



CBM Australia
Annual Report 2014

cbm 
together we can do more

Front cover: Beatrice, 46, from Lomé, Togo had polio as a child. She earns an income by making cloth dolls to sell through a CBM co-op. With a loan from CBM, she soon hopes to re-open her restaurant called 'La Grace'.

Inside cover: Ram (80 years old) and Newal (70 years old) are brothers and live in rural Nepal. Both had bilateral cataract. They lived opposite each other but couldn't see each other for years, before being assisted by a CBM partner.



And we know that in all things
God works for the good of those
who love him, who have been
called according to his purpose.

ROMANS 8:28



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CBM Australia holds full accreditation status with the Australian Government's aid program.



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

CBM Australia is proud to be part of the **Campaign for Australian Aid**, a joint initiative of the **Make Poverty History** and **Micha Challenge** coalitions.

we're for Australian Aid

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.

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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.



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2014 highlights: CBM Australia

The **CBM Australia 2014 story** is one of growing impact and engagement; of empowering the people most disadvantaged by disability to transform their lives as full members of their community.

Poverty is personal. This report illustrates how breaking the cycle of poverty and disability transforms the lives of real individuals in real communities; seeing people reach their potential and take their community forward with them.

More engaged Australians are understanding CBMA's impact and taking up the cause in many forms of support. **We are all advocates.**

CBMA works with other development organisations with significant resources and reach – increasingly they are intentionally including people with disability in their programs.

CBMA's desire is for everyone to work together.

Together we can do more.

Together we supported advocacy and alliance partners* in **13 countries**

Together our programs supported **42 field projects** in **18 countries**



Together we raised **\$23 million, \$1.4 million** more than ever before

Together we invested **\$21.4 million** in programs, **\$1.7 million** more than in 2013

*Advocacy and alliance partners includes other development organisations, governments and disabled people's organisations.



"CBMA is better positioned than ever, strategically and financially, to positively impact the lives of people with disability - within a strong governance framework."

Bill Austin
Chair, CBM Australia



"Our collaborations with advocacy and alliance partners, in Australia and in the field, have helped us reach so many more people with disability than we could acting alone."

John Jeffries
CEO, CBM Australia

Our strategic objectives: 2014–2018

Key objectives

Increased and improved sustainable field programs

- Strengthen field program implementation
- Contribute to capacity and partnership
- Support program learning replication and evidence

Resources of others harnessed towards evidence-based disability inclusive development

- Support the Australian Government's engagement and leadership on disability inclusive development
- Contribute to developing and implementing the evidence on which disability inclusive development is based
- Raise awareness on disability inclusive development
- Provide advice for implementation of disability inclusive development

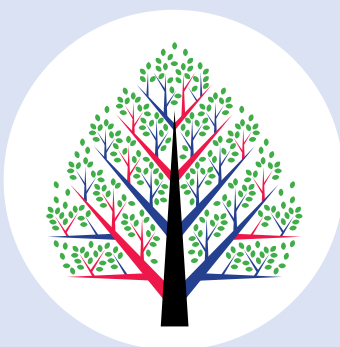
Enabling objectives

Sustained financial health

- Grow income from the Australian public
- Increase non-public funding sources that support our program objectives
- Effective stewardship of resources

Strengthened organisational capacity and performance

- Ensure we have the right people in the right place at the right time
- Strengthen organisational culture around engagement, learning and performance
- Ensure business management systems are coherent and effective
- Clear and consistent communication contributing to strengthened brand
- Contribute to the support and influence of culture, approaches and systems within the wider CBM family



The tree illustrates our strategy. The canopy represents our development program. Our approach is a unique blend of disability inclusive program work where **advocacy and alliance** efforts build on programs with **field partners** in poor communities. Through partnership and harnessing the resources of others including government and NGOs, we amplify our ability to positively impact the **lives of millions of people with disability**. The trunk represents a stable base for our development program – we have a **strong organisational culture, good people, effective systems and sustainable financial growth**.

Increased and improved sustainable field programs

Our field programs reduce the poverty of people with disability in the poorest communities. Our programs promote sustainable solutions through inclusion of people with disability, government engagement and strengthening partner capacity.

2014

Country plans form the basis of engagement in countries over the life of our Strategy. Strong **country plans** have been developed in India and Indonesia. This rigorous planning is aligned to **scale up** opportunities; out of 42 field projects in 2014, 6 are scaling up or replicating.

