



Building an
inclusive world

cbm 
christian blind mission
together we can do more

2012 CBM Australia
Annual Report

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Cover image: CBM works in the poorest places to find people like Lai and provide the support, rehabilitation and training they need to improve their quality of life. ©CBM



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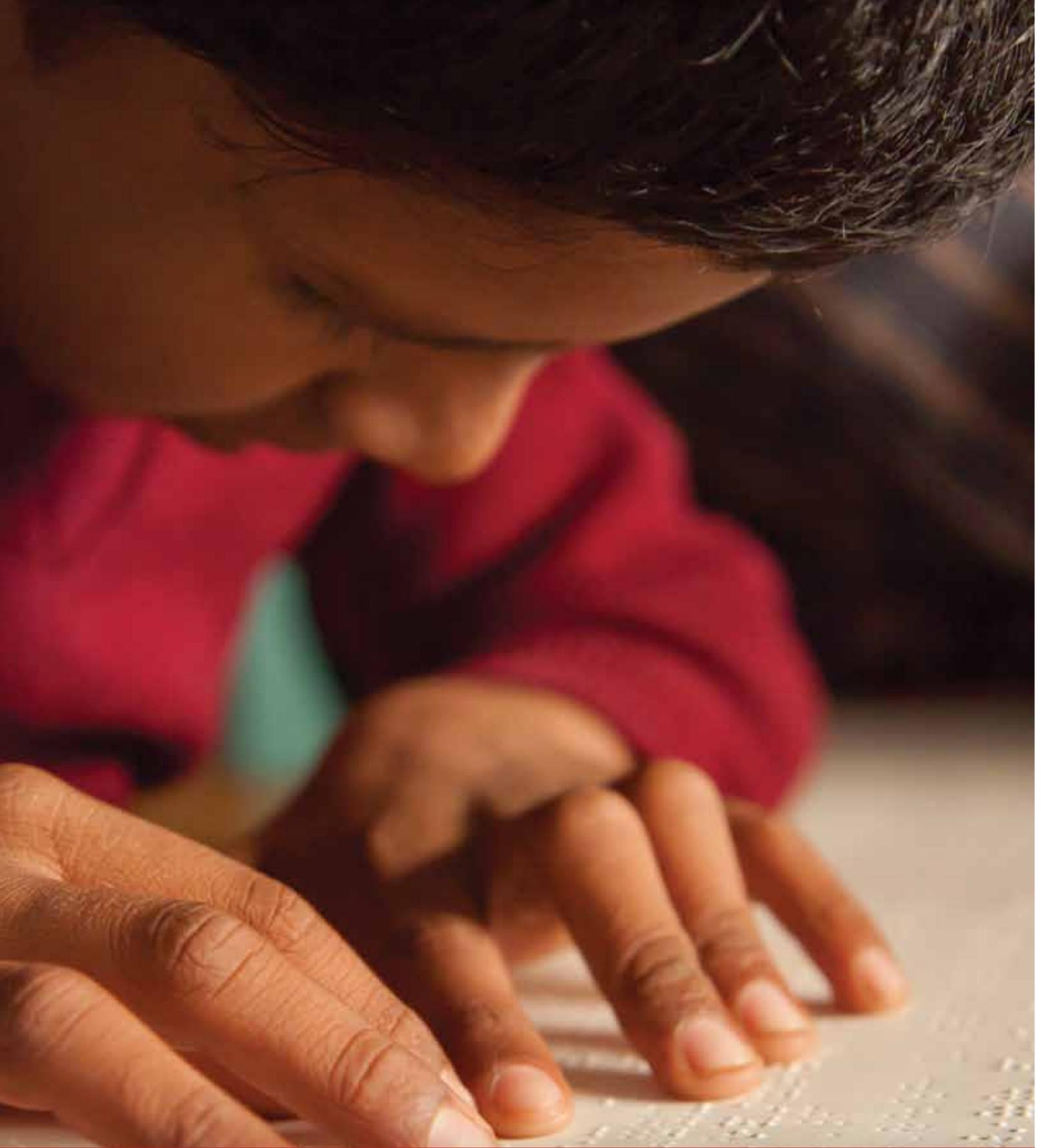


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Trust in the Lord with all your heart and lean not on your own understanding; in all your ways submit to him, and he will make your paths straight.

– PROVERBS 3:5-6

CBM Australia is a signatory to the Australian Council for International Development (ACFID) Code of Conduct and is committed to full adherence to the Code. 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 agency. 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.

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



Financial uncertainty during the past year has continued to plague many nations around the world. It has been a challenging year, and we are all the more grateful for the continued support from our generous donors throughout Australia. It is not just the financial support that is such a blessing to CBM but also the prayer support, which is so vital, to ensure we are continuing our Christian mission to those with disabilities.

Helping the world's poorest people living with disabilities is what CBM Australia is all about. But we don't do it alone. And it's because of this wonderful financial and prayer support in 2012 that CBM was able to impact the lives of over 41 million of the world's poorest people with disability worldwide.

I would like to take this opportunity to personally thank each and every donor for their contribution – your actions are truly inspiring to the CBM team and it is humbling to know that many

of you make your donations sacrificially.

I've often found that it is in times of crisis or emergency that we most need to cast aside apathy and embrace all who need our help – especially the poorest of the poor, people living in poverty with disability. When we do this we're not only improving the quality of life of some of the world's most disadvantaged people, we're all working towards creating a better and more inclusive world. Each and every contribution to CBM's work, no matter how great or small, makes a life-changing difference, not only to those with a disability but also to their family members and the local community.

I pray for continued unity and wholeness, that together we can do more to help end the persistent cycle of poverty and disability.

The Board of CBM Australia admires the work carried out by the CBM family which is ably led by the National Director, John Jeffries, and his Senior Leadership Team. I am always so pleased and amazed to see the wealth of talent that exists amongst our staff and co-workers, who are so committed to strengthening the work of CBM and our partners both in Australia and overseas.

“For I know the plans I have for you,” declares the Lord, “plans to prosper you and not to harm you, plans to give you hope and a future.”

— JEREMIAH 29:11

I'd also like to make special mention of all the volunteers who give their time and expertise so generously; their support is invaluable and deeply appreciated. They are often the hidden powerhouse ensuring CBM can serve people with disabilities in the most effective ways. I am also thankful to my colleagues on the Board who volunteer their time so freely to ensure that CBM Australia is meeting all of the regulatory, governance and financial requirements that are becoming increasingly more onerous.

Despite 2012 being another financially challenging year we have continued to serve the world's poorest people with disabilities. Our program work has continued unabated and we have been able to strengthen our work even further thanks to increased support from AusAID, where we have been recognised as a partner in their aid program.

Our inclusive development work has also increased through the continued growth of our partnership with the Nossal Institute, and through the Luke 14 program, which continues to highlight the need for disability inclusiveness in the Christian church. For the first time anywhere in the world the Australian National Church Life Survey (NCLS) included a benchmark on

where churches are at with disability inclusiveness. For the first time also Ridley College started a Theology of Disability course, which is being promoted throughout the other 15 colleges in the Australian College of Theology consortium.

Finally, I extend my congratulations to our Inclusive Development Director, Kirsty Thompson, who received an award from the University of Sydney recognising her achievements and contributions to international development.

On behalf of the Board I would like to thank all those who have contributed during the past year to CBM's continued success. Your financial, prayerful and practical support is immeasurable and ensures every day the lives of the poorest people with disability are restored.

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

Bill Austin
Chairman

Message from the National Director

In 2012 we continued to recognise and celebrate the lives and contributions of people with disability around the world.



