

# CBM Australia

## 2009 Annual Report



*"I have come that they may have life, and that they may have it more abundantly."*

John 10:10



## OUR VISION

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

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



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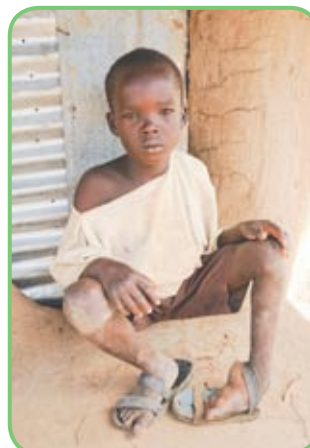
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*Front page photograph:  
 Since birth, eight-year-old Esther hadn’t taken a single step without pain. Born with a club foot, her family couldn’t afford treatment, but today she’s going to school and playing happily, thanks to surgery and CBM’s Community Based Rehabilitation.*



# A Message from the Board Chair

On being questioned about which is the greatest law, Jesus replied, “ ‘Love the Lord your God with all your heart and with all your soul and with all your mind’. This is the first and greatest commandment. And the second is like it: ‘Love your neighbour as yourself’. “  
*Matthew 22:37-39*

“Together we can do more”

Three years ago, CBM had a name change, and with that came the six values that we have adopted for our organisation: Christian, International, Professional, Integrity, Communication and Being Inclusive. Two years ago, as an international organisation we celebrated our 100th year, and as a national organisation our 50th year.

- In the wake of what was a challenging year for CBM our organisation has learnt some valuable lessons, emerging stronger and more determined to pursue God’s work: CBM’s core values continue to unite our resolve and strengthen our purpose through difficult times.
- CBM’s leadership continues to inspire by example and encourage our passionate staff and volunteers to maintain their commitment to helping people with disabilities in the poorest countries.
- Knowing that through prayer and faith, all things are possible.

As the times and seasons of governments changed and the people’s focus was redirected, we found that we had new opportunities into which we could move. Our consistent and long-term hard work with advocacy and sound professional proposals has seen CBM obtain increased funding from the government for a number of new programs over the next three years.

As a result of sound and sustainable international project work, and an outward-looking focus from within the Australian community, we have been fully accredited with AusAID for another five years. We are very grateful to the Australian government for their financial help in the past and we look forward to working with them in the future. We are also grateful to The Charitable Foundation for their partnership with CBM in our work in Rwanda, Tanzania and Kenya.

Our work with the Nossal Institute is a different type of partnership, one where we contribute our skills and competencies to train and educate other organisations and community groups within Australia about being inclusive.

Our Luke14 project has been hugely innovative and successful within the Australian community, and also amongst the other CBM member associations.

Our talking book library service, delivered through the Vision Australia Information Library Services (VAIS), continues to provide high quality Christian literature to those Australians who have difficulty reading print.

I would like to thank all of the dedicated, passionate and competent staff of CBM Australia for their consistent and loyal efforts, not to mention all the volunteers whose actions have spoken as clearly and as strongly as their words by donating their time and energy for the work of CBM. To John Jeffries, our long-serving and tireless CEO, who has led us through the many challenges of 2009, thank you.

As a volunteer Board, our members have worked consistently hard as they have engaged in the extra demands of the increasing strategic and governance requirements of our society. I would like to thank them for their support of myself in my first year as chair.

In May 2009, we welcomed Jane Furniss and Chris Groom to the Board and we bid farewell to Wolfgang Fischer, our chair for over 10 years. However, we are delighted that Wolfgang continues to serve on the International Board of CBM.

We are very grateful to the thousands of caring and committed CBM supporters around Australia who have intentionally kept CBM as their “preferred providers” of community aid and development, not only financially and in acts of compassion and service, but most importantly, in prayer.

We invite you and your friends to engage with us as we help create a world where every member is encouraged to reach their God-given potential, a world which is “Inclusive”.

May God bless you all as “we walk the walk and talk the talk” into 2010.



Elizabeth Hamer  
Board Chair



# National Director's Message

In the past 12 months, CBM Australia has played a key role in advocating the rights of persons with disabilities both in Australia and the developing world.

At the local level, our advocacy efforts have contributed to disability becoming a key issue within the Australian Government's aid program. I'm pleased to report that CBM is now providing technical expertise to assist the Australia Government and other development organisations to make sure people with a disability can benefit from all of their programs.

But it doesn't end with our strength in advocacy.

These efforts are being ably supported by a number of key CBM initiatives that look to involve each of us, as together we do more for people with disabilities.

You will begin to hear more about programs like Luke14, Vision for Change, Break the Cycle and our new Youth Engagement Program as CBM actively promotes the message of inclusion to the Australian community.

I'm excited about our future as together we support and develop our community engagement programs to strengthen our inclusion message.

But the greatest need will always be in the poorest countries. It's in these most remote places that CBM is working with our partners on the ground to improve the capacity of people with disabilities and bring hope to the world's forgotten.

As the largest organisation in the world working with people with disabilities, CBM is only able to do this life-changing work with financial gifts from our compassionate supporters. It is a vital and heaven-sent ministry.

And as the widening gap of poverty grows larger and creates international headlines, CBM is responding to the need with integrity, professionalism and a Christian understanding to reach the most vulnerable - people with disabilities.

I'd like to thank our Board for their faithful guidance and congratulate our dedicated staff and volunteers for their ongoing commitment to CBM's work.

My sincere gratitude goes to our wonderful supporters, who share a heart for those living in poverty with a disability. May God richly bless you as together we do more.



A handwritten signature in black ink, appearing to read 'John Jeffries', written in a cursive style.

John Jeffries  
National Director  
CBM Australia



Seven-year-old Steven was born with cerebral palsy, a disability that has prevented him going to school, playing with friends and enjoying his human rights. With rehabilitation and a mobility device provided by CBM, Steven is expected to walk on his own within two years.

## 2009 in Review

CBM Australia proudly acknowledges the faithful support of Australians during 2009. Our partnership continues to offer life-changing services to people with disabilities in developing countries.

Throughout the year, CBM Australia has grown its offering of medical, educational and rehabilitation services and community outreach programs, now servicing 141 projects in 32 countries, including inter Regional initiatives.

Partnering with AusAID, CBM Australia looks to strengthen the services that provide hope for people with disabilities. Dedicated professionals provide eye and orthopaedic care as well as Community Based Rehabilitation and mental health programs through 28 priority projects in:

- **Bangladesh**
- **Cambodia**
- **Cameroon**
- **China**
- **Ethiopia**
- **India**
- **Nigeria**
- **The Philippines**
- **Sudan**
- **Tanzania**
- **Vietnam**

These programs work with people with a disability, their families, local communities and local government and service providers. Initiatives include access to education, health care and rehabilitation, livelihood, awareness raising and advocacy.

