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**Come to me, all you who are weary and burdened, and I will give you rest.**  
— JESUS OF NAZARETH

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Supported by the Australian Government, AusAID

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Cover image: CBM is working closely with children like Waline, to rebuild their lives in the aftermath of the Haiti earthquake.  
©CBM/A Shelley

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CBM Australia is a signatory to the Australian Council for International Development (ACFID) Code of Conduct. For a copy of this code, please contact our National Office. CBM Australia holds full accreditation status with AusAID, the Australian Government’s overseas aid program. This report aims to be accountable to key stakeholders and offer transparency across all aspects of our international aid and development activities, evaluations, learnings and financial statements.
Our vision and mission

OUR VISION
An inclusive world in which all persons with disabilities enjoy their human rights and achieve their full potential.

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

I waited patiently for the Lord, He turned to me and heard my cry. He lifted me out of the slimy pit, out of the mud and mire; He set my feet on a rock and gave me a firm place to stand. He put a new song in my mouth. A hymn of praise to our God. Many will see and fear and put their trust in the Lord.

— PSALM 40:1-3

As a Christian organisation we here at CBM have been encouraged throughout 2010 by remembering our past blessings. We have continually experienced God’s grace as an organisation. We have been able to walk through 2010, full of expectation of God’s guidance of us through the next part of our journey in our continuing quest for an inclusive world, in which all persons with disabilities enjoy their human rights and achieve their full potential.

‘Together we can do more’ has become apparent as we have worked alongside and with various partners. We give thanks to our generous donors, who have given over $21 million in gifts and legacies. We are excited to partner people, together, with whom we have developed sustainable and life-changing programs.

We are grateful for our institutional partners, such as AusAID, The Nossal Institute for Global Health, the Australian Disability and Development Consortium (ADDC), Vision Australia and our many supportive suppliers.

In the aftermath of the various environmental emergencies around the world, volunteering has become ‘popular’. However, for CBM there has been a culture of volunteering over many years, and we are always very grateful to our enthusiastic and skilled volunteers for their practical and generous support of our operations. This year was no exception – thank you.

Australia has been a world leader in corporate governance and I am pleased to say that our Board, comprised of professional and competency-based volunteers, also upholds a very high standard of corporate governance, along with the values which are foundational to our vision and mission.

In May 2010, we welcomed Helen Green from New Zealand as a formal member of the Australian Board and look forward to her enthusiastic and professional participation. We were sad to farewell Jane Furniss who retired in March 2011.

Jane gave diligently of her time and expertise for the time she was on the board and she made a huge impact, leaving behind a healthy legacy. We want to wish her God’s blessings as she leaves.

I want to thank every single one of our board members and thank them for their encouragement and commitment to myself as chair these last two years, and also for their hard work and many hours given to the work of CBM.

I take this opportunity to thank our dedicated CEO, John, who has overseen the changes and challenges of an ever-changing environment, and for his support of myself as chair these last two years. I commend him.

We are blessed at CBM with highly skilled, educated and enthusiastic staff, who give tirelessly of their time and energy. I thank them wholeheartedly.

We at CBM seek high levels of accountability. Accountability is subject to external and internal influences, and we can see this demonstrated by our full accreditation with the Australian government and documented in the financial and governance sections of this report. Internal influences can be seen at community engagement levels where social media is making it easier to be more transparent to our constituents, particularly over issues such as our social and environmental obligations.

Following the global economic challenges of the last two years, it is pleasing to see an increase in income in 2010 as a result of increased government funding and bequests. Our donors entrusted us with $2.6 million in response to the Haiti earthquake in January 2010 and these funds will be spent over three years to improve the lives and restore the livelihood of people with disabilities in Haiti. The surplus for 2010 has enabled a partial recovery of project reserves, which were used to meet project commitments during the Global Financial Crisis of the previous two years. This means CBM continues to deliver much needed services and engages with communities to fully include people with disabilities.

We are very thankful for God’s continued grace and blessings over the year 2010, and we look forward with excitement and expectation to the coming year when we will draw closer to our vision of a world where people with disabilities are helped and included in our world communities.

God bless you and thank you for the privilege of being able to serve those who, without the work and dedication of so many faithful and committed people, may have not realised their full God-given potential.

Elizabeth Hamer
Chairman
Message from the National Director

CBM Australia has been influential in raising awareness of the rights of people with disabilities by introducing a number of initiatives that aim to engage the wider Australian public.

Firstly, I want to extend my sincere thanks to the wonderful people that continue to support CBM Australia and the ones we serve.

Whether it’s through a financial gift, by offering your time or simply remembering our work in silent prayer, your partnership with us is making a significant impact on people living with disabilities in the some of the world’s poorest countries.

The past year was a challenging period for the CBM family as the reality of the environment we work in was felt close to home. We all witnessed the devastation in Haiti and Pakistan and also saw the effects that famine and economic hardship have on the poorest people with disabilities.

In these most marginalised communities CBM has focused our response on sustainable development and even today, long after the immediate threat has passed, our projects continue to work closely with these communities, disabled people’s organisations and local governments to ensure the rights of people with disabilities are acknowledged and their voices heard.

And of course it’s in the homes, with the families and in the lives of the most vulnerable that your support is making a difference.

In the last twelve months we’ve also seen significant advances in the Millennium Development Goals, particularly as they relate to disability.

While we all have a long way to go, I’m pleased to say that CBM Australia has been influential in raising awareness of the rights of people with disabilities by introducing a number of initiatives that aim to engage the wider Australian public.

Campaigns like Create2Change, and the AusAID-supported End the Cycle have been launched and both programs now seek to engage, educate and empower Australians to take action in their own circles of influence to break the seemingly endless cycle of poverty and disability.

CBM has also made the necessary strategic decision to begin communicating these messages to growing online communities through a variety of social networking opportunities.

Couple these advances with our ongoing partnership with the Australian Disability and Development Consortium (ADDC) and other influential advocacy groups, the future is certainly bright.

The challenge that lies ahead is for us to build on these opportunities and use them, more than ever, to reach out to the poorest in our world by providing more aid that aims to foster long-term development and, ultimately change.