Together with our wonderful supporters we've continued to promote the rights of people with disabilities, and restored lives every day in some of the world's poorest countries. Without this loyal support, none of this life-changing work would be possible.

To the most vulnerable and marginalised in our societies, we were able to reach out in times of greatest need – we reached out to those affected by typhoon in the Philippines, and provided comfort and critical care to thousands of the poorest men, women and children who became victims of violence in the Democratic Republic of Congo.

Together with our partners we kept working to improve accessibility for people with disabilities in the poorest countries, and advocating the needs and rights of people with disabilities to NGOs, governments and authorities.

Over the past year we continued to break exciting ground promoting the rights of people with disability, culminating in receiving an award for a disability film at a UN conference in Indonesia.

This award is not only a wonderful acknowledgment of the hard work from everyone involved in the making of the film. It also recognises disability's importance on the global stage and as an area that requires further foreign recognition. To end poverty, we must continue to include disability across all poverty-reducing agendas.

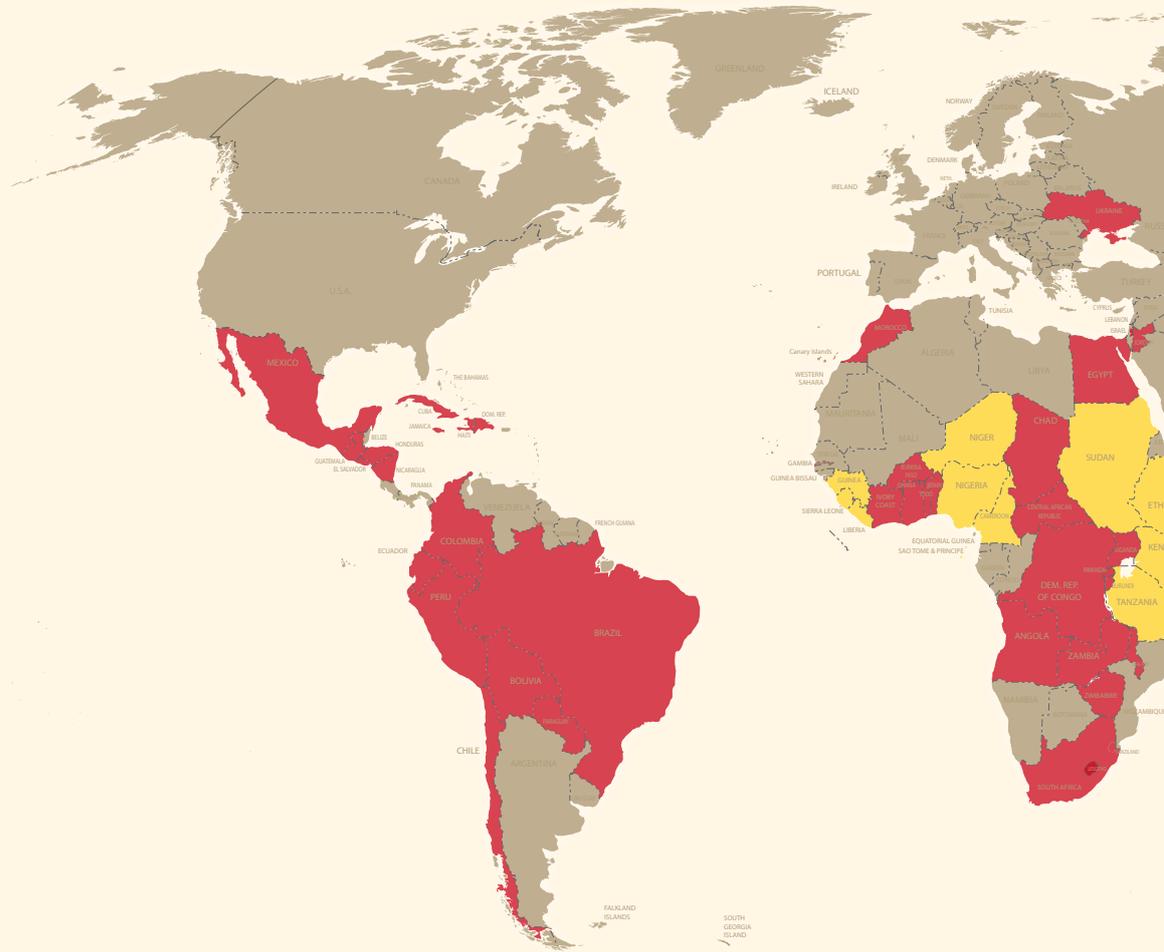
We have also continued to educate people around Australia about ending the cycle of poverty and disability with our inspiring End the Cycle photographic exhibition. At every opportunity, I'm pleased to say CBM is working with the poorest people with disabilities for a better life.

When Jesus met people with a disability and treated them with kindness and understanding, it wasn't because he pitied them, but rather that he valued them as precious and worthy of his attention. As Christians, I hope and pray that we are never indifferent towards those with a disability.

I hope too that this report will provide a greater understanding of the way CBM works and how and why we continually strive to improve the quality of life of the world's poorest people with disabilities.

A handwritten signature in black ink, appearing to read 'John Jeffries'.

John Jeffries
National Director
CBM Australia



Around the globe

Since CBM's beginnings in 1908 we've expanded to work around the globe. In 2012 we supported over 70 projects in 18 countries, always improving the quality of life of the world's poorest people with disabilities.



Africa Central and East

Countries: Cameroon, Ethiopia, Kenya, Tanzania and South Sudan

Projects: 18

Partners: 16

Activities: Community-Based Rehabilitation, empowerment programs for people with disability, orthopaedic care, eye care, inclusive education for deaf and blind students, vocational training and fistula prevention programs.



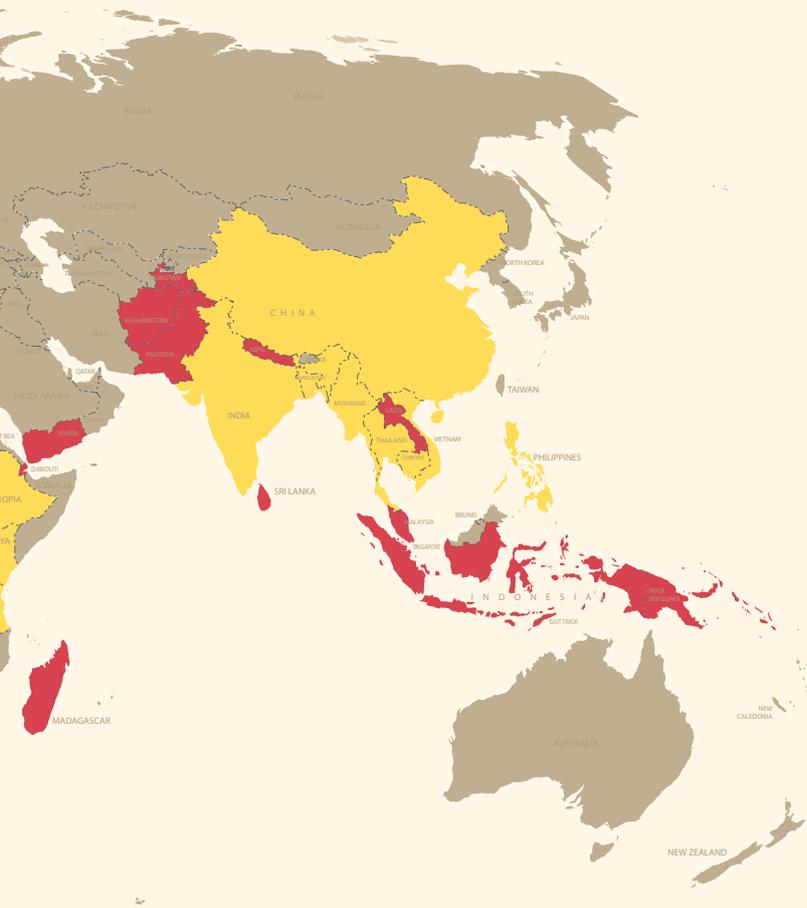
Africa West

Countries: Guinea, Liberia, Niger, Nigeria and Sierra Leone

Projects: 14

Partners: 13

Activities: Community-Based Rehabilitation, mental health awareness raising and advocacy, eye care and ophthalmology training, and fistula programs.