CBM Australia provided emergency relief to people with disabilities in Indonesia, Philippines, Sudan and Nigeria as crises and disasters severely impacted their lives. The CBM response also includes implementing much-needed support networks for the affected regions as they rebuild their communities.

CBM Australia continues to play a significant leadership role in promoting awareness and advocacy of disability and development within the Australian NGO and church communities. Notably, CBM and the Nossal Institute have recently formed a partnership that aims to establish best practices for disability awareness, inclusive development and essential research.

**CBM Australia looks forward to partnering with Australians to help people with disabilities in some of the poorest countries in the world.**

# How CBM Is Changing the World

CBM internationally is the largest non-government organisation in the world working with people with disabilities in the world's poorest countries.

Globally, CBM is made up of nine Member Associations that support a joint program of work. This association enables partners to develop rights-based services and promote advocacy for the inclusion of disability in development programs. Worldwide, the number of people donating funds to the work of CBM continues to grow!

## Measuring CBM's Full Impact

Every man, woman or child given sight, mobility, hearing or ability through rehabilitation gives hope and opportunity to 5–20 family members.

Every man, woman or child who accesses health care, education and social services through CBM empowers these individuals to bring hope, opportunity and inspiration to 5-20 family members.

### Lives changed

**23.2 million**

total number of people receiving services

**675,734**

people accessed sight-restoring cataract surgery – one “miracle of sight” every minute of every day

