CBM is an international Christian development organisation, committed to improving the quality of life of people with disabilities in the poorest countries of the world.

Front and inside cover: Dibelayi (10 years) and Grandfather Fortunat (79 years). Fortunat is blind due to onchocerciasis, known as river blindness. CBM Australia supports the distribution of the preventative medication Invermectin, protecting millions of people in Africa, including Dibelayi.
OUR ROLE

CBM Australia is devoted to working in partnership with others to build an inclusive world through community-based programs that focus on prevention, treatment and empowerment by inclusion.

"Through the generosity and goodness of God, CBM Australia encounters highly engaged supporters and partners in our work and, together, we make a difference, bringing inclusion and transformation. It is together that we provide much-needed help and education to prevent causes of disability, and life-changing surgery for conditions such as cataract and clubfoot.”

Bill Austin, Chair, CBM Australia

"One in seven people globally have a disability and the vast majority of these live in poor communities – invisible and without a voice. It is as we change attitudes, and break down the barriers they create, that communities are empowered to include everyone. Every person with a disability living in poverty has a name, a story and the potential to live life in its fullness, contributing to their family and community. CBM strives to put Christ’s love into practical action, building an inclusive and just world.”

Jane Edge, CEO, CBM Australia

God has given each one of us a special gift through the generosity of Christ.

Ephesians 4:7
OUR STRATEGY

The CBM Australia Strategic Plan 2014 to 2018 reached its midpoint in 2016. Despite a rapidly changing environment, the Objectives set from 2014 remain the strong and clear focus of the organisation.

KEY OBJECTIVES

OBJECTIVE A

INCREASED AND IMPROVED SUSTAINABLE FIELD PROGRAMS
- Strengthen field program implementation
- Contribute to capacity and partnership
- Support program learning, replication and evidence

OBJECTIVE B

RESOURCES OF OTHERS HARNESSSED TOWARDS EVIDENCE-BASED DISABILITY-INCLUSIVE DEVELOPMENT
- Support the Australian Government’s engagement and leadership on disability-inclusive development
- Contribute to developing and implementing the evidence on which disability-inclusive development is based
- Raise awareness on disability-inclusive development
- Provide advice for implementation of disability-inclusive development

OBJECTIVE C

SUSTAINED FINANCIAL HEALTH
- Grow income from the Australian public
- Increase non-public funding sources that support our program objectives
- Effective stewardship of resources

OBJECTIVE D

STRENGTHENED ORGANISATIONAL CAPACITY AND PERFORMANCE
- Ensure we have the right people in the right place at the right time
- Strengthen organisational culture around engagement, learning and performance
- Ensure business management systems are coherent and effective
- Clear and consistent communication contributing to strengthened brand
- Contribute to the support and influence of culture, approaches and systems within the wider CBM family
CBM Australia has 
89,000 ACTIVE SUPPORTERS

Together we raised 
$23.3 MILLION from the Australian public

WE ADVISED 13 
Australian development partners, including the 
Australian Government

451,000 PEOPLE 
benefited from 
eye health services

13,000 CHILDREN 
with disabilities in school

2016 SNAPSHOT

O thank you, Lord! 
How good you are! 
Your love for us 
continues forever.

PSALM 106:1

Patients at the Thanh Hóa 
Eye Hospital, Vietnam. 
@Room3/CBM Australia.
AROUND THE GLOBE

- Together our programs supported field projects in 16 countries
- Together we supported advocacy and alliance partners in 18 countries

Advocacy and alliance partners include other development organisations, governments and Disabled People’s Organisations.

CBM MEMBER COUNTRIES

1. Australia
2. Germany
3. Canada
4. New Zealand
5. United Kingdom
6. United States of America

CBM MEMBER COUNTRIES

7. Italy
8. Switzerland
9. Ireland
10. Kenya
11. South Africa

CBM MEMBER COUNTRIES

AFRICA

1. Cameroon – F
2. Democratic Republic of the Congo – F
3. Ethiopia – F
4. Niger – F
5. Nigeria – F
6. Republic of South Sudan – F
7. Tanzania – F
8. Togo – F
9. Zimbabwe – A

ASIA

1. Bangladesh – F/A
2. Cambodia – F/A
3. Thailand – A
4. India – F/A
5. Indonesia – F/A
6. Laos – A
7. Myanmar – A
8. Pakistan – A
9. Timor-Leste – A
10. Philippines – F/A
11. Sri Lanka – A
12. Vietnam – F/A

THE PACIFIC

13. Fiji – A
14. Papua New Guinea – A
15. Samoa – A
16. Tonga – A
17. Vanuatu – F/A

Countries where there are programs supported by CBM Australia

F = CBM Australia Field Partners
A = CBM Australia Advocacy and Alliance Partners

Other countries with programs supported by CBM internationally
CBM Australia supports projects and partners looking for **sustainable change**. This is **best achieved by working with governments** that have the responsibility and opportunity to sustain accessible services. This can bring widespread, transformative change for people with disabilities.