 Countries where CBM Australia is transforming lives

 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.



Asia South

Countries: Bangladesh and India

Projects: 12

Partners: 9

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



Asia South East

Countries: The Philippines

Projects: 4

Partners: 4

Activities: Working with local governments to provide Community-Based Rehabilitation, advocacy and training programs and orthopaedic services.



Asia Central

Countries: Cambodia, China, Myanmar, Thailand & Vietnam

Projects: 17

Partners: 13

Activities: Community-Based Rehabilitation, advocacy training, inclusive education, ear care, hearing aid provision and eye care. Through the Avoidable Blindness Initiative (ABI) in Cambodia and Vietnam, strengthening community eye care services through training and awareness raising programs.



Inter-regional

Countries: Inter-regional

Projects: 7

Partners: 3

Activities: Principles of child protection training and international advocacy for inclusive disability and development and advocacy for community mental health.

Year at a glance

During the past year CBM has worked at home and in the world's poorest countries to restore life and continue to work to end the cycle of poverty and disability.

Program work

In 2012, CBM Australia supported 72 projects in 18 of the world's poorest countries. We worked side-by-side with people with disabilities to raise community awareness of disability issues. Our programs work with the poorest people with disabilities and their families, assisting them to access education, livelihoods, health care and inclusion in daily community life.

Program evaluations for 2012

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

In 2012 we conducted mid-term reviews or evaluations of eight of our programs in Cambodia, China, Ethiopia, India, Nigeria and the Philippines.

In Cambodia a review of a community-based rehabilitation program showed that in the areas where the program operates, people with disabilities experienced improved access to livelihoods and education, improved living conditions and assets, better community awareness and reduced discrimination, and that people with disabilities are now more confident and hopeful of the future. The review highlighted the importance of continuing to develop partnerships with local government and linking wherever possible with disabled people's organisations and self-help groups to ensure lasting change.

In Ethiopia CBM partnered with two other development organisations to strengthen inclusion of people with disabilities in their emergency drought and food security response. People with disabilities participated in the planning process, and the review found that the program was successful in enabling people with disabilities to access the emergency

assistance provided by the partner organisations. Following this experience, both partner organisations have made a commitment to work towards inclusion of people with disabilities beyond this program in their broader development work.

In 2012 we also reviewed how we conduct our evaluations to ensure that they lead to an accurate picture of success and areas for learning and improvement in our work. This involved an overview of 16 project evaluations and mid term reviews 2007–2012. Areas of strength include CBM's consistent inclusion of representatives from partner organisations on evaluation teams and the participation of a variety of local stakeholders including program participants (clients/ parents / community members / beneficiaries) in program evaluations. The review also highlighted areas for improvement including the need to develop more consistent planning processes for evaluations and strengthened analysis of gender in our work. This has led to some changes



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in our evaluation planning processes which we are currently trialling.

CBM's emergency response

CBM was on the ground when disaster struck in 2012 in the Philippines, the Democratic Republic of Congo and West Africa, working to help the most vulnerable people with disabilities.

Our local partners implemented emergency programs, which include a three-step plan of action to ensure people with disabilities are included in all emergency responses. Working with other agencies and organisations, CBM provides immediate relief, and ensures people



CBM responded to several emergencies in 2012, including the West Africa Food Crisis that impacted hundreds of the most vulnerable men, women and children with disabilities.

with disability aren't forgotten.

Our focus then shifts towards long-term rehabilitation and advocacy to ensure accessible rebuilding efforts.

During the West Africa food crisis that impacted four countries in the Sahel region, CBM worked closely together with local partners to provide critical food supplies, and built strategies to ensure local people were prepared for future disaster situations.

Disability-Inclusive Development

By working to ensure people with disabilities are fully included in all aspects of life, in their families and communities and in all aid

and development activities, CBM's disability-inclusive development approach is breaking down barriers created by disability as a cause and a consequence of poverty.

Inclusion Made Easy: A quick program guide to disability in development

In 2012, CBM Australia released 'Inclusion Made Easy', a resource to support mainstream development organisations to include people with a disability in development programs. This guide was developed through input from many disability-inclusive development specialists across the world including from the CBM-Nossal

Partnership for Disability Inclusive Development. This guide also includes case studies from Caritas, World Vision, Plan, Save the Children, Oxfam, IWDA and other development organisations who have demonstrated the success of including people with a disability in their development work.

Our supporters

Our generous supporters last year gave \$18,674,896 towards CBM Australia's life-changing work helping the poorest people with disabilities. Thank you for helping to end the cycle of poverty and disability, and transforming lives in the world's poorest countries.

CBM's 2012 community initiatives

CBM works tirelessly within the Australian community, promoting disability inclusion and educating the public about the cycle of poverty and disability.

In 2012, our community awareness initiative End the Cycle went from strength to strength, sharing the importance of standing with people with disabilities to speak out for human rights and empowerment.

Our Luke14 program also continued to build on its success, spreading the key message of inclusion to church communities throughout the country.

Case studies and stories

Case 1: Social Inclusion

Project:

Advocacy for Women with Disabilities Initiative, Nigeria

Situation:

Many women throughout the world experience discrimination based on their gender. Women with a disability, though, often face double discrimination due to both being a woman and having a disability. This level of discrimination can make it extremely challenging for a woman with a disability to access education or employment, meaning they are often the poorest of the poor.

In Nigeria, CBM partner Advocacy for Women with Disabilities Initiative (AWWDI) is working to overcome this discrimination. Their vision is that women with disabilities are included in, and accepted as, fully participating members of their community, without discrimination. AWWDI are doing this by:

- Starting with women with disabilities themselves to address self-confidence (a big issue faced by many women who have experienced isolation and discrimination). AWWDI provides training in self-care, self-defence (women with

disabilities are at greater risk of abuse), and exposure to leadership skills, management and income generation.

- Developing self-help groups. These self-help groups are small associations of women with disabilities who come together to solve or address their common problems. The group visits their members, especially those who have problems, and try to help. AWWDI has 500 members who form 46 self help groups across 14 states of Nigeria.

- Promoting positive images of women with disabilities in the media. Recognising that the media plays a major role in creating stereotypes and influencing attitudes, the members of self-help groups in Abia and Akwa Ibom states decided to challenge these stereotypes and provide positive images by creating awareness about disability rights and the activities of their self-help groups on the state radio and TV.

Learnings:

- 1.** Much of the discrimination experienced by women with disabilities is based on beliefs that they are not the same as other women and so cannot be expected to share the same rights and aspirations. In reality this discrimination is not only a disability specific issue but is affected by the situation of women more broadly.
- 2.** Through the self-help groups, women who were previously isolated have found support in one another. As one member said, "It's a great family to belong to, having to visit one another in the community".
- 3.** Coming together enables women to discuss and find solutions for matters of mutual concern and they find strength in unity. Their involvement in AWWDI gives them a channel to communicate and to challenge the broader attitudes and practices towards women with disabilities.