Our vision is to see a world where all people with disabilities can reach their full potential. These pages tell this story and show how together we do more.

John Jeffries
National Director
CBM Australia
For over one hundred years we have devoted ourselves to improving the lives of people living with disabilities in the poorest places in the world.

In these developing countries disability often leads to poverty, and vice versa. Our work is focused on breaking this persistent cycle.

In 2010, CBM Australia sought to improve the quality of life of the world’s poorest people with disabilities, in over 25 countries through our program work.

**Central and East Africa**
**Countries:** Kenya, Ethiopia, Tanzania, Sudan, Cameroon, Democratic Republic of Congo, Rwanda
**Projects:** 15
**Partners:** 16
**Activities:** Community-based rehabilitation (CBR), fistula care, blindness prevention, paediatric surgery, diabetes prevention and treatment, trachoma prevention, eye surgery, disability inclusive development, advocacy, orthopaedic outreach, training and development

**West Africa**
**Countries:** Liberia, Niger, Nigeria
**Projects:** 9
**Partners:** 9
**Activities:** Eye care, CBR, mental health, fistula care

**Central Americas**
**Countries:** Haiti
**Projects:** 2
**Partners:** 1
**Activities:** Advocacy, disabled people’s organisation (DPO) training, research into level of disability inclusion during emergencies
South Asia
Countries: South India, North India, Bangladesh
Projects: 11
Partners: 10
Activities: Eye care, CBR, rehabilitation, advocacy and training, disaster risk reduction, mobility devices, flood relief, program coordination

South East Asia and Pacific
Countries: Fiji, Philippines, Vanuatu, Indonesia, Western Samoa
Projects: 16
Partners: 13
Activities: Eye care and professional training, mental health services and staff training, CBR, early intervention, inclusive education, emergency, disability advocacy, employment of people with disabilities, program coordination

Central East Asia
Countries: Cambodia, China, Myanmar, Vietnam
Projects: 19
Partners: 17
Activities: Avoidable blindness, eye care, training, CBR, ear care, early intervention to identify and treat disability, orientation and mobility training, program coordination

Inter-regional
Countries: Inter-regional
Projects: 2
Partners: CBM based
Activities: Child protection, relief coordination

Note: ‘CBM’ refers to the international body of member associations. ‘CBM Australia’ refers to the Australian member association of CBM.
Program work
In 2010, CBM Australia supported nearly 100 projects in some of the world’s poorest countries. We worked harder to achieve a more inclusive world through our programs on education, livelihood skills and development and community awareness, as well as providing medical and health care to the poorest of the poor.

CBM’s emergency response
We continued to respond to emergency situations in 2010, including the floods in Pakistan and Niger, and the Haiti earthquake disaster.

Both the immediate and the long-term effects of the earthquake were enormous. With 30 years of experience in the country, CBM was involved in the initial emergency phase and we’ve continued to support partners throughout the year, with our efforts now focused into plans for the future.

Disability-inclusive development
Disability and poverty reinforce one another – disability is both a cause and a consequence of poverty. CBM’s disability inclusive development aims to fully include people with disabilities in all aid and development activities worldwide.

A highlight during 2010 was CBM’s involvement in hosting the inaugural 1 in 5 parliamentary development breakfast, featuring the Hon. Kevin Rudd and Teresa Gambaro MP. Events like this that attract significant politicians and key sector representatives are crucial in ensuring that disability is regarded as a priority across Australia’s overseas aid and ongoing development efforts.

CBM International – 10 million cataract operations and counting
Since CBM performed our first cataract operation in Afghanistan in 1966, we have reached 10 million people worldwide through our projects. In 2010, we celebrated this special anniversary after a milestone surgery in Tanzania restored sight to our 10 millionth cataract patient!

At the Kilimanjaro Christian Medical Centre, Dr Heiko Phillipin said he was humbled to perform the historic surgery on Joyce Kayaa.

Our supporters
Thanks to the generous support of our donors, CBM last year raised $18,756,109 towards helping the world’s poorest people with disabilities. Thank you for your gifts – they are vital to our continued work.

New initiatives – 2011 and beyond
Looking ahead, CBM’s new community engagement programs aim to raise awareness among more Australians, and continue to give a voice to the poorest of the poor.

End the Cycle, Create2Change and Luke14 spent 2010 engaging with church communities, youth and the wider Australian community to speak out and help end the cycle of poverty and disability.
10 millionth CBM cataract operation recipient Joyce Kayaa recovers at the Kilimanjaro Christian Medical Centre at Moshi, Tanzania.
Case studies and stories

Case 1: Education

Project:
Adama Community Based Rehabilitation (CBR) project, Ethiopia

Situation:
Ethiopia ranks among the least developed countries in the world and of its estimated 70 million people, 80 per cent live on less than $2.00 a day. A disproportionate number of these people living in chronic poverty are people with disabilities. There are an estimated 5.3 million people with disabilities living in Ethiopia, and only 0.7 per cent of these have access to educational services.

CBM’s education partner, The Adama CBR project, aims at seeing the full inclusion of people with disabilities in the life of the community.

The project aims to promote people with disabilities to have the same rights as other members of the community, and to ensure that people with disabilities have equal access to existing mainstream services, including education.

The project also seeks to change community attitudes at all levels to promote inclusion.

Adama and CBM are currently working with eight schools helping them to provide inclusive education.

Learning:

: For a school to truly provide inclusive education, it is not enough to address just the physical barriers. The attitudes and social barriers must also be addressed.

: Many schools have found the creation of a disability awareness club has been very effective in raising the awareness of the school and parent community. In disability clubs, children with and without disabilities are equipped and empowered to advocate to their community on the importance of including people with disabilities as equal citizens.

: Inclusion takes time. One particular school found that true inclusion meant providing a separate class to help children with more severe disabilities catch up, before being placed in a mainstream classroom setting full time.

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did you know?

20 per cent of the world’s poorest people are living with a disability

The global literacy rate for adults with disabilities is as low as 3 per cent and 1 per cent for women with disabilities.

