



Together
we can
do more



2011 CBM Australia Annual Report

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Cover image: CBM works in the poorest communities to find children like Rith and provide intensive in-home rehabilitation, training and support for them and their families. ©CBM



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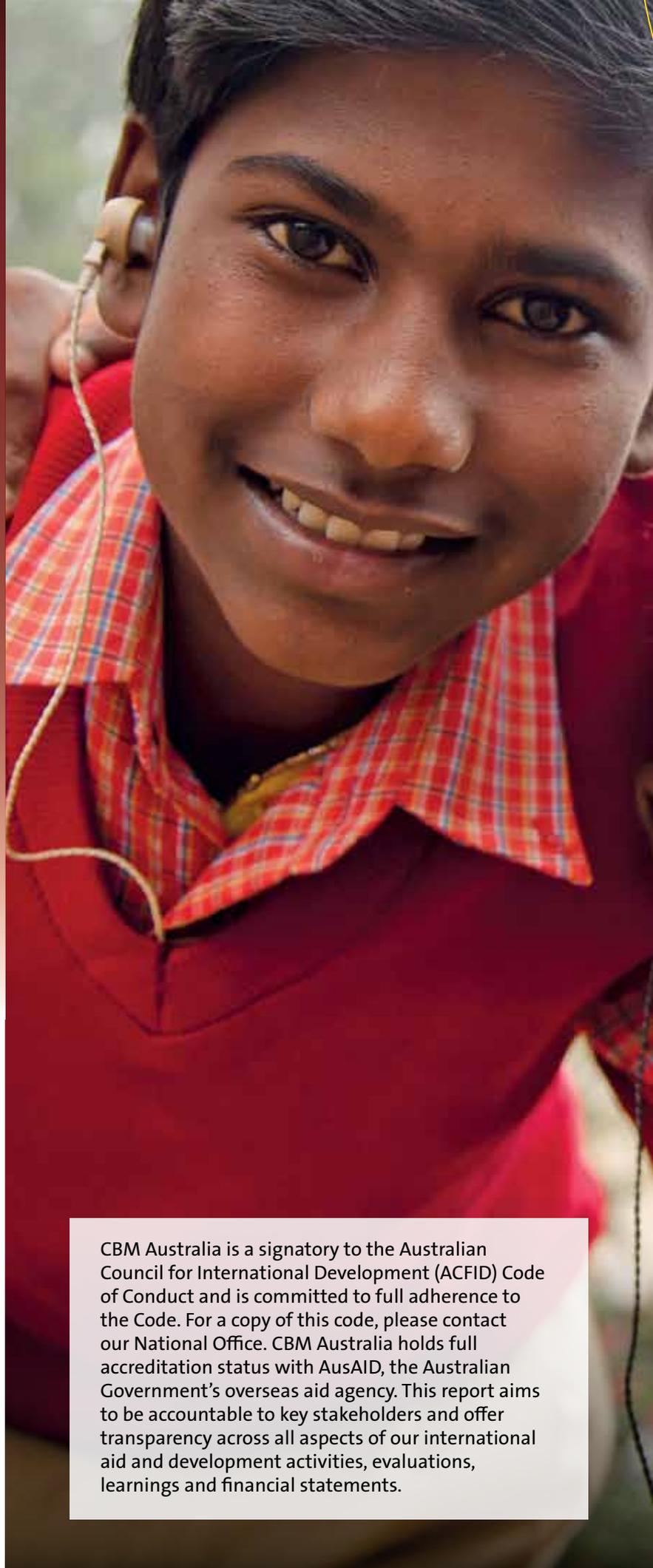


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The Lord is righteous in all his ways
and loving toward all he has made.

— PSALM 145:17

Our vision and mission

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

OUR MISSION | 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



CBM's mission to improve the quality of life for persons with a disability in the developing world has been a powerful motivating force for all at CBM Australia, and it is leading us to make a growing impact on the lives of the poorest people.

We are forever grateful for the tens of thousands of donors around Australia who continue to generously share their gifts in support of this important work. Without this financial support our impact on the lives of the poorest people with disabilities wouldn't be possible. We are also mindful of the many people who pray for CBM and the work we do. These prayers are such an important and valuable source of support.

We have also been excited to roll-out the End the Cycle campaign around Australia, which is educating all Australians about the link between poverty and disability. This campaign has been highlighted through a photographic exhibition that has been displayed in most capital cities as well as the High Court in Canberra. The Luke14 program, aimed at church communities, is also raising awareness in congregations throughout Australia.

CBM Australia also continues to appreciate the support and involvement of AusAID in many of our programs, which is consistent with the roll-out of AusAID's Development for All strategy.

Through our partnership with the Nossal Institute, CBM Australia has been privileged to work with other major Non-Government Organisations such as Red Cross, PLAN International, World Vision, the Leprosy Mission, Caritas and many others as together we seek to expand their work to impact more people with a disability.

Our membership of the Australian Disability and Development Consortium and the Avoidable Blindness Initiative through Vision 2020 Australia continues to grow, and has provided a number of opportunities for us to work closely with other NGOs wishing to increase their work with people with a disability.

In October 2011, we appreciated the practical support of AusAID's "dollar for dollar" campaign, which enabled us to raise additional funds for people with a disability impacted by the ongoing East Africa Food Crisis.

The CBM Australia Board is especially grateful to our National Director, John Jeffries, and his team, who work tirelessly and consistently to "go the extra mile" to strengthen the work of CBM and our partners. The team's quality output and ever-present enthusiasm to extend our work to more people is an inspiration. I would also like to thank my colleagues who give up their time on a voluntary basis as Board members and who continually aim to ensure that CBM Australia is "raising the bar" when it comes to professionalism and quality of work in all we do.

On behalf of the Board I would like to thank all who have contributed to the many successes of the past year. We continue to value the financial, prayerful and practical support of so many people. Each and every contribution is enabling our life-changing work to impact more people with a disability.

A handwritten signature in black ink, appearing to read "Bill Austin".

Bill Austin
Chairman

Message from the National Director

Another year and another chance for me to say a heartfelt thank you to our wonderful supporters, our staff, volunteers, partner organisations – indeed, everyone involved in helping to end the cycle of poverty and disability.



In so many ways, your support is vital to CBM's life-changing work, whether through volunteering your time or simply remembering our work in prayer.

And during the past year's global economic uncertainty, your generous financial support is all the more humbling and inspiring.

It's been a difficult year. Together we watched as millions of children, women and men suffered through the worst drought East Africa has endured in 60 years. The food crisis has prompted an overwhelming response from Australians wanting to support relief efforts and, thanks to you, CBM's Emergency Response was able to provide both immediate and long-term support to people with disabilities and their families.