End of term or mid term evaluations were conducted with 12 projects in 2014; 9 either meeting or exceeding expectations.

Key learnings include:

- **setting up a local guidance committee** at the outset of a project and including people with a **range of different disabilities**, as well as government and community leaders, is vital to program sustainability;
- **provision of practical support** to people with disability is central to inclusion; too much focus on project numeric outputs or 'cost per participant' may mean those requiring more support are left out;
- **working with governments in planning** for meeting agreed needs is crucial – for example, more children with disabilities attending school must be balanced by Education Departments able to improve resources and meet the demand.

2018

TARGET

Our international programs team will work with regional CBM staff and partners to strengthen development approaches, policies and systems towards sustainable inclusive development practice. We will see larger programs in fewer countries, scale up or replication of successful approaches, increased disaster risk reduction initiatives and improved outcomes.

TARGET

We will support partner growth and knowledge in development practice, thereby improving outcomes with people with disability. Regional and Country Offices are supported to strengthen development expertise and mentor partners.

TARGET

We will support locally successful models of inclusive development; strengthen project learning; gain evidence regarding inclusion and poverty alleviation; and establish mechanisms to share learning.



“2014 evaluations of CBMA funded West Africa mental health initiatives show promising progress. Working both at government policy and community levels creates momentum. Demand for services to address mental health is starting to be matched by government awareness and resource commitment.”

Edwina Faithful-Farmer, CBMA International Programs Director

Increasing the resources of others that are harnessed towards evidence-based disability inclusive development

We have a commitment to doing this in partnership with people with disability.

2014

CBMA collaborated with the **Australian Government Department of Foreign Affairs and Trade (DFAT)** on a number of fronts in 2014, including working towards the development of DFAT's new disability strategy.

Building on our existing technical advice, growing numbers of international NGOs (such as WaterAID, World Vision, Oxfam, Plan) are seeking **longer term partnerships** with CBMA.

This provides greater opportunities for us to learn from and share learnings across advocacy and alliance partners.

2014 also saw increased engagement with Disabled People's Organisations (DPOs) as **technical advisors in their own countries**. Field visits involved working together to provide technical assistance, peer mentoring and training with and for DPOs in Fiji, PNG, East Timor and Tonga.

Tools for **understanding and measuring the engagement with disability inclusive development** of CBMA supporters, national leaders and other Australians were refined in 2014.

2018

TARGET

We will advocate for and provide technical advice to the Australian Government to support their ongoing leadership on disability inclusive development.

TARGET

We will contribute to growing the evidence for disability inclusive development, by both engaging in and promoting research projects and drawing lessons from our own programs.

TARGET

Many more Australians will be aware of disability inclusive development and be increasingly engaged in and advocating for disability inclusive development.

TARGET

We will work in partnership with people with disability to provide advice enabling more of our development partners to practise and promote disability inclusive development in their programs.



“2014 saw successive cuts to Australia’s aid budget with \$11.3 billion stripped away. CBMA is working with partners across the sector to fight for these cuts to be reversed and certainty returned to the Government’s aid budget.”

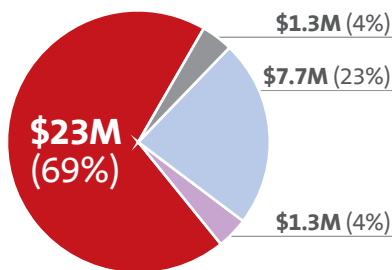
John Jeffries, CEO, CBM Australia

Sustained financial health

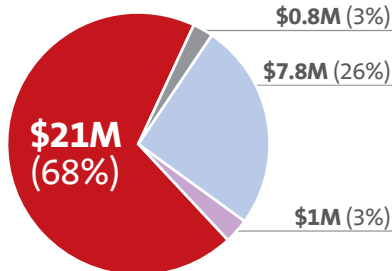
We will ensure we have the financial resources to achieve our key objectives.

How did we raise funds?