Over 90 per cent of children with disabilities in developing countries do not attend school.
Ten-year-old Nelson sits happily in the classroom, but his simple dream wasn’t always within his reach. Nelson’s parents understood he had a disability, Cerebral Palsy, but they were desperate to find an opportunity to give him an education and join his brothers and sisters.

There was a Catholic school close to Nelson’s home in the Nairobi slums but they weren’t interested in taking him. They believed children with disabilities were unteachable and belonged indoors. Determined to help her son, Nelson’s mother joined with other mothers in the area and started a day-care centre for children with disabilities. The group quickly grew, and became connected to a local CBM-funded school. Nelson was soon integrated into regular classes and is now looking forward to a brighter future.

“Nelson is very good at learning and he can do anything in life. Especially now that people understand.”

Nelson’s bright future
Case studies and stories

Case 2: Livelihood

Project:
Blind People Association, India

Situation:
CBM project partner Blind People Association (BPA) conducted a needs analysis of three districts in Gujarat, India and found that people with disabilities were not aware of their rights and were consequently often overlooked in poverty alleviation schemes, such as livelihood programs.

People with disabilities were also not organised at the grassroots level and were therefore excluded from mainstream development programs in their communities.

BPA facilitated training workshops for people with disabilities. An experienced seamstress, who herself has a disability, teaches sewing training to groups of women with disabilities. They learn to sew sari blouses, and this is a very profitable business for them. Some of these trainees are also eligible to receive a hand-wheeled tricycle from the project. This means they can independently move to market to purchase fabric, sell their goods at market, or provide home-to-home sewing services. The participants are also assisted to apply for government grants to purchase a sewing machine.

The project ultimately aims to ensure all training programs continue to grow and become self-sufficient.

Learning:
: It is crucial that poverty alleviation schemes ensure the voice of poorest of the poor (such as people with disabilities) is heard and is instrumental in directing the design and implementation of livelihood projects.
: Local self-help groups are best placed to inform the project and solve problems specific to the cultural setting.
: One of the key areas of work is facilitating the establishment and supporting the development of self-help groups of people with disabilities. From these self-help groups, strong village leaders have emerged, who now help guide and improve the project’s work.

“...The garden has changed our lives. We often used to suffer from hunger, when the harvest on the millet fields was poor once again. Today we only need to go to our garden and get something to eat.”

did you know?

People with disabilities are often overlooked by employers because of misperceptions that they cannot or do not want to work.

Empowering people with disabilities so they can earn an income and support themselves is essential to end the cycle of poverty and disability.

People with disabilities are often denied the training and financial support so important for starting a business and becoming employed.
Halimatou’s new start

In the dusty heart of Niger, Halimatou works hard to maintain a lush oasis for herself and her family. The garden that 19-year-old Halimatou tends with her family is their lifeline, their income. They water the plants, weed, harvest eggplants and pumpkins and plant carrot seeds. “I would never have thought that one day I could be a gardener”, Halimatou says and smiles proudly.

She is the boss here, so to speak, even though she has trouble walking due to a limp. The pain made it too hard for Halimatou to walk long distances or stand for a long time.

Everybody in Halimatou’s family has their own beds in the garden, which they are responsible for. And this ‘survival yard’ is a CBM partner project for people with disabilities in Niger.

This way they not only ensure the food supply for the supported families for a whole year, but also give people with disabilities a whole new chance and perspective in their daily lives.
Case studies and stories

Case 3: Social inclusion

**Project:**
Mental health awareness and training, Nigeria

**Situation:**
Mental health problems cause huge stigma for the people themselves as well as their families, which can result in exclusion from society, loss of work, and breakdown in relationships. Families usually struggle to find help, but in Nigeria today, that search is often in vain. In the worst cases people may be chained, beaten and subjected to terrible abuse.

Highly effective and affordable treatments are available, but many simply cannot afford them due to poverty or do not know of their availability.

In response to this need, CBM developed three mental health programs in Nigeria to train health professionals in the principles of community-based psychiatric work and treatment, to train psychiatric nurses, and to train village health workers to raise awareness in their communities on mental health, identify and refer people with mental illness to the clinics and provide ongoing support in their community. The project also establishes self-help groups for people with a mental health issue and their families. This will allow much greater access to these services, particularly by the poorest who cannot afford to go to hospitals, and raise awareness of the human rights and other mental health issues right down to the community level.

**did you know?**

- People with disabilities may have poor self-esteem and feel they cannot take part in activities and events.
- Family members may feel ashamed at having a member with a disability, so they do not encourage or allow their social participation.
- Physical barriers to social participation include inaccessible transport and buildings like community centres, sporting venues and businesses.
Anjali’s acceptance

The arrival of a first child should always be a reason for celebration.

However, on Anjali’s arrival, her future, and that of the family was immediately uncertain.

Born into poverty in Ahmedabad, India and unable to afford critical pre- and post-natal care, Krishna gave birth at home. Anjali was born with a severe contusion on her forehead and after only two days, began to have regular and uncontrollable fits.

Slowly, and over the next few years, Anjali began to communicate. It was a shake of the head or an occasional groan. But the local school sent Anjali home after three days – they wouldn’t teach someone like her.

Anjali was brought to CBM’s project partner who specialises in education for children with physical and intellectual disabilities.

With regular and consistent teaching and encouragement, Anjali is slowly making progress. Anjali has a very bright future thanks to the work provided by CBM’s partner project.

“I can see an enormous change in Anjali. Thanks to the gifts made by CBM, she is happier and is smiling much more.”
Case studies and stories

Case 4: Empowerment

Project:
Mobility India

Situation:
Part of CBM project partner Mobility India’s work is to encourage people with disabilities to form self-help groups or disabled people’s organisations (DPOs), and provide them with education and training on their rights under the laws of India and their state.

The partner project’s ultimate goal is to empower people with disabilities to be able to self-advocate for their rights, including access to health, education and livelihood opportunities. People with disabilities, the community and Mobility India and its partners would approach government agencies to access different schemes for rehabilitation and education for the benefit of people with disabilities. This full equality of opportunity requires substantial changes in social attitudes and physical accessibility.