“Now, I have more friends and opportunities to participate in the community.”

A New **Life**

When Chum Chanbo was 7 years old, she developed a disability as a result of contracting polio. She explains that she felt depressed, and didn't want to go outside because she felt ignored by the community in her village in Cambodia.

In 2008 Chum Chanbo was provided with an opportunity to join a local self-help group. She was selected by the group to be their chairperson and received training in self-help group leadership and management skills. She says, “My group also received a seed grant to support livelihood activities of the members to increase family income. Now, I can manage the group well... I can help other persons with disabilities in my community”.

Chum Chanbo is now 48 years old. She lives with her sister and nine other family members including her nephews and nieces. Chum Chanbo can do many things such as participating in managing the household and she plants trees and chilli which she sells to contribute to the family income.

Chum Chanbo was recently selected to be a member of the Community Disability Committee (CDC) as a representative of persons with disabilities for her commune. Chum Chanbo is very happy and satisfied with her business and to be a representative of persons with disabilities. “Now, I have more friends and opportunities to participate in the community. I considered that it is my new life.”

Case studies and stories

Case 2 : Livelihood

Project:

Comprehensive Community-Based Rehabilitation, Tanzania

Situation:

CBM partner Comprehensive Community-Based Rehabilitation, Tanzania (CCBRT) is the largest provider of medical and rehabilitation services for people with disabilities in Tanzania, whilst at the same time focusing on the opportunities for inclusion of people with disabilities more broadly in development programs. As part of this focus, CCBRT's advocacy unit (which includes a member with personal experience of disability) has been working to promote the rights of people with disabilities to inclusion in the workforce.

The law in Tanzania states that employers with 20 or more employees should reserve at least 3% of registered jobs for people with disabilities (The 2010 Persons with Disabilities Act of Tanzania). In a survey conducted by CCBRT and their partner Radar Development, only 7% of the 126 companies surveyed were aware of this Act. Out of 25,446 employees only 186 had a disability. It was found that employers are often concerned

that the work environment is not suitable for people with disabilities and do not understand their abilities to add value to the workplace. However, many are open to employing people with disabilities with professional support. CCBRT's advocacy unit saw an opportunity to use these findings as a significant tool in lobbying businesses to hire people with disability as well as finding ways to address employers' concerns.

As well as lobbying and awareness-raising, CCBRT have partnered with two other like-minded organisations to conduct vocational and work skills training and provide support to employers:

- Radar Development (recruitment agency that specialises in assisting people with disabilities to find formal employment and that offers support to both employers and employees in the workplace in collaboration with CCBRT).
- CEFA (an organisation that runs vocational training courses in housekeeping and cooking for people with disabilities).

Trainees undergo training in work skills such as ethics, workplace behaviour and professional relationships. They also have a three-month placement in hotels, restaurants, bakeries and cleaning companies. They are exposed to the work environment and employers can assess their potential and train them further.

Feedback from companies shows that the trainees are not only skilled but also have the right attitude, commitment and motivation, with many going on to more formal employment.

Learnings:

1. Awareness of existing legislation that supports employment of persons with disability together with availability of professional support for employers and employees forms the basis of employment of persons with disability. Employers are often unaware of the legal obligation that exists to employ persons with disability, or otherwise hesitate to employ persons with disability as they are unsure of what adjustments will be needed



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“I am quite experienced now, I am more confident and I can perform many tasks independently and successfully.”

and implications in the work environment. When professional support is made available they are more confident and are open to employing people with disabilities.

2. Seeing is believing: The chance of employment increases when people with disabilities join as interns/apprentices. This means there is little/no cost or obligation for the employer, but it enables the employer to observe the work ethics and skills of the person with a disability. Once they see the capabilities of the person, they are better convinced and are willing to employ them.

Changing Perceptions

Tamasha has not always been deaf. She contracted meningitis when she was seven years old and never heard any of the chatter from her seven siblings after that. What she does remember is her mother's voice urging helpers to get her to hospital as her condition deteriorated, and the sounds of chickens, cows and birds. But she is pragmatic about her disability, saying it has never held her back and she has benefited from a solid supportive background. The issue, she explains, is rather other people's perception of her and the awkwardness they feel during efforts to communicate.

The 25-year-old quickly checks her bread, which is rising beautifully in the oven, and recounts how she came to be a baker. A friend of hers, also with a hearing impairment, told her about the collaboration between CEFA, Radar Development and CCBRT, and they encouraged Tamasha to register with Radar Development. She was selected to join the bakery course. “During this I learned about

hygiene, how to make bread, cakes, all sorts of things. I felt a lot of satisfaction from that,” she explains. After she completed the training, Tamasha joined Gardenia Bakery for her apprenticeship. Three months later, her work was so good that the firm took her on full-time. This has enabled her to earn enough pay so she can pay for rent, food and other essentials and also make some savings for the future. Before, she was reliant on her family to support her. Her cheerfulness and gentle manner as she steadily goes about her work masks an ambitious work ethic.

“Everything is going well and I am happy,” she points out. “I am quite experienced now, I am more confident and I can perform many tasks independently and successfully. And with my earnings I am now getting from this job, I would like to realise my ambition of setting up on my own. This makes my family very proud of me.”

Case studies and stories

Case 3 : Empowerment

Project:

ADWR Community-Based Rehabilitation Program, India

Situation:

CBM partner ADWR Community-Based Rehabilitation (CBR) Program works to improve the quality of life of people with disabilities in Udalguri in northern Assam, India. This is a mountainous area where communities are isolated and have limited transport and other facilities. People with disabilities therefore often experience difficulty accessing the development that takes place in the region. Many people with disabilities were often not aware of the government schemes and healthcare services available to them, and those who were often faced barriers such as people's attitudes and inaccessibility of government or healthcare systems that prevented them from accessing the benefits and necessary assistance. ADWR CBR has been focusing on the empowerment of people with disabilities to address these issues.

ADWR CBR's strategy involves assisting people with disabilities and parents of children with disabilities to form disabled people's organisations (DPOs) and parent associations. Group members receive training in their rights as equal citizens of their communities, as well as in leadership and advocacy skills. DPOs and parent

associations are then supported to actively participate in advocating for their rights and on issues important to them, both within their community and to government. Awareness programs and meetings with government officials have also been conducted to ensure DPOs and parent associations are able to access higher authorities to voice their concerns.

A forum has also been established by the project, where government officers and other significant officials in the community meet with DPOs, parent associations and development organisations to discuss issues faced by people with disabilities, and together arrive at possible solutions. These forums, along with the awareness-raising by groups in their communities, are leading to improvements in attitudes towards people with disabilities. Until recently, people with disabilities had to travel to the city from their remote areas to get a medical assessment to be able to access a disability certificate (and associated benefits). This involved long and arduous travel and people sometimes found that when they arrived in the city, the person they needed to see was not available. During a recent forum meeting, the DPOs and parent

associations raised this issue and the government officials solved the matter by approving medical camps for diagnosis in central places where people with disability in nearby areas could go for medical assessment.

Learnings:

1. It is critical that people with disabilities are aware of their rights and the services available, in order for them to access them.
2. People with disabilities and their families, those directly facing exclusion, are the best spokespersons for their concerns.

“If I do not come forward my rights will not be established.”