### WORKING WITH GOVERNMENTS – KEY TO SUSTAINED CHANGE

A 2016 enquiry explored how our partners work with government at local, regional and national levels. Four approaches are used:

1. **Supporting groups in raising public awareness** and helping governments respond to their responsibilities regarding rights and needed change.
2. **Building relationships** with decision-makers in government and providing suggestions for government action in support of people with disabilities.
3. **Providing advice**, often at government request, on how to implement a particular disability policy or plan.
4. **Supporting government in improving service delivery quality**, via extra training, equipment or funding. Innovative approaches can be trialled and then adopted and scaled up by government.

### ETHIOPIA, CLUBFOOT: COLLABORATING TO TRANSFORM SYSTEMS

The biggest and best treatment impact comes with improvement across a health system.

Originally, CBM Australia’s partner CURE Children’s Hospital in Ethiopia ran their own ‘clubfoot clinics’. Now CURE’s approach focuses on working with government to strengthen all hospitals and clinics in their ability to treat children with clubfoot. This is a stronger approach than running a parallel service.

As a result of good relationship, the government adopted a quality, cost-effective way of integrating clubfoot services into Ethiopia’s health system. And the national public insurance scheme now covers treatment.

CURE continues as a government steering committee member sharing and jointly developing ideas towards the government’s full management of clubfoot treatment in Ethiopia.

### PHILIPPINES: NEW SERVICES AS COUNCILS AND PARENTS WORK TOGETHER

Parents bring a nurturing activism to working with government; they know their children’s needs better than anyone.

In the **Philippines**, the CBM Australia-funded NORFIL Foundation sets up groups of parents of children with disabilities to work with local councils. When NORFIL leaves the area, the well-established parents’ groups continue working alongside government, supporting policy and practice that improves outcomes for families.

What helps this approach to work well?

- Mayors sign a Memorandum of Understanding with NORFIL, formalising relationship and helping the government take increasing ownership of services.
- A Disability Affairs Committee is established, including government representatives from all departments. The Committee supports all areas- health, education, infrastructure, vocational training, social welfare- to become more disability inclusive. NORFIL provides advice, direction and ideas.

### WHAT HAVE WE LEARNED?

**People don’t become agents for change overnight.**

In a staged process, every participant can learn how to develop appropriate messaging and best engage with government in their context.

**Partnering with government takes time.**

Strong relationships are formed over years and require a built reputation for expertise.

**Local government policies and practices for disability inclusion are crucially important.**

They formalise practice and firm up budget commitment, making progress more likely to continue despite changes in government.
Lasting change means local action and local responsibility for the inclusion of people with disabilities.

In North West Cameroon our partner, Cameroon Baptist Convention, successfully runs Socio-Economic Empowerment of People with Disability (SEEPD). Now in its third phase, the program has a strong focus on key relationships that bring sustained local change.

Local councils are key to transforming communities to become inclusive communities; they alone can ensure disability inclusion continues in community development activity long after a CBM funded project has ended. The SEEPD program now works with 19 councils.

In 2016, local council action included:
- promoting school attendance for children with disabilities
- health campaigns and specific subsidies for surgeries and assistive devices
- requiring public buildings to be accessible
- support and collaboration with Disabled People’s Organisations

Jakiri Council’s approach to disability issues has changed.
- A Council disability focal person has been appointed ensuring change happens.
- The Council budget now allocates funding towards health and education services for people with disabilities.
- Modifications have been made to the Council hall and market to accommodate wheelchair users.
- All Council-approved new buildings now need to consider accessibility
- Council volunteers are trained to identify and refer people with disabilities to appropriate services.

Our collaboration with SEEPD has helped us to develop a broad vision for people with disabilities. Prior to our training with SEEPD, people with disabilities were seen as cursed, left behind, with nothing to offer.

- Jaff Romanus Verkijika, Mayor of Jakiri Council

“We were brought up as beggars, used to receiving handouts from others... we learned that we needed to use our hands and today we contribute to society, such as in business and politics.”

- Joseph Yeika Wirngo, President of Keafon

IN CAMEROON, AS IN MANY COUNTRIES, WOMEN WITH DISABILITY RECEIVE LESS EDUCATION, HAVE LESS INCOME AND EXPERIENCE MULTIPLE DISCRIMINATION.

Previously disability was a neglected area in our work. We thought it was the responsibility of the Ministry of Social Affairs. SEEPD helped us to recognise that women within our responsibility also included women with disabilities... women with disabilities is a new concept for us as a Ministry.

- Regional Delegate from the Ministry of Women’s Affairs and Empowerment
OBJECTIVE A  Sustainable field programs

PEOPLE WITH MENTAL HEALTH ISSUES HARDEST HIT

For many years, development programs have chosen not to focus on mental health. However, an overwhelming majority of people with psychosocial disabilities globally are living in poverty, have poor physical health and are subject to human rights violations.

UNIQUE CHALLENGES: MENTAL HEALTH IN WEST AFRICA

Mental health is in three of the Sustainable Development Goal targets and is an area for ongoing investment in CBM country plans – such as those of West Africa.

Men, women, boys and girls living with psychosocial disabilities in West Africa face deeply entrenched taboos and cultural beliefs resulting in negative stigma and discrimination. Lack of awareness regarding psychosocial disabilities, including mental health conditions, can lead to harmful practices and extreme violations of human rights.