**512,824**

people with disabilities given rehabilitation or education services

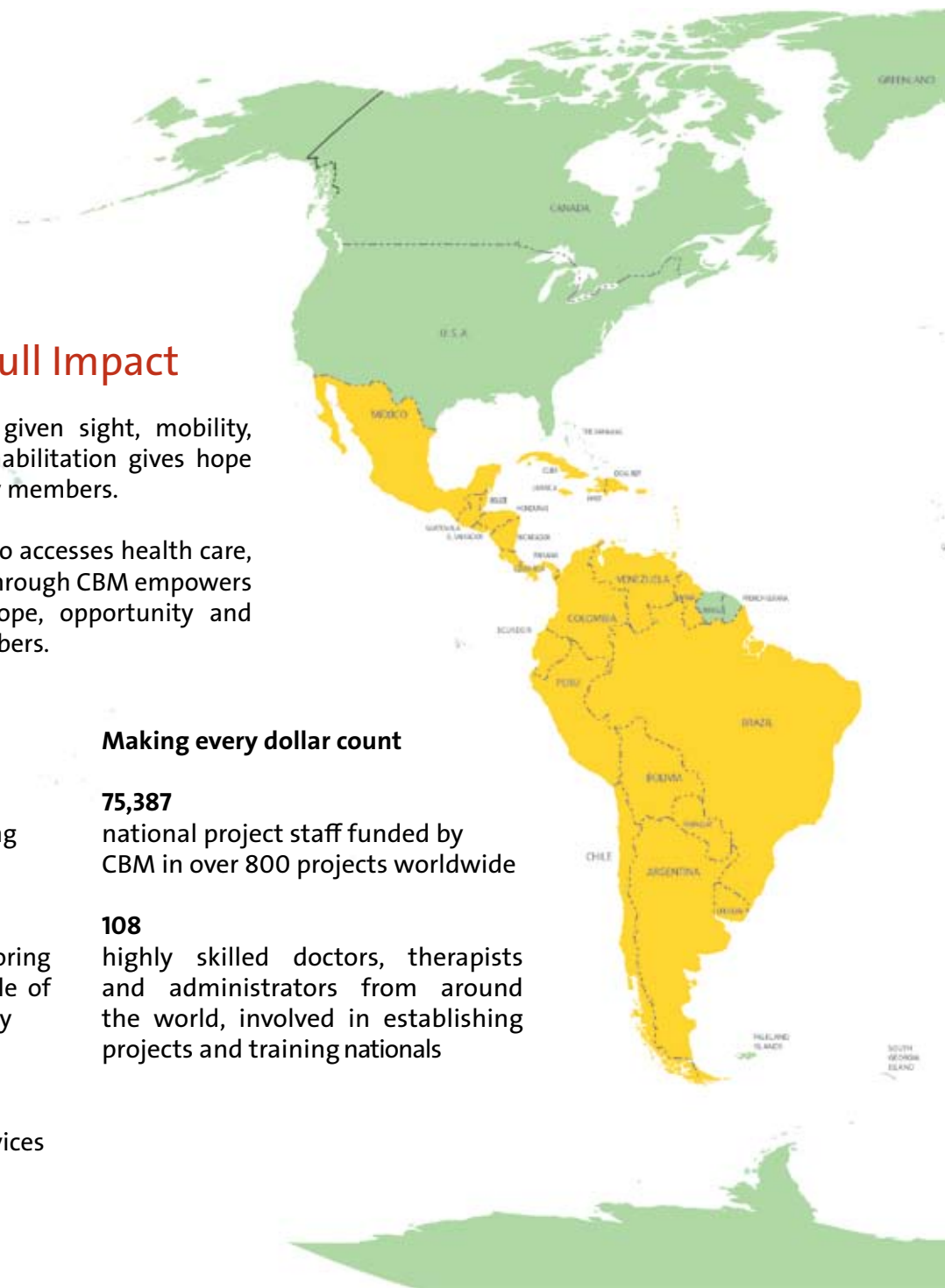
### Making every dollar count

**75,387**

national project staff funded by CBM in over 800 projects worldwide

**108**

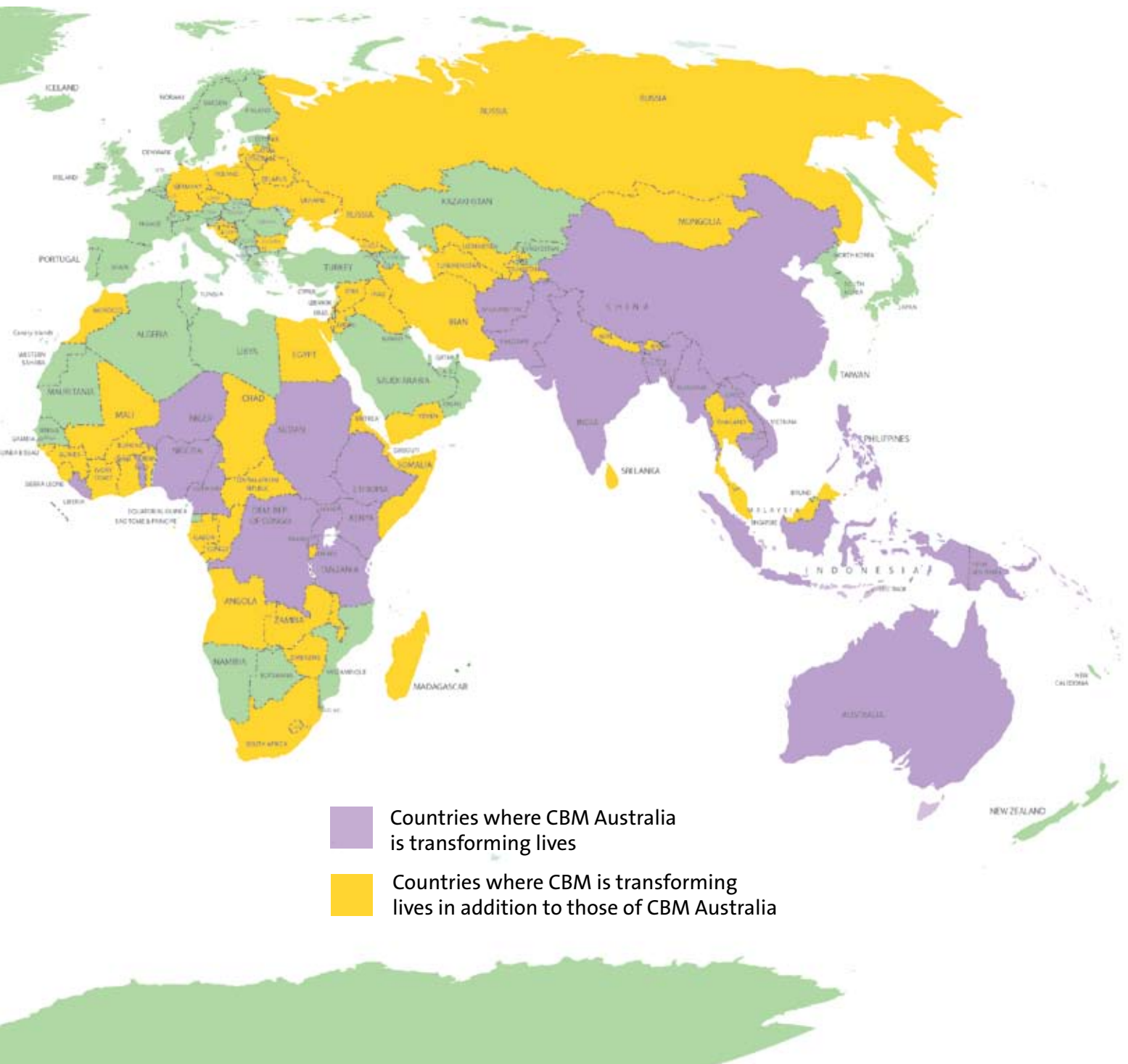
highly skilled doctors, therapists and administrators from around the world, involved in establishing projects and training nationals





# CBM Global Report

In 2009, CBM supported 883 projects in 99 countries in Africa, Asia & the Pacific, Latin America and Eastern Europe. Through its partner organisations, CBM currently reaches over 23 million people and aims to reach many more in the coming years. CBM Australia contributed to 141 projects in 32 countries, including inter Regional initiatives.

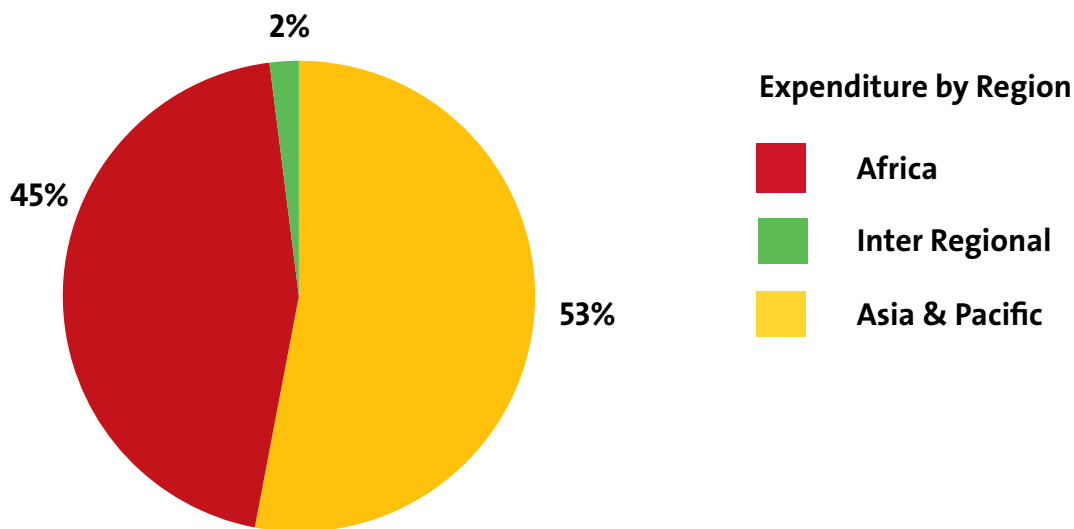


Note: "CBM" refers to the international body of Member Associations.  
"CBM Australia" refers to the Australian Member Association of CBM.

# How Australians Change Lives

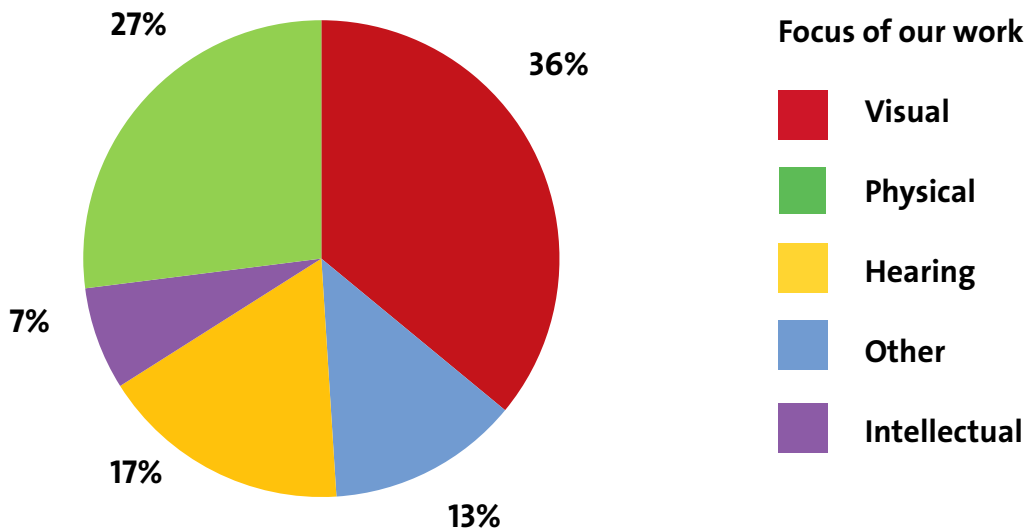
## Where your support is going

CBM Australia's primary goal is to improve the lives of the world's poorest people with disabilities and those at risk of disability. With Australian support, in 2009 CBM Australia was able to fund 141 projects in the world's poorest communities of Africa, Asia and the Pacific.