2014



2013



- Public fundraising
- Investments
- Government grants
- Technical advice

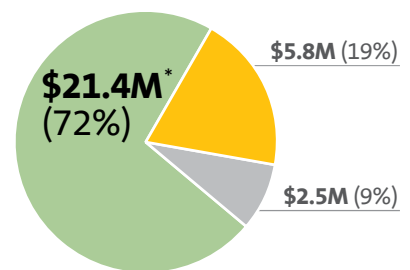
\$23 million from **70,000** supporters representing a **9% increase**

TOTAL INCOME FROM PUBLIC

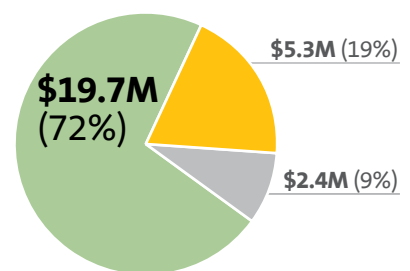
2014	\$23M
2013	\$21.1M
2012	\$18.7M
2011	\$19.8M
2010	\$21.6M

How did we spend funds?

2014



2013



- Programs
- Administration
- Fundraising investment

* 2014 program expenditure of 71% included 62% for development and emergency programs and 9% for community education programs



2014 CBMA Program expenditure increased by \$1.7M (8.2%). Our Strategy is to significantly increase our program work, enabled by accelerated fundraising investment. Ensuring a highly effective, larger program requires diligent ground work and long lead times. In the short term, fundraising investment may grow faster than program investment. The gain is the impact of long term growth in quality programs.

Strengthened organisational capacity and performance

We will continue to strengthen our organisational capacity and performance – encompassing values, people, skills, systems and structure.

2014

Increased investment in fundraising (up \$500k) is part of the CBMA commitment to ensuring sustainable financial health in the long term. This is even more important in the context of declining government funding for Australian aid.

In 2014, over 2000 **new regular supporters** committed to supporting CBMA's work.

2014

Performance deliverables against Strategy were developed in 2014; these will cascade down to individual employee key performance indicators.

A key strength of our Strategy is that it is integrated across the whole organisation, 'owned' by all staff and Board members.

The groundwork is being laid for the **next CBM international strategy**.

Key CBMA systems, including website, phone system and donor management system, were reviewed or refreshed in 2014.

2018

TARGET

Our organisation's values and culture drive innovation, reflection and collaboration. Our engaged and resilient workforce demonstrates a strengthened sense of shared accountability

TARGET

Our work environment, investment in learning and opportunities for development attract and retain appropriately qualified and experienced employees.

TARGET

We contribute to the growth and development of CBM as an international disability inclusive development organisation that aims to alleviate poverty.

TARGET

Decision making is informed by high-quality management information and clear analysis, enabled by supporting systems, technology and processes.

2018

TARGET

Our annual income is upward of \$40M, from engaged Australians and other funding areas.

TARGET

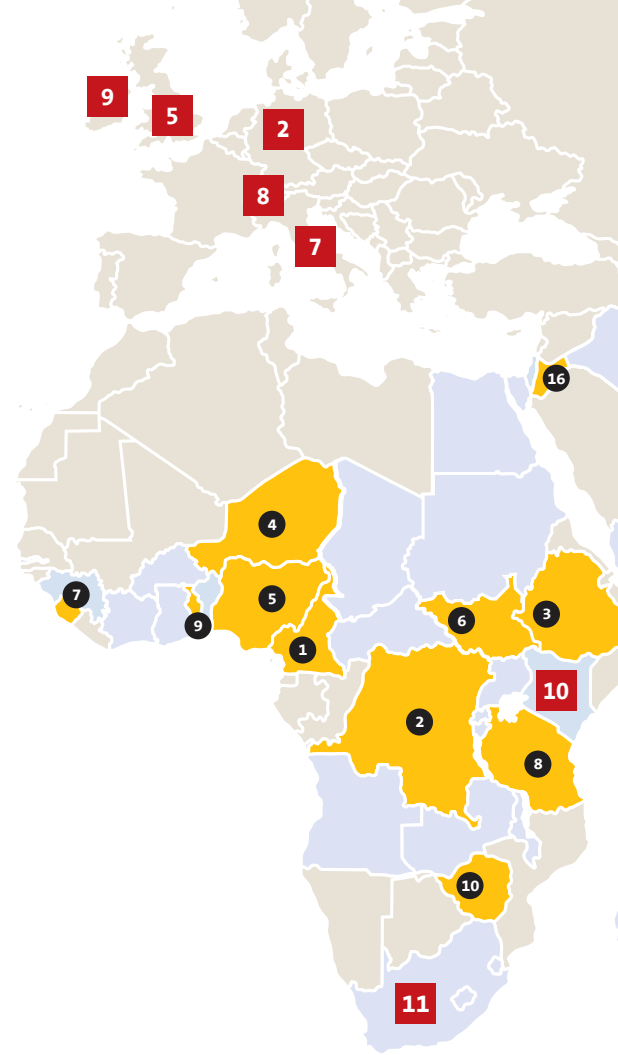
Increase investment in public fundraising, with more regular and single gift supporters.