The added challenge in communities of all income levels is that people don’t like to talk about mental health and there is a high unmet need for services.

Five countries in West Africa are involved in the Mental Health Leadership Advocacy Program. The program is a CBM supported, Australian Aid funded regional initiative working to train, build change and advocate for mental health reform in these five countries. It was developed by the Department of Psychiatry at the University of Ibadan, Nigeria, in partnership with CBM and the University of Melbourne.

In The Gambia, most people with mental health conditions will go to a traditional healer, whose treatment often involves chaining and caning the person in order to ‘drive out the devil’.

This has led to the initiation and growing success of the Drop the Chain and Cane campaign.

In Japinneh, one of the communities involved, use of the chain and cane by traditional healers has been reduced – from 36% use by healers within a case sample, down to 6%.

“…we aim not to openly condemn their practices but to converse with them and influence change of the human rights abuses and promote the positive things they do, especially in counselling,” says Dawda Samba, Country Facilitator.

The program has also recognised the importance for people living with disabilities of being able to work and make a living. It has succeeded in setting up a profitable bakery business, with half of the staff being people living with psychosocial disability.

“We have had a great success with this shop – and we don’t identify who is living with what condition because we don’t want to stigmatise the shop.”

- Dawda Samba, Country Facilitator

A further success of the program in The Gambia has been the establishment of a national mental health policy and strategic plan. Together, Dawda and his fellow advocates are facilitating a great change for people living with mental health challenges.

This program, and other mental health projects in West Africa, show that it is possible to reach out to people with psychosocial disabilities, using the right set of investments, advocacy and awareness raising.

Without mental health, there is no health and there is no development.

It is estimated that 80% of people who will experience mental illness come from low and middle income countries (World Health Organisation, 2016).*


** As cited in https://www.odi.org/comment/10447-four-myths-about-mental-health-development
OBJECTIVE B  Resources harnessed for disability-inclusive development

CBM Australia works with other partner organisations, and governments, to help build their understanding of disability and to support their development programs to include people with disabilities.

CAMBODIA: ADVANCING THE INCLUSION OF CHILDREN WITH DISABILITIES

The United Nations Economic and Social Commission for Asia and the Pacific estimates Cambodia to have one of the highest rates of disability amongst developing countries. The Cambodian Government has demonstrated commitment to the rights of children with disabilities, but recognises that many children with disabilities continue to experience exclusion from social and health services, education and opportunities to participate in their communities.

In 2016, CBM Australia and the Nossal Institute, under their ongoing Partnership for Disability-Inclusive Development, conducted field research to better understand and document the situation of children with disabilities in Cambodia. The research was undertaken together with the Cambodian Disabled People’s Organisation, and on behalf of UNICEF Cambodia. The research, being finalised in 2017, is providing practical recommendations to assist the Cambodian Government, UNICEF and other stakeholders to inform and advance the inclusion of children with disabilities in areas such as social protection, education and health.

The research team worked with a wide variety of stakeholders including government, service providers, parents and children with and without disabilities. The team used tools to allow children to talk about what makes them happy; what makes them sad; how they spend their time; what aspects in life are important to them; and what their hopes for the future are. The 12 emerging recommendations will contribute to broader changes to allow the disability-specific needs of children with disabilities to be better met, and to encourage the inclusion of children with disabilities in mainstream programs.

CBM Australia works with other partner organisations, and governments, to help build their understanding of disability and to support their development programs to include people with disabilities.

Children with disabilities and their parents participating in research groups in Cambodia © Charles Fox / CBM Australia
OBJECTIVE B Resources harnessed for disability-inclusive development

WASHING AWAY EXCLUSION

Access to safe Water, Sanitation and Hygiene (WASH) is a key component to breaking the cycle of poverty and disability.

Indonesia aims to achieve 100% access to WASH and it’s critical that people with disabilities can benefit equally.

The Government of Indonesia’s flagship rural WASH program, PAMSIMAS, is the largest program of its kind in the world – reaching over nine million Indonesians. The program supports communities to build and maintain their own water and sanitation infrastructure, and trains communities in hygienic practices.

In 2016, CBM Australia and local Disabled People’s Organisations (DPOs) provided disability-inclusive WASH training to 64 PAMSIMAS managers from districts across Indonesia. These managers, equipped with practical knowledge from the training, will go on to train a further 4300 district-level community facilitators on disability-inclusive WASH in 27,000 villages to reach over 350,000 people with disabilities.

Following the training, PAMSIMAS is now recruiting people with disabilities as community facilitators in each district to ensure all community action plans take disability into account and people with disabilities can participate equally in community meetings.

The training was conducted under CBM Australia’s ongoing partnership with the Department of Foreign Affairs and Trade and was supported by the World Bank. Further activities are planned in 2017.

PNG: ENGAGING CHURCHES FOR DISABILITY-INCLUSIVE DEVELOPMENT

Since 2014, CBM Australia has worked in partnership with the Department of Foreign Affairs and Trade (DFAT) in Papua New Guinea (PNG), providing a range of support to DFAT and their implementing partners and programs.

