



Supporting sustainable development
for an inclusive world

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Cover Image: In Tanzania, Grace is all smiles after a CBM partner provided her with the mobility aids and rehabilitation she needed to open up a world of learning and possibilities.



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Australian Government
Department of Foreign Affairs and Trade



ChildWise is Australia's leading child protection charity working in Australia, Asia and the Pacific to prevent child abuse.



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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 the Australian Government's aid program. This report aims to be accountable to key stakeholders and offer transparency across all aspects of our international aid and development activities, evaluations, learnings and financial statements.

Our vision and mission

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

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**

Devote yourselves to prayer, being watchful and thankful - **COLOSSIANS 4:2**



As we take a look back at 2013, it's wonderful to see such a time of change and progress for CBM Australia.

The year just gone was one of growth and development, of learning and encouragement; an extraordinary year at CBM Australia. As you begin your review of our Annual Report, I'd like to share with you some of 2013's highlights:

- Our donors generously contributed over \$21 million to help restore life in the poorest parts of the world.
- With such generous financial support, CBM Australia gained three extra projects in some of the world's poorest places, Nigeria, Togo and Jordan.
- As Australia's global role as a disability advocate continues to take shape, CBM Australia in September was alongside the Minister for Foreign Affairs at the UN General Assembly High Level Meeting in New York, to promote the rights and needs of those living with disability in the developing world.
- On December 3, we celebrated International Day of People with Disabilities launching a special video highlighting the importance of including people with a disability in all forms of aid and development. Thanks to the vision and support of our staff, and the commitment of a number of development partner organisations, the video gained industry-wide praise and recognition.

I have been greatly encouraged by the competence and determination I've seen over the past 12 months from all members of staff, CBM's leadership team, members of the Board, and our advisers, to support CBM Australia's developing strategic direction.

CBM Australia's five-year strategy until 2018 outlines our goal to be a leader in achieving a significant, positive and sustainable impact on ending poverty, through the inclusion of people with disabilities in all aspects of life. We are embarking together on this strategic journey, with marked progress already made against some of our goals and contributing objectives.

2013 presented unique challenges in a drastically different political climate, as well as ongoing economic uncertainty. In the face of these and other challenges presented by an ever-changing non-profit sector, CBM Australia continues to grow its presence and impact.

Always, CBM has been committed to improving the quality of life of some of the world's poorest people. Today, we are looking forward to sustaining a secure future for the organisation, while maintaining and continually improving our life-changing services to the poorest people living with disabilities.

Last but certainly not least, I pay tribute on behalf of the Board to the many volunteers who give their time to CBM's work, and to the prayerful support of all involved at CBM Australia that undergirds everything we do.

Bill Austin
Chair of the Board

Message from **the National Director**

There is none like You, O LORD; You are great, and great is Your name in might— **JEREMIAH 10:6**



While we continue to feel the effects of an economy that is slowly recovering, I hope that you, like us, remain optimistic. We have seen strong leadership emerge at CBM in 2013; under new international president Dave McComiskey our leaders were not only willing to make the tough choices necessary to ensure a more stable and sustainable economic base, but also able to motivate the public, the development sector, our partners and our international community to share responsibility for the future of disability inclusion in everything we do. And we believe that future will be brighter.

As you read the Case Studies outlined in this Annual Report, I hope that you will see that our collaborations with local partners and organisations have produced some encouraging results, and helped restore life in so many ways.

I profoundly appreciate your trust, your confidence and above all your support as we reflect on what a great year 2013 was by His grace.

John Jeffries
National Director
CBM Australia

The Bible is replete with statements of God's greatness; it is this greatness that continues to push CBM Australia forward, sharing God's love in action and reaching out to those in need.

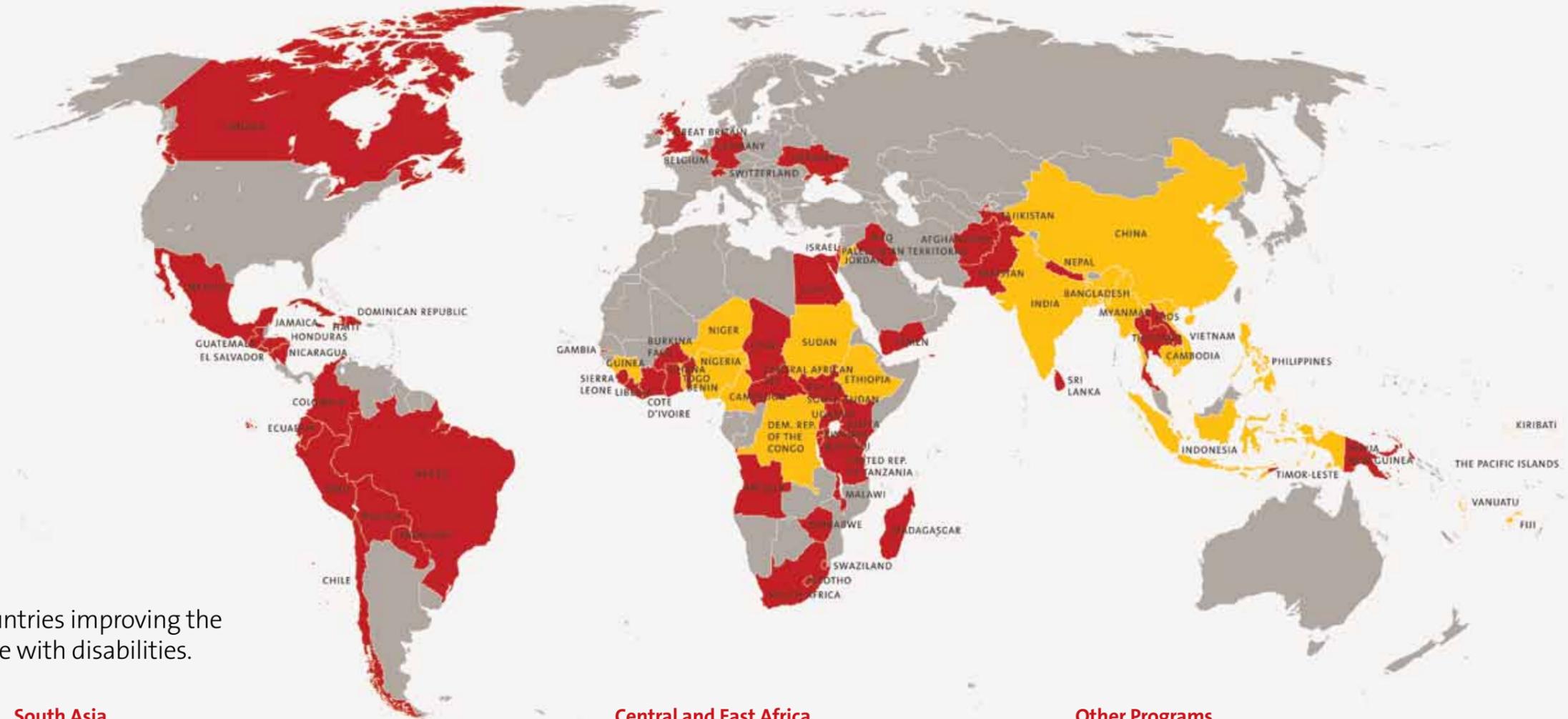
Through Him, we were blessed in abundance in 2013. I am so humbled by the support Australians showed for CBM's life-changing work, as people stand together to help end the cycle of poverty and disability. From celebrating International Day of People with Disabilities, and getting behind our Annual Miracles Day radiothon and making it our biggest one to date, to the ongoing growth of our regular supporters, I am sincerely grateful and inspired by the collective power of some incredible individuals.