A Voice for All

Khaleda, an only child in a poor family in Bangladesh, contracted polio at two years of age. Lack of information about rehabilitation led to Khaleda walking without braces or callipers, resulting in spinal deformity. Khaleda was married at the age of 13 to her cousin and so lost her opportunity to study further. When she was pregnant with her son, her husband left. Khaleda had received negative comments from her neighbours and community for all of her life because of her disability and these increased due to her failed marriage.

In 2010 Khaleda was

invited to join a self-help group that was starting in her neighbourhood. She spontaneously agreed to join the self-help group, and because of her leadership qualities she was sent to the Centre for Disability and Development for one month's training in disability rights and leadership. She became the leader of a 20-member self-help group. Khaleda realised, "If I do not come forward my rights will not be established."

Today as a leader of her self-help group Khaleda has the backing of her members and the necessary skills to communicate with local government and other

organisations to include persons with disabilities. Under her dynamic leadership their self-help group has organised training in cattle rearing, fisheries and tailoring and assisted students with disabilities to get some education funding.

It was not at all easy to form such a self-help group. People in her neighbourhood used to say, "What will the persons with disabilities do by going out of home, as they can do nothing?" Today the same neighbours come to her for assistance. With her efforts 30 persons in her neighbourhood including 15 persons with disabilities have received training in

homestead gardening, and now they are cultivating different green vegetables and earning on a regular basis.

Her assistance to everyone in the neighbourhood made her not just a leader of the self-help group but a leader in the community! Khaleda was a candidate in the local government election and is a member of the local government.

Now, a big part of Khaleda's future plan is her son. Her son wants to join the Bangladesh police or military. Khaleda hopes that if her child can reach his destiny he will be able to serve the people of the country.



Case studies and stories

Case 4 : Education

Project:

NORFIL Foundation CBR Project, Cebu

Situation:

Cebu is a highly populated (3.85 million people in 2007) island province in central Philippines with a main island and a surrounding group of smaller islands. There are significant challenges to educating children with disabilities such as limited specially trained teachers and centres available. Most of the special education centres are city-based, making it difficult for children with disabilities living in the mountains or smaller islands to access them. Only a limited number of mainstream schools accept children with disabilities and most of the schools have poor accessibility.

CBR Cebu is working to address these issues by focusing on inclusion of children and youth with disability in mainstream education and employment. The project works with local government units by providing training and technical assistance on a range of disability-related issues. In agreement with the Department of Education, they support local government units to increase specialist classes and the support available to children with disabilities in mainstream schools.

CBR Cebu also form parent support groups with the parents of children with disability, who lobby for facilities for their children. CBR Cebu provides training and

builds awareness of regular school teachers and administrative staff. The trainings aim at deepening knowledge and understanding of disability and enhancing the participants' skills in handling/ managing children with disability in regular schools.

During one such recent training, a school principal requested that the project conduct orientation on disability and the rights of people with disability during teachers' in-service training. This led to many such invitations from others to train their teachers on simple assessment and management in handling children with disabilities in their class. The mainstream school principals who earlier refused to admit children with disabilities into their schools now see themselves as "partners" in the initiative.

Learnings:

1. Educating children with disability involves the whole community – commitment from family, accessibility of the system, openness of the teachers and support from peers. All are equal partners.

2. By focusing on building the capacity of governments and institutions rather than establishing new structures to implement the project, long-term sustainability is enhanced.



Learning for the **Future**

Sirke is an 11-year-old boy in class 6 at school. Sirke lives in a village in Ethiopia and has low vision. Sirke's father has died and his mother earns a living from the small amount of land they have.

Sirke came into contact with a community-based rehabilitation (CBR) field worker of CBM's partner SEEPD when he became blind due to cataract. Sirke was forced to stop attending school and the family could not afford

surgery. The CBR project supported Sirke to have surgery that helped him to see partially. His school was provided with training and support from the CBR project and he was able to again be included in classes. Sirke's difficulties with reading the blackboard were solved by improving the contrast and a pair of low-vision reading glasses. With the training provided the classroom teacher was able to shift the seating arrangements to reduce Sirke's eye strain.

Sirke's classroom board is now wonderfully contrasted, and though he still sits in front of the classroom he is not so close to the board. He came first in his class in all the three terms of the academic year 2011 and in the first term of 2012. He says after his primary schooling he would like to continue with his secondary education. He wants to become a teacher in the future.

Case studies and stories

Case 5 : Health

Project:

Thanh Hoa Eye Hospital, Vietnam

Situation:

Thanh Hoa Eye Hospital in Vietnam is working to reduce avoidable blindness in a number of mostly highland districts in Thanh Hoa Province. The mountainous environment makes access to health care difficult, especially for people with disabilities, women and children. In the past, people who needed treatment for eye health problems often had to travel to the city and the challenge of this often meant problems went untreated, or treatment was delayed.

Through their partnership with CBM in the AusAID-funded Vietnam Australia Vision Support Program (VAVSP), the hospital is aiming to show that their services can be more accessible and effective by providing comprehensive services at a local district level. The program is also working to make services accessible to people with disabilities. They are doing this by:

- Training staff in disability rights, and creating an accessible environment by making the physical infrastructure accessible as well as information accessible to people with different abilities and languages.
- Linking with other services available for education and employment so that patients can be referred to relevant other services.

Do Giang Nam is a refractionist and spectacle technician from a district eye unit who completed this training. He said, "After training I am aware that people with disability need better care from society, from inclusive infrastructure to

policies for vulnerable groups. In my thinking, a developed society is the one with a positive, comprehensive and inclusive health care system." Nam also explained that he has shared his learnings with his colleagues and consulted the board members of his district hospital about making changes to the hospital building to make it more accessible. A further change is that patients with disabilities are examined at home if they are unable to get to a clinic. Do Giang Nam explained that he proposed to local authorities that they develop a trust fund for people with disability in the district. The proposal has not been approved yet but he continues to work for this change.

Learnings:

1. A person with a disability has the same rights as any person but they sometimes need additional changes to enable them to access these rights. For people's right to appropriate health care to be fulfilled, there needs to be an understanding of the needs of people with disabilities. Changes may be needed to hospital buildings, information about services should be available in different modes and outreach services need to be made accessible.
2. Commitment from hospital leaders is essential to making the necessary changes to policies and/or infrastructure.
3. Hospital and health workers need to be aware of additional services such as education and employment programs available in the region for people with disabilities, and refer people to these.



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"When I was 11 years old, I started falling while walking. This increased, I could not manage at school and lost my vision totally."



Restoring Sight

Netsenat is a 15-year-old girl who lives with her family in a town 100 km from Addis Ababa, Ethiopia. She explained, “Until I was eleven years old, there was no problem at all. I was like other kids. When I was 11 years old I started falling while walking. This increased and I could not manage in school and lost my vision totally”. As a result Netsenat found she was excluded, isolated and discriminated against by her friends, teachers and neighbours. The school informed Netsenat’s parents that she could no longer attend. Netsenat’s family took her to a nearby clinic and found no cure. They also tried traditional healers and pilgrimages without any improvement and their friends and relatives discouraged them from trying to find a cure.

One day the family met a field worker from CBM’s partner Adama CBR project. When he visited and screened Netsenat, he found mature cataracts in both eyes. The family was then referred to a hospital where the diagnosis was confirmed and it was explained Netsenat needed surgery. Netsenat’s

mother explained, “We received full information on her condition and treatment opportunities including where to go for cost sharing.”