One such program is the Church Partnership Program (CPP). In PNG, over 95% of the population identify themselves as members of a Christian church. The CPP recognises the powerful role of churches in delivering development programs in remote and rural communities. It is therefore essential to support and equip the churches with knowledge and understanding of development that includes people with disabilities.

To do that, Disability Inclusion Advisors drew on the knowledge and resources of Luke14, CBM Australia’s church engagement team, to inform their trainings. The Luke14 content helped frame the human rights approach of inclusion and participation of people with disabilities in development programs through a faith-based lens.

Through DFAT, support is provided to seven Australian churches or faith-based organisations, such as the Salvation Army and Caritas, with programs in PNG. The churches work directly, and in partnership with local community groups, across all provinces of PNG. The development programs cover a range of areas including economic empowerment of women, primary education and agriculture.

CBM Australia has also developed a survey model to help DFAT’s church partners identify people with disabilities in the communities where they engage, as well as a pastors’ training manual on disability-inclusive development for churches to use.

By continuing to support and build the capacity of churches to engage in the delivery of development programs that are disability-inclusive, the rights of people with disabilities are being promoted in some of the most remote communities in PNG.

“Churches are a powerful vehicle for messaging and actions for disability-inclusive development. They have greater reach than government, work in remote areas and have better community buy-in because of faith relationships. If we build churches’ capacity for disability-inclusive development, they will be the key actors championing disability inclusion in the country.”

- Belinda Bayak-Bush, CBM Australia.

CBM Australia and local DPOs trained 64 PAMSIMAS managers

64 PAMSIMAS managers will train a further 4300 community facilitators

The training of 4300 community facilitators will reach 27,000 villages in districts across Indonesia

A group of women with disabilities taking part in a participatory activity of “pocket voting” © Briana Wilson / CBM Australia
**SUPPORTING PEOPLE POWER IN VIETNAM**

In 2015, Vietnam ratified the United Nations (UN) Convention on the Rights of Persons with Disabilities (CRPD), and is in the process of compiling its first State Report.

A vital part of the reporting process is the Shadow Report prepared by Disabled People’s Organisations (DPOs) and civil society to ensure the UN Committee has the fullest possible picture for the situation of people with disabilities.

In Vietnam, the DPOs have come together to prepare the Shadow Report, which will complement the State Report the Government will submit.

A national DPO responsible for preparing the Shadow Report, Action to the Community Development Centre (ACDC), sought CBM Australia’s support to help equip and build the capacity of local level DPOs to contribute to the shadow reporting process. Over 120 people with disabilities from 23 DPOs are currently involved in collecting the data and conducting policy analysis to report on the situation for people with disabilities in Vietnam.

“We have found this partnership very rewarding because it is the first time in history that we can bring together people with disabilities across the countries and talk about our rights.”

– ACDC Director, Nguyen Thi Lan Anh

The reporting process provides a valuable opportunity for DPOs to come together, build their networks, and strengthen the DPO movement in Vietnam.

CBM Australia, in partnership with ACDC, is bringing people with disabilities together to build their knowledge on the CRPD and encouraging them to form DPOs at the local level so they can advocate to the Government for their rights.

Once the State report is prepared in 2017, CBM Australia will help the DPOs to finalise their Shadow Report; a significant step in ensuring the Government is kept accountable to its commitments under the CRPD, and in raising awareness at all levels.

**BRIDGING DISABILITY AND DEVELOPMENT**

BRIDGE training, a joint initiative of International Disability Alliance and International Disability and Development Consortium, is designed to help participants understand the links between the CRPD and the SDGs. The training also helps bridge the understanding between Disabled People’s Organisations (DPOs) and non-government organisations to develop an inclusive perspective on development.

From 10 countries across South-East and South Asia, 32 representatives of DPOs attended BRIDGE training in Bangkok, Thailand. Having DPOs that represented all different types of impairment groups from a wide range of countries helped to create a rich learning environment and a more connected disability movement in Asia.

Participants explored how to enforce key aspects of the CRPD through inclusive programming, budget advocacy, using data and evidence, and reforming local laws. With practice at the core of the training, CBM Australia supported a contingent from BRIDGE to present to the Department of Foreign Affairs and Trade (DFAT) in Bangkok. This allowed the DPOs to apply their learning to real life advocacy, and has resulted in ongoing communications and relations between DPOs and DFAT in Bangkok.

CBM Australia contributed to the curriculum and delivery of training, and provided funding support. CBM Australia has since assisted in the Pacific regional BRIDGE training, in particular, supporting the involvement and engagement of deaf participants.

“Some participants shared that they had never really worked with DPOs of other impairments groups and now that they all knew each other, they could achieve a lot more by working together.”

– Briana Wilson, CBM Australia.

In 2016, CBM Australia celebrated the 10 year anniversary of the Convention of the Rights of Persons with Disabilities (CRPD) and also saw the Sustainable Development Goals (SDGs) come into effect.

The SDGs are a roadmap for the world to eradicate poverty, inequality and injustice by 2030. Importantly, they also commit governments to include and empower people with disabilities. The CRPD serves as a guiding framework for implementing the disability-inclusive SDGs.
CBM Australia celebrates the United Nations (UN) sanctioned International Day of People with Disability (IDPWD) – 3 December. It’s a key opportunity to raise awareness about the benefits and importance of including people with disabilities in all aspects of society, including amongst the international development sector.