And we also faced challenging circumstances - devastating floods, earthquakes, and the largest Typhoon ever recorded made landfall in the Philippines, killing thousands and leaving millions of people displaced. It was only together, with the incredible generosity of so many Australians, that we were able to respond in times of crisis and do even more to improve the quality of life of the world's poorest people with disabilities. For this, I thank you for your support.

Around the globe

- ▲ 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.



In 2013 we supported 75 projects in 22 countries improving the quality of life of the world's poorest people with disabilities.

*The Pacific (Oceania)

Countries: The Pacific Region including: Kiribati, Vanuatu, PNG and Fiji

Projects: 5

Activities: Inclusive education research, inclusive infrastructure research, capacity building and the provision of technical assistance for donors, Disabled People's Organisations (DPOs), and NGOs.

(Please note: This information is based on contracted work with AusAID/DFAT, the work with AusAID/DFAT under Contract 11, the PNG ADRA, the IE ADRA, WaterAID, AQEP).

South East Asia

Countries: The Philippines

Projects: 6

Partners: 5

Activities: Working with local government to provide community based rehabilitation, orthopaedic services, access to education, advocacy and training program. Research into sexual and reproductive health.

South Asia

Countries: Bangladesh and India

Projects: 10

Partners: 9

Activities: Community based rehabilitation, advocacy and leadership training, promotion of inclusive education, livelihood development and empowerment for people with a disability, particularly women.

*Central and East Asia

Countries: Cambodia, China, Indonesia, Myanmar and Vietnam

Projects: 18

Partners: 11

Activities: Community based rehabilitation, advocacy training, inclusive education, ear care, hearing aid provision and eye care. Through the Avoidable Blindness Initiative (ABI) in Vietnam, we are strengthening community eye care services through training and awareness raising programs. Research into gender based violence against women with disabilities, capacity building, and provision of technical assistance for donors, DPOs and NGOs.

Central and East Africa

Countries: Cameroon, Democratic Republic of Congo, Ethiopia, Tanzania and South Sudan

Projects: 16

Partners: 18

Activities: Community based rehabilitation, empowerment programs for people with disability, orthopaedic care, eye care, club foot, inclusive education for deaf and blind students, vocational training, maternal and child health and emergency response.

East Africa

Countries: Guinea, Niger, Nigeria and Togo

Projects: 10

Partners: 14

Activities: Community based rehabilitation, mental health awareness raising and advocacy, eye care and ophthalmology training, fistula programs, and neglected tropical disease program.

Other Programs

Countries: International, Inter-regional and Jordan

Projects: 10

Partners: 3

Activities: Principles of child protection, gender, disability and inclusive development training. International program quality project, international advocacy initiative and advocacy for community mental health.

*CBM Australia's Inclusive Development department is working alongside development partners to build capacity, provide technical advice and research in inclusive development in these regions.

INCREASED AND IMPROVED FIELD PROGRAMS

CBM Australia's field programs seek poverty alleviation by working with people with a disability in the poorest communities:

STRENGTHENING FIELD PROGRAM IMPLEMENTATION

CONTRIBUTING TO PARTNER CAPACITY PARTICULARLY IN DISABILITY AND GENDER INCLUSIVE PRACTICE

BUILDING PROGRAM SUSTAINABILITY AND REPLICATION

2013 HIGHLIGHTS & EVALUATION LEARNINGS

Funding 53 field projects directly benefiting over 9.8 million people:

- Social Inclusion in India: _____ PG 10
- Livelihoods in Cambodia: _____ PG 12
- Health in Vietnam: _____ PG 18

Supporting training with 246 partners on Disability Inclusive Development, Gender & Development and Inclusive Project Cycle Management.

Developing a Participation Inquiry and case study booklet on partner learning, good practice and innovation.

Using approaches successful in immediate rehabilitation and long term change: the Mental Health Awareness Program in Nigeria increased awareness by training village health workers and facilitating access to treatment.

Bringing sustainable change: government work in disability continued due to support from Filipino and Indian Disabled People's Organisations.

CBM Australia continues to grow as a

FINANCIALLY HEALTHY ORGANISATION

increasing public and non public funding sources in alignment with CBM Australia values and the CBM Australia development program objectives; focussed on effective stewardship.

PG 30 PG 31

HARNESSING RESOURCES OF OTHERS TOWARDS DISABILITY INCLUSIVE DEVELOPMENT ('DID')

CBM Australia continues to grow the commitment of other development organisations and government towards evidence based disability inclusive development ('DID') in partnership with people with disability:

RAISING AWARENESS AND COMMITMENT (OF GOVERNMENT AND NON GOVERNMENT PARTNERS)

PROVIDING ADVICE AND TECHNICAL ASSISTANCE

BUILDING PROGRAM SUSTAINABILITY AND REPLICATION

2013 HIGHLIGHTS & RESOURCE DEVELOPMENT

Raising awareness and lobbying for disability inclusion:

- End the Cycle video: _____ PG 20
- International Day of People with Disability: _____ PG 21

Evidence based research:

- Education in Fiji (Access To Quality Education Program): _____ PG 16
- Empowerment in PNG (Travelling Together Project): _____ PG 14

Providing resources for Disability Inclusive Development: _____ PG 24

- Inclusion Made Easy in Eye Health Programs: "Getting Started: Ten practical steps to strengthen disability inclusion in eye health programs"

http://www.cbm.org.au/documents/FactSheets/Eye%20Health%20Brochure_final_reduced.pdf

CBM Australia continues to strengthen its

ORGANISATIONAL CAPACITY AND PERFORMANCE

with the right people in the right place doing the right things with the right systems; sustaining and building support and influence.