Netsenat was able to have the surgery with significant financial support from the clinic due to the family’s financial situation. Netsenat regained her sight and it was considered a miracle by her parents, neighbours and friends. Netsenat restarted her schooling, plays with her peer group and participates in all social activities. As a result of many similar achievements the community and parents of Netsenat are very appreciative to the CBR project for the life-changing opportunity it gives to children such as Netsenat and children with disabilities in general.

Together in the community

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

CBM is committed to improving the lives of the world's poorest people with disabilities. And it's only thanks to the generosity of our supporters that we can keep going. Without you, our life-changing work wouldn't be possible; thank you for all the support you give CBM, whether it's through financial gifts or volunteer work in the office.

End the Cycle

This initiative is designed to promote the rights and empowerment of the poorest people with disabilities, and raises awareness of the cycle of poverty and disability amongst Australians.

End the Cycle continued to go from strength to strength in 2012.

Around the country the End the Cycle photo exhibition toured various events, including the One Just World forum in Canberra and Anti-Poverty Week in Adelaide, and culminated in a month-long placement in Melbourne at the City Library. In 2012 the exhibition and End the Cycle's message was seen by around 10,000 people.

Mid-year, CBM's youth program, Create2Change, was merged with End the Cycle, and through growing partnerships with 21 other disability sector organisations, End the Cycle's stories are engaging more people than ever before.

A special mention goes to the End the Cycle video 'My Story: Kazol Rheka', which won the Human Interest Award at the UNISDR Aisa Disaster Risk Reduction Film Festival

as part of the 5th Asian Ministerial Conference on Disaster Risk Reduction in Yogyakarta, Indonesia. It's great to know that ending the cycle of poverty and disability was shared with government leaders and global organisations.

Luke14

The Luke14 initiative continued to advocate for disability inclusion throughout a range of Australian church congregations and denominations.

The first Disability and Normality theological course developed by the Luke14 team was successfully run at Ridley Theological college in Melbourne. The course aimed to educate church pastors-in-training about Christian disability inclusion before they began their church duties. Luke14

also ran 25 workshops and coordinator training in many states around Australia, with a total of 300 people participating and 113 congregations engaging with the Luke14 message.

As part of future planning, CBM commissioned disability-related questions for the Australian National Church Life Survey to learn more about church attitudes and practices towards disability inclusion. The findings indicated the ongoing importance of Luke14's work in areas of general church advocacy, specific education around inclusion for churches, and supporting and expanding the Luke14 volunteer base.





At the One Just World forum in Canberra, our End the Cycle exhibition shared the message of ending the cycle of poverty and disability with hundreds of attendees.

Supporter meetings

Our supporter meetings provide CBM supporters with the chance to hear inspiring stories from the field and to learn so much more about the life-changing work they make possible, and it's a great opportunity for us to say thank you!

Forty-seven meetings were held in 2012; CBM co-workers were our special guests and spoke firsthand about how their work is helping the poorest people with disabilities.

The inaugural Women's Fundraising Breakfast on May 11 brought women of all ages together and raised \$18,352. Special guest speaker was CBM ambassador Glenys Sigley, sharing her emotional experiences meeting some of the poorest women living with fistula.

Audio library

CBM's audio library continued to benefit from strong support from existing partnerships throughout Australia and New Zealand.

One particular partnership with Vision Australia gave the audio library the opportunity to be successfully promoted at the Vision Australia Information Library Service Texpo exhibition, sharing our message over three weeks in Melbourne, Sydney and Brisbane.

Over 70 new books were added to CBM's collection, and 200 books were remastered. A total of 17,253 books were distributed to our borrowers in 2012, and 11,457 magazines.

Volunteers

We'd like to say a big THANK YOU to our 108 volunteers last year! Each and every one of these wonderful people gave their time to help us help those living in poverty with disability. Their generosity was a valued contribution worth \$148,646 to CBM Australia and we thank them for their ongoing commitment to transform lives.

**END THE
CYCLE.** POVERTY
DISABILITY

vision
for *Change*

Luke14
DISABILITY INCLUSIVE CHRISTIAN COMMUNITIES

Together with our supporters

“Coming together is a beginning; keeping together is a process; working together is success.”

— HENRY FORD

Our supporters are vital to CBM’s life-changing work. Together, we can do more to help end the cycle of poverty and disability, right here in Australia as well as in the world’s poorest countries. Every gift we receive, whether it is financial support or volunteering in the office, goes a long way towards achieving our goal.

CBM’s campaigns to restore life in the poorest places

CBM strives to end the cycle of poverty and disability in everything we do. And as the world’s largest disability and development organisation, CBM’s projects all reflect our commitment to go even further to reach the most vulnerable in the poorest places.

Our fundraising efforts make sure we’re the link between our supporters and our local partner organisations working on the ground.

During the 2012 West Africa food crisis, we reached out to our supporters and together we helped bring critical relief to the poorest of the poor. Our general program work involves engaging local partners and continues to focus on five key areas: health care, inclusive education and child protection, advocacy and accessibility, community-based rehabilitation and future disaster preparedness.

CBM bequests

By remembering CBM Australia in their Will, hundreds of our incredible supporters last year gave a gift that will bring joy and impact generations of the world’s poorest people with disabilities.

Prayer for CBM

The CBM family commits all of our work to God, and the prayerful support we receive from our supporters is an integral part of our work in the poorest countries. Our annual Prayer Diary lifts up our co-workers and staff in prayer, and provides support and encouragement to those dedicated to helping the poorest men, women and children with disabilities in some of the most isolated places.

We’re thankful for your support and recognise the power of prayer in our daily work.

The Miracle Gift of Sight

On 22 August, Christian radio stations around Australia held a radiothon together with CBM to raise money for ‘miracle’ cataract operations.

With gifts from listeners across the country, together they raised an incredible \$132,523, providing 4141 sight-restoring operations to the poorest people living with cataract blindness. We want to say a big THANK YOU to the amazing support from the radio stations and everyone who gave so generously – you’ve helped make miracles happen!



©CBM

CBM Australia's first Women's Fundraising Breakfast in May shared inspiring stories from the field with our supporters, and raised over \$18,000 for CBM's life-changing fistula work.

Together with...

CBM Australia is continually forging new partnerships across universities, other development organisations, Disabled People's Organisations and development-focused advocacy campaigns, in order to improve the recognition and empowerment of the most vulnerable people with disabilities.

AusAID

CBM continues to benefit from an Australian NGO Cooperation Program (ANCP) Partnership which in 2012 supported work across 18 countries. Including ANCP Partnership income, CBM received AusAID income totalling \$10,060,957.

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 partner organisations we work with in the field.

Avoidable Blindness Initiative

In 2012, CBM Australia continued to be a part of AusAID's Avoidable Blindness Initiative (ABI) through the Vision 2020 program. 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 2012 with the introduction of a number of new staff.

The Nossal Institute is a not-for-profit organisation that, in collaboration with strategic partners, builds and exchanges knowledge and expertise to promote 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.

Australian Disability and Development Consortium

The Australian Disability and Development Consortium (ADDC) represents numerous disability and development organisations across Australia for a collective focus on disability-inclusive development.

Highlights of 2012 include ADDC coordinating three Practitioner Interest Forums, delivering a budget submission, hosting several of AusAID's Development for All midterm reviews,

and taking part in a One Just World event on disability.

In addition, ADDC Executive Committee members and delegates were selected to attend peak events on disability rights in Fiji, Papua New Guinea, Thailand and New York.

We would also like to congratulate ADDC committee member Liesl Tesch for winning a Gold Medal for sailing in the 2012 Paralympics.