In 2016, our celebrations highlighted the barriers people with disabilities often face and how we all have a role to play in breaking them down.

A video collected in Timor-Leste, called ‘A Barrier Free Reality’, shared the stories of three people with disabilities, the barriers they faced and how these could be overcome.

The video was packaged into a Communications Kit and sent to 53 international development organisations, as well as all Australian Department of Foreign Affairs and Trade (DFAT) posts around the world. The Communications Kit was widely accessed and, of the 53 organisations that received it, only seven did not engage or promote International Day.

The video was promoted by over 25 organisations and the blog provided in the Communications Kit was published by five organisations, including Vision2020, the Campaign for Australian Aid and the Australian Council for International Development.

A mainstream media agency dedicated to publishing development stories – Global Citizen – not only wrote an article and promoted the video on their social media with close to one million followers; they sent an email with the video to 39,000 Australian supporters.

Another highlight was last year’s LEGO video ‘Building a World for All’ coming in second place at the UN Enable Film Festival and being screened at the UN in New York on International Day.

**OBJECTIVE B**

**Resources harnessed for Disability Inclusive Development**

**INTERNATIONAL DAY OF PEOPLE WITH DISABILITY: TOWARDS A BARRIER-FREE REALITY**

*Upper left: Children with and without a disability in Timor-Leste featured in ‘A Barrier Free Reality’. From left to right: Lia, 9, Livia, 16, Venicia, 14, Juvincio, 13, Jimmy, 8, Joel, 8 © Room3 / CBM Australia*

*Right: “They didn’t know what I am capable of. I am strong.” – Orsula from Timor-Leste who faced barriers to maternal health care and featured in ‘A Barrier Free Reality’ © Room3 / CBM Australia*
OBJECTIVE C  Sustained financial health

CBM Australia is planning for and delivering sustained financial health.

2016 FINANCIAL PERFORMANCE INDICATES:

Funds spend on programs at the highest level in CBM’s history at $26.2M

Public fundraising over $23M for third successive year

Deficit in 2016 due to planned program spending of surpluses generated in 2013 and 2014

Fundraising and administration costs lower than 2015

Deficit in 2016 due to planned program spending of surpluses generated in 2013 and 2014

Funds spend on programs at the highest level in CBM’s history at $26.2M

Public fundraising over $23M for third successive year

Deficit in 2016 due to planned program spending of surpluses generated in 2013 and 2014

Fundraising and administration costs lower than 2015

Left: Eight-year-old Quin from Vietnam says thank you after cataract surgery © Room3 / CBM Australia
## Statement of Profit or Loss and Other Comprehensive Income

*For the Year Ended 31 December 2016*

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donations &amp; Gifts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monetary</td>
<td>18,733</td>
<td>18,344</td>
</tr>
<tr>
<td>Bequests &amp; Legacies</td>
<td>4,647</td>
<td>5,275</td>
</tr>
<tr>
<td>Grants Received</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Department of Foreign Affairs and Trade</td>
<td>6,761</td>
<td>7,156</td>
</tr>
<tr>
<td>- Other Australian</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>- Other Overseas</td>
<td>179</td>
<td>135</td>
</tr>
<tr>
<td>Other Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment Income</td>
<td>910</td>
<td>1,350</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>1,590</td>
<td>1,543</td>
</tr>
<tr>
<td><strong>TOTAL REVENUE</strong></td>
<td>32,820</td>
<td>33,802</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXPENDITURE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>International Aid and Development Programs Expenditure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>International Programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Funds to International Programs</td>
<td>(18,923)</td>
<td>(17,904)</td>
</tr>
<tr>
<td>- Program Support Costs</td>
<td>(4,615)</td>
<td>(3,956)</td>
</tr>
<tr>
<td>- Community Education</td>
<td>(2,458)</td>
<td>(3,015)</td>
</tr>
<tr>
<td>Fundraising Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Public</td>
<td>(7,357)</td>
<td>(8,022)</td>
</tr>
<tr>
<td>- Government, Multilateral and Private</td>
<td>(29)</td>
<td>(146)</td>
</tr>
<tr>
<td>Accountability and Administration</td>
<td>(3,172)</td>
<td>(3,401)</td>
</tr>
<tr>
<td><strong>Total International Aid and Development Programs Expenditure</strong></td>
<td>(36,554)</td>
<td>(36,444)</td>
</tr>
<tr>
<td>- Domestic Programs Expenditure</td>
<td>(193)</td>
<td>(298)</td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURE</strong></td>
<td>(36,747)</td>
<td>(36,742)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>EXCESS/(SHORTFALL) OF REVENUE OVER EXPENDITURE</strong></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other comprehensive income:</td>
<td>(3,927)</td>
<td>(2,940)</td>
</tr>
<tr>
<td>Net movement in the Financial Assets reserve</td>
<td>(33)</td>
<td>(72)</td>
</tr>
<tr>
<td>Other comprehensive income for the year</td>
<td>(33)</td>
<td>(72)</td>
</tr>
<tr>
<td><strong>Total comprehensive income for the year</strong></td>
<td>(3,960)</td>
<td>(3,012)</td>
</tr>
</tbody>
</table>