PG 26 PG 27

Case studies and stories

Case 1 : Social Inclusion

Project:

Nav Bharat Jagriti Kendra (NBJK) Integrated Community Based Rehabilitation Program

Situation:

CBM partner NBJK is a rural community development organisation with a mission to educate, organise and empower the rural poor so they can promote social justice, economic growth and self-reliance in the state of Jharkhand, India. This program is focused on the empowerment of people with disabilities as disability services are extremely limited in this remote and under-developed region. There is a strong emphasis on social inclusion as this is critical to improved quality of life and also challenges stigma and discrimination in the process: relationships, marriage, cultural and recreational participation in society can make a huge difference.

NBJK does this in a number of ways:

- Fieldworkers work with families to teach basic daily living skills to their children, from how to brush their hair or teeth through to basic literacy and numeracy to prepare them for attendance at the local school.
- Celebrating events such as International Children's Day. By inviting children both with and without a disability to participate in a program, they perform dances and sing altogether and this has helped to both socialise children with a disability and build their confidence.
- The program works a lot with children and there is a lot of emphasis on not just daily living skills and education but play as well. Sports Days are held for all community members where children with disabilities can mingle with others in their village.

Learnings:

- Simple, low cost prizes – like a plate or bar of soap - can encourage participation in school and village competitions on disability rights and inclusion. These competitions have done a huge amount to raise awareness and even behaviour change. For example one girl with low vision walks around her village with a cane and used to be teased by other children. Since these competitions the teasing has stopped.



Thanks to extra classes that will cater for children both with and without a disability, Anuhya (right) is looking forward to new opportunities to learn together with her friends.

Anuhya's Story

Anuhya is nine-years-old and the only daughter of a poor family in India. Her father is a daily labourer and her mother works in a small shop. Anuhya has had a hearing impairment since birth, but this has not held her back from school; far from it! She attends every day and has mastered observation techniques and lip reading. The project will facilitate evening classes for girls and boys both with and without disabilities from 2014 and Anuhya is looking forward to the additional opportunity to learn and play with her classmates.

"Parties to this Convention recognise the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community."

— ARTICLE 19, THE CONVENTION ON THE RIGHTS OF PEOPLE WITH DISABILITIES

Case studies and stories

Case 2 : Livelihood

Project:

Cambodian Development Mission for Disability Community Based Rehabilitation Project, Cambodia

Situation:

Cambodia is estimated to have one of the highest rates of disability for a developing country, with more than half a million people living with disability. People with disabilities have very limited access to appropriate treatment, rehabilitation services and vocational training. This makes it incredibly difficult for people with disabilities to participate fully and equally in community life. CBM's partner Cambodian Development Mission for Disability (CDMD) aims to address these challenges by working with people with disabilities and their communities towards both social and economic inclusion, and a life free from discrimination and other barriers.

CDMD's livelihood strategy involves establishing self help groups; providing a space in each village where people with disabilities can collectively address common problems, learn leadership and communication skills, and work

together to earn an income through small business loans. Self help group members identify suitable livelihood activities and CDMD then refers them to training in that field, as well as on basic business management/bookkeeping.

More than 1,100 people with disabilities have received a loan through this scheme so far and close to all loans have been either partially or fully repaid.

In addition over 800 people with disabilities or their family members have taken part in vocational training as part of the project. 95% have then gone on to work successfully in that vocational field.

Learnings:

- Enhanced livelihood opportunities can lead to social inclusion and empowerment. Before this project, many people with disabilities felt that they were unable to contribute to their family's income. By starting up a small business or taking on vocations they are now doing so,

increasing both their own level of self confidence and their families' respect for their abilities.

- Smaller scale initiatives that encompass a complete package of support – including rehabilitation, training, start up loans – tend to work best. By sharing these success stories across villages and self help groups others become motivated to participate as well.



©CBM

Through CBM's partner CDMD, Thanh and his wife were able to start their own business. This increased their confidence, improved their finances and promoted greater respect in their community.

Thanh's Story

Thanh was out looking for bamboo shoots in 2008 when he stepped on a landmine, losing one of his legs and an eye. As a result, he was no longer able to support his family and they became very poor. They could not afford any health treatment and, because of his condition, Thanh was unable to participate in any community events. Thanh felt very discouraged.

All this changed after CDMD identified him. They first supported Thanh with his rehabilitation by providing him with a fitted prosthetic leg and mobility training so he could walk more easily. They then referred him to training for animal husbandry and vegetable planting, as well as micro-business management. Thanh's wife was also

referred to a training course on how to grow mushrooms. After their training was complete, Thanh took a loan through CDMD to raise one cow and start up a small mushroom farm.

Through the couple's hard work and the project's intervention the business has grown impressively: they have repaid the loan in full, and now have two cows, 60 chickens and sell 10kgs of mushrooms per day. This has meant a huge and rapid change for Thanh's family's economic situation; they have sufficient food, a decent home to live in and access to health care and other services. As well as the economic improvements, Thanh and his family are now able to participate in their community.

Lack of access to funds is a major obstacle for establishing a business especially for people with a disability.

OECD. (2010) *Sickness, disability and work: breaking the barriers*. A synthesis of findings across OECD countries. Paris: Organisation for Economic Co-operation and Development.

Case studies and stories

Case 3: Empowerment

Project:

Travelling Together: disability inclusive road development in Papua New Guinea

Situation:

Safe and accessible roads are important to everyone. In Papua New Guinea, where the primary means of transport is walking, accessible roads and associated infrastructure mean that people are able to get to essential services such as schools, markets and health clinics as well as churches and other important community meeting places. Such access is particularly important for people with disabilities, who make up about 15 per cent of the population and are already at higher risk of social and economic exclusion. People with disabilities may also have additional needs in road design. However, the needs of people with disabilities are often ignored in road decision-making processes, and they often find that roads are inaccessible.

The PNG Assembly of Disabled Persons, CBM-Nossal Institute Partnership for Disability Inclusive Development, the Faculty of Architecture, Building and Planning

at the University of Melbourne, and Cardno Emerging Markets conducted a joint research project on disability inclusive road development in PNG. It sought to examine the ways people with disabilities use roads in rural and urban PNG, and develop guidelines and tools to promote more accessible road infrastructure

A key principle of the project was ensuring that people with disabilities were involved in all stages of the research project, and had ownership of the research and the ability to use the findings in ongoing advocacy. The project also sought to explicitly build the capacity of people with disabilities to conduct research, e.g. the data collection and analysis project was led by people with disabilities. All of the 10 data collectors were themselves people with disabilities, who lived in the locations where the research was being carried out and who were involved in local Disabled People's Organisations (DPOs). They participated in two

weeks of training to develop and trial research tools, led the data collection process, and were involved in data analysis and development of recommendations to improve inclusion of and access for people with disabilities. The data collectors then presented the findings and recommendations to key government, donor and private sector stakeholders at a workshop in Port Moresby.

