. Every day.

ROMAC is a small team of caring Rotarians scattered over Australia and New Zealand. They could not accomplish their humanitarian mission without their many volunteers.

These caring volunteers are from all walks of life, from compassionate surgeons and their medical teams to part-time drivers who take the children to appointments. From

sponsor Rotary Clubs and their members who delight in taking the children to the beach, a zoo, a park etc, to carers who you'd think were looking after their own grandchildren. From the fund raisers who generously organise a bike ride, a morning tea, a trivia night, a raffle and, of course, to Rotary Clubs and personal donors who contribute much needed funds to enable ROMAC's volunteers to continue saving the lives of underprivileged children and their often desperate families.

To all of you, on behalf of the children whose lives you have changed and saved whilst making this sometimes turbulent world a better place for them to live in, a heartfelt and sincere... *thank you.*