Learning:
: It is far more effective and sustainable when local people themselves are empowered to claim their rights as equal citizens.
: It is beneficial to have the self-help groups/disabled people’s organisations determine what issues they feel are most important to raise with government officials.
: People with disabilities have often experienced many years where their rights have been ignored or abused. Empowerment is a process that takes time to unravel this oppression. Often the first step of empowerment is educating persons with disabilities that they are equal citizens and therefore have a right for equal access to all benefits afforded citizens in their society.

Did you know?
People with disabilities are often not included in planning and policy making, meaning their needs are not considered by governments and the community.

Accessing information is a major part of empowerment, and if information is not communicated in a way people with disabilities can understand, they are excluded.

DPOs are organisations of and by people with disabilities, fighting for their rights.
Dorothy’s life-changing loan

For banks and other lenders, people with disabilities are an investment risk. This is the unfair perception in the community: without the ability to work, loans cannot be repaid. Thankfully, CBM has been working in the community to promote a truly inclusive society. A local microfinance group shared CBM’s vision and agreed to finance the loans. In return for their investment, CBM has funded essential business training for people with disabilities, giving them the opportunity to acquire the loan, establish a business and influence local prejudice.

Forming a cooperative with other people with disabilities from the village, the Manka Persons with a Disability Group is collectively accountable for the distributed funds.

Dorothy joined the group for financial support and moral encouragement after she was diagnosed with an ongoing illness. A corn farmer, Dorothy’s husband exhausted the family savings to pay for the travel, accommodation and medical costs that would save her life. Dorothy used her loan to start a small business selling local goods in her community, and the money she earns will pay for further treatment.

The group is taught to support each other so that loans are repaid in full within eight months. This sustainable initiative allows people with disabilities to fulfil their potential and make important and valuable contributions to their family and the community.

“My life is good, but it will now go from better to best!”
Case 5: Health

Project:
Kilimanjaro Christian Medical Centre Diabetes Program, Tanzania

Situation:
Located at the foot of Mt Kilimanjaro, Kilimanjaro Christian Medical Centre (KCMC) has been providing eye services since 1971 for people in Northern Tanzania. Eye services are provided both at the hospital and through outreach to rural and remote areas. Over the years, the eye department has seen an increasing number of cases of blindness caused by diabetic retinopathy. Diabetes can increase the likelihood of damage to the retina. If diabetes is not well managed, damage to the retina can eventually lead to irreversible vision impairment.

With the assistance of AusAID, KCMC has established a comprehensive Diabetic Program to improve the quality of life of persons living with diabetes and those at risk of diabetes in the Kilimanjaro region. With an emphasis on prevention, the project has actively engaged community groups to raise awareness about diabetes, with mobile screening clinics.

Learning:
- Collaboration within communities with other non-government organisations and churches has increased the number of referrals to the Diabetic Clinic.
- The project’s success around diabetes management and community awareness has led to the consideration of establishing ‘diabetic clubs’ to share information.
- There is a higher attendance at yearly eye-check clinics.
- The Ministry of Health is viewing the project as a model for diabetes prevention/management within the region and there are discussions on how to implement a national diabetes program.

did you know?

Evidence shows that people with disabilities often experience poorer levels of health than the general population.

People with disabilities are often not able to access health-promotion activities.

Only 2 per cent of people with disabilities have access to basic health services.
Nguyen had a difficult start to life – found abandoned in a rubbish bin by couple Cu and Hong, she was adopted and given a new beginning. But soon after, her parents discovered Nguyen had difficulty walking – half her body was paralysed. Nguyen’s inability to walk meant she could not go to the local kindergarten, and Cu and Hong worried about how Nguyen would get to school when she grew older.

Her concerned parents hired a carer for Nguyen, but it wasn’t until a CBM co-worker found her that Nguyen began to make progress thanks to daily rehabilitation and strengthening exercises. Nguyen has taken her first steps, and will soon walk independently thanks to the CBM co-worker’s patience and training.

“It will be a relief when Nguyen does learn to walk independently. Then she can be like the other children and walk to school and play with her friends.”
At CBM, we uniquely address the issues of poverty and disability through our community programs.

Engaging with, and raising awareness about poverty and disability within the Australian community, aims to gain more support for the inclusion of people with disabilities in overseas development programs, and to encourage Australians to practise inclusion in their daily lives.

Vision for Change
CBM’s Vision for Change (VFC) program hosts fortnightly tours of CBM’s head office, and promotes CBM’s work and how we’re impacting change for people with disabilities.

In 2010, the VFC program held its inaugural fundraising breakfast event in Melbourne with over 120 guests in attendance. VFC also ran regional breakfasts in Toowoomba and Hobart.

End the Cycle
End the Cycle is a community awareness initiative promoting the human rights and empowerment of people with disabilities living in the world’s poorest countries. Resource collection was carried out in 2010 in Cambodia and the Solomon Islands using a rights-based approach.

This was coordinated by a representative of a local disabled people’s organisation (DPO), with participants in control of how they would be represented. The DPOs and participants had an opportunity to give feedback and request changes to the final products.

Planning also started for the campaign launch and Melbourne exhibition opening.

Create2Change
The Create2Change (C2C) campaign is equipping young people to end the cycle of poverty and disability through creative outlets.

Create2Change includes school presentations, online social networks and office tours, Young Leaders programs and the production of educational resources about the link between poverty and disability. 2010 saw our young leaders embark on an inaugural leadership trip to India, and we visited nearly 3,000 school students to promote C2C.

Luke14
CBM continued to roll out its Luke14 disability ministry initiative across Australia, hosting a launch to over 300 people in Canberra. Therese Rein, wife of former Prime Minister Kevin Rudd, was the keynote speaker and provided some valuable leadership advice on how to include people with disabilities into church communities.

Luke14 launches were also held in Wollongong and Sydney.

Supporter meetings
Hundreds of our donors enjoyed a personal experience meeting CBM staff and co-workers from around the world last year, and hearing inspiring stories of hope, thanks to over 40 supporter meetings held throughout Australia.