## What your support is providing

CBM is working to restore the rights of people with a disability. CBM continues to work in the areas of research & development, awareness raising, advocacy and community-based rehabilitation programs. The aim is to build local capacity and promote inclusion of people with disabilities, where they are active members at all levels of their communities. Our teams are multi-skilled to deliver the very best in medical and community development services while strengthening local resources and support networks for people with disabilities.





As a newborn, two-year-old Uyen was abandoned because of her disability and thrown into the garbage. Rescued by her 'new' mother (right), Uyen has since been given a second chance at life thanks to CBM's community-based rehabilitation.



## CBR Components<sup>1</sup>

### 1. HEALTH<sup>2</sup>

CBM is concerned with health because:

- people with disabilities have a right to health;
- health is a precondition for participation in life's activities;
- health is necessary to combat poverty;
- all community members benefit from awareness of the right to health and improved health care;
- the health component of a CBR program can ensure that the right to health of people with disabilities is recognised and actions are taken to improve their physical, mental and social well-being.

### 2. EDUCATION<sup>3</sup>

CBM is concerned with education because:

- although everyone has the right to education, sometimes it is assumed that people with disabilities are an exception;
- family members, communities and even people with disabilities themselves are denied the knowledge that they have an equal right to education;
- CBR workers can support the empowerment of people with disabilities by educating them about the different rights that relate to education. This can help in lobbying governments who have a legal obligation to provide education for all.

### 3. LIVELIHOOD<sup>4</sup>

CBM is concerned with livelihood because:

- even though everyone has a right to it, it is a right often not respected;
- people with disabilities, in particular, face many difficulties in trying to secure a livelihood;
- the purpose of the livelihood component in CBR programmes is to facilitate access for people with disabilities to livelihood opportunities leading to their economic empowerment, better participation in community life, and enhanced self-fulfillment.

### 4. SOCIAL

CBM is concerned with the social component because:

- people with disabilities have the right to live as equal citizens within the community, to participate fully in social, cultural, religious, economic and political activities.
- CBR, therefore is concerned to challenge unjust social systems and practices that exclude people with disabilities from actively participating in community life. Some examples of this include people with disabilities actively participating in church, recreational, sporting and other community events.

### 5. EMPOWERMENT

Empowerment happens when individuals or groups of people recognise that they alone can change their situation and then begin to do so. To succeed, they may need support from family, community or civil society.



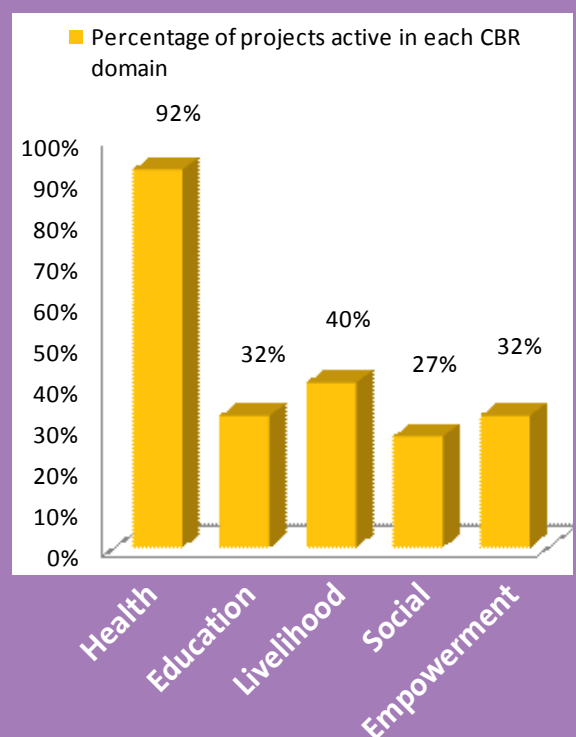
CBM is concerned with empowerment because:

- people with disabilities who are most empowered are those who are making an active contribution to their own families and communities;
- being a contributor brings social recognition.

## COMMUNITY BASED REHABILITATION

CBM recognises that disability is not just about impairment but also about the physical and social environment in which people with disabilities live. The Community Based Rehabilitation (CBR) strategy takes a holistic approach to improving the quality of life of people with disabilities and their families. CBR enables people with disabilities to access rehabilitation within their own communities using primarily local resources.

The five major components (known as domains) of CBR are: health, education, livelihood, social and empowerment. CBR aims to promote equal rights and participation of people with disabilities within their communities in social, educational, political, cultural, religious and economic activities.



<sup>1</sup>cbr guidelines, WHO/ILO/UNESCO, 2007

<sup>2</sup>The Alma-Ata Declaration of 1978 reaffirmed the right to health, set a goal of Health for All, and clarified the importance of primary health care.

<sup>3</sup>The universal right to education is firmly established in several different international instruments that have global endorsement: Universal Declaration of Human Rights (1948) and Convention of the Rights of the Child (1989).

<sup>4</sup>The rights of people with disabilities to work is described in international instruments such as the Standard Rules on the Equalization of Opportunities for Persons with Disabilities (UN, 1993), the Vocational Rehabilitation and Employment (Disabled Persons) Convention (ILO, 1983) and the Convention on the Rights of Persons with Disabilities (UN, 2006).

# Together We Can Do More!

## Enabling a little boy with disability to attend school

This little boy, Jesuraj, could not attend his local school because of his cerebral palsy. When the fieldworkers from a CBM-supported project, "Mobility India" met Jesuraj, they set about removing the barriers that were preventing him from joining the rest of his peers in class and on the playground at school.

The Community Based Rehabilitation (CBR) fieldworkers firstly addressed his physical need by providing him with a wheelchair and foot braces to increase his mobility.

The fieldworkers worked with the school staff to better understand disability so that Jesuraj could experience social inclusion.

The fieldworkers gave technical guidance to the school so they could school utilise their own funds to make a wheelchair ramp and accessible toilets so that Jesuraj has as much independence as possible.

The fieldworker met with the class teacher to work out strategies so that Jesuraj could fully participate in class activities. He sits in the front row with his friends. Maths is his favourite subject.