"CBMA's Strategy is all about sustainable growth and impact, significantly increasing effective program delivery by maximising good stewardship of the generosity of a larger and better informed supporter base."

Jane Edge, Chief Operating Officer, CBM Australia

AROUND THE GLOBE



CBM MEMBER COUNTRIES

1 Australia	7 Italy
2 Germany	8 Switzerland
3 Canada	9 Ireland
4 New Zealand	10 Kenya
5 United Kingdom	11 South Africa
6 United States of America	

● Countries where CBM Australia is transforming lives

F = CBMA Field Partners

A = CBMA Advocacy and Alliance Partners

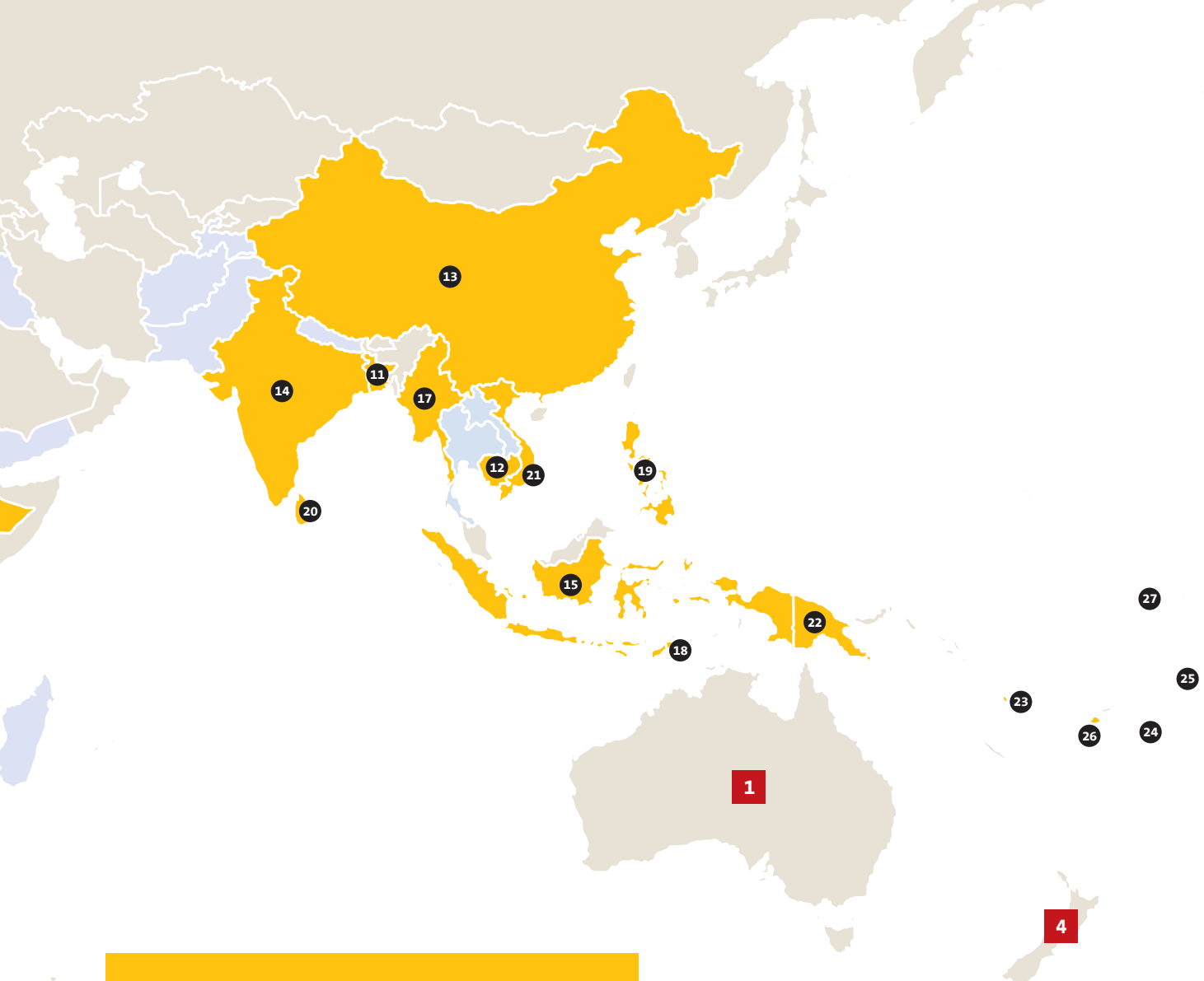
Countries where CBM International is also working