**Note:** CBM Australia has received no income or expenditure in the 2016 and 2015 financial year in the following categories: Non-Monetary and International Political or Religious Programs.
**OBJECTIVE C  Sustained financial health**

**Statement of Changes in Equity For the Year Ended 31 December 2016**

<table>
<thead>
<tr>
<th>Retained Earnings $'000</th>
<th>Committed Funds reserve $'000</th>
<th>General reserve $'000</th>
<th>Financial Assets reserve $'000</th>
<th>Perpetual trusts $'000</th>
<th>Total $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 January 2016</td>
<td>-</td>
<td>18,606</td>
<td>4,431</td>
<td>643</td>
<td>152</td>
</tr>
<tr>
<td>Excess/(Shortfall) of revenue over expenses</td>
<td>(3,927)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Realised and unrealised movements in fair value of investments</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(33)</td>
<td>(33)</td>
</tr>
<tr>
<td>Transfer</td>
<td>-</td>
<td>(5,801)</td>
<td>5,801</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>- from general reserve to committed funds reserve</td>
<td>-</td>
<td>(5,801)</td>
<td>5,801</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>- of realised gains/(loss) from financial asset reserve to general reserve</td>
<td>-</td>
<td>-</td>
<td>(103)</td>
<td>103</td>
<td>-</td>
</tr>
<tr>
<td>- from retained earnings to general reserve</td>
<td>3,927</td>
<td>-</td>
<td>(3,927)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Balance at 31 December 2016</td>
<td>-</td>
<td>12,805</td>
<td>6,201</td>
<td>713</td>
<td>152</td>
</tr>
</tbody>
</table>

Prior period adjustments have been made in relation to the early adoption of AASB 9 Financial Instruments and recognition of 2015 program payments. Further details of these adjustments can be found in the full audited financial statements in Notes 1, 23 and 24. [www.cbm.org.au](http://www.cbm.org.au)

**Table of Cash Movements for Designated Purposes**

CBM Australia's membership of the Australian Council for International Development (ACFID) requires reporting of cash movements where cash received for a designated purpose in any one financial period exceeds 10% of total revenue.

No single appeal, grant or other form of fundraising for a designated purpose generated 10% or more of the company’s international aid and development revenue for the 2016 financial year.

**Basis of Preparation of Summary Financial Statements**

These summary financial statements have been prepared in accordance with the requirements set out in the ACFID Code of Conduct. For further information on the Code, please refer to the ACFID Code of Conduct Guidance Document available at [www.acfid.asn.au](http://www.acfid.asn.au).

For a copy of CBM Australia’s full audited financial statements or further information on CBMA’s programs, please contact CBM Australia or refer to our website: [www.cbm.org.au](http://www.cbm.org.au).

**AUDITOR’S REPORT**

Report of the Independent Auditor on the Summary Financial Statements to the Members of CBM Australia

ABN 23 005 326 849

**Opinion**

The summary financial statements, which comprise the summary statement of financial position as at 31 December 2016, the summary statement of profit and loss and other comprehensive income and a summary statement of changes in equity for the year then ended, and related notes, are derived from the audited financial report of CBM Australia for the year ended 31 December 2016.

In our opinion, the accompanying summary financial statements are consistent, in all material respects, with the audited financial report, in accordance with the basis of preparation of summary financial statements.

**Summary Financial Statements**

The summary financial statements do not contain all the disclosures required by Australian Accounting Standards – Reduced Disclosure Requirements (including Australian Accounting Interpretations), the Australian Charities and Not-for-profits Commission Act 2012 and the ACFID Code of Conduct. Reading the summary financial statements and the auditor’s report thereon, therefore, is not a substitute for reading the audited financial report and the auditor’s report thereon. The summary financial statements and the audited financial report do not reflect the effects of events that occurred subsequent to the date of our report on the audited financial report.

**The Audited Financial Report and Our Report Thereon**

We expressed an unmodified audit opinion on the audited financial report in our report dated 25 March 2017.

**Management’s Responsibility for the Summary Financial Statements**

Management is responsible for the preparation of the summary financial statements in accordance with the basis of preparation of summary financial statements.

**Auditor’s Responsibility**

Our responsibility is to express an opinion on whether the summary financial statements are consistent, in all material respects, with the audited financial report based on our procedures, which were conducted in accordance with Auditing Standard ASA 810 Engagements to Report on Summary Financial Statements.

SAWARD DAWSON
Chartered Accountants

Partner: Jeffrey Tulk
Date: 25 March 2017
Blackburn, Victoria 3130

[www.cbm.org.au](http://www.cbm.org.au)
MEETING THE PEOPLE WHO MAKE IT ALL POSSIBLE

Around 89,000 generous Australians contribute to the life-changing work we do. Typically, they are ordinary individuals who sacrifice in order to help others less fortunate than themselves.

One of the great delights of our work is having the pleasure of meeting these amazing people in person.