Thanks to CBM's project support and the community based approach, there will be many more students following Jesuraj's wheelchair, up the ramp on the way to class.

## Transforming Workinesh's Life

Workinesh contracted polio as a very small child. Polio has been virtually eliminated from the developed world since the middle of the twentieth century. Polio left Workinesh with permanent nerve damage, causing paralysis in her legs.

Like many people with disabilities in the developing world, Workinesh's family could not afford crutches or rehabilitative care, including physiotherapy. She was unable to walk and only able to move by using her arms to drag herself along the ground.



Additionally, due to the lack of understanding in the community about disabilities, Workinesh did not receive an education. She was socially excluded, not only by the general community but also by her own family. Unable to get help from the traditional healers or medical doctors, the family abandoned Workinesh into the streets. Workinesh reports that she felt worthless and alone; many times she tried to take her own life.



Workinesh became a beggar, and used to beg on the streets of Fitcha, Ethiopia, not far from CBM's partner organisation, Fitcha Community Based Rehabilitation (CBR). The focus of this project is to work with the poorest people with a disability in the Fitcha area. The project framework is built around the CBR domains of health, education, livelihood, social inclusion and empowerment of people with disabilities. The project works to strengthen the whole community to deal with disabilities. The project workers seek to dispel stigmas surrounding disability and to help people with disabilities to access their rights in the community.

Workinesh was thrilled to be able to walk independently to the market, to church and social events after receiving therapy, and crutches and specially adapted shoes from the CBR project. Workinesh reports that for the first time in her life she felt socially included; that she belonged and was valued by others.

CBM arranged for her to receive a loan and small business training. Workinesh opened a small tea shop in rented premises and was able to pay back her loan, with some savings put aside for the future.

Workinesh has been reunited with her family and pays her younger sister's school fees with profit from the tea shop. The two now share a home, along with Workinesh's baby daughter.

## Pushpavathi's Story of Inclusion

Pushpavathi was born with club foot. Clubfoot can often be fully treated with corrective surgery. In developed countries like Australia, most children are treated for club foot while they are still infants. Pushpavathi's family could not afford to have surgery to treat her club foot.

Pushpavathi and her family moved into a CBM project area, as her father had gained work in a factory. However, Pushpavathi's father became ill and unable to work.

The family income is now supported by her mother and sister. Her mother works as a house keeper and sister is employed in a garment factory.

Pushpavathi loved school, but was unable to walk to there because the club foot impaired her mobility. The local headmaster did not understand disability and did not allow Pushpavathi to attend the school.

The local villagers alerted CBM's partner "Mobility India Community Based Rehabilitation (CBR)" to Pushpavathi's situation.

A fieldworker contacted the school headmaster and organised admission. The CBR worker helped Pushpavathi to access medical treatment and crutches so that she could move well enough to join her classmates in school and in the playground. Mobility India supported Pushpavathi's school admission fee, monthly fee and books for the year.

The fieldworker provided the school headmaster with information about how to create an inclusive school environment for all students.

Pushpavathi's classmates now help her by carrying her school books to travel to and from school. She currently uses a pair of crutches for mobility.

Pushpavathi, now 14, is happy to be back in school and studies in grade 4. She is a member of the local children's group.

Pushpavathi could possibly have led an isolated life and abandoned her studies. Timely intervention, however, has brought Pushpavathi back into mainstream society.





# Emergency Reports

In 2009, CBM Australia provided emergency relief to some of the most vulnerable families in emergencies around the world.



## Typhoon Ketsana-Philippines

In September 2009, Typhoon Ketsana dumped more than a month's worth of rain in just 12 hours, completely destroying some of the poorest parts of the Philippines.

The violent storm washed away homes, farming land and entire villages and in its aftermath, displaced over 500,000 people and claimed more than 460 lives.

CBM Australia responded quickly by implementing our Emergency Response plan and, together with our partners, continues to build on the strength of our services by providing vital community based rehabilitation to people with disabilities in the areas hardest hit.



## Indonesia Earthquake

An earthquake that measured 7.6 on the Richter scale shook the Indonesian Island of Sumatra in late September 2009.

The poor and underdeveloped city of Padang was flattened in mere minutes, killing thousands of people.

CBM's projects across the region were severely damaged but have maintained their services to people with disabilities. With support from Australians, these projects continue to reach thousands of people with new disabilities as they search for medical care, rehabilitation and livelihood assistance following the disaster.



## Global Financial Crisis

Almost every country and every person was affected by the Global Financial Crisis that lingered throughout 2009. But the poorest of the poor in areas of conflict were hurt the most. Already balancing on the edge of extreme poverty, those in countries like Sudan were now having to battle with the fear of civil and cultural unrest. The rising food costs were just too much - the crisis sending millions deeper into poverty. In countries most at risk, CBM remains on the ground in the areas most at risk and are active in providing livelihood, education and economic empowerment opportunities to families struggling to recover.

# Inclusive Development

CBM recognises the importance of practising and promoting disability inclusion in all development initiatives. CBM seeks to partner with people with disabilities and their representative organisations to focus expertise and energy towards those most in need, people with disabilities in developing countries.

Throughout 2009, CBM provided training and technical expertise to a range of organisations including other development organisations, AusAID and disabled persons organisations. We have consulted in the development and early implementation of AusAID's Development for All strategy aimed at integrating disability into Australia's aid program from 2009 to 2014. CBM has sought to inform the broader Australian community on development and disability inclusion through involvement in the Make Poverty History and Micah Challenge campaigns along with the One Just World Forum's. CBM is a member of the Vision 2020 Eye Care Consortium. We seek to better understand the situation and most effective ways to empower people with a disability in developing countries through research partnerships and monitoring and evaluating our own work.

The Development for All strategy can be found at: <http://www.usaid.gov.au>

## Inclusive Development Partnerships & Initiatives

Several key partnerships helped us to practise and promote an inclusive development approach in 2009. These include:

### **The CBM Australia-Nossal Institute Partnership for Inclusive Development**

This partnership works to develop and strengthen capacity, policies and systems towards disability inclusive development practice and research. In 2009, the partnership engaged in numerous training and research projects in conjunction with local and international disabled persons organisations, including AFDO and PWD; development organisations including WaterAID and World Vision; and universities.

In 2009, funding was obtained to focus on disability inclusion in, for example, the Millennium Development Goals (MDGs), program management systems, water, sanitation and hygiene programs along with gender programs.

### **ADDC**

The Australian Disability and Development Consortium is a network of organisations that focus on promoting the rights and inclusion of persons with disabilities in development. CBM Australia hosts the ADDC secretariat and is an active member of ADDC. In 2009, ADDC, which was represented on the AusAID Disability Strategy Advisory committee, sought to consolidate its membership base and has co-hosted several capacity development events with the CBM-Nossal Institute Partnership.