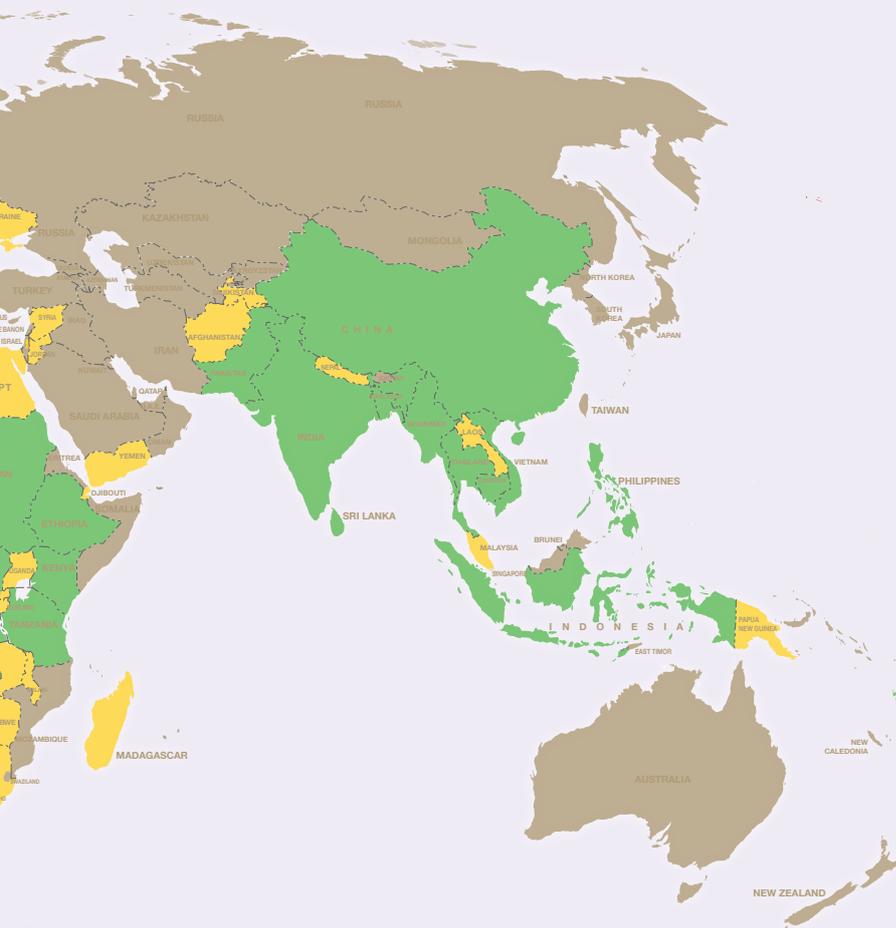
In the poorest countries, the impact of disasters such as this is particularly devastating for this marginalised group. CBM and our partners remain on the ground to provide critical assistance and work with communities to help rebuild lives and restore hope through a variety of long-term development programs. CBM is one of the leading organisations in the world focused on addressing the double-disadvantage of those living with poverty and disability.

As we continue to work towards ending the cycle of poverty and disability, I'm pleased to share with you some wonderful news – CBM director, David Lewis, was recently honoured for his work with a prestigious award from the Australian Council for International Development.

David is a long-time CBM staff member, and his tireless efforts towards a more inclusive world for people with disabilities are invaluable. The 2011 Award for Outstanding Work in International Development is a wonderful acknowledgement of David's achievements. As our world changes, I'm continually amazed by what we're achieving together. I hope these pages give a deeper understanding of CBM's work and the people with disability you're supporting in the poorest places.

A handwritten signature in black ink, appearing to read 'John Jeffries'. The signature is stylized and cursive.

John Jeffries
National Director
CBM Australia



Green Countries where CBM Australia is transforming lives

Yellow Countries where CBM is transforming lives in addition to those of CBM Australia

Note: 'CBM' refers to the international body of member associations. 'CBM Australia' refers to the Australian member association of CBM.



South Asia

Countries: Bangladesh, India, Pakistan, Sri Lanka

Projects: 17

Partners: 12

Activities: Community Based Rehabilitation, advocacy and advocacy training programs, programs to promote inclusive education, school support for children with disabilities, and programs to reduce risk for people with disabilities in the event of natural disasters.



South East Asia

Countries: Indonesia, Philippines, Samoa, Vanuatu

Projects: 20

Partners: 16

Activities: Community Based Rehabilitation, services for people with hearing impairments, eye care awareness and surgery programs, advocacy and training programs, and orthopaedic services.



Central Asia

Countries: Cambodia, China, Myanmar, Thailand, Vietnam

Projects: 17

Partners: 16

Activities: Community Based Rehabilitation, advocacy training programs, ear care awareness, hearing aid provision and eye care. Through the Avoidable Blindness Initiative (ABI) in Cambodia we facilitate eye care including strengthening community eye care services.



Inter-regional

Countries: Inter-regional

Projects: 4

Partners: 2

Activities: Principles of child protection training and international advocacy for blindness and hearing impairment.

Year at a glance

As a disability-focused organisation we continued to strengthen disability-inclusive development in 2011 by tackling poverty and disability together.

Program work

In 2011, CBM Australia supported nearly 100 projects in 25 of the poorest countries. We worked side-by-side with people with disabilities to raise community awareness of disability issues. Our programs also facilitated better access to education, livelihoods, health care and social inclusion for people with disabilities in some of the world's poorest communities.

Program evaluations for 2011

To improve the effectiveness of our development work, CBM conducts regular evaluations and internal reviews of our overseas programs. Typically these evaluations focus on assessing the relevance of a program, and how it has contributed to improving the lives of people with disabilities through their inclusion in their communities.

In 2011, CBM Australia completed eight evaluations which all highlighted significant achievements in improving the lives and opportunities of people with disabilities

in health care, education, livelihood and social inclusion activities.

CBM's emergency response

CBM responded to a number of emergencies throughout 2011 in Bangladesh, Philippines and the Horn of Africa.

Our partners in the field implemented programs and worked together with other agencies to ensure their responses were disability inclusive. Our emergency program in Haiti was a continuation of our 2010 earthquake programs. The emphasis was on long-term rehabilitation and advocacy to ensure accessible rebuilding efforts.

CBM raised funds during the dollar-for-dollar match with AusAID. Funds raised from this went to support emergency responses in the food crisis in the Horn of Africa.

CBM International and the World Report on Disability

CBM International provided technical input and financial support for the World Report on Disability, a World Health

Organisation and World Bank publication. This landmark report has taken more than three years to produce and provides a compilation and analysis of how disability issues have been addressed around the world, and gives recommendations for the future of national and international disability policy.

Disability-inclusive development

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

CBM Australia is proud to acknowledge the recognition of staff member David Lewis for his ongoing advocacy for disability-inclusive development throughout the sector. In 2011, David was awarded the Australian Council for International Development's Outstanding Contribution to the Sector Award. This is a highlight for

CBM's ongoing work and promotion of disability rights with a valued CBM director being acknowledged by Australia's peak body for international development.