Audio library
Sixty new titles added and 200 titles were remastered last year as part of CBM’s audio library service throughout Australia and New Zealand. Sixteen thousand book titles and 10,000 compilation magazines were distributed to 1,100 borrowers. Our library team of 15 staff and 30 volunteers also hosted a visit from CBM Canada Audio Library Staff to share ideas.

Volunteers
We would like to thank our 121 volunteers who last year gave over 1,120 days of their time to help us reach the poorest of the poor. Their generosity was valued at over $154,000 and we thank them for their commitment to helping the world’s poorest people with disabilities.
Create2Change ambassador Sam Cawthorn helps launch the C2C engagement initiative in Blackburn, Victoria.
Together with our supporters

Beyond Poverty – reaching the most isolated

CBM’s monthly giving initiative reaches the most isolated communities around the globe. Thanks to the ongoing commitment from our supporters, CBM provided immediate medical relief, advocated on behalf of people with disabilities and helped communities become self-reliant.

CBM’s campaigns – helping the poorest of the poor

CBM works in the poorest places to reach the most vulnerable and make a difference not only in their lives, but in their communities.

Part of this vital work includes working with women to raise awareness of the importance of maternal health, especially in isolated areas.

CBM’s projects are leading the way to reach young women at risk of fistula and other maternal health conditions, and our supporters strengthen this work and enable us to go even further to reach the poorest of the poor.

We are also on the ground during times of emergency. Our emergency appeal in earthquake-stricken Haiti together with our local partners focused on five key areas: health care, inclusive education and child protection, advocacy and accessibility, community-based rehabilitation and future disaster preparedness.

Last year our supporters’ generosity helped more than 73,000 earthquake survivors rebuild their lives.

CBM in your Will

Through a gift in their Will to CBM Australia, hundreds of our generous donors last year brought joy to future generations of children seeing, hearing, walking and learning for the first time.

Joining in prayer

Prayerful thoughts from our supporters are vital to CBM’s work. Our annual Prayer Diary featured daily prayers from CBM co-workers and staff in some of the world’s hardest countries.

Thank you to our 20,000 prayer partners throughout Australia last year remembering CBM’s work in the poorest places.

“John, I would like to thank you, as well as CBM as a whole, for all the wonderful work that is done by your organisation to help those in need in various parts of the world.”

LORNA HOLSINGER, VICTORIA (CBM SUPPORTER)
More than 120 supporters attended CBM’s inaugural Vision for Change fundraising breakfast in 2010.
Together with our partners

We can’t do it alone, so CBM works with organisations around the country and overseas to ensure we’re always striving to reach our goal, breaking the cycle of poverty and disability.

AusAID
In 2010, CBM joined an Australian NGO Cooperation Program (ANCP) partnership with AusAID. The partnership recognises our long-standing working relationship with AusAID, our mutual aims in poverty alleviation, and our common desire to learn in programs with people with disability. In 2010, AusAID funding of $5.29 million supported our programs in 12 countries. We also provide technical support to AusAID to support them in the implementation of their disability policy, ‘Development for All’.

Avoidable Blindness Initiative
Thanks to the quality of CBM Australia’s work in prevention of blindness, eye health and rehabilitation of people with visual impairment, we now enjoy support and recognition from the Avoidable Blindness Initiative.

We have also been able to develop programs in Cambodia and Vietnam, including last year’s opening of the new Takeo Eye Hospital in Cambodia.

Nossal and CBM
The partnership between CBM Australia and the Nossal Institute for Global Health at The University of Melbourne entered its third year in 2010. The aim is to build understanding and capacity for a more disability inclusive society through provision of research, training and technical advice. The Nossal Institute is a not-for-profit organisation that, in collaboration with strategic partners, builds and exchanges knowledge and expertise to improve health in areas where it is most needed, through research, education, inclusive development practice, and training of future leaders.

ADDC
CBM continues to be the secretariat for the Australian Disability and Development Consortium (ADDC). A key activity for ADDC in 2010 was their biennial conference, held in Darwin with support from AusAID. The conference attracted over 200 delegates from nearly 30 countries. Most of the overseas participants were representatives of disabled people’s organisations, who experience first-hand disability and poverty in developing countries.

Micah Challenge
Micah Challenge is a global movement of Christian organisations which aims to deepen people’s engagement with the poor and to help reduce poverty as an integral part of our Christian faith. CBM Australia sits on Micah Challenge’s campaign strategy committee. Each year, CBM Australia takes part in Voices for Justice, a Micah Challenge initiative aimed at creating awareness amongst Australia’s political leaders about the issues affecting the global poor.

Working with other NGOs and ACFID
CBM is an active member of the Australian Council For International Development (ACFID), the peak body for the Australian Non-Government Development organisations. We have been involved in various submissions, evaluations and working groups, such as those around the aid budget, the industry code of conduct and development effectiveness. We also work with other development organisations to make their work inclusive of people with disability, through advocacy and training.

Political advocacy
CBM has been engaged in advocacy with politicians in order to ensure a broader political support base and commitment to disability in Australia’s international development assistance. Key events have included a ‘1 in 5’ parliamentary breakfast and various lobbying meetings, and submissions with individual members of parliament.
Minister for Foreign Affairs Kevin Rudd gives an address at the CBM and ADDC-hosted 1 in 5 parliamentary breakfast in Canberra.
2010 Financial overview

Where did our money come from?
Total income of $28.3 million was greater than 2009 ($25.9 million).
The increase was achieved primarily due to increased grant income from AusAID and stronger than expected bequest income, especially in the second half of the year.
Donation income was at a pleasing level despite difficult economic circumstances. Donations included receipts of $2.6 million for the Haiti emergency.
Smaller amounts were received from investments and other sources.

How was our money spent?
Total expenditure for 2010 of $23.8 million was lower than 2009 by $6.7 million.
The higher total of project payments during 2009 was achieved by running down reserves by $4.6 million. The Board determined that this was not sustainable and overseas project commitments for 2010 were reduced to a level able to be funded from annual income.
CBM spent $2.1 million educating the public, other NGOs and government of the double impact of disability and poverty.
Increased expenditure in this area follows the Board strategy to increase the effectiveness of disability development by engaging more people and organisations.
The improved performance of our investments enabled the underlying amount spent on Accountability and Administration to increase by only 1% over the amount spent in 2009.
Fundraising expenditure of $3.4 million was lower than 2009 ($3.8 million).