Following this workshop a number of advocacy tools were developed, including guidelines for road decision makers and engineers, and an advocacy workbook which provides a step-by-step guide for people with disabilities and DPOs to conduct advocacy on improving access to infrastructure.



Being involved in a CBM-funded project for people with disabilities run by people with disabilities has given Elina (left) the confidence and experience to continue speaking out for the rights of other people with disability in Papua New Guinea.

Elina's Story

Elina was one of the data collectors for the Travelling Together project. A young woman with a disability who lives in Madang, a province on the north coast of Papua New Guinea, she led the data collection process in this area together with her research partner Desmond.

Through her involvement with the project, Elina was able to develop her skills in working with community members, including with participants of varying literacy levels and degrees of understanding of research processes. She found particularly satisfying the opportunity to engage with women with disabilities in the rural areas of Madang, and felt that their

involvement in the project was empowering for both herself and the women involved.

Through the project she learned the importance of people with disabilities forming groups and representing themselves, "so all governing bodies will take note of our concerns". At the end of the project, Elina and Desmond discussed with participants strategies for forming their own DPOs, which could then affiliate with provincial and national-level organisations and provide a platform for advocacy on issues of local importance to people with disabilities.

The project also improved Elina's confidence in working with people in authority, and she felt the experience "taught me how important it is to ensure the right people are targeted so improvements can be made". She continues to advocate for change on road accessibility issues that affect her and other people with disabilities in Madang. She is now working for the National Disability Resource and Advocacy Centre in Madang, a small advocacy-focused NGO which serves as a national focal point on disability rights.

"[The project] taught me how important it is to ensure the right people are targeted so improvements can be made."

Case studies and stories

Case 4 : Education

Project:

Access to Quality Education Program (AQEP), Fiji

Situation:

In Fiji, special schools have largely been the only option for the education of children with a disability. However, access to special schools can be unrealistic for many families in rural locations, given the challenges to send a child with a disability to attend a special school a long way from the family home. As a result, many children with a disability miss out on education and those attending school often do so in a segregated setting.

The CBM-Nossal Partnership for Disability Inclusive Development is providing technical support to the Access to Quality Education Program (AQEP) providing more options for the education of children with disability. By supporting a pilot model of inclusive education, CBM-Nossal is helping children with disability learn alongside their peers in regular classrooms in schools close to their homes.

Currently there are five schools across Fiji which are inclusive education 'demonstration' schools. Teachers in these schools receive training and ongoing mentoring to support their capacity to provide a quality education to all students.

Teacher aides have been employed and trained in sign language and Braille skills, and Braille equipment and computers with screen-reading software have been provided. The schools work with the Fijian DPOs to undertake community awareness programs encouraging families to consider enrolling children with a disability at school. The program has just conducted its first training program with teachers who are taking on the new responsibility of Special Educational Needs Coordinator in a further 50 schools. This will expand the number of mainstream schools where children with disability are supported.

Disability inclusive education is also addressed through reducing financial barriers to education using a small grants scheme to cover the costs of meeting the disability-specific needs of the children (eg. transport for an appointment to get a hearing aid fitted, the costs of a wheelchair, or rehabilitation appointments if local rehabilitation workers are unable to meet the needs). The project is also working on making sure the schools are physically accessible to children and adults with disability. Lessons learnt from the demonstration schools

are being shared with the Ministry of Education in its work to develop its existing national inclusive education policy.

In 2013 AQEP was selected by DFAT to receive the inaugural 2013 Disability-Inclusive Development Award for Good Practice in the Australian aid program.

Learnings:

- Mainstreaming disability inclusion in a major education program requires commitment from schools, teachers, Ministry of Education, DPOs and the community.
- Disability-specific supports need to be available to students with disabilities. Supporting development of disability specialist staff, and access to rehabilitation and assistive devices are needed to support inclusion of students with disabilities.
- Awareness-raising of the rights and capacity of children with disabilities is important to change attitudes. Having children with disabilities in mainstream schools increases acceptance of people with disability by classmates and teachers.



©CBM

In Kenya, teacher Joseph signs with six-year-old Consolata – helping her learn and reach her potential. CBM is working with partners to provide training to teachers, so that they can make sure children like Consolata are included in mainstream schools.

The CBM-Nossal team is working with a local partner in Fiji to ensure children like Moses (below) can receive the disability-specific support they need to learn and grow in regular classrooms.

Story of Change



Moses is nine-years-old and lives with his parents in a small village outside Suva, Fiji. Moses has Spina Bifida, which affects his ability to move around. When he was

younger, his parents were told he would need to go to the special school in Suva, but as they were reluctant to send him because it was so far away Moses didn't have the chance to go to school.

One day, Moses' parents heard about a local primary school close to their village where teachers had been trained in how to include children with disabilities, and they enrolled him. The teachers have implemented a number of strategies to ensure that Moses can learn alongside his peers. In the classroom, Moses has his own chair and table that help him sit without getting tired. The teachers have

also changed the way they teach, and Moses is able to rest whenever he needs to. An integration aide provides Moses with additional support whenever he needs it. Since Moses has started at school, the attitudes of the teachers have changed, and they feel confident in including children with disabilities in their school.

Moses is now more confident and is an active participant in all of his classes. In fact, Moses topped his class in their Annual Examination! All his family members were at the school to celebrate his achievements.

'The inclusion of children with disabilities in mainstream schools promotes universal primary completion, is cost-effective and contributes to the elimination of poverty.'

(World Report on Disability, 2011, pg 15)

Case studies and stories

Case 5 : Health

Project:

East Asia Vision Program (EAVP), Avoidable Blindness Initiative, Nghe An and Son La Provinces, Vietnam

Situation:

Vietnam has a high level of preventable blindness, caused primarily by cataract - but most eye health services are available only in the larger cities. Nghe An and Son La Provinces are large and diverse provinces with remote mountain ranges. This has meant that people living more remotely and people with disabilities have often been unable to access information about preventing vision impairment and about services available, or have been unable to afford to travel to the cities for services.