Our supporters

Thanks to the generous support of our donors, CBM Australia last year raised \$17,357,195 towards helping the world's poorest people with disabilities. Thank you for your gifts – our life-changing work would not be possible without you.

CBM's 2011 community initiatives

2011 was an exciting time at CBM as we developed and improved our continued work engaging the Australian community to end the cycle of poverty and disability. We launched End the Cycle, CBM's community awareness initiative, and we continued to speak around the country to churches and youth and other groups about issues of poverty and disability through the Luke14 and Create2Change programs.



CBM's Emergency Response leader Valerie Scherrer coordinated relief efforts that focused on the poorest families living with disability during 2011's East Africa Food Crisis.

Case studies and stories

Case 1 : Empowerment

Project:

Promotion of Human Rights of Persons with Disabilities, Bangladesh

Situation:

The Promotion of Human Rights of People with Disabilities project works with mainstream organisations to build skills to include people with disabilities in their programs. Selected participants from small grassroots organisations build their skills, and in turn help others to build inclusive skills. They work to build close relationships with both government and non-government organisations in the area, and to promote positive attitudes about people with disabilities in mainstream community life.

Two women with disabilities from a small grassroots organisation took part in training run by our partner organisation to build leadership and promote the rights of persons with disabilities. After returning to their work area, these trainees organised several meetings with interested women with disabilities. Out of these meetings a self-help group was formed with 15 people with disabilities.

The group worked to ensure that people with disabilities in their community learnt about their rights and how to access them. The group communicated with the local government to guarantee that people with disabilities were included in the social safety net programs, and met with school teachers and school management committee members to ensure that children with disabilities were enrolled in mainstream schools

Learnings:

Training women with disabilities to act as community mentors gives confidence to other women and girls with disabilities to also sign up for training.

During the 2011 Census in Bangladesh, our partner's self-help groups played a pivotal role in making Census data collectors aware of disability issues, and up-skilling people with disabilities and the community to ensure that accurate data was collected about the numbers of people with disabilities and their impairments. As a result, more accurate disability data was collected which will be valuable for government allocation of funding and services.

DID YOU KNOW?

People with disabilities make up 15% of the world's population.

20% of people living in poverty in developing countries have a disability.

Disabled Peoples Organisations (DPOs) are groups of people with disabilities advocating for their rights in developing countries.





©CBM

“I think everyone can do more, especially people with disabilities. We can be a resource to others, an advocate.”

Kamlash's hope restored

Thirty-year-old Kamlash isn't unique because he is a skilful barber, a dedicated husband or a community member. He is unique because of his disability, and the fact he's achieved so much while living with the remnants of polio.

Polio caused severe paralysis in Kamlash's body, but he doesn't regret contracting the virus. This attitude has helped Kamlash become a leader in his community in Ahmedabad, representing himself and people with disabilities in political and cultural decision making, and lobbying for social change for a better life for all.

Kamlash works with children with disabilities in India, speaking out against apathy and encouraging young people to chase education and stand up for their human rights.

CBM's partner organisation helped Kamlash with business training and provided callipers for his legs to help him walk. This start gave Kamlash confidence in himself and his abilities, and his success is only growing.

“When CBM came to visit, I realised I could walk and I was given new hope, but I also learnt to do different things. I was excited with my callipers, but I was even more excited when I was shown how I could run my own business!”

Case studies and stories

Case 2 : Livelihood

Project:

Fitche CBR Project, Ethiopia

Situation:

In rural Ethiopia job opportunities are hard to come by. One of the best options for earning income is for people to start a micro-enterprise, or very small business.

One of CBM Australia's CBR projects in Ethiopia facilitates self-help groups to enable people with disabilities and parents to start micro-enterprises by providing them with micro-loans as start-up capital. Project staff provide training for the group members to build their skills in business and management. This training also builds the skills of the group members to gain the support of their local government.

In one self-help group, members have been trained to negotiate with the local government, and as a result the local government has provided them with a small plot of land where they can raise 20 sheep as income generation to fund their advocacy and assistance activities. They have also linked with the local government agriculture office to receive training in sheep rearing.

To increase income generation activities, the group successfully negotiated with the local office of the Labour and Social Affairs Bureau to act as guarantors of their microcredit loans, making it easier for group members without assets to access loans and start their own micro-enterprises.

Building the skills, confidence and group power for people with disabilities to get local government involvement means that these self-help groups can continue to support their livelihoods after the CBM project finishes.

Learnings and evaluation:

Escalating inflation on food and livestock prices as a result of global economic forces often reduces the buying power of loans. As a result the group has increased the maximum loan amount available to members.

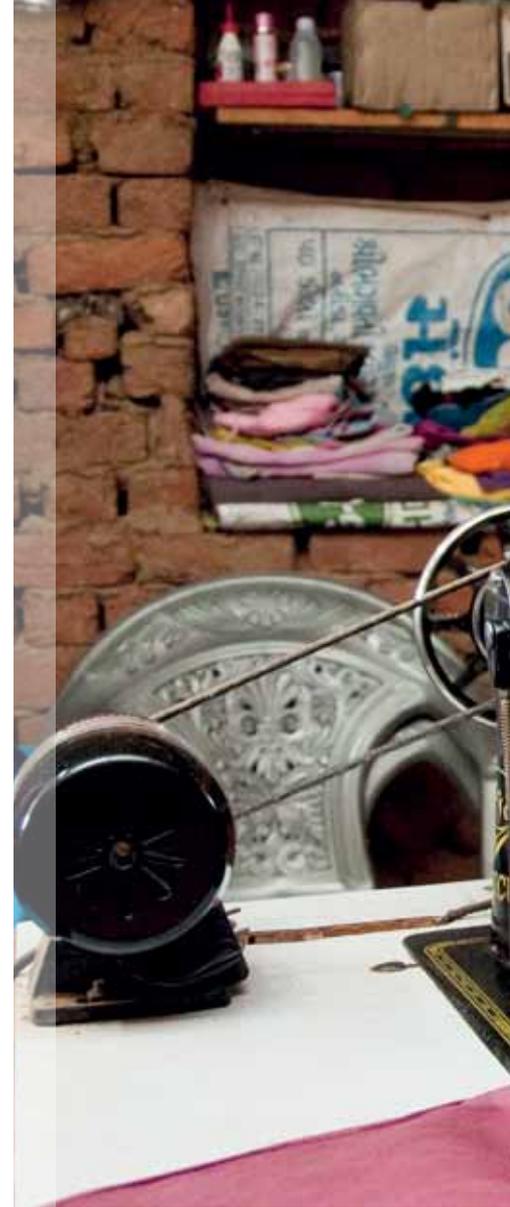
Having flexible loan periods for different micro-enterprise initiatives gives the best chance for successful repayments of loans.

DID YOU KNOW?

People with disabilities are likely to live in poverty.

Around 85% of people with disabilities do not have a job.