Financial sustainability
CBM Australia achieved a sound result during 2010 with a surplus of $4.5 million compared to a deficit of $4.7 million the previous year.
In order to minimise the impact of variations in income, the Board of CBM Australia has a policy to have liquid reserves roughly equivalent to the level of project commitments for the next financial year. Due to the use of reserves to meet project commitments over the previous 2 years, this objective had not been met. The surplus for 2010 has enabled a partial recovery of reserves towards the level determined by the Board.

At the end of 2010 CBM has a much stronger financial platform to support future activity.
Cash and investments increased by $2.8 million and trade and other payables reduced by $2.0 million.
CBM is able to pay known debts as and when they fall due.
## Statement of comprehensive income for the year ended 31 December 2010

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donations and gifts: monetary and non-monetary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monetary</td>
<td>18,756,109</td>
<td>19,826,337</td>
</tr>
<tr>
<td>Non-monetary</td>
<td>650</td>
<td>78,760</td>
</tr>
<tr>
<td>Bequests &amp; legacies</td>
<td>2,864,840</td>
<td>1,540,685</td>
</tr>
<tr>
<td>Grants received</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AusAID</td>
<td>5,285,038</td>
<td>3,527,807</td>
</tr>
<tr>
<td>Other Australian</td>
<td>30,940</td>
<td>13,842</td>
</tr>
<tr>
<td>Other overseas</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Investment income</td>
<td>661,560</td>
<td>724,065</td>
</tr>
<tr>
<td>Other income</td>
<td>692,074</td>
<td>140,163</td>
</tr>
<tr>
<td>Revenue for international political or religious proselytisation programs</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>28,291,211</td>
<td>25,851,659</td>
</tr>
<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>12,792,028</td>
<td>17,215,114</td>
</tr>
<tr>
<td>Program Support Costs</td>
<td>1,172,331</td>
<td>1,205,369</td>
</tr>
<tr>
<td>Community education</td>
<td>2,066,440</td>
<td>1,512,979</td>
</tr>
<tr>
<td>Fundraising costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public</td>
<td>3,326,427</td>
<td>3,619,115</td>
</tr>
<tr>
<td>Government, multi-lateral and private</td>
<td>112,725</td>
<td>150,499</td>
</tr>
<tr>
<td>Accountability and administration</td>
<td>3,711,594</td>
<td>5,458,432</td>
</tr>
<tr>
<td>Non-monetary expenditure</td>
<td>0</td>
<td>780,899</td>
</tr>
<tr>
<td><strong>Total international aid and development programs expenditure</strong></td>
<td>23,181,545</td>
<td>29,942,407</td>
</tr>
<tr>
<td>Expenditure for international political or religious proselytisation programs</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Domestic programs expenditure (monetary and non-monetary)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audio library</td>
<td>322,303</td>
<td>319,956</td>
</tr>
<tr>
<td>Indigenous programs</td>
<td>109,558</td>
<td>87,500</td>
</tr>
<tr>
<td>Christian community disability inclusion</td>
<td>209,905</td>
<td>153,867</td>
</tr>
<tr>
<td><strong>Total Expenditure</strong></td>
<td>23,823,311</td>
<td>30,503,730</td>
</tr>
<tr>
<td>EXCESS/(SHORTFALL) OF REVENUE OVER EXPENDITURE</td>
<td>4,467,900</td>
<td>(4,652,071)</td>
</tr>
<tr>
<td>Other comprehensive income:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net movement in the financial assets reserve</td>
<td>123,793</td>
<td>2,627,463</td>
</tr>
<tr>
<td>Other comprehensive income for the year</td>
<td>123,793</td>
<td>2,627,463</td>
</tr>
<tr>
<td><strong>Total comprehensive income for the year</strong></td>
<td>4,591,693</td>
<td>(2,024,608)</td>
</tr>
</tbody>
</table>
## Statement of financial position as at 31 December 2010

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$6,632,254</td>
<td>$5,720,625</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>$432,819</td>
<td>$192,457</td>
</tr>
<tr>
<td>Inventories</td>
<td>$7,449</td>
<td>0</td>
</tr>
<tr>
<td>Financial Assets</td>
<td>$7,716,897</td>
<td>$5,858,622</td>
</tr>
<tr>
<td>Other financial assets</td>
<td>$21,588</td>
<td>$90,956</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td>$14,811,007</td>
<td>$11,862,660</td>
</tr>
</tbody>
</table>

| **NON-CURRENT ASSETS** |        |        |
| Trade and other receivables | 0    | 0     |
| Other financial assets      | 0    | 0     |
| Property, plant and equipment | $5,630,020 | $5,794,911 |
| Investment property         | $14,280 | $14,280 |
| Intangibles                 | 0    | 0     |
| Other non-current assets    | 0    | 0     |
| **Total non-current assets** | $5,644,300 | $5,809,191 |

| **TOTAL ASSETS** |        |        |
|                  | $20,455,306 | $17,671,851 |

| **CURRENT LIABILITIES** |        |        |
| Trade and other payables | $816,555  | $2,807,142 |
| Borrowings              | 0      | 0      |
| Current tax liabilities | 0      | 0      |
| Other financial liabilities | 0     | 0     |
| Provisions              | $906,303 | $751,901 |
| **Total current liabilities** | $1,722,858 | $3,559,043 |

| **NON-CURRENT LIABILITIES** |        |        |
| Borrowings              | 0      | 0      |
| Other financial liabilities | 0     | 0     |
| Provisions              | $115,799 | $77,853 |
| Other                   | 0      | 0      |
| **Total non-current liabilities** | $115,799  | $77,853 |

| **TOTAL LIABILITIES** |        |        |
|                      | $1,838,658 | $3,636,896 |

| **NET ASSETS** |        |        |
|                | $18,616,648 | $14,034,955 |

| **EQUITY** |        |        |
| Perpetual trusts | $152,000  | $162,000 |
| Financial assets reserve | $126,357  | $2,564 |
| Bequest reserve       | $2,000,573 | $1,631,566 |
| General reserve       | $3,855,733 | $3,840,289 |
| Commited funds reserve | $12,481,985 | $8,398,536 |
| Retained surplus      | 0      | 0      |
| **TOTAL EQUITY**      | $18,616,648 | $14,034,955 |
Statement of changes in equity for the year ended 31 December 2010