AFRICA

- | | |
|--|-------------------------------|
| 1 Cameroon – F | 6 Republic of South Sudan – F |
| 2 Democratic Republic of the Congo – F | 7 Sierra Leone – F |
| 3 Ethiopia – F | 8 Tanzania – F |
| 4 Niger – F | 9 Togo – F |
| 5 Nigeria – F | 10 Zimbabwe – A |

ACTIVITIES

- Mental health awareness raising and advocacy, neglected tropical diseases, maternal and child health, empowerment for women with disability and emergency response programs.
- Community based rehabilitation programs for increased access to health and education services for women, men, girls and boys with disability, livelihood opportunities and advocacy and leadership training for women and men with disability, raising awareness amongst communities on disability inclusive development, and supporting disability inclusive water, sanitation and hygiene programs.
- Providing technical assistance for Disabled People's Organisations (DPOs) and NGOs.



- 12 Cambodia – F/A
- 13 China – F
- 14 India – F
- 15 Indonesia – F/A
- 16 Jordan – F
- 18 Timor-Leste – A
- 19 Philippines – F
- 20 Sri Lanka – A
- 21 Vietnam – F/A

ACTIVITIES

- Community based rehabilitation and disability mainstreaming programs for increased access to health and education services for women, men, girls and boys with disability, livelihood opportunities and advocacy and leadership training for women and men with disability, parents of children with disability, raising awareness amongst communities on disability inclusive development, and supporting disability inclusive water, sanitation and hygiene programs.
- Community eye care programs; growing technical capacity and raising disability inclusive development awareness.
- Provision of technical assistance for donors, DPOs and NGOs on disability data and monitoring, evaluation and learning as well as input into design/implementation of livelihoods, gender, infrastructure, climate change, disaster risk management, health, education, and social protection programs.

- 22 Papua New Guinea – A
- 23 Vanuatu – A
- 24 Tonga – A
- 25 Samoa – A
- 26 Fiji – A
- 27 Kiribati – A

ACTIVITIES

- Inclusive education research and implementation.
- Inclusive water, sanitation, and hygiene programs.
- Capacity building and provision of technical assistance for donors, DPOs and NGOs on disability data and monitoring, evaluation and learning as well as input into design/implementation of livelihood, gender, infrastructure, climate change, disaster risk management, health, education, and social protection programs.

INTER-REGIONAL

ACTIVITIES

- Partner capacity development program including addressing child safeguarding, gender and disability inclusive development.
- International advocacy and alliances program and community mental health advocacy program. Support for WHO community based rehabilitation training and development.



Left: Sikeh now enjoys going to school and sits near the front so he can see the board more clearly.

SIKEH'S STORY

16 year old Sikeh lives with his family in Cameroon. As a younger child Sikeh attended his local primary school, but his vision deteriorated due to congenital cataracts, making study and daily activities challenging for Sikeh and his family.

Sikeh was identified as being an appropriate candidate to attend a school for children who are blind. After struggling to progress there and then two lots of cataract surgery, Sikeh returned home from hospital with his sight much improved.

Sikeh now has low vision that has been well managed to maximise his participation back at his local school and at home. A big factor in this has been the support of the SEEPD program, ensuring that Sikeh had the glasses he required and the necessary medical follow up and vision stimulation to improve his use of his regained vision.

At school, adaptations have been made including using a more contrasting board.

Sikeh has now successfully completed the second year of his secondary education. He is also earning some income for his family by selling firewood he chops at the local market.

“I gather the money and if my mother has anything to do with the money then she can do it. I gather the money, I buy my school books with the money, then I also use some to buy needs for the household.”

“Sikeh came back and was enrolled in class 4 here at the village primary school. Life became normal for him again, he started playing, getting firewood, being able to do household chores and now he’s able to read and go to school . . . He is showing a lot of interest in his studies so I will educate him to reach to the highest level that he can go.”