Empowering people with disabilities to earn an income is essential to end the cycle of poverty and disability.



“I thank God for the field workers that give up their time to come and see people like me. They have made a life-changing difference for me and my family.”



©CBM

Sita's new life

Sita sits proudly outside the home that she shares with her family. At 21 years of age and wearing a dress that she has made in beautiful colours that reflect the bright Indian sun, she is a picture of confidence and capability.

But Sita's life hasn't always been so strong and hopeful. Like many others in India of her age, Sita contracted polio when she was young. The virus left her body weak, and with a permanent disability.

Even when Sita was able to go outside, she found that she was discriminated against and treated badly because of her disability. The children she knew crossed to the other side of the road away from her and made fun of the way she walked.

However, Sita was determined not to let these circumstances deter her from pursuing and living a full and enjoyable life.

One day, Sita was approached by the leader of a local program run by CBM's partner organisation, who explained the program would teach how to sew and make clothing so that she could make a living.

"When a local leader, who had a disability also, told me about CBM I was very excited. They looked at helping me, not fixing me. I was very happy and looked forward to making beautiful clothes and making money to help my family!" she says.

The journey wasn't easy for Sita but her determination to achieve soon paid off. Her skill as a dressmaker was quickly noticed, and she began taking orders from customers across the region.

"I have been restored inside. I have a job, a future and have never been so confident!"

Case studies and stories

Case 3 : Social inclusion

Project:

Batangas CBR project, Philippines

Situation:

Playing sport and taking part in community activities is not only a fun part of childhood; it is an integral activity for children's physical health and emotional and social development. Often children with disabilities in developing communities are excluded from these activities because of physical, communication and environmental barriers, stigma or the perception that they could not be included. They lose vital opportunities for making friendships, building social skills and feeling like they are part of the community.

Batangas CBR project has a special focus on the needs and rights of children and youth with disabilities to ensure that children with disabilities are included in the classroom, in the playground and at important sporting and cultural events as well.

Program staff work with parents of children with disabilities in a Parents' Association. These parent associations are comprised of smaller groups that work with local government units to modify

activities or environments to ensure children with disabilities are included in sports and other social and community activities. Program staff also work with school teachers and other students to ensure that children with disabilities are included in all aspects of school life. The program runs child-focused training programs for all children in the community so that those who do not have disabilities are empowered to advocate for their peers.

Learnings:

Investing time and resources in strengthening parents groups can bear good results. Strong parents groups can advocate together as one voice and in turn strengthen the ability of local governments and local schools to ensure that social attitudes and environments are inclusive for children with disabilities.

Training youths with disabilities to act as liaison and resource people has been very successful. As well as building good relationships with local government units, they can mentor and inspire younger children with disabilities to be more outspoken about their right to participate.

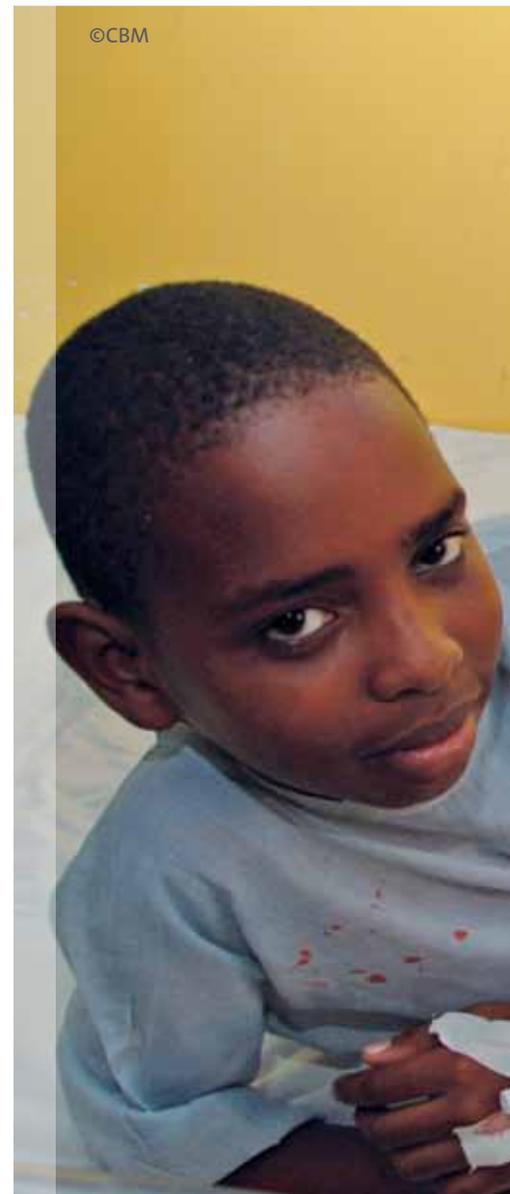
DID YOU KNOW?

Due to negative community attitudes about disability, people with disabilities are likely to be excluded from social activities.

Social inclusion of people with disabilities can break down barriers and change attitudes.

Barriers to social inclusion include communication, physical surroundings, policies and attitudes.

©CBM



Innocent's bright future

Soon after he was born, Innocent contracted malaria. The infection is common in Tanzania and the intense fever spread.

Complications caused his body to retain excessive amounts of water.

Innocent's limbs swelled and, despite medical intervention, his right leg was left crooked.

Innocent's disability continued to worsen as he grew, to the point where he was forced to walk on the side of his foot in order to get around. It was painful and difficult.

The bending foot was affecting almost every part of his life, despite Innocent's determination to do all the things a child does: go to school, do his chores and play with his friends.

"I stopped playing soccer because I couldn't run. I tried to play, but with my leg bending I would just fall down", says Innocent quietly.

"I felt so sad because my friends stopped talking to me. They wouldn't pick me on the team anymore."

When a CBM community worker met Innocent, they made sure he received essential rehabilitation and physiotherapy from CBM's partner hospital to help him gain strength. Innocent was given crutches to ensure he was able to live his life and reach his full potential.

Thanks to his rehabilitation and new mobility devices, Innocent can't wait to join his friends in the school yard and once again be a valued part of his soccer team!

"Each night I pray for many things. I pray for blessings for those who have helped me."



Case studies and stories

Case 4 : Education

Project:

Socio-Economic Empowerment of People with Disabilities, Cameroon

Situation:

The Socio-Economic Empowerment of People with Disabilities (SEEPD) project works towards inclusive education in Cameroon to ensure that children with disabilities are included in education. SEEPD works with 14 schools to make them more inclusive for children with disabilities.

In one such region the project started by working with a school to modify the school environment and include ramps, to act as a model of an accessible environment for other schools. SEEPD also built a resource room for inclusive education in the school. Twenty teachers received training on techniques for teaching, assessing and evaluating students with disabilities.

Learnings and evaluation:

As a result of inclusive education and training, local teachers identified more children with mild disabilities who had previously gone unnoticed in the classroom. Often these children had poor academic performance, but with the correct assistance for their impairments their grades improved.