For more information see [www.addc.org.au](http://www.addc.org.au)



## **Luke 14**

2009 saw the official launch of CBM's Luke 14 program. Numerous churches began adopting the Luke 14 Bible Study and project activities across Australia. This project is achieving its core focus of creating a welcoming culture of inclusion in church programs and community outreach activities for people with disabilities seeking to further understand and grow in their relationship with Christ and their community. For more information on Luke 14, go to [www.luke14.cbm.org.au](http://www.luke14.cbm.org.au).

## **“Break the Cycle”**

In late 2009, CBM obtained AusAID funding to develop a public awareness campaign highlighting disability as both a cause and consequence of poverty. We are looking forward to partnering with people with a disability in developing countries to help them share their stories of “breaking the cycle” in 2010.

## **Vision 2020 Australia Global Eye Health Consortium**

CBM Australia is delighted to be partners in a nine member Australian consortium which is seeking to eliminate avoidable blindness in Asia and the Pacific.

CBM's tagline is “Together we can do more”. In the case of our membership of the Vision 2020 Australia Consortium, this is certainly the case. Together with our partner organisations here in Australia and in the countries where we work, we are striving to ensure access for the poorest people into eye-health, education and rehabilitation services.

Our objective is to bring knowledge and services closer to poor populations, both rural and urban.

As is the case here in Australia, we know that the best community activities and services are found where people in those communities take a central role. This principle of “community ownership” is very important to Consortium activities.

The Australian Government, through AusAID, is providing high level support to our activities with the Consortium through the Australian Blindness Initiative. Thanks to this support, and that of the Australian public, our programs in both Cambodia and Vietnam are developing strongly. In developing these programs we are seeking to follow the key principles of AusAID's “Development for All” Disability Strategy including:

- The central role of persons with disabilities
- A rights-based approach to enabling access to services and to inclusion
- Development of high quality partnerships
- Encouraging diversity
- A focus on gender (strategies for both women and men) and on children.

# Australians Supporting CBM

Support from individual Australians is the driving force behind CBM Australia's ministry. Through donations, prayer support and volunteering, Australians are changing the lives of the world's poorest people more than ever before.

## Our Volunteers

CBM is blessed to have a dedicated and faithful team of volunteers. Their commitment to the CBM vision has an enormous impact on the work done for people with disabilities domestically and internationally.

In 2009, we had roughly 129 volunteers who donated 7136 hours to provide the support needed to achieve our goals. Their tasks included administrative tasks, CD and DVD copying, assistance with mail outs and supporter meetings, proofreading, phone calls, data entry, building relationships with donors and more.

CBM is richly blessed with the valuable contribution our volunteers make; their unselfish gift and love for the organisation is an important link between our supporters and people in need in the poorest countries of the world.



*CBM Australia Volunteers*



# CBM Supporting Australians

Supporting the international work done to improve the lives of people with disabilities, CBM Australia also seeks to enrich the lives of people living with disabilities here in Australia. CBM Australia offers a free Audio Library service for people who have a print disability. CBM Australia has a commercial agreement with the Vision Australia Information Library Service (VAALS) such that VAALS distributes the CBM collection to CBM's library borrowers via their distribution system.

All of our 1100 library borrowers are now able to receive the internationally approved DAISY format books, with 735 titles available in this format. During 2010, more titles will be converted to DAISY and approximately 75 new titles will be recorded.

## CBM Australia's Work in Indigenous Eye Health

The infectious and blinding eye disease trachoma is still endemic in many Aboriginal communities across remote Australia. In other parts of the world trachoma is today only found in the poorest communities, particularly in the driest regions of Africa and Asia.

Since 1998, CBM Australia has worked in partnership with other organisations to research and promote the elimination of trachoma from Australia.

Led by ophthalmologist Professor Hugh Taylor (Chair of Indigenous Eye Health, Melbourne University, pictured right), this work is seeking to complement government programs aimed at both the prevention and medical treatment of trachoma.



The program seeks to use the key principles of the World Health Organisation "SAFE" strategy for the elimination of trachoma:

- Immediate **surgery** for severe cases
- Treatment with **antibiotics** for whole communities where the disease is present
- Promotion of **facial cleanliness**
- Improved **environmental conditions** - which are key both to preventing spread of the disease and to an improved quality of life.

The current program is working with Aboriginal Controlled Health Centres in the region around Katherine, Northern Territory. It is intended that findings from this program be used to develop a plan for the elimination of trachoma from all communities. It is very positive that the Federal Government has made a solid commitment of funds aimed at achieving this.

# Corporate Governance

CBM Australia is committed to maintaining the highest level of corporate ethics. As a company limited by guarantee – incorporated under the Corporations Act 2001 – the ultimate responsibility for the governance of the company rests with the Board of Directors. This governance statement outlines how the Board meets that responsibility:

## Achieving the Mission

The Board's primary role is to ensure that CBM Australia's activities are directed towards achieving our mission – to improve the quality of life of persons with disabilities in the poorest countries of the world. The Board ensures that this mission is achieved in the most efficient and effective way.

## Specific Responsibilities of the Board

The Board fulfils its primary role by:

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

## Management's Responsibility

The Board has formally delegated responsibility for CBM Australia's day-to-day operations and administration to the National Director and senior management.

## Board Oversight

The Board oversees and monitors management's performance by:

- Meeting at least four times during the year
- Receiving detailed financial and other reports from management at these meetings
- Receiving additional information and input from management when necessary
- Assigning to the Finance and Audit, Development and Human Resources, International Programs and Future Views Committees of the Board responsibilities to oversee particular aspects of CBM Australia's operations and administration
- Each Board Committee operates under terms of reference approved by the Board.

## Board Members

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

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

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

## Risk Management

The Board oversees the establishment, implementation and annual review of CBM Australia's risk management system. This system is designed to protect the organisation's reputation and manage those risks that might preclude it from achieving its goals. Management is responsible for establishing and implementing the risk management system that assesses, monitors and manages operational, financial reporting and compliance risks. During 2009, the Board initiated a review of risk management procedures, engaging an external consultant to deliver recommendations in 2010.

## Ethical Standards and Code of Conduct

Board members, senior executives and staff are expected to comply with relevant laws and codes of conduct of relevant professional bodies, and to act with integrity, compassion, fairness and honesty at all times in dealing with colleagues, donors and clients, and others who are stakeholders in our mission. Board and Committee members and staff are made aware of CBM Australia's ethical standards and code of conduct during their induction to the organisation and are provided with a copy of both documents at that time. Board members are required to sign a Statement of Integrity upon first appointment to the Board.