Advocacy

CBM continued its involvement in advocacy campaigns throughout 2012 including meetings with politicians, participation in Micah Challenge events and numerous submissions to peak bodies including AusAID, Treasury, the United Nations and the Australian Council for International Development (ACFID).

In particular, CBM is pleased to acknowledge the Australian Government's funding of \$6 million towards research into disability in developing countries, and a further \$7.5 million to new initiatives to improve the quality of life of people with disabilities in the Pacific.

International Advocacy & Alliances

CBM works to build alliances and advocate for the rights of people with disabilities and to mainstream persons with disabilities in the development agenda across the globe. A highlight of this work during 2012 were the successful organisation of a Panel Discussion hosted by Members of the European Parliament, on the political participation of persons with disabilities in developing countries. The panel discussion was a strong opportunity to reinforce the message that all state parties should promote and protect the political rights of all people with disabilities.

The European Commission's 'Communication on Social Protection in EU Development Cooperation' was issued in August containing some important elements of inclusion for persons with disability. The presence of inclusive elements in this Development Communication was very encouraging after many years of advocating to the European Union to ensure their development policies and programs fully include persons with disabilities.



Australian Government
AusAID



Australian Disability+Development Consortium



HALVE POVERTY BY 2015

Working with other NGOs and ACFID

CBM works closely with many international development organisations. In 2012 we increased our support for development organisations through training and resource provision for the inclusion of people with disabilities across many overseas development activities.

In 2012 CBM also welcomed an increasing interest from the development sector in disability inclusion across a wide range of mainstream development programs.

CBM is 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 2012 ACFID CEO Marc Purcell launched CBM's new 'Inclusion Made Easy' resource at an ADDC Member Information Forum.



CBM's Inclusive Development Director Kirsty Thompson (right) met with Deputy Leader of the Opposition and Shadow Minister for Foreign Affairs Julie Bishop (left) to celebrate the launch of the World Disability Report at Parliament House.

Board and governance

CBM Australia is committed to good governance delivered by astute leadership.

Our Board of Directors is responsible for the overall performance, both actual and perceived, of CBM Australia. The Board works within the authority granted to it by the CBM Australia Constitution, as a company limited by guarantee incorporated in Australia under the Corporations Act 2001.

Achieving our mission

The Board's primary objective is to ensure that CBM Australia's output and behaviour is consistently aligned with our mission – to improve the quality of life of people living with disabilities in the world's poorest countries.

Specific responsibilities of the Board

The Board meets its primary objective by:

- Casting vision, mission and values and assessing their integration within the work of CBM Australia
- Establishing the management responsibility delegated to the National Director and reviewing for optimised outcomes
- Approving strategic direction, critical success factors and budgets
- Ensuring the necessary

financial, human and other resources are in place to meet agreed objectives

- Systematically evaluating information and benchmarks that assist in the testing and understanding of CBM Australia's performance
- Ensuring compliance with legislation and regulatory requirements
- Holding stakeholders in high regard and seeking to enhance the public standing of CBM Australia
- Commitment to continuous learning and appraisal.

Management's responsibility

The Board delegates management authority to the National Director. Day-to-day operational matters are the responsibility of the National Director and his Leadership Team of Department Directors.

Board oversight

The Board monitors and assesses Management's performance by:

- Meeting at least four times per calendar year (five meetings held in 2012)
- Receiving detailed strategic, financial, risk management and other reports at these meetings
- Focussed consideration being addressed through Board Committees in the core areas of Finance & Audit, Board Development & Human Resources, Programs, Innovations & Community Engagement, and Risk
- Developing mutual learning and strong working relationships with the National Director and senior staff
- Utilising external expertise in many facets of review.

Board members

All Board members act in a voluntary, non-executive capacity. The Board may consist of no less than three and no more than 20 directors. Directors are appointed for a three-year term and can be re-elected for up to two further terms.

The Board Development & Human Resources Committee oversees the nomination, appointment and induction of new Board and Committee members. Potential nominations are very carefully considered in order to balance the mix of Board skills and expertise and to promote both inclusion and diversity. Prospective nominees often participate at the Committee or Board level as invited guests before appointment is progressed. Members of CBM Australia elect Board members at the Annual General meeting.



Thanks to orthopaedic surgery and rehabilitation at CBM's partner hospital in Tanzania, Hamin can't wait to take his first steps towards a brighter future.

Ethical standards and code of conduct

CBM Australia is committed to maintaining the highest level of corporate ethics. Board members and staff are expected to comply with relevant laws and the codes of conduct of relevant professional bodies, and to act with integrity, compassion, respect, fairness and honesty in all dealings with stakeholders to 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 at relevant intervals thereafter. Board members are required to sign a Statement of Integrity.

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 that 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.

Board and governance

The Board Directors

MELVIN WILLIAM (BILL) AUSTIN

Bill has been the Board Chair since May 2011, having joined the Board in 2008. He holds a Master of Science and is a Fellow of the Australian Institute of Company Directors. Bill is a member of the CBM International Board.

Special responsibilities

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

SHAWN CHOONG

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

Special responsibilities

Member of the Board Development & Human Resources, Innovations & Community Engagement and Programs Committees.

ANITA COSSENAS

Anita joined the Board in May 2012. She holds a Bachelor of Commerce and is a Human Resources professional.

Special responsibilities

Chair of the Board Development & Human Resources Committee and Member of the Risk Committee.

HELEN GREEN

Appointed to the Board in 2010, Helen has qualifications in Development and Management. She is Chair of the CBM New Zealand Board, Chair of the CBM International Forum of Board Chairs, and a Member of the CBM International Board.

Special responsibilities

Member of the Finance & Audit and Programs Committees.

CHRISTOPHER GROOM

Chris joined the Board in 2009 and serves as Deputy Chair. He holds a Master of Business. He is a Member of the CBM International Finance Committee.

Special responsibilities

Chair of the Finance & Audit Committee and Member of the Innovations & Community Engagement Committee. CBM International Assembly Delegate.

LAWRENCE HORDER

Appointed to the Board in 2006, Lawrence holds a Bachelor of Arts and has extensive Human Resources experience. He retired from the Board in May 2012.

Special responsibilities

Chair of the Board Development & Human Resources Committee and Member of the Programs Committee.

DAVID LANG

David joined the Board in 2000. He is an airline pilot and registered building practitioner. David retired from the Board in May 2012.

Special responsibilities

Member of the Programs and Innovations & Community Engagement Committees.

PHILIP RATCLIFF

Philip was appointed to the Board in 2011. He holds a Bachelor of Commerce and is an IT specialist.

Special responsibilities

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

DALE SHEPPARD

Dale joined the Board in May 2012. He holds a Bachelor of Applied Science in Disability Studies and is a motivational speaker and lobbyist in support of issues affecting people living with disabilities.

Special responsibilities

Chair of the Innovation & Community Engagement Committee and Member of the Programs Committee.

BENJAMIN SMITH

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

Special responsibilities

Chair of the Programs Committee and Member of the Finance & Audit Committee.

WILMA ZEGELIS

Wilma joined the Board in 2006. She holds a Master of Arts in Theology. Wilma retired from the Board in May 2012.

Special responsibilities

Chair of the Innovations & Community Engagement Committee and Member of the Risk Committee.



Through CBM's partner in Cambodia, little Keo received the treatment necessary to straighten his bi-lateral club foot. Keo's mum Eng knows that with ongoing rehabilitation, her son can look forward to a fulfilling and mobile childhood.

2012 Financial overview

Where did our money come from?

CBM Australia's total 2012 income of \$30.4 million was higher than 2011 (\$28.0 million).