A buddy system has proven very effective, where children with hearing and visual impairments are paired up with a buddy from their class for peer-to-peer learning.

The teacher training has been such a great success that the teachers report they would like further training. The project plans to train resource teachers who will support classroom teachers to ensure that education is inclusive.

DID YOU KNOW?

Children with disabilities are far less likely to attend school than children without disabilities.

One-third of all children not enrolled in school have a disability.

Poor teacher training, inaccessible school buildings, discrimination and policy barriers impact access to education for children with disabilities.



©CBM

“Before education,
I just existed.
After education,
I live!”



Kingsley's education, Kingsley's dream

Blind since birth, Kingsley often missed out on many opportunities, including going to school. But now he stands tall and dreams of change, thanks to the power of education.

The CBC Integrated School for the Blind is funded by CBM and is a purpose-built school for children with vision impairment. Excluded from mainstream schools, children with disabilities in the remote corners of Cameroon are often overlooked and miss out on the opportunity to have an education that *could* break the cycle of poverty.

The school has had an enormous impact on Kingsley's life.

"Back in my village, I was just blind and the world was coming to an end for me. People wouldn't let me talk about real things," says Kingsley.

Arriving at the school when he was 12, Kingsley is now fluent in both French and English, and there have been some very big changes in his life.

After completing his education, Kingsley's community quickly noticed that he had resilience and an inner strength that gave him hope and purpose. His village unanimously elected Kingsley to be the advisor and spokesman at community meetings. He now sits on the local council, showing how development work, education

and community outreach is shifting perceptions and breaking the barriers for people with a disability.

"I'm going to university next year and I'm going to become a teacher. Going to school with sighted students and seeing what they can do doesn't frighten me. I know that I can do it also!"

Thanks to the education opportunities offered through CBM, Kingsley is looking forward to a brighter future.

Case studies and stories

Case 5 : Health

Project:

Mental health awareness and training, Nigeria

Situation:

The Mental Health Awareness Program aims to increase community awareness about the causes of mental illness, overcome stigma and enable treatment for people in a community setting.

Village workers are trained with positive messages about mental health, and skills in referring people to receive treatment with community psychiatric nurses.

This project has had immediate results in some areas, such as in Nigeria.

Grace is a village health worker who participated in a training program about mental health awareness. That afternoon, on her way home from training, she passed a young man in the street with mental health issues. Where previously she would have been afraid and avoided him, she now knew that there was help available for him. Grace approached the young man and visited his home, where she found his brother also had severe mental health issues.

She was able to reassure the parents and persuade them that their sons could be helped. She referred the brothers to the community psychiatric nurse, where they were put on appropriate medical treatment. Both brothers have now improved to the point where they can undertake normal daily activities.

Learning:

Treating people with mental illness in the community setting enables people to see that mental illness is medically based and can be successfully treated. As results of treatment are seen, more people are then willing to bring their family members for treatment.

Key state and local government personnel should be included in training and be committed to the importance of community mental health work if the program is going to have maximum effect on a long-term basis.

DID YOU KNOW?

People with disabilities have a greater need to access health services and higher levels of unmet health needs than people without a disability.

People with disabilities more commonly report selling land and other assets to cover health costs.

Less than 0.1% of people with a hearing or vision impairment in developing countries receive appropriate support.





©CBM

“The doctors are going to bring my eyes back and make me see.”

Pan’s miracle of sight

Seven-year-old Pan didn’t know what his mother looked like, or how to get home if he wandered around his village. Born with cataracts in both eyes, Pan couldn’t help in the fields, plant the rice or prepare it for harvest.

Despite his disability Pan was trying to go to school, but it was difficult. He dreamt of becoming a builder, but without sight his dreams would never come true.

Pan’s father abandoned the family when Pan was a baby, and his mother struggled to earn enough money to provide food, let alone have money for any kind of medical help for Pan.

CBM’s partner in Cambodia found Pan while doing field visits in the area. Pan was given a preliminary eye test and, after the little boy’s cataracts were confirmed, CBM’s partner organised to have Pan taken to CBM’s partner hospital, Takeo Eye Hospital, for surgery to restore his sight.

With sight, Pan has the chance to learn his way out of poverty, support his family, go to school, get a job and one day even get married and have a family of his own.

“All the family are so happy”, Pan’s mother says, and sends this message to everyone who has helped her son see.

“I pray for you. I pray for you. Thank you, thank you, thank you.”

Pan is now looking forward to a brighter future thanks to his new-found opportunities.

Together in the community

CBM continues to engage with and raise awareness in the Australian community about issues of poverty and disability.

Through a number of community programs, CBM encourages Australians to practise inclusion at a local level in their daily lives, as well as increasing understanding of the inclusion of people with disabilities in overseas development programs.

Luke14

The Luke14 initiative continued to provide a range of denominations and congregations with insights into their roles when including people with disabilities in their church.

In 2011, Luke14 produced five new workshops to educate church communities on disability inclusion. More individuals, including people living with disability and their families, became advocates for the Luke14 program as a result of workshops, training and ongoing communication via newsletters and social media.

End the Cycle

The End the Cycle (EtC) project promotes human rights and empowerment of people with disabilities living in poverty by developing resources and raising awareness among Australians about these issues.

To kick-start the project, a public launch and photo exhibition was held at Federation Square in March. The photo exhibition then travelled to five state capitals around Australia, culminating in a public event in Sydney held on December 3 (International Day of People with Disabilities). Seventeen Australian development agencies endorsed the initiative and many of them carried the campaign message to their own supporters.

The EtC team carried out a resource trip in Bangladesh, and developed a strong partnership with CBM partner organisation The Centre for Disability and Development (CDD).

Create2Change

CBM Australia's youth initiative, Create2Change, continued to raise awareness of the cycle of poverty and disability among young people, and particularly encouraged them to get creative in speaking out about these issues.

School presentations, workshops, online engagement and a training program for young leaders in 2011 reached thousands of students, with many inspired to use their skills in creating songs, poems and art.

Vision for Change

The Vision for Change (VFC) program provides an educational tour for people who are interested in CBM's work. These tours encourage people to begin an ongoing journey with CBM, and promote commitment to ending the cycle of poverty and disability.

In 2011, the program hosted 22 tours of CBM Australia's National Office in Box Hill. VFC also hosted a fundraising breakfast for more than 150 guests to raise awareness and funds among both continuing and new supporters. The program ran five breakfasts throughout regional Australia.

Supporter meetings

Supporter meetings provide a more personal experience for donors to understand more about the work of CBM and our partners in developing countries, and hear inspiring stories from the field.

Forty-four meetings were held in 2011 with CBM co-workers from a number of countries speaking firsthand about their work helping the poorest people with disabilities.

Additional meetings raised awareness about the Stop Fistula Campaign across Australia, as well as a memoir launch highlighting time spent working for CBM in Afghanistan written by the wife of a former co-worker.