In 2016, we held 32 supporter events around Australia where we launched our new book Beneath the Baobab Tree. Our authors shared stories of courage and hope and we also celebrated milestones, like the 93rd birthday of Wendy, one of our long term donors, and got to know the extraordinary people who make our work possible.

Supporter Events Manager Lynelle Dwyer said, “CBM supporters are transforming the lives of those less fortunate every year and it is a privilege to meet and spend time with so many generous and compassionate people who have such a strong faith and connection to our work at our supporter events.

“One of the things that really touches me at our events is seeing the joy from a supporter when they get to meet a co-worker who they’ve been praying for through our prayer diary for the first time. It is a blessing to walk beside our supporters and co-workers.”

A HEART FOR GIVING

Wendy Chandler is one of the quiet heroes of the suburbs. While many relax and enjoy their retirement, Wendy is busier than ever and is a well known face around the CBM Australia office.

Wendy has been a committed financial supporter of CBM for many years and her contributions have helped to change the lives of people living with disability and poverty in some of the most disadvantaged parts of the world.

She doesn’t stop at being generous with her finances; she’s also incredibly generous with her time.

“I heard about the opportunity to volunteer at CBM from one of the other volunteers so I came along to see what it was about,” she said.

“That was over ten years ago. I have enjoyed the journey and I love coming in because everyone is so lovely and it’s a Christian environment, which is nice.

“I’m always learning something new. I make mail packs, sort mail and I do heaps of receipts. I do just about anything – whatever they put in front of me I’m happy to learn how to do.

It’s all important because of the people who give.”

In addition to supporting CBM, Wendy and her husband, Alan, have tirelessly supported their local community for over 37 years, doing everything from feeding the homeless, to running morning teas for the lost and lonely at Christmas, to volunteering in the kiosk at their local hospital.

785 days of volunteer hours were given to CBM Australia in 2016 for administrative and research assistance and other support. This does not include the many Luke14 volunteers in churches or the considerable time given by Board members. CBM Australia is sustained by this depth of volunteer expertise, governance and support.
OBJECTIVE C Sustained financial health

IT GIVES YOU FAITH IN HUMANKIND

Whether you call our contact centre to make donations, talk about our programs or hear ways you can actively help empower those living with disabilities, our team loves to hear from supporters!

As Kim Magor, Supporter Relations Specialist, says, “Every call is different, but what the callers all have in common is passion for our mission and hope that we can help make a better world.”

Kim sees her job as “bridging the gap between the public and our programs”. Others in the team describe it as “nurturing anyone who contacts CBM Australia and being the voice of our supporters”.

The team says that what sets our contact centre apart is the extraordinary generosity of the people who make CBM Australia possible. “They connect to our work in a prayerful way and really reflect the values of CBM,” says Kim.

The team particularly enjoys Miracles Day in August each year, when all our staff and volunteers jump on the phones and connect with donors responding to our campaign to help give sight to over 25,000 people. “It’s our favourite day of the year,” said Kim, “and our supporters’ generosity is incredible – despite the tightening economic situation, they still give. It really gives you faith in humankind.”

MIRACLES DAY: \nCHANGING LIVES THROUGH THE MIRACLE OF SIGHT

Miracles Day is a highlight of the CBM Australia fundraising calendar when the Christian community across Australia comes together to make a miracle happen by giving the gift of sight.

In 2016, the event was bigger than ever, with almost $1 million raised for cataract surgery with the support of 26 Christian radio stations.

The telethon-style event is always exciting for CBM Australia staff, as it gives them a rare chance to man the phones and speak directly to the giving public.

“Speaking to our supporters reminded me of the valuable contribution each person makes and the different parts we all bring in improving the lives of people with disability.”

Teresa, Program officer.

The event is also a great opportunity for CBM Australia to reach a new audience. Over five and a half thousand new donors decided to give a Miracle, with 58% of these coming via online channels.

From 6am to 10pm on Miracles Day, the phone room maintained a spirit of warmth and gratitude, with many a tear shed as hearts swelled to hear the stories of those calling to give:

Blind from the age of seven, a caller wanted to donate to restore sight for someone else.

A lady whose husband had been a fireman was to have cataracts removed, so Miracles Day was very personal to her. During her visit to the doctor on Miracles Day for her own health she was bulk billed, saving her $96 – the exact amount of three gifts of sight!

A gentleman from Sierra Leone, a refugee who came to Australia, felt God had generously blessed him and wanted to give a miracle.

Fred had cataract surgery a few days before Miracles Day so he doubled his contributions to $640 because he knows how much somebody’s life can be changed.

A young girl wanted to give her pocket money, $15 in total, and asked her mum to donate the additional $17 to make up one miracle.

On her way to spoil herself by getting her nails done, one woman heard about Miracles Day on the radio and ended up cancelling her nails. She donated four miracles for her four children.

A father called to donate. His son went blind at 30, and even though his son’s sight can’t be restored, he wanted to do something for someone else who had the opportunity to have their sight restored.

Fred had cataract surgery a few days before Miracles Day so he doubled his contributions to $640 because he knows how much somebody’s life can be changed.
OBJECTIVE D  Strengthened organisational capacity and performance

CBM Australia continues to strengthen its organisational capacity and performance - through skills, systems and structure.