As part of the Australian Government funded Avoidable Blindness Initiative, CBM has been working with hospitals and health centres to develop eye health services in district areas, and in training local health workers and doctors in eye health screening, prevention and treatment. They have also conducted public awareness raising campaigns about eye health prevention and treatment. The program's first phase reached over 10,000 people through community eye screenings and provided 1,800 cataract operations, and has now entered a second phase focusing on further strengthening the existing capacity of medical and health workers in eye health and increasing awareness and use of available services.

The project also recognises that not all vision impairment can be treated, and is developing a low vision centre to provide training, education and resources, as well as strengthening links between eye health services, schools and low vision services.

Learnings:

- For information and communication campaigns about eye health to reach as many people as possible, it is essential to consider levels of literacy and types of disability in the project locations. It is important to use a range of modes of communication such as radio, television, public performances and announcements via loudspeaker, in addition to written information.
- Time and ongoing work is needed to improve access for women and children to inclusive and safe services. Project staff became more aware of and sensitive to considering the different needs of women and men, boys and girls in their work through training in gender and in child protection, and some gains have been made with more women accessing services. More time and ongoing work is needed to see continued meaningful change in this area.



©CBM

Mai's studies are a wonderful part of this 10-year-old's daily routine thanks to sight-saving cataract surgery, glasses and ongoing low vision support through CBM's partner project in Vietnam.

Mai's Story

Mai is a 10-year-old girl living in Vietnam. Mai was found at birth to have congenital cataracts, as had been the case with her older brother. Following the experience of not accessing surgery for Mai's brother (and consequently his extremely limited vision), her parents sought treatment and Mai had cataract surgery and artificial lens placement at two months of age.

Mai now has regular eye checks at the Low Vision Rehabilitation Centre (a partner project of CBM through Vietnam National Institute of Ophthalmology that provides previously unavailable counselling, treatment and instruction in using low vision devices). Mai has also participated in an early intervention program and schooling through a school for children with blindness

and low vision. Mai's learning is optimised and she and her family have had the support to help Mai use her vision in everyday life. Mai says, "I love to go to school. I do not have difficulty in learning because I know how to use glasses and my vision in school and have fun with friends". Mai and her family believe that, with the support of health professionals and her parents, and with Mai's confidence, she will be able to go ahead and participate in secondary education.

Mai's mother is very enthusiastic to share their experiences and knowledge learned, with others in similar circumstances.

"I do not have difficulty in learning because I know how to use glasses and my vision in school, and have fun with friends."

Together in the community

At CBM, we're committed to leading Australians in striving for an inclusive world for all, by ending the cycle of poverty and disability. Through our integrated public campaigns, our special events and awareness-raising initiatives, we speak out about the cycle of poverty and disability, and show people how they can support some of the world's poorest people by taking action that starts at home.

END THE CYCLE

End the Cycle

End the Cycle continues to educate people about the cycle of poverty and disability, and advocate for disability inclusion.

2013 was a big year for the End the Cycle team. The End the Cycle messages, videos and stories of breaking the cycle of poverty and disability through inclusive development practices were shared at over 20 public events, and almost 130,000 connections with End the Cycle were made via social media!

End the Cycle even produced a new video celebrating International Day of People With Disabilities, highlighting how our partner organisations work to include people with disability in development.

"[It is] really amazing to see the impact focussed intervention can have on the lives of people with a disability and how the cycle of poverty and disability can be broken through intervention of agencies and help people and the whole community."

- End the Cycle Supporter

And they're growing. In 2013 End the Cycle was joined by six new partners (Red Cross Australia, Fred Hollows Foundation, CLAN, Opportunity International, Sport Matters, The Leprosy Mission) bringing the total number of endorsing agencies to 27.

Luke14

Luke14

The Luke14 initiative reached even further in 2013 to advocate for disability inclusion through Australian churches and denominations – over 100 churches received Luke14 presentations and workshops. This work is only made possible through the commitment and energy of the Luke14 Regional Coordinators – volunteers with a passion for disability inclusion.

"Luke14 is life-changing, fantastic. It's Australian, practical and presented in a really interesting way."

- Lisa Patston - Blaxland Presbyterian Church

And it wasn't only here in Australia – Luke14 travelled across the ditch to New Zealand, co-presenting at the Theology, Disability and People of God conference in Auckland.

The team has also been busy promoting the importance of disability inclusion in Christian media; papers and opinion pieces from Luke14 advocates appeared in numerous publications, and resulted in Luke14 team members being guest editors for a special disability edition of Equip.

And we're celebrating Luke14's impact in the community in 2013 with a disability sector award for excellence, through our partnership with Lutheran Disability Services. Partnerships with churches and Christian agencies such as this are essential to the future of Luke14.

Supporter Meetings

CBM hosted a total of 46 meetings across Australia, including inaugural meetings in Loxley, SA, Laidley, QLD and Beaudesert, QLD to share with supporters how they are making our life-changing work possible. Our CBM co-workers were our special guests; Guna Fernandez, Anita Smeets, Tobias Pflanz and Michael and Jannike Seward all spoke firsthand about their experiences helping improve the lives of the poorest people with disabilities.

CBM ambassadors Ernie and Glenys Sigley continued their vital work raising awareness of maternal health issues through the Stop Fistula Campaign, travelling around Australia to share their emotional and inspirational stories of meeting some of the poorest women living with fistula.

Volunteers

We'd like to say a big THANK YOU to our volunteers who contributed their time to CBM last year. Over 100 volunteers dedicated over 5,700 hours of their time to help us help those living in poverty with disability. Their generosity was a valued contribution to CBM Australia and we thank them for their ongoing commitment to transform lives.

International Day of People with Disability: Break Barriers and Open Doors campaign

For International Day of People with Disability on December 3, CBM put the Australian international development sector in front of the camera. Participants were invited to participate in the End the Cycle initiative, creating a video that showcases how Australian NGOs partnering with End the Cycle are leading the way in promoting the rights of people with disability, ensuring that development efforts are reaching the poorest of the poor. The video was also shown at Parliament House, where the government commitment to a new disability development policy from 2015 was announced. The video features a variety of NGOs, promoting how their work in disability inclusive development 'breaks barriers and open doors to ensure an inclusive society for all'.

"In our experience the biggest barrier is attitudinal which leads to exclusion...and we work in communities and with people with disability. Let's break barriers to end the cycle of poverty and disability."

- David Brown - Red Cross



CBM's Community Engagement Team was at the annual Surrender conference at Belgrave Heights, sharing more about how we're working to end the cycle of poverty and disability.

Together with our supporters

We extend a huge THANK YOU to our incredible supporters. Through your donations, your voices, and your actions, you helped change millions of lives and worked to end the cycle of poverty and disability, both here in Australia and in the world's poorest countries.