<table>
<thead>
<tr>
<th></th>
<th>Retained surplus $</th>
<th>Committed funds reserve $</th>
<th>Bequest reserve $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Balance at 1 January 2009</strong></td>
<td>0</td>
<td>13,275,993</td>
<td>1,572,971</td>
</tr>
<tr>
<td><strong>Excess of revenue over expenses</strong></td>
<td>(4,652,071)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Transfers to and from reserves</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>committed funds reserve</td>
<td>4,877,457</td>
<td>(4,877,457)</td>
<td>0</td>
</tr>
<tr>
<td>bequest reserve</td>
<td>(58,596)</td>
<td>58,595</td>
<td></td>
</tr>
<tr>
<td>general reserve</td>
<td>(166,790)</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>perpetual trusts</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td><strong>Balance at 1 January 2010</strong></td>
<td>0</td>
<td>8,398,536</td>
<td>1,631,566</td>
</tr>
<tr>
<td><strong>Excess of revenue over expenses</strong></td>
<td>4,467,900</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Transfers to and from reserves</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>committed funds reserve</td>
<td>(4,083,449)</td>
<td>4,083,449</td>
<td>0</td>
</tr>
<tr>
<td>bequest reserve</td>
<td>(369,007)</td>
<td>0</td>
<td>369,007</td>
</tr>
<tr>
<td>general reserve</td>
<td>(15,444)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>perpetual trusts</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Balance at 31 December 2010</strong></td>
<td>0</td>
<td>12,481,985</td>
<td>2,000,573</td>
</tr>
</tbody>
</table>

General reserve $  Financial assets reserve $  Perpetual trusts $  Total $  

| **Balance at 1 January 2009**               | 3,673,499          | (2,624,900)               | 162,000           | 16,059,562         |
| **Excess of revenue over expenses**         | 0                  | 0                         | 0                 | (4,652,071)        |
| **Transfers to and from reserves**          |                    |                           |                   |
| committed funds reserve                    | 0                  | 0                         | 0                 |                   |
| bequest reserve                            | 0                  | 0                         | 0                 |                   |
| general reserve                            | 166,790            | 0                         | 0                 |                   |
| perpetual trusts                           | 0                  | 0                         | 0                 |                   |
| Investment impairments within retained deficit | 0              | 1,741,980                | 0                 | 1,741,980          |
| Revaluation increment/(decrement)           | 0                  | 885,484                   | 0                 | 885,484            |
| **Balance at 1 January 2010**               | 3,840,289          | 2,564                     | 162,000           | 14,034,955         |
| **Excess of revenue over expenses**         | 0                  | 0                         | 0                 | 4,467,900          |
| **Repayment of Trust Funds**                | 0                  | 0                         | (10,000)          | (10,000)           |
| **Transfers to and from reserves**          |                    |                           |                   |
| committed funds reserve                    | 0                  | 0                         | 0                 |                   |
| bequest reserve                            | 0                  | 0                         | 0                 |                   |
| general reserve                            | 15,444             | 0                         | 0                 |                   |
| perpetual trusts                           | 0                  | 0                         | 0                 |                   |
| Investment impairments within retained surplus | 0                 | 146,558                  | 0                 | 146,558            |
| Revaluation increment/(decrement)           | 0                  | (22,765)                  | 0                 | (22,765)           |
| **Balance at 31 December 2010**             | 3,855,733          | 126,357                   | 152,000           | 18,616,648         |
CBM'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. Details of cash receipts and disbursements are set out below. No other individual appeals exceeded 10% in 2010.

<table>
<thead>
<tr>
<th></th>
<th>Cash available at beginning of financial year $</th>
<th>Cash raised during financial year $</th>
<th>Cash disbursed during financial year $</th>
<th>Cash available at end of financial year $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women's health</td>
<td>1,460,318</td>
<td>0</td>
<td>434,821</td>
<td>1,025,497</td>
</tr>
<tr>
<td>Total for other purposes</td>
<td>4,260,307</td>
<td>26,623,016</td>
<td>25,276,566</td>
<td>5,606,757</td>
</tr>
<tr>
<td>TOTAL</td>
<td>5,720,625</td>
<td>26,623,016</td>
<td>25,711,387</td>
<td>6,632,254</td>
</tr>
</tbody>
</table>

Women’s Health programs will focus on prevention and treatment of and rehabilitation from obstetric fistula and other women’s health issues. This includes training of community workers and hospital staff and expanding treatment and rehabilitation facilities and activities.

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.

For a copy of CBM Australia’s full audited financial statements, please contact CBM Australia on 1800 678 069. For further information on CBM Australia’s programs, please refer to our website: www.cbm.org.au
An accident left Shibre’s leg twisted and broken, but a CBM partner hospital repaired the damage, performing a series of operations and providing rehabilitation to help Shibre walk again.
Board and governance

CBM Australia is committed to maintaining the highest level of corporate ethics.

As a company limited by guarantee — incorporated under the Corporations Act 2001 — the ultimate responsibility for the governance of the company rests with the Board of Directors.

Achieving the mission

The Board’s primary role is to ensure that CBM Australia’s activities are directed towards achieving our mission — to improve the quality of life of persons with disabilities in the poorest countries of the world.

Specific responsibilities of the Board

The Board fulfils its primary role by:

- Determining CBM Australia’s mission, vision and values
- Appointing the National Director (Chief Executive Officer) and reviewing performance against agreed objectives
- Approving the strategic plan and budget
- Ensuring necessary financial, human and other resources are in place to meet strategic objectives
- Monitoring and assessing management’s performance in achieving all strategies and budgets
- Approving significant changes to organisational structure
- Ensuring compliance with legislation and regulatory requirements
- Enhancing the public standing of CBM.