Sikeh's mother

Education

PROJECT

Socio-Economic Empowerment of People with Disabilities (SEEPD), Cameroon

SITUATION

In north-west Cameroon, children with disabilities have had very limited opportunities to access education. There are few special schools, and mainstream schools have traditionally not been inclusive.

Lack of access to education for children with disabilities can have many significant effects, making it difficult to participate in community life and contributing to poverty.

In response to these challenges, SEEPD has been working with 17 mainstream schools to pilot inclusive education approaches; changing teacher attitudes and equipping them with skills to include children with disabilities.

A 2014 evaluation of the program found significant progress in increasing numbers of girls and boys with disabilities enrolled in school. Full participation continues to be an area of focus and advocacy.

An important advocacy achievement is the availability of pre-prepared braille secondary school GCE (General Certificate of Education) examination papers. Previously, when children with vision impairment attended GCE examinations, pre-prepared exam papers were not available in braille. This meant some students waited, losing exam time, while brailers translated papers for their use. Due to rushed braille, papers were often incomplete or inaccurately transcribed. This put students with vision impairments at a significant disadvantage, affecting overall marks and future prospects.

SEEPD dialogued with regional educational authorities to advocate about this challenging situation for students with print disability.

As a result, exams are now brailled, printed and packaged together. Everyone starts writing at the same time!

LEARNINGS

- Inclusion of children with disabilities in education is an ongoing process of learning and adaptation.
- Enabling children to attend school and participate are in themselves significant achievements, but there needs to be an ongoing learning process that ensures barriers to full participation are removed.
- It is important to continue to look at the reasons why families are not sending children with disabilities to school. The 2014 evaluation found that some children with disabilities dropped out of school as their families could not afford the fees. The project is addressing this by working with families to access disability cards, reducing school fees.



“When bringing . . . someone your advocacy effort the first time and (you) get rejected, do not give up. Go a second time, change strategies, but don’t give up. Be consistent in your effort. Someone, somewhere, someday . . . (will) hear, accept and adopt it.”

Ezekiel, SEEPD Program Manager

Health

PROJECT

Supporting WaterAid to bring clean water and sanitation to people with disability in Timor-Leste

SITUATION

A key determinant of good health is having access to clean water, sanitation and hygiene (WASH).

Access to WASH in Timor-Leste is among the lowest in the Asia-Pacific region. Damaged infrastructure, as a result of years of armed conflict, and difficulty in accessing rural areas, means nearly one third of Timor-Leste's population don't have access to clean water. For people with disability, existing challenges to accessing WASH are compounded by environmental, communication, policy and attitudinal barriers that exist within communities.

CBMA has been supporting WaterAid Australia, an international development organisation that works to improve access to WASH, in the Manufahi and Liquica districts of Timor-Leste.

This support helps WaterAid and its local partners to:

- enhance engagement with local Disabled People's Organisations in recruitment and local advice on disability inclusion;
- create an accessible workplace, ensuring people with disability are able to join the WASH workforce;
- develop training for staff on how to implement disability inclusion within WASH programs;
- provide guidance and tools to help program staff overcome attitudinal barriers in communities; and
- develop the capacity of two dedicated Equity and Inclusion Officer roles to support the team and partners to implement WaterAid's Equity and Inclusion Framework.

LEARNINGS

- inclusive WASH requires commitment over time to developing the capacity of staff, working with local communities and people with disability to create locally relevant inclusive solutions;
- including people with disability in the WASH workforce is a powerful way to change negative attitudes towards people with disability;
- the importance of collaboration between organisations, in particular between WASH and disability-specific services to ensure access for people with disability;
- disability inclusion in WASH is more than construction of accessible facilities; the essence is working closely with households to empower people with disability in decision-making about WASH.

Disability Inclusive WASH

Social isolation and taboos around discussion of personal hygiene increases exclusion for people with disability. This makes the inclusion of people with disability in WASH design and planning absolutely crucial.



Huy Nguyen (Former WaterAid Australia Equity and Inclusion Officer) pictured, front, here demonstrating use of a newly constructed accessible water point in Liquica district.

FATIMA'S STORY

Today, Fatima has a huge smile on her face. Fatima is a woman living in the mountainous Liquica district of Timor-Leste and her husband is Chefe of Aldea (village leader).

Fatima has a physical impairment, acquired during a road accident. Until recently, Fatima was dependent on her family, was not included in community meetings, and couldn't access water and sanitation facilities, despite a WASH program being delivered in her village.