Annual Miracles Day campaign – the biggest one yet!

Thousands of Australians participated in our annual radio appeal. In 2013 the campaign ran across 9 radio stations around Australia helping to provide 8,595 miracles of sight. This kind of support is crucial to CBM Australia maintaining and improving our eye health programs, to restore sight to the world's poorest children, women and men. Thank you!

Bringing an end to River Blindness

CBM Australia supporters gave generously in 2013 to thousands of the poorest people suffering from Neglected Tropical Diseases (NTDs) in Nigeria, including Trachoma and River Blindness (Onchocerciasis). Through such generosity, CBM Australia and our supporters are helping to prevent permanent blindness and move towards eradicating these painful diseases.

Our emergency response

When disaster strikes, it's people living in poverty with a disability who are most at risk. Donations from generous CBM Australia supporters helped us bring immediate and long-term relief to those caught in emergencies, including millions of people devastated by Typhoon Haiyan and those fleeing ongoing violence in Syria. By helping communities prepare and plan for future disasters, our supporters are also helping to reduce the impact of disasters and prevent future disability or death.

The 2013 Christmas Catalogue

CBM Australia supporters continued to change lives through CBM Australia's annual Christmas Catalogue; support of the catalogue helps to fund and develop our international programs to restore sight, help children walk again, keep mums and babies safe, and open up a world of possibilities through education and livelihood support. The Christmas Catalogue is also a great way to share the true meaning of Christmas and restore hope to the world's poorest communities!



©CBM

Former CBM field worker Noriko Dethlefs shared her personal experiences living and working in Afghanistan with dozens of CBM Australia supporters at a number of meetings around South East Queensland.

Together with...

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

Department of Foreign Affairs and Trade - Australian aid

Disability-inclusive development recognises that people with disabilities have a right to participate in, contribute to and benefit from development.

CBMA's Inclusive Development Department (IDD) works closely with the Department of Foreign Affairs and Trade (DFAT) to embed and strengthen disability inclusive practices across Australia's foreign aid program.

The IDD team provides technical advice, training and support to DFAT on disability inclusive development across many sectors of the Australian aid program. One example of our role in strengthening disability inclusion in the Government's foreign aid program is through the Australia Awards. Australia Awards provide scholarships which aim to develop leadership skills, address regional development priorities and strengthen partnerships and learning between Australian organisations and international partners. The program also provides opportunities for people with disabilities from developing countries to study at Australian Universities and TAFE institutions. CBM works alongside DFAT to support scholars who have a disability to transition into university and life in Australia.

CBM and Nossal

The CBM-Nossal partnership aims to strengthen capacity, policies and systems of disability and development stakeholders to facilitate disability-inclusive development. Through development and research, we build the evidence base for effective disability inclusive development in collaboration with development sector stakeholders and DPOs.

To achieve this, the CBM-Nossal partnership works with DPOs, UN agencies, donors, partner governments, research and academic institutions, NGOs and

development contractors. CBM-Nossal also actively works to strengthen partnerships between development agencies to support stronger networks, to share what works and to improve opportunities for people with disabilities and DPOs in the development process.

Some of our key partners in 2013 include the Pacific Disability Forum, Australian Red Cross, Australian Lutheran World Service, Plan Australia, WaterAid, International Women's Development Agency, GRM, Coffey and the Department of Foreign Affairs and Trade.

Australian Disability and Development Consortium

CBMA hosts the secretariat of the Australian Disability and Development Consortium (ADDC). ADDC represents disability and development organisations across Australia to focus attention, expertise and actions on disability in developing countries.

Highlights of 2013 include:

- the Australian Government's announcement of a new DFAT disability and development strategy that will be effective from 2015;
- the facilitation of three Practitioner Interest Forums;
- presentations at the Pacific Disability Forum Conference in Noumea;
- leading a National Day of Action alongside CBM on Disability Inclusive Development; and

In December a new Strategic Plan 2014-2017 was completed, setting out the direction for ADDC over the next three years to focus on leadership and advocacy; partnership and collaboration; and sustainability of ADDC. ADDC acknowledges the support of members and CBM.



ADDC welcomes bipartisan support for disability inclusive development at International Day of People with Disability event at Parliament House – 3 December 2013.

L to R: Marc Purcell, Australian Council for International Development (ACFID) Executive Director; Senator Hon Brett Mason, Parliamentary Secretary to the Minister for Foreign Affairs; Miss Su Pon Chit, Australian Awards Scholar; Sophie Plumridge, Australian Disability and Development Consortium (ADDC) Executive Officer; Ben Clare, Australian Volunteer for International Development (AVID); and Hon Matt Thistlethwaite, MP Shadow Parliamentary Secretary for Foreign Affairs.

Advocacy

The lead up to the federal election was a busy period for CBM, which focused on raising political awareness of Australia's role in disability inclusive development.

By harnessing the collective support of other development agencies, we were able to bring to our politicians' attention the value of disability inclusive development.

A significant sector-wide advocacy campaign of 2013 was the **'We D.I.D It' National Campaign**.

CBM had been calling for the Government to appoint an Ambassador for Disability Inclusive Development. In partnership with ADDC. This call culminated with a national day of action, the 'We D.I.D It' Day, on 17 July 2013. The day garnered an overwhelmingly strong response from the international development sector, politicians and our international partners with positive results. A key success of the campaign was the momentous support it gained and the attention produced across the sector.

Working with ACFID

CBM works closely with the Australian Council For International Development (ACFID). ACFID holds a substantive position on the ADDC Executive Committee, and a cross section of CBM departments have representation in ACFID working groups to ensure that disability is considered in all aspects of development. ACFID liaises closely with CBM for technical advice relating to disability inclusive development.

In October 2013 the CBM Inclusive Development department was selected to facilitate a presentation and workshop at the ACFID Council: 'Capturing the voice of people with disability in the post 2015 Millennium Development Goals. The aim was to demonstrate what disability inclusion looks like in practice and the panel was made up of key international development agencies: International Women's Development Agency (IWDA); WaterAid Australia; Plan International Australia.



Australian Government
Department of Foreign Affairs and Trade



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.



Tiah's sight and hopes were restored thanks to the generosity of CBM supporters.

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 compliance with legislation and regulatory requirements

- Systematically evaluating information and benchmarks that assist in the testing and understanding of CBM Australia's performance

- Ensuring the necessary financial, human and other resources are in place to meet agreed objectives

- 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 together with the Chief Operating Officer and CBM Australia's Leadership Team of Department Directors.