People at the launch of the End the Cycle initiative in Sydney joined hundreds of Australians and signed End the Cycle's pledge to help speak out with people with disabilities.

Audio library

In 2011, CBM's audio library service established a relationship with the Royal New Zealand Foundation of the Blind to provide Christian books and magazines to their members.

And we welcomed new audio library borrowers through our partnership with Christian Services for the Blind in Australia.

Our library team also began sharing content with the Talking Book Library at CBM Canada, to give both libraries and

their members access to a greater range of recorded material.

Seventy new titles were added and 160 titles were remastered. Nineteen thousand book titles and 11,000 magazine titles were circulated to 1,300 borrowers.

Volunteers

We would like to thank our 145 volunteers who last year gave over 1,130 days of their time to help us reach the poorest of the poor. Their generosity was valued at over \$158,221 and we thank them for their commitment to helping the world's poorest people with disabilities.

Together with our supporters

At CBM we really believe that together we can do more to help end the cycle of poverty and disability, both at home and overseas. So whether through financial gifts, work on the ground or in the office, we appreciate all the support we receive towards reaching our goal.

Regular Giving and maternal healthcare

Our monthly giving initiative means we can reach the most isolated communities around the world. In 2011, our Regular Giving program included providing support and care to the world's poorest mothers.

Part of this vital work includes reaching young women at risk of fistula and other maternal health conditions, and working with women and girls to raise awareness of the importance of maternal health, especially in isolated areas where often access to basic healthcare is limited.

The initiative also ensures CBM can continue to provide immediate medical relief, advocate on behalf of people with disabilities, and help communities become self-reliant.

Our campaigns – ending the cycle of poverty and disability

Our work seeks one overall outcome: to end the cycle of poverty and disability.

CBM is the world's largest non-government disability development organisation, and our projects reflect our commitment to go further to reach the poorest of the poor.

In times of emergency, we're on the ground to ensure immediate relief where it's needed most. During 2011's East Africa Food Crisis, we worked together with our local partners to focus on five key areas: health care, inclusive education and child protection, advocacy and accessibility, community-based rehabilitation and future disaster preparedness.

Thanks to the generosity of CBM's supporters together with the Australian Government's pledge to match each donation dollar for dollar, we raised \$707,978 for the East Africa Food Crisis. This support helped CBM take on three new projects in the poorest areas affected by ongoing drought and food and water shortages.

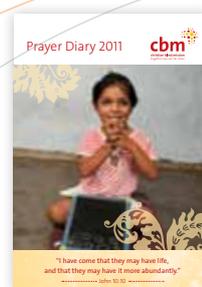
CBM in your Will

Through a gift in their Will to CBM Australia, hundreds of our generous donors last year brought joy to future generations of the poorest people with disabilities.

Prayer for CBM

At CBM we know the power of prayer is vital to our work in the poorest places. Our annual Prayer Diary featured daily prayers from CBM co-workers and staff in some of the world's most isolated countries.

We're also thankful to our supporters who sent personal prayers and thoughts to the field through our Hearts for Prayer initiative. Hearts for Prayer provides comfort and encouragement through prayer to those who work tirelessly to help the poorest people with disabilities.



Many long-term CBM supporters become volunteers, and we thank them for their invaluable contribution to helping the poorest people with disabilities at our annual volunteer lunch event.



Together with...

CBM Australia values our partnerships with organisations around the country and overseas to ensure we're always striving to reach our goals.

AusAID

In 2011, CBM continued to benefit from a partnership agreement with AusAID. The partnership helped us to increase the effectiveness and reach of our development work, as well as implement some important capacity-building initiatives with the local organisations we work with in the field.

In 2011, AusAID funding of \$6,322,868 supported CBM Australia's programs in 25 countries.

Avoidable Blindness Initiative

CBM Australia continues to enjoy support and recognition from the Avoidable Blindness Initiative (ABI). The program supports eye care awareness and access to eye health and rehabilitation programs in rural Cambodia and Vietnam. As part of the ABI, CBM's eye care programs in Cambodia and Vietnam have improved the focus on gender and disability inclusion in eye care.

Nossal and CBM

The partnership between CBM Australia and the Nossal Institute for Global Health at the University of Melbourne experienced significant growth in 2011.

The Nossal Institute is a not-for-profit organisation that, in collaboration with strategic partners, builds and exchanges knowledge and expertise to improve the rights of people with disabilities in areas where it is most needed through research, education, disability-inclusive development practice, and training of future leaders.

ADDC

A key activity for the Australian Disability and Development Consortium (ADDC) in 2011 was the "All for Development" lunch held at Parliament House, Canberra on 21 July. The Master of Ceremonies for this event was Professor Ron McCallum, Senior Australian of the Year. Hon. Kevin Rudd, MP, Hon. Julie Bishop, MP and Senator Jan McLucas, MP shared their bipartisan support for disability inclusion within Australia's international development program.

AusAID scholar Antoni Tsaputra, a student with a disability, impressed an audience of 50 MPs, AusAID staff and associated guests with his comparison of education in Indonesia and Australia.

Micah Challenge

In 2011, Stevie Wills, one of CBM's young leaders, was a guest presenter at the Voices for Justice conference in Canberra. She raised awareness of the cycle of poverty and disability with 250 people, and shared one of her poems highlighting the impact of disability as experienced by a young boy she met in South Africa.

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 for 2011 included the "All for Development" parliamentary lunch and various lobbying meetings, and submissions with individual members of parliament.

Working with other NGOs and ACFID

CBM works closely with many international development organisations. In 2011 we increased our support for development organisations through training and resource provision for the inclusion of people with disabilities across many overseas development activities.

CBM is also an active member of the Australian Council for International Development (ACFID), the peak body for Australian non-government development organisations. We have representation in many working groups and in 2011 delivered ACFID training in disability-inclusive development.



Australian Government
AusAID



Micha Challenge →

HALVE POVERTY BY 2015



©CBM

CBM youth ambassador Stevie Wills received a standing ovation at the Voices for Justice conference in Canberra, where she spoke of the struggles of living with disability after meeting Langtham, pictured, in South Africa.

Board and governance

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

Our Board of Directors is responsible for CBM Australia's overall performance and compliance, providing strategic direction, effective governance and leadership on behalf of members and supporters.

Achieving our mission

The Board's primary purpose is to ensure that CBM Australia's activities are consistently aimed towards achieving our mission – to improve the quality of life of persons with disabilities in the world's poorest countries.

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 outlined strategic objectives

- : Monitoring and assessing the organisation'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 Australia.

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 the organisation's performance by:

- : Meeting at least four times throughout the year
- : Receiving regular financial and other reports from management at Board and committee meetings
- : Receiving additional information and input from management as deemed necessary

- : Establishing Board committees with board-approved terms of reference to oversee particular aspects of CBM Australia's operations and administration.