## Involving Stakeholders

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

We adopt a consultative approach in dealing with our stakeholders. We organise regular donor meetings throughout Australia to provide information on the mission of CBM Australia and to receive feedback. We get involved in industry forums to ensure that industry participants and the Federal Government are aware of the issues associated with disability and poverty.

# The Board

**MELVIN WILLIAM (BILL) AUSTIN:** Bill joined the Board during 2008 and brings experience as the Director of Halcrow Pacific Pty Ltd. Bill graduated from Leeds University in 1973 and holds a Masters of Science from London University. He is also a Fellow of the Australian Institution of Company Directors. **Special Responsibilities:** Chair of the Finance and Audit Committee and Member of the International Programs/Inclusive Development Committee.

**PETER BICKERTON:** Peter has over a decade of service on the Board. In this time, he has brought his experience as Director of Bickerton Masters. Peter is an Associate of the Royal Australian Institute of Architects, has a Graduate Diploma in Architecture and is a Registered and General House Builder. **Special Responsibilities:** Member of the Board Development and Human Resource Committee.

**WOLFGANG FISCHER (Retired May 2009):** Wolfgang joined the Board in 1994 and was elected as Board Chairperson in 1998. He is the Managing Director of several private companies. He has previously served as the Chairman of Directors of CBM Australia and Chairman of the Finance and Audit Committee and Member of the Board Development and Personnel Committee.

**JANE FURNISS (Appointed May 2009):** Jane has degrees in Arts (Chinese Studies), Law and a Master in International Development. Jane brings her experience through her work with Christian aid and development agencies in 80 countries. **Special Responsibilities:** Chair of the International Programs/Inclusive Development Committee.

**CHRISTOPHER GROOM (Appointed May 2009):** Christopher brings his experience in accounting and management education. Chris has spent over 20 years teaching in universities and managing various international programs. Chris has also been involved with a number of Christian and not-for-profit organisations as an honorary Board member and Treasurer. **Special Responsibilities:** Member of Finance and Audit and Future Views Committees.

**ELIZABETH HAMER:** Elizabeth joined the Board in 1999 and commenced as Chair of the CBM Australia Board in May 2009. She has a Bachelor's Degree in Dental Science and acts as director of several small private companies/organisations. **Special Responsibilities:** Chair of the Board; Member of the Board Development and Human Resource Committee and the Finance and Audit Committee.

**LAWRENCE HORDER:** Lawrence joined the Board in 2006. He brings a wealth of experience in the area of Human Resources. He has a Bachelor of Arts Degree with a Major in Psychology. **Special Responsibilities:** Chair of the Board Development and Human Resource Committee and Member of the International Programs/Inclusive Development Committee.

**DAVID LANG:** David has served on the Board since 2000. He is a qualified pilot and a registered building practitioner. **Special Responsibilities:** Member of the International Programs/Inclusive Development Committee and Chair of the Future Views Committee.

**WILMA ZEGELIS:** Wilma was appointed to the Board in 2006, bringing her experience as a Pastor with the Baptist Church. She has a Certificate of Theology, Bachelor of Ministries and a Master of Arts (Theology). **Special Responsibilities:** Member of the Future Views Committees and Board Development and Human Resource Committee.

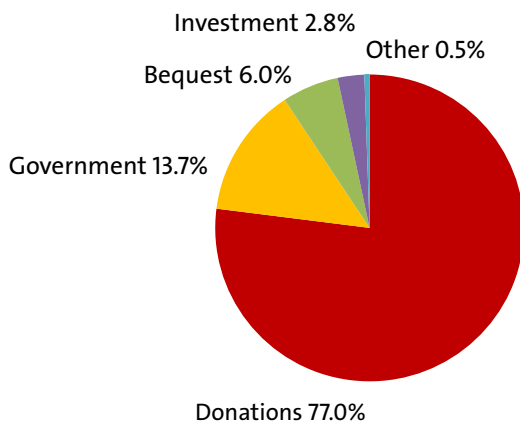


# Financial Highlights

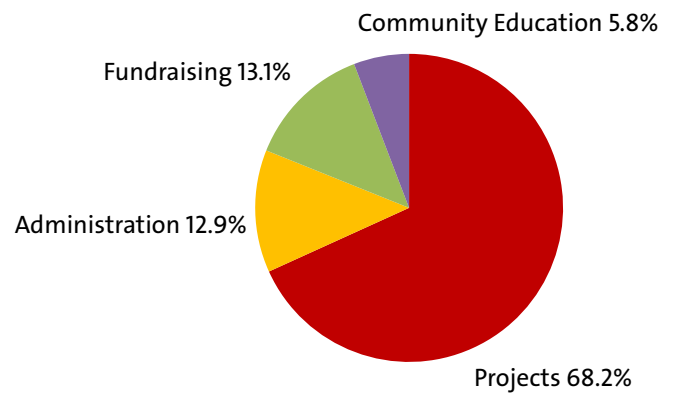
Individual Australian donors are the driving force supporting our ministry. In 2009, revenue from 60,878 private donors totalled \$19,905,097. We thank God for faithful, compassionate donors – our partners in this work.

We also give thanks to the Australian government for their wonderful support in the form of AusAID funding, totalling \$3,527,807.

## Revenue (% of total Revenue)



## Expenditure (% of total expenditure)\*



*\*Note: These figures exclude losses experienced as a result of the global financial crisis. If losses are taken into account, the figures would be: Projects 64.3%, Community Education 5.5%, Fundraisings 12.4% and Administration 17.8%.*



## Income Statement

	2009 \$	2008 \$
<b>REVENUE</b>		
Donations & gifts - monetary & non-monetary	19,905,097	23,130,351
Legacies & bequests	1,540,685	2,223,165
Grants received		
- AusAID	3,527,807	1,761,487
- Other Australian	13,842	21,059
- Other Overseas	0	0
Investment income	724,065	916,416
Other Income	140,163	60,731
<b>Total revenue</b>	<b>25,851,659</b>	<b>28,113,209</b>
<b>EXPENSES</b>		
Overseas projects		
- Funds to overseas projects	17,215,114	20,439,717
- Gifts in kind	780,899	400,967
- Other project costs	1,205,369	1,121,097
Domestic projects		
- Audio library	319,956	420,855
- Aborigines Welfare Fund	87,500	124,131
Community education	1,666,846	1,286,580
Fundraising costs		
- Public	3,619,115	4,121,946
- Government multilateral and private	150,499	70,534
Administration	5,458,432	3,970,137
<b>Total expenses</b>	<b>30,503,730</b>	<b>31,955,964</b>
<b>Excess of expenses over revenue from continuing operations</b>	<b>(4,652,071)</b>	<b>(3,842,755)</b>