Board oversight

The Board monitors and assesses Management's performance by:

- Meeting at least 4 times per calendar year (4 meetings held in 2013)

- 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 (incorporating Strategic Risk Management), Board Development & Human Resources, Programs, and Innovations & Community Engagement

- Developing mutual learning and strong working relationship 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 3 and no more than 20 directors. Directors are appointed for a 3 year term and can be re-elected for up to 2 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 May Annual General meeting.

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 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 and Finance & Audit 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.

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.

PHILIP RATCLIFF

Philip was appointed to the Board in 2011. He holds a Bachelor of Commerce and is an IT specialist. Philip retired from the Board in May 2013.

Special responsibilities:

Chair of the Risk Committee until its closure 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.



©CBM

Hawi is learning to rise to her feet and walk in Ethiopia thanks to her braces and crutches, and rehabilitation from a local CBM partner.

2013 Financial overview

CBM Australia's financial management philosophy

CBM Australia's objective is to maximise the money that is used, effectively and sustainably, to improve the lives of people living with disability in the poorest parts of the world.

2013 HIGHLIGHTS

INCREASE OF \$2.4 MILLION IN FUNDING FROM OUR SUPPORTERS



8,595 MIRACLES UP BY 4,600
\$275 THOUSAND UP BY \$147K

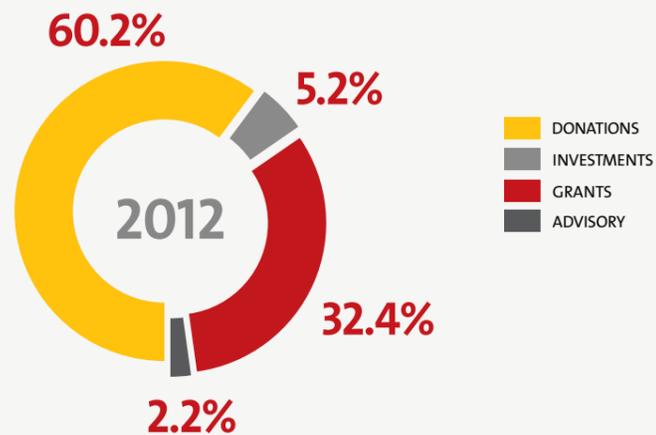
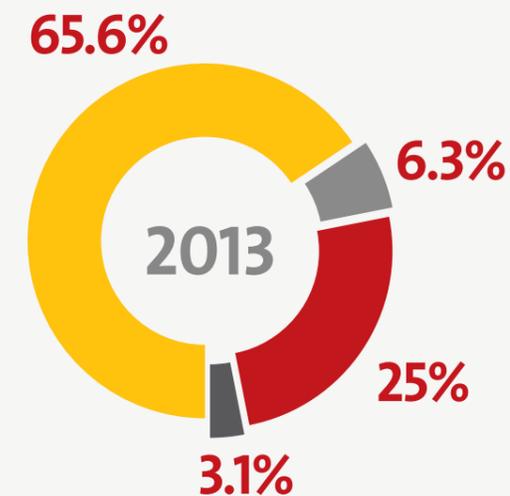


ADMIN & FUNDRAISING COSTS KEPT BELOW 2012 LEVELS



HOW DID WE RAISE FUNDS?

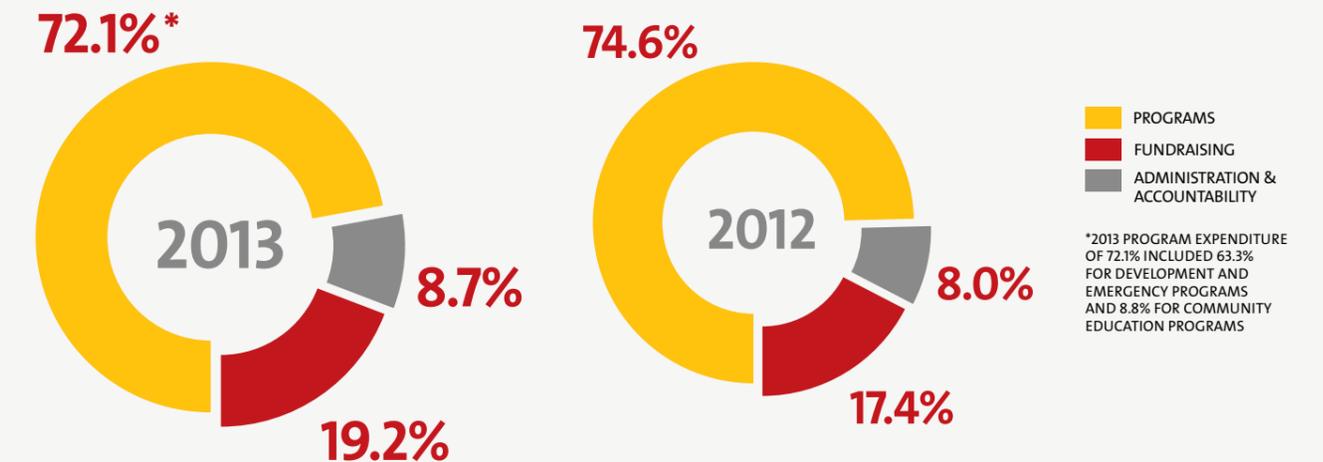
 \$21M FROM OUR WONDERFUL SUPPORTERS	 \$8M FROM AUSTRALIAN GOVERNMENT'S AID PROGRAM
 \$2M FROM OUR INVESTMENTS (INCLUDING \$1M GROWTH. [MOVEMENT IN FINANCIAL ASSETS RESERVE])	 \$1M FROM OUR TECHNICAL ADVISORY WORK



Effective **stewardship**

HOW DID WE SPEND FUNDS?