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 Board Development and Human Resources 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 a Board committee and Board meeting. Company members elect Board members at the Annual General Meeting.

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 operations, 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 with the Board.



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Involving stakeholders

CBM Australia has many stakeholders. These include those to whom we provide 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 supporter 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 constantly informed of the issues associated with disability and poverty.

Oumou never learned to walk and was confined to her home because of a congenital leg deformity. After Oumou was identified by a CBM field worker, she received surgery, support and rehabilitation to help her take her first steps and start school.

Board and governance

The Board Directors

MELVIN WILLIAM (BILL) AUSTIN

Bill joined the Board in 2008. He holds a Masters of Science and is a Fellow of the Australian Institute of Company Directors.

Special responsibilities

Chairman of Directors, CBM Australia Board (since May 2011).

Member of the Board Development and Human Resources Committee, Finance and Audit Committee, and International Programs/ Inclusive Development Committee.

JANE FURNISS

Jane holds qualifications in Chinese Studies, Law and International Development, and has extensive experience with Christian development agencies around the world.

Special responsibilities

Chair of the International Programs/Inclusive Development Committee (until March 2011).

HELEN GREEN

Helen was appointed to the Board in 2010. She has formal qualifications in Development and Management, and has extensive experience in development agencies. She is the director of the International Board of CBMeV/CBMI, and is chair of the CBM New Zealand Board.

Special responsibilities

Member of the Finance and Audit Committee, and International Programs/ Inclusive Development Committee

CHRISTOPHER GROOM

Christopher joined the Board in 2009. He has over 20 years' teaching and management experience in international programs, and has had involvement with various Christian and not-for-profit organisations.

Special responsibilities

Chair of Finance and Audit Committee and Chair of the Innovations and Community Education Committee (until mid 2011)

Member of the International Finance Committee for CBMeV and CBMI.

ELIZABETH HAMER

Elizabeth joined the Board in 1999. She has a Bachelor of Dental Science and is director of several private organisations and companies.

Special responsibilities

Chair of the Board (until May 2011).

Member of the Board Development and Human Resource Committee, Finance and Audit Committee and Risk Management Working Group, and a guest on the International Programs/ Inclusive Development Committee, and Innovations and Community Education Committee.

Retired from the Board 23 May 2011.

LAWRENCE HORDER

Lawrence has been part of the board since 2006. He has extensive Human Resources experience and has a Bachelor of Arts majoring in Psychology.

Special Responsibilities

Chair of the Board Development and Human Resource Committee and a member of the International Programs/ Inclusive Development Committee.

DAVID LANG

David has served on CBM's Board since 2000. He is a qualified airline pilot and a registered building practitioner.

Special responsibilities

Member of both the International Programs/ Inclusive Development Committee and the Innovations and Community Education Committee.

BEN SMITH

Ben joined the CBM Board in 2011. He has qualifications in Social Work and Public Health, and holds a Doctorate of Philosophy.

Special responsibilities

Senior roles in community development, public health program design and management, program evaluation and academia.

PHILLIP RATCLIFF

Phillip was appointed to the board in 2011, and brings his experience as Director of Ratcliff and Associates. He owns a software development company and has held senior roles within the IT industry.

Special responsibilities

Chair of Risk Management Committee and Member of the Finance and Audit Committee.

WILMA ZEGELIS

Wilma joined the Board in 2006, bringing her experience as a pastor with the Baptist Church. She has qualifications in Theology and Ministries.

Special responsibilities

Chair of the Innovations and Community Engagement Committee and Member of the Risk Management Working Group, Board Development, and HR Committee



Thanks to CBM-supported surgery and rehabilitation, Zawad is looking forward to a brighter future.

2011 Financial overview

Where did our money come from?

CBM Australia's total 2011 income of \$28 million was marginally lower than 2010 (\$28.3 million).

Donation income was lower by \$1.4 million, primarily due to lower emergency-related donations (\$2.7 million). While lower, donation income was in line with management expectations for the year. Bequest income was also lower than 2010 by \$408,000.

Grant income, Investment income and Other income were all higher than 2010. Grants were higher as a consequence of concluding our partnership agreement with AusAID. Investment income was higher due to increased investment funds coupled with better returns. Increased consulting activity was responsible for the increase in Other income.

How was our money spent?

Total Expenditure for 2011 was \$28.4 million, higher than 2010 by \$4.6 million.

Expenditure increases included spending on overseas programs, increased by \$2.7 million compared to 2010. The increased spending was in line with commitments made during 2010 in anticipation of expected income, including higher AusAID grants. Expenditure on Community Education and Domestic programs increased by \$540,000.

Fundraising expenditure of \$5 million was greater than 2010, as a consequence of new acquisition programs and changed cost attribution.

Accountability and Administration costs of \$3.4 million were lower than 2010, despite including an amount of \$0.8 million arising from write-down of investment values. Costs in this category are lower as a consequence of a process review and changes to underlying cost attribution processes.

Financial sustainability

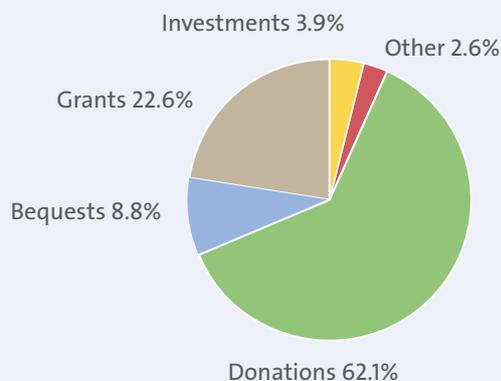
The final result for the year was a deficit of \$0.4 million compared to a 2010 surplus of \$4.5 million. After removing the investment write-down, the underlying result was a small surplus of \$0.3 million, a result in line with management expectations.

Underlying accounting reserves are strong and provide a basis to support the future activity of CBM.

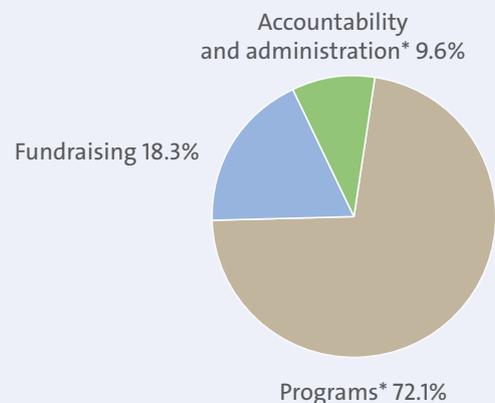
At the end of 2011 cash and investments increased by \$4.8 million, almost all of which related to AusAID monies received in advance for 2012 expenditure. There is a similar increase in trade and other payables where a liability has been recognised for the unspent funds.

CBM is able to pay known debts as and when they fall due.

REVENUE
(% of total income)



EXPENDITURE
(% of total expenditure)



* Accountability and administration % calculated after excluding the writedown of investment values.