While donation income was lower by \$1.4 million, bequest income was higher than 2011 by \$291,000.

Grant income of \$10.1 million was substantially higher than 2011 (\$6.3 million), primarily as a consequence of having the benefit of a full year of operating under a new partnership agreement with AusAID. Investment income and Other income totalling \$1.7 million were both marginally lower than 2011.

How was our money spent?

Total Expenditure for 2011 was \$30.5 million, higher than 2011 by \$2.1 million.

Spending on overseas programs increased by \$2.1 million compared to the previous year, in line with commitments made during 2011 primarily as a result of increased AusAID funding. CBM spent \$2.2 million educating the public, other NGOs and government on the double impact of disability and poverty.

Fundraising expenditure of \$5.3 million was slightly higher than 2011 (\$5.0 million).

Accountability and Administration costs of \$2.5 million were substantially lower than 2011 (\$3.4 million). This is due to 2011 costs having included an exceptional amount of \$800,000 of investment value write down with no equivalent cost in 2012. Excluding this from the 2011 costs shows a slight decrease in costs (\$100,000) in 2012 compared to 2011.

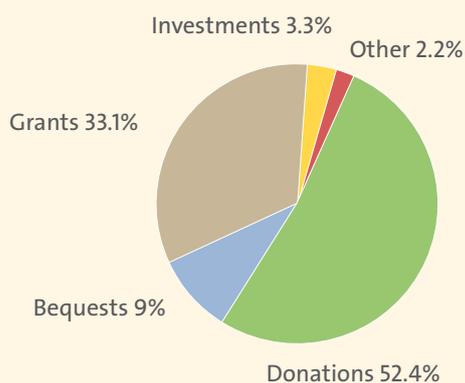
Financial sustainability

The final result for the year was a deficit of \$72,000 compared to a 2011 deficit of \$454,000.

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

At the end of 2012 cash and investments increased by \$900,000. CBM is able to pay known debts as and when they fall due.

REVENUE
(% of total income)



EXPENDITURE
(% of total expenditure)



*Program expenditure included 67.4% for development and emergency programs and 7.2% for community education programs.

Summary financial statements

Statement of comprehensive income for the year ended 31 December 2012

	2012 \$	2011 \$
REVENUE		
Donations and gifts: monetary and non-monetary		
Monetary	15,927,226	17,357,195
Non-monetary	0	0
Bequests & legacies	2,747,670	2,457,159
Grants received		
AusAID	10,060,957	6,322,868
Other Australian	0	0
Other overseas	0	0
Investment income	1,006,986	1,089,602
Other income	667,793	736,727
Revenue for international political or religious proselytisation programs	0	0
TOTAL REVENUE	30,410,632	27,963,551
EXPENDITURE		
International aid and development programs expenditure		
International programs		
Funds to international programs	16,781,696	14,655,510
Program support costs	3,017,559	2,021,441
Community education	2,200,831	2,554,341
Fundraising costs		
Public	5,155,696	4,940,650
Government, multi-lateral and private	144,579	105,105
Accountability and administration	2,450,521	3,435,441
Non-monetary expenditure	0	0
Total international aid and development programs expenditure	29,750,881	27,712,488
Expenditure for international political or religious proselytisation programs	0	0
Domestic programs expenditure (monetary and non-monetary)	731,292	705,203
TOTAL EXPENDITURE	30,482,173	28,417,691
EXCESS/(SHORTFALL) OF REVENUE OVER EXPENDITURE	(71,541)	(454,140)
Other comprehensive income:		
Net movement in the financial assets reserve	617,221	18,641
Other comprehensive income for the year	617,221	18,641
Total comprehensive income for the year	545,680	(435,498)

Summary financial statements

Statement of financial position as at 31 December 2012

	2012 \$	2011 \$
CURRENT ASSETS		
Cash and cash equivalents	7,984,573	8,424,661
Trade and other receivables	339,895	461,420
Inventories	0	0
Financial assets	12,167,587	10,792,263
Other financial assets	166,751	64,699
Total current assets	20,658,805	19,743,043
NON-CURRENT ASSETS		
Trade and other receivables	0	0
Other financial assets	0	0
Property, plant and equipment	5,270,239	5,456,535
Investment property	14,280	14,280
Intangibles	0	0
Other non-current assets	0	0
Total non-current assets	5,284,519	5,470,815
TOTAL ASSETS	25,943,324	25,213,858
CURRENT LIABILITIES		
Trade and other payables	5,895,808	5,809,000
Borrowings	0	0
Current tax liabilities	0	0
Other financial liabilities	0	0
Provisions	1,120,714	1,014,569
Total current liabilities	7,016,522	6,823,569
NON-CURRENT LIABILITIES		
Borrowings	0	0
Other financial liabilities	0	0
Provisions	199,974	209,140
Other	0	0
Total non-current liabilities	199,974	209,140
TOTAL LIABILITIES	7,216,496	7,032,709
NET ASSETS	18,726,828	18,181,149
EQUITY		
Perpetual trusts	152,000	152,000
Financial assets reserve	762,218	144,997
Bequest reserve	2,127,262	2,127,263
General reserve	3,299,192	3,855,733
Committed funds reserve	12,386,156	11,901,156
Retained surplus	0	0
TOTAL EQUITY	18,726,828	18,181,149

Statement of changes in equity for the year ended 31 December 2012

	Retained surplus \$	Committed funds reserve \$	Bequest reserve \$	
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	126,689	
general reserve	0	0	0	
perpetual trusts	0	0	0	
Balance at 1 January 2012	0	11,901,156	2,127,262	
Excess/(Shortfall) of revenue over expenses	(71,541)	0	0	
Transfers to and from reserves				
committed funds reserve - ADDC	15,000	(15,000)	0	
committed funds reserve - Other	0	500,000	0	
bequest reserve	0	0	0	
general reserve	56,541	0	0	
perpetual trusts	0	0	0	
Balance at 31 December 2012	0	12,386,156	2,127,262	

	General reserve \$	Financial assets reserve \$	Perpetual trusts \$	Total \$
Balance at 1 January 2011	3,855,733	126,358	152,000	18,616,648
Excess/(Shortfall) of revenue over expenses	0	0	0	(454,140)
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 1 January 2012	3,855,733	144,997	152,000	18,181,149
Excess/(Shortfall) of revenue over expenses	0	0	0	(71,541)
Repayment of Trust Funds	0	0	0	0
Transfers to and from reserves				
committed funds reserve - ADDC	0	0	0	0
committed funds reserve - Other	(500,000)	0	0	0
bequest reserve	0	0	0	0
general reserve	(56,541)	0	0	0
perpetual trusts	0	0	0	0
Investment impairments within retained surplus	0	0	0	0
Revaluation increment/(decrement)	0	617,221	0	617,221
Balance at 31 December 2012	3,299,192	762,218	152,000	18,726,828

Summary financial statements

Table of cash movements for designated purposes

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

Details of cash receipts and disbursements are set out below. No other individual appeals exceeded 10% in 2012.

	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	415,689	0	151,161	264,528
Total for other purposes	8,008,972	34,289,625	34,578,552	7,720,045
TOTAL	8,424,661	34,289,625	34,729,713	7,984,573

Women's Health programs 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 2012, 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 2012. We expressed an unmodified audit opinion on that financial report in our report dated 4 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 2012 are consistent, in all material respects, with that audited financial report.

SAWARD DAWSON

Chartered Accountants



Partner: Peter Shields

Date: 4 April 2013

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
ABN 23 005 326 849

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FREE Call 1800 678 069
cbm.org.au

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.