## Note to the Income Statement

<b>Comparisons by monetary figures and percentages</b>	<b>2009 \$</b>	<b>2008 \$</b>
Gross income from fundraising appeals	21,445,782	25,353,516
Direct costs of fundraising appeals	3,619,115	4,121,946
Direct costs of fundraising as a percentage of gross income from fundraising appeals	16.9%	16.3%
Net surplus from fundraising appeals	17,826,667	21,231,570
Net surplus from fundraising as a percentage of gross income from fundraising appeals	83.1%	83.7%
Total cost of direct services (overseas projects, domestic projects and community education)	21,275,684	23,793,347
Total expenditure (excluding direct costs of fundraising appeals)	26,884,615	27,834,018
Total cost of direct services as a percentage of total expenditure	79.1%	85.5%
Transfers to reserves	(4,652,071)	(3,842,755)
Total income received (including net surplus from fundraising)	22,232,544	23,920,730
Total cost of direct services as a percentage of total income received (reserves used in 2008 and 2009 to fund project commitments)	95.7%	99.2%

## Balance Sheet

		2009 \$	2008 \$
<b>CURRENT ASSETS</b>			
	Cash and cash equivalents	5,720,625	5,773,874
	Trade and other receivables	192,457	907,238
	Inventories	0	641,695
	Financial assets	5,858,622	6,341,085
	Other current assets	90,956	0
	<b>Total current assets</b>	<b>11,862,660</b>	<b>13,663,892</b>
<b>NON-CURRENT ASSETS</b>			
	Property, plant and equipment	5,809,191	6,085,395
	Other	0	0
	<b>Total non-current assets</b>	<b>5,809,191</b>	<b>6,085,395</b>
	<b>Total assets</b>	<b>17,671,851</b>	<b>19,749,287</b>
<b>CURRENT LIABILITIES</b>			
	Trade and other payables	2,807,142	2,702,345
	Other current liabilities	0	110,840
	Short term provisions	751,901	798,004
	<b>Total current liabilities</b>	<b>3,559,043</b>	<b>3,611,189</b>
<b>NON-CURRENT LIABILITIES</b>			
	Long term provisions	77,853	78,535
	Payables	0	0
	Other	0	0
	<b>Total non-current liabilities</b>	<b>77,853</b>	<b>78,535</b>
	<b>Total liabilities</b>	<b>3,636,896</b>	<b>3,689,724</b>
	<b>Net assets</b>	<b>14,034,955</b>	<b>16,059,563</b>
<b>EQUITY</b>			
	Perpetual trusts	162,000	162,000
	Financial assets reserve	2,564	(2,624,900)
	Bequest reserve	1,631,566	1,572,971
	General reserve	3,840,289	3,673,499
	Committed funds reserve	8,398,536	13,275,993
	Retained surplus	0	0
	<b>Total equity</b>	<b>14,034,955</b>	<b>16,059,563</b>

## 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. During 2009 no individual appeals exceeded 10% of cash received for the period. Details of cash receipts and disbursements are set out below.

	Cash available at beginning of financial year \$	Cash raised during financial year \$	Cash disbursed during financial year \$	Cash available at end of financial year \$
<b>Women's Health</b>	1,944,734	0	484,416	1,460,318
<b>Total for other purposes</b>	3,829,140	29,265,227	28,834,060	4,260,307
<b>TOTAL</b>	<b>5,773,874</b>	<b>29,265,227</b>	<b>29,318,476</b>	<b>5,720,625</b>

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.

Please contact CBM Australia on 1800 678 069 for a copy of CBM Australia's full financial statements.

## Statement of Changes in Equity

	Retained Surplus	Committed Funds Reserve	Bequest Reserve	
	\$	\$	\$	
<b>Balance at 1 January 2008</b>	0	16,169,309	1,547,867	
Excess of revenue over expenses	(3,842,755)			
Transfers to and from reserves				
- committed funds reserve	2,893,316	(2,893,316)		
- bequest reserve	(25,104)		25,104	
- general reserve	974,542			
- perpetual trusts				
<b>Balance at 1 January 2009</b>	0	13,275,993	1,572,971	
Excess of revenue over expenses	(4,652,071)			
Transfers to and from reserves				
- committed funds reserve	4,877,457	(4,877,457)		
- bequest reserve	(58,596)		58,595	
- general reserve	(166,790)			
- perpetual trusts				
<b>Balance at 31 December 2009</b>	0	8,398,536	1,631,566	
	<b>General Reserve</b>	<b>Financial Assets Reserve</b>	<b>Perpetual Trusts</b>	<b>Total</b>
	\$	\$	\$	\$
<b>Balance at 1 January 2008</b>	4,648,041	(673,210)	162,000	21,854,007
Excess of revenue over expenses				(3,842,755)
Transfers to and from reserves				
- committed funds reserve				
- bequest reserve				
- general reserve	(974,542)			
- perpetual trusts				
Revaluation increment/(decrement)		(1,951,690)		(1,951,690)
<b>Balance at 1 January 2009</b>	3,673,499	(2,642,900)	162,000	16,059,562
Excess of revenue over expenses				(4,652,071)
Transfers to and from reserves				
- committed funds reserve				
- bequest reserve				
- general reserve	166,790			
- perpetual trusts				
Retained Deficit		1,741,980		1,741,980
Revaluation increment/(decrement)		885,484		885,484
<b>Balance at 31 December 2009</b>	3,840,289	2,564	162,000	14,034,955

**INDEPENDENT AUDIT REPORT TO THE MEMBERS OF  
CBM AUSTRALIA  
ABN 23 005 326 849**

**Scope**

We have audited the summarised financial report for CBM Australia for the year ended 31 December 2009 in accordance with Australian Auditing Standards.

**Audit Opinion**

In our opinion, the information reported in the summarised financial report is consistent with the annual statutory financial report from which it is derived and upon which we expressed an unqualified audit opinion in our report to the members dated 22 March 2010. For a better understanding of our audit this report should be read in conjunction with our audit report on the annual statutory financial report\*.

**SAWARD DAWSON**

Chartered Accountants



Partner: Tim Flowers  
Date: 21 April 2010  
Blackburn, Victoria

\*This general purpose financial report is available upon request.

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Sixty-year-old Pom lost her sight to cataracts. The once proud business owner lost her confidence and hope for life until CBM arranged an operation to restore her sight. Today, Pom has started a new business and is happily working and serving friends in her village.



**CBM Australia** (ABN 23 005 326 849)

PO Box 348, Box Hill VIC 3128

**FREE Call 1800 678 069 • Web: [cbm.org.au](http://cbm.org.au)**



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 round the world.