All of that changed when Fatima was visited by the WaterAid Timor-Leste WASH team which

is supported with training and mentoring by WaterAid Australia and CBM Australia. The WASH team worked to facilitate shared decision-making about WASH and dispel the Chefe's misconception that people with disability cannot do anything.

The WaterAid Australia Equity and Inclusion Officer, who also has a mobility impairment, shared with the Chefe his personal experience of being an engineer and working for WaterAid. This helped to convince the Chefe of the capacity of people with disability.

Through this work, Fatima was able to choose the location and structure of the latrine for the benefit of her whole family.

Fatima's life was further transformed when the CBMA Technical Advisor facilitated collaboration between the WASH team, the Disabled Persons' Organisation and rehabilitation services. As a result Fatima obtained walking aids, including a prosthetic limb, and can now independently access the waterpoint and latrine.

Fatima's community has since been declared by district authorities as healthy and hygienic.



Fatima is volunteering to assist WASH community facilitation in other villages because she is excited to tell of how her life has changed through inclusion in WASH.



Evaluations of the gains made by self help groups in Uttar Pradesh learn from the diverse perspectives of the local people, using participatory methods such as this village walk.

A STORY FROM A SELF HELP GROUP

Nikhita (not pictured) is a young woman living with her husband, Aarzo, mother-in-law, and two young children. Both Nikhita and her husband have physical disabilities. Aarzo works in a tailoring shop but in earlier times Nikhita did not do anything.

Approximately three years ago, a field worker came to their door and suggested Nikhita join a new women's self help group in her

village. Initially Nikhita had difficulty paying the 50 rupees savings contribution every month. In a group meeting she raised the issue of employment, asking other members for ideas. It was suggested that she undergo skill development training provided by the project and learn tailoring so she could work alongside her husband.

After Nikhita completed the training she again approached

her self help group for a loan and with that money she purchased a sewing machine and other essential items needed to start her tailoring business.

“I became confident that I can do something. I started stitching ladies' garments and started depositing the repayment of the loan without any difficulty. Though my income is meagre my morale is very high. I am no more a burden on my family.”

“I was ignorant and kept quietly at home, cursing my fate. I always felt that I am a burden to the family. I was particularly worried about the future of our children and used to think that both of us are people with disabilities, so how can we fulfil the needs of our growing children?”

Nikhita

Livelihood

PROJECT

The Parivartan Community Based Rehabilitation Cluster Project, India

SITUATION

Women and men with disabilities in India are often disadvantaged when it comes to accessing livelihood opportunities.

As children they face barriers to education, as youth they face barriers to training and as adults they face barriers to decent work. Their own families and communities may believe that people with disability are incapable of working. This means that they are less likely to escape poverty and improve their social and economic situation.

The Parivartan Community Based Rehabilitation Cluster Project works in the domains of health, education, livelihood and empowerment to break the poverty and disability cycle in Uttar Pradesh. It is implemented by partner organisations in Gorakhpur District and Mathura District. The approach taken is to support the inclusion of people with disability in

all community services and development activities, including poverty reduction measures. This emphasises and raises awareness of the rights of people with disability. Both implementing partners serve communities that are rural and amongst the poorest in India.

The project works to overcome the barriers to livelihood opportunities by encouraging village self help groups. These groups pool together collective savings that enable them to approach banks for loans using pooled savings as collateral. They also often undertake community development projects in their villages.

A participatory mid term review conducted in 2014 found that there were a number of benefits to this approach. One benefit is that, by saving together and starting small businesses, people with disability and their communities are able to escape poverty. A second is that the

involvement of self help groups in broader social development activities helps increase the social status of people with disability as they are seen making an important contribution.

LEARNINGS

- When facilitating self help groups there is a delicate balance to be struck between the social and financial focus of the group. While the financial security offered by savings acts as a good incentive for people to join and helps reduce poverty, it can sometimes distract from discussion and action on local community development needs, such as education.
- To reach the poorest members of a village the group needs to consider beginning at a much lower savings rate so that joining is not cost-prohibitive.

Every village is different

Every self help group is different. In some villages it is better to have separate groups for women and men, including women and men with disability, and in others it is more appropriate to have groups that are mixed-gender but exclusively for people with disability.

Social inclusion

PROJECT

Mental Health Leadership Advocacy Program, West Africa

SITUATION

People with a mental illness are challenged by a lack of treatment options, prejudice, and exclusion from many aspects of social life. People with untreated mental illnesses are more likely to be discriminated against and live without dignity on the margins of society.