Management’s responsibility

The Board has formally delegated responsibility for CBM Australia’s day-to-day operations and administration.

Board oversight

The Board oversees and monitors management’s performance by:

- Meeting at least four times during the year
- Receiving detailed financial and other reports from management at these meetings
- Receiving additional information and input from management when necessary
- Assigning responsibilities to each Board committee to oversee particular aspects of CBM Australia’s operations and administration
- Ensuring compliance with legislation and regulatory requirements
- Enhancing the public standing of CBM.

Board members

All Board members are non-executive and receive no remuneration for their services. The company’s constitution specifies:

- No less than three and no more than 20 directors
- No employee of the company can be a director of the company
- Directors are appointed for three-year terms.

The Development and Personnel Committee oversees the appointment and induction process for Board and Committee members. Recommendations for appointment are made to ensure the Board has the right mix of skills, experience and expertise. Prior to appointment to the Board, prospective new directors are generally invited to participate in one of the Board committees. Company members elect Board members at the AGM.

Risk management

The Board oversees the establishment, implementation and annual review of CBM Australia’s risk management system. Management is responsible for establishing and implementing the risk management system that assesses, monitors and manages operational, financial reporting and compliance risks.

Ethical standards and code of conduct

Board members, senior executives and staff are expected to comply with relevant laws and codes of conduct of relevant professional bodies, and to act with integrity, compassion, fairness and honesty at all times in dealing with stakeholders in our mission.

Board and Committee members and staff are made aware of CBM Australia’s ethical standards and code of conduct during their induction to the organisation and are provided with a copy of both documents at that time. Board members are required to sign a Statement of Integrity upon first appointment to the Board.
Involving stakeholders

CBM Australia has many stakeholders. These include those for whom we provide development assistance, our donors and benefactors, our staff and volunteers, the broader community, the government agencies who provide us with funds and regulate our operations, and our suppliers.

We adopt a consultative approach in dealing with our stakeholders. We organise regular donor meetings throughout Australia to provide information on the mission of CBM Australia and to receive feedback.

We get involved in industry forums to ensure that industry participants and the Federal Government are aware of the issues associated with disability and poverty.

Four-year-old Juned is smiling again thanks to CBM-supported rehabilitation and a special calliper to treat his club foot.
The Board

MELVIN WILLIAM (BILL) AUSTIN
Bill joined the Board during 2008 and brings experience as the Director of Halcrow Pacific Pty Ltd. Bill graduated from Leeds University in 1973 and holds a Masters of Science from London University. He is also a Fellow of the Australian Institute of Company Directors.

Special Responsibilities:
Chair of the Finance and Audit Committee and Member of the International Programs/Inclusive Development Committee.

PETER BICKERTON
(Retired May 2010)
Peter has over a decade of service on the Board. In this time, he has brought his experience as Director of Bickerton Masters. Peter is an Associate of the Royal Australian Institute of Architects, has a Graduate Diploma in Architecture and is a Registered and General House Builder.

Special Responsibilities:
Member of the Board Development and Human Resource Committee.

JANE FURNISS
Jane has degrees in Arts (Chinese Studies), Law and a Masters in International Development. Jane brings her experience through her work with Christian aid and development agencies in 80 countries.

Special Responsibilities:
Chair of the International Programs/Inclusive Development Committee.

CHRISTOPHER GROOM
Christopher brings his experience in accounting and management education. Chris has spent over 20 years teaching in universities and managing various international programs. Chris has also been involved with a number of Christian and not-for-profit organisations as an honorary Board member and Treasurer.

Special Responsibilities:
Member of the Finance and Audit and the Innovations and Community Engagement Committees.

ELIZABETH HAMER
Elizabeth joined the Board in 1999 and commenced as Chair of the CBM Australia Board in May 2009. She has a Bachelor’s Degree in Dental Science and acts as director of several small private companies/organisations.

Special Responsibilities:
Chair of the Board, Member of the Board Development and Human Resource Committee and the Finance and Audit Committee.

LAWRENCE HORDER
Lawrence joined the Board in 2006. He brings a wealth of experience in the area of Human Resources. He has a Bachelor of Arts Degree with a Major in Psychology.

Special Responsibilities:
Chair of the Board Development and Human Resource Committee and Member of the International Programs/Inclusive Development Committee.

DAVID LANG
David has served on the Board since 2000. He is a qualified pilot and a registered building practitioner.

Special Responsibilities:
Member of the International Programs/Inclusive Development Committee and Chair of the Innovations and Community Engagement Committee.

WILMA ZEGELIS
Wilma was appointed to the Board in 2006, bringing her experience as a Pastor with the Baptist Church. She has a Certificate of Theology, Bachelor of Ministries and a Master of Arts (Theology).

Special Responsibilities:
Member of the Innovations and Community Engagement Committee and Board Development and Human Resource Committee.

HELEN GREEN
Helen was appointed to the Board in May 2010. She has formal qualifications in Development and Management, together with extensive experience working in development agencies. She is the Chair of CBM New Zealand and is a Director of the International Board of CBM.
INDEPENDENT AUDIT REPORT TO THE MEMBERS OF
CBM AUSTRALIA
ABN 23 005 326 849

Scope
We have audited the summarised financial report for CBM Australia for the year ended 31 December 2010 in accordance with Australian Auditing Standards.

Audit Opinion
In our opinion, the information reported in the summarised financial report is consistent with the annual statutory financial report from which it is derived and upon which we expressed an unqualified audit opinion in our report to the members dated 21 March 2011. For a better understanding of our audit this report should be read in conjunction with our audit report on the annual statutory financial report*.

SAWARD DAWSON
Chartered Accountants

Partner: Tim Flowers
Date: 20 April 2011
Blackburn, Victoria

*This general purpose financial report is available upon request.
CBM was founded by Pastor Ernst Christoffel in 1908. Inspired by his Christian faith, Pastor Christoffel cared for the needs of children with disability and orphans in Turkey and Iran.

In 2008, CBM celebrated 100 years of delivering faith-inspired expertise to people with disabilities in developing countries all around the world.