Programs expenditure comprised 62.9% for development and emergency programs and 9.2% for community education programs.

Summary financial statements

Statement of comprehensive income for the year ended 31 December 2011

	2011 \$	2010 \$
REVENUE		
Donations and gifts: monetary and non-monetary		
Monetary	17,357,195	18,756,109
Non-monetary	0	650
Bequests & legacies	2,457,159	2,864,840
Grants received		
AusAID	6,322,868	5,285,038
Other Australian	0	30,940
Other overseas	0	0
Investment income	1,089,602	661,560
Other income	736,727	692,074
Revenue for international political or religious proselytisation programs	0	0
TOTAL REVENUE	27,963,551	28,291,211
EXPENDITURE		
International aid and development programs expenditure		
International programs		
Funds to international programs	14,655,510	12,792,028
Program support costs	2,021,441	1,172,331
Community education	2,554,341	2,066,440
Fundraising costs		
Public	4,940,650	3,326,427
Government, multi-lateral and private	105,105	112,725
Accountability and administration	3,435,441	3,711,594
Non-monetary expenditure	0	0
Total international aid and development programs expenditure	27,712,488	23,181,545
Expenditure for international political or religious proselytisation programs	0	0
Domestic programs expenditure (monetary and non-monetary)	705,203	641,766
TOTAL EXPENDITURE	28,417,691	23,823,311
EXCESS/(SHORTFALL) OF REVENUE OVER EXPENDITURE	(454,140)	4,467,900
Other comprehensive income:		
Net movement in the financial assets reserve	18,641	123,793
Other comprehensive income for the year	18,641	123,793
Total comprehensive income for the year	(435,498)	4,591,693

Summary financial statements

Statement of financial position as at 31 December 2011

	2011 \$	2010 \$
CURRENT ASSETS		
Cash and cash equivalents	8,424,661	6,632,254
Trade and other receivables	461,420	432,819
Inventories	0	7,449
Financial assets	10,792,263	7,716,897
Other financial assets	64,699	21,588
Total current assets	19,743,043	14,811,007
NON-CURRENT ASSETS		
Trade and other receivables	0	0
Other financial assets	0	0
Property, plant and equipment	5,456,535	5,630,020
Investment property	14,280	14,280
Intangibles	0	0
Other non-current assets	0	0
Total non-current assets	5,470,815	5,644,300
TOTAL ASSETS	25,213,858	20,455,307
CURRENT LIABILITIES		
Trade and other payables	5,809,000	816,555
Borrowings	0	0
Current tax liabilities	0	0
Other financial liabilities	0	0
Provisions	1,014,569	906,303
Total current liabilities	6,823,569	1,722,858
NON-CURRENT LIABILITIES		
Borrowings	0	0
Other financial liabilities	0	0
Provisions	209,140	115,799
Other	0	0
Total non-current liabilities	209,140	115,799
TOTAL LIABILITIES	7,032,709	1,838,659
NET ASSETS	18,181,149	18,616,648
EQUITY		
Perpetual trusts	152,000	152,000
Financial assets reserve	144,997	126,357
Bequest reserve	2,127,263	2,000,573
General reserve	3,855,733	3,855,733
Committed funds reserve	11,901,156	12,481,985
Retained surplus	0	0
TOTAL EQUITY	18,181,149	18,616,648

Statement of changes in equity for the year ended 31 December 2011

	Retained surplus \$	Committed funds reserve \$	Bequest reserve \$
Balance at 1 January 2010	0	8,398,536	1,631,566
Excess of revenue over expenses	4,467,900	0	0
Transfers to and from reserves			
committed funds reserve	(4,083,449)	4,083,449	0
bequest reserve	(369,007)		369,007
general reserve	(15,444)		0
perpetual trusts			0
Balance at 1 January 2011	0	12,481,985	2,000,573
Excess of revenue over expenses	(454,140)	0	0
Transfers to and from reserves			
committed funds reserve	580,829	(580,829)	0
bequest reserve	(126,690)	0	126,690
general reserve	0	0	0
perpetual trusts	0	0	0
Balance at 31 December 2011	0	11,901,156	2,127,263

	General reserve \$	Financial assets reserve \$	Perpetual trusts \$	Total \$
Balance at 1 January 2010	3,840,289	2,565	162,000	14,034,955
Excess of revenue over expenses	0	0	0	4,467,900
			10,000	(10,000)
Transfers to and from reserves				
committed funds reserve	0	0	0	0
bequest reserve	0	0	0	0
general reserve	15,444	0	0	0
perpetual trusts	0	0	0	0
Investment impairments within retained deficit	0	146,558	0	146,558
Revaluation increment/(decrement)	0	(22,765)	0	(22,765)
Balance at 1 January 2011	3,855,733	126,358	152,000	18,616,648
Excess of revenue over expenses	0	0	0	(454,140)
Repayment of Trust Funds	0	0	0	0
Transfers to and from reserves				
committed funds reserve	0	0	0	0
bequest reserve	0	0	0	0
general reserve	0	0	0	0
perpetual trusts	0	0	0	0
Investment impairments within retained surplus	0	772,942	0	772,942
Revaluation increment/(decrement)	0	(754,301)	0	(754,301)
Balance at 31 December 2011	3,855,733	144,997	152,000	18,181,149

Summary financial statements

Table of cash movements for designated purposes

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 2011.

	Cash available at beginning of financial year \$	Cash raised during financial year \$	Cash disbursed during financial year \$	Cash available at end of financial year \$
Women's health	1,025,497	0	609,808	415,689
Total for other purposes	5,606,757	33,209,240	30,807,025	8,008,972
TOTAL	6,632,254	33,209,240	31,416,833	8,424,661

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

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

ABN 23 005 326 849

The accompanying summary financial statements, which comprises the summary statement of financial position as at 31 December 2011, the summary statement of comprehensive income, and summary statement of changes in equity for the year then ended, are derived from the audited financial report of CBM Australia for the year ended 31 December 2011. We expressed an unmodified audit opinion on that financial report in our report dated 20 March 2012. That financial report, and the summary financial statements, do not reflect the effects of events that occurred subsequent to the date of our report on that financial report.

The summary financial statements do not contain all the disclosures required by Australian Accounting Standards – Reduced Disclosure Requirements (including Australian Accounting Interpretations) and the Corporations Act 2001. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial report of CBM Australia.

Management’s Responsibility for the Summary Financial Statements

Management is responsible for the preparation of a summary of the audited financial report, in accordance with the financial report.

Auditor’s Responsibility

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

Opinion

In our opinion, the summary financial statements derived from the audited financial report of CBM Australia for the year ended 31 December 2011 are consistent, in all material respects, with that audited financial report.

SAWARD DAWSON

Chartered Accountants



Partner: Peter Shields

Date: 13 April 2012

Blackburn, Victoria 3130



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.

CBM Australia's 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.



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