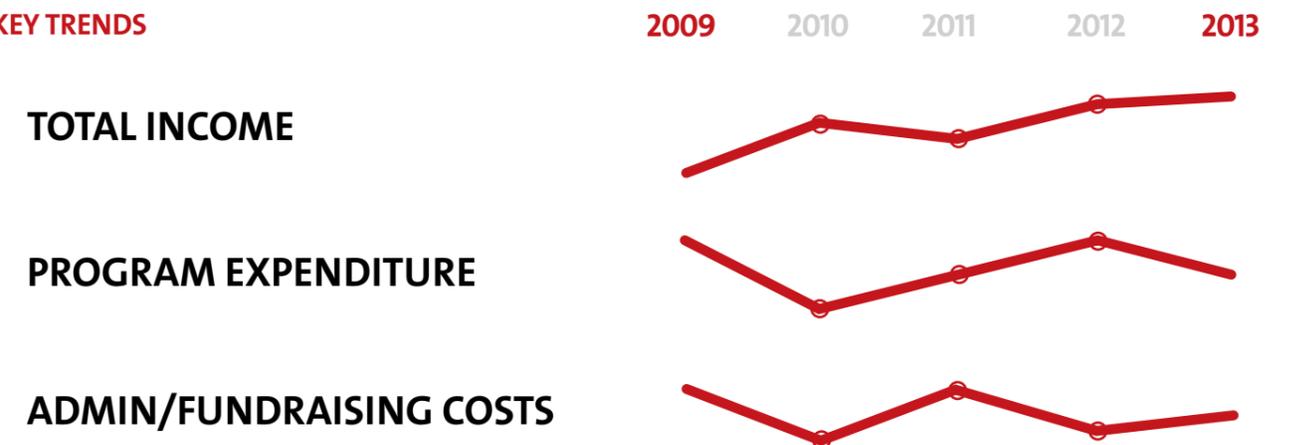
	\$20M WENT TO OUR PROGRAMS \$2.4M SUPPORTED COMMUNITY EDUCATION PROGRAMS
	\$5M WAS RE INVESTED IN GROWING INCOME FROM OUR SUPPORTERS
	\$2.5M WAS SPENT ON EFFECTIVELY ADMINISTERING OUR RESOURCES. THESE COSTS WERE FULLY COVERED FROM INVESTMENT RETURNS AND THE ADMINISTRATION ALLOWANCE FROM GOVERNMENT GRANTS



IS CBM AUSTRALIA VIABLE AND SUSTAINABLE?

CBM Australia has a policy to commit to long term projects that enable more effective use of resources. To ensure that we are able to guarantee ongoing funding to these projects, CBM Australia maintains investment reserves.

KEY TRENDS



Summary financial statements

Statement of Profit or Loss and Other Comprehensive Income For the Year Ended 31 December 2013

	2013 \$	2012 \$
REVENUE		
Donations & gifts		
- Monetary	18,898,294	15,927,226
- Non-monetary	0	0
Bequests & Legacies	2,175,752	2,747,670
Grants received		
- AusAID	7,775,175	10,060,957
- Other Australian	0	0
- Other Overseas	0	0
Investment income	781,272	1,006,986
Other Income	988,423	667,793
Revenue for International Political or Religious Proselytisation Programs	0	0
TOTAL REVENUE	30,618,916	30,410,632
EXPENDITURE		
International Aid and Development Programs Expenditure		
International programs		
- Funds to international programs	(13,442,604)	(16,781,696)
- Program Support Costs	(3,286,109)	(3,017,559)
Community education	(2,404,038)	(2,200,831)
Fundraising costs		
- Public	(5,033,768)	(5,155,695)
- Government, multilateral and private	(240,331)	(144,579)
Accountability and Administration	(2,383,182)	(2,450,521)
Non-monetary expenditure	0	0
Total International Aid and Development Programs Expenditure	(26,790,032)	(29,750,881)
Expenditure for International Political or Religious Proselytisation Programs	0	0
Domestic programs expenditure (monetary & non-monetary)	(616,429)	(731,292)
TOTAL EXPENDITURE	(27,406,461)	(30,482,173)
EXCESS/(SHORTFALL) OF REVENUE OVER EXPENDITURE	3,212,455	(71,541)
Other comprehensive income:		
Net movement in the financial assets reserve	993,371	617,221
Other comprehensive income for the year	993,371	617,221
Total comprehensive income for the year	4,205,826	545,680

Statement of Financial Position as at 31 December 2013

	2013 \$	2012 \$
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	3,448,987	7,984,573
Trade and other receivables	402,526	339,894
Financial Assets	17,201,387	12,167,587
Other financial assets	319,874	166,751
TOTAL CURRENT ASSETS	21,372,774	20,658,805
NON-CURRENT ASSETS		
Property, plant and equipment	5,055,887	5,284,519
TOTAL NON-CURRENT ASSETS	5,055,887	5,284,519
TOTAL ASSETS	26,428,661	25,943,324
LIABILITIES		
CURRENT LIABILITIES		
Trade and other payables	2,117,277	5,895,808
Employee benefits	1,243,322	1,120,714
TOTAL CURRENT LIABILITIES	3,360,599	7,016,522
NON-CURRENT LIABILITIES		
Employee benefits	135,408	199,974
TOTAL NON-CURRENT LIABILITIES	135,408	199,974
TOTAL LIABILITIES	3,496,007	7,216,496
NET ASSETS	22,932,654	18,726,828
EQUITY		
Committed funds reserve	14,608,047	12,386,156
Bequest reserve	2,561,355	2,127,262
General reserve	3,855,663	3,299,192
Financial Assets Reserve	1,755,589	762,218
Perpetual trusts	152,000	152,000
TOTAL EQUITY	22,932,654	18,726,828

Summary financial statements

Statement of Changes in Equity for the Year Ended 31 December 2013

	Retained Earnings	Committed Funds Reserve	Bequest Reserve	General Reserve	Financial Assets Reserve	Perpetual Trusts	Total
2013	\$	\$	\$	\$	\$	\$	\$
Balance at 1 January 2013		12,386,156	2,127,262	3,299,192	762,218	152,000	18,726,828
Excess/(Shortfall) of revenue over expenses	3,212,455						3,212,455
Revaluation increment/(decrement)					993,371		993,371
Transfer from general reserve to committed funds reserve		2,221,891		(2,221,891)			0
Transfer from general reserve to bequest reserve			434,093	(434,093)			0
Transfer from retained earnings to general reserve	(3,212,455)			3,212,455			0
Balance at 31 December 2013	-	14,608,047	2,561,355	3,855,663	1,755,589	152,000	22,932,65

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 2013.

	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	264,528	0	(264,528)	0
Total for other purposes	7,720,045	35,148,254	(39,419,312)	3,448,987
Balance at 31 December 2013	7,984,573	35,148,254	(39,683,840)	3,448,987

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 2013, the summary statement of profit and loss and other 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 2013. We expressed an unmodified audit opinion on that financial report in our report dated 24 March 2014. 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 2013 are consistent, in all material respects, with that audited financial report.

SAWARD DAWSON
Chartered Accountants



Partner: Peter Shields
Date: 24 March 2014
Blackburn, Victoria 3130



In Kenya, young Tumuti is all smiles now that she can see again after surgeons removed her cataract! In the poorest places, CBM works with children like Tumuti to restore the Miracle Gift of Sight, and change lives.



CBM Australia
ABN 23 005 326 849

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PO Box 348
Box Hill VIC 3128

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.