The overall performance, perceived and actual, of CBM Australia is the responsibility of the Board. The Board’s role is cast to add value by approving and monitoring Strategy and Strategy Targets, a robust Risk Management Framework, and Budgets; ensuring the necessary financial, human and other resources are in place to meet Objectives.

Committed to continuous learning and appraisal, the Board conducts annual review processes. A whole of Board and Board Committee review was conducted in 2016.

All Board members act in a voluntary, non-executive capacity. The Board delegates management authority to the CEO and, through the CEO, to Senior Management.

CBM Australia is a signatory to the ACFID Code of Conduct and a trusted recipient of funding from the Australian Government’s aid program. Board and staff are oriented to the ACFID Code of Conduct and participate fully in ACFID Code self-assessment and DFAT accreditation processes. CBM Australia was highly engaged with the development of a new ACFID Code in 2016.

For the CBM Australia Board and Management, a key 2016 focus was contribution to the development of a fresh CBM International Strategy and governance model. Core to this strategic progression is CBM’s global Theory of Change. Disability-inclusive development starts with stakeholder engagement as the genesis of all transformative change.

CBM Australia welcomes FEEDBACK on this Report or on any matter relating to CBM Australia governance, operations and conduct. Staff, including the Company Secretary, Trudy Skilbeck, can be contacted at any time on 1800 678 069.

Mechanisms for feedback or complaints, including to the ACFID Code of Conduct Committee, are fully outlined under ‘Contact Us’ at www.cbm.org.au

Right: In Ethiopia, El Nino caused drought which destroyed crops and left families without clean water to drink. Support from CBM donors helped to bring much-needed emergency relief and access to water.
OBJECTIVE D  Strengthened organisational capacity and performance

CBM AUSTRALIA BOARD

Melvin William (Bill) Austin
Bill has been the Board Chair since May 2011, having joined the Board in 2008. He holds a Master of Science and is a Fellow of the Australian Institute of Company Directors.

Special responsibilities: CBM Australia Board Chair, Member of the Board Development & Human Resources and Finance & Audit Committees.

Tim Budge
The Board appointed Tim in August 2015. Tim holds Bachelor of Science and Theology degrees and a Master of Entrepreneurship and Innovation. He is a development specialist.

Special responsibilities: Member of Programs and Innovation & Community Engagement Committees, CBM International Supervisory Assembly Delegate (part year).

Shawn Choong
Shawn joined the Board in May 2012. He is an obstetrician gynaecologist specialising in ultrasound.

Special responsibilities: Chair of the Board Development & Human Resources Committee and Member of the Finance & Audit Committee.

Helen Green
Appointed to the Board in 2010, Helen has qualifications in Development and Management.

Special responsibilities: Chair of the Finance & Audit and Programs Committee.

Elizabeth Lucas
Appointed to the Board in November 2016, Elizabeth is a Fellow of the Institute of Chartered Accountants and a Partner with Grant Thornton

Special responsibilities: Chair of the Finance & Audit Committee.

Eliane Miles
Eliane joined the Board in November 2016. Research Director at McCrindle, Eliane is a social researcher, consultant and strategist.

Special responsibilities: Member of the Board Development & Human Resources and Innovation & Community Engagement Committees.

Benjamin Smith
Appointed to the Board in May 2011, Ben holds a Doctor of Philosophy alongside qualifications in Social Work and Public Health.

Special responsibilities: Chair of the Programs Committee and Member of the Innovation & Community Engagement Committee. CBM International Assembly Delegate (part year).

Karen Streckfuss
Appointed to the Board in August 2014, Karen holds Bachelors of Arts and Laws degrees, is a Barrister at the Victorian Bar, and is a Human Resources specialist.

Special responsibilities: Member of the Board Development & Human Resources and Innovation & Community Engagement Committees.

Mick Turnbull
Appointed to the Board as Chair Elect in September 2016, Mick is a professional company director in commercial and not-for-profit sectors. He holds a post-graduate Diploma of Management and is a Fellow of the Australian Institute of Management.

Special responsibilities: CBM Australia Deputy Chair. Member of all Board Committees as Board Chair Elect.

With current Chair Bill Austin coming to the end of his Board tenure in May 2017, a carefully planned Chair search process was undertaken in 2016. Mick Turnbull was nominated as Chair Elect by the Board in September 2016, Mick’s Chair transition will be complete upon the decision of the May 2017 AGM. “CBM Australia is in very safe hands going forward,” Bill affirms, “and I am very thankful for the opportunity to lead the CBM Australia Board over the past 6 years.”

Other Board members who concluded their service during 2016 were Chris Groom and Dale Sheppard. Chris was Board Deputy Chair and Chair of the Finance & Audit Committee, and he served for over seven years. Dale was Chair of the Innovation & Community Engagement Committee and served on the Board for four years.
OUR VALUES

International
We are an international organisation.

Professional
We aim for quality in what we do.

Christian
We strive to follow the teachings and example of Jesus Christ.

Inclusive
We promote and build an inclusive society, working together with people with disabilities.

Integrity
We are good stewards of the resources entrusted to us.

Communication
We communicate honestly and respectfully.