In a country like Nigeria, 80% of people with severe mental disorders do not receive any treatment. Among the few who do receive minimally adequate treatment, it takes six years on average between illness onset and receipt of any care.

CBMA supports the Mental Health Leadership Advocacy Program. This program targets an improved government response to mental health in five countries in West Africa, and seeks to ensure that people living with mental illness are included as equal members of society. Over the past 5 years, alongside the psychiatry department at one of Nigeria's leading universities,

CBMA has supported training key leaders in the field of mental health in Ghana, Liberia, Nigeria, Sierra Leone and the Gambia. In each country, committees are developed including people with backgrounds in health, social work, public policy. The mission of these committees is to influence and support their governments to recognise that mental health is an issue in need of attention, plans and funding, and to support governments with implementation.

Changing national government policies does focus more attention on mental illness, but this needs to emerge alongside changing community attitudes.

CBMA supports other projects in West Africa, such as the Mental Health Awareness Program, which provides training updates to government psychiatric nurses in four states of Nigeria on how to recognise people with a mental illness and support them through the community health structures.

Similarly, the Comprehensive Community Mental Health Program is working to establish a mental health clinic in each local government area in Benue state of Nigeria. Training community care workers and addressing their fears and prejudices about working with people with mental illness has brought a fundamental shift in attitudes and approaches.

The Mental Health Scale up – Nigeria project has just begun with a view to gathering evidence on the cost-effectiveness of community mental health care approaches. This evidence will then be presented to the Nigerian and other governments to support further mental health care in countries with limited resources.

Learnings from all these projects are shared with every team/committee in the five countries.



“Mental health, which was the lowest priority, has taken centre stage in the health system improvement discourse in Ghana.”

A Ghanaian mental health leader



This is the psychiatric nurse (on the right) with five of her village health workers who have been trained to recognise different mental illnesses, to provide ongoing support and to raise community awareness.

STORY OF CHANGE AND LEARNING

The Mental Health Leadership and Advocacy Program was evaluated in 2014, with the intention of understanding its impact on health and social inclusion for people with mental illness. The evaluation found that the approach of working in multiple countries training small groups of influential people, and activating them to work collaboratively, has been cost effective.

The results are not limited to improved health care laws, but extend to laws and policies that ensure people living with mental illness have better access to housing, work, justice, and the social life of their communities.

In Ghana there have been great results from training seven key people who have then gone on to work collaboratively with the

government. A Mental Health Law and Mental Health Authority has been set up and will implement programs that will help change public perceptions. The flow on benefits from this should include annual government funding for mental health services at the community level that will lead to improved quality of health and improved social inclusion for thousands of Ghanians who have a mental illness.

In Sierra Leone, the government now includes mental health in the National Poverty Eradication Policy, and the Ministry of Health is more active in ensuring that mental health is considered within the broader health agenda. Key representatives trained by CBM's project have helped the finalisation and adoption of a nation-wide

Mental Health Policy. Changes in practice are emerging – for example, people with mental illness in government institutions are no longer being restrained in chains.

In Nigeria, one state's government attitude towards homeless people with a mental illness has changed, and it is now considering how to relocate more of these people back into their own communities.

In the Gambia and Liberia those trained have set up advocacy groups who are now in dialogue with the Ministries of Health and Social Welfare to increase focus on mental illness.

CBMA is encouraged by the findings from the evaluation, and will continue to support this most significant work.



“We did not know that some of the cases can be treated . . . the training gave us an idea of how to prevent discrimination.”

A Community Health Worker trained through the Mental Health Awareness Program

Empowerment

PROJECT

Working in Partnership with Disabled People's Organisations in the Pacific

SITUATION AND LEARNINGS

CBM globally promotes the participation of people with disability and their representative organisations, Disabled People's Organisations (DPOs), in decision making and leadership to achieve disability inclusive development. This respects key principles in the UN Convention on the Rights of Persons with Disabilities.

DPOs are run by and for people with disability and exist across the world. DPOs network people with disability, represent their interests and advocate for their human rights. It is vital to CBMA to work in partnership with DPOs.

CBMA, in partnership with the Nossal Institute for Global Health, works with a number of DPOs in the Pacific to strengthen their capacity to be involved in development processes and programs.

This includes working with and supporting efforts of the regional umbrella DPO, the Pacific Disability Forum (PDF). Working this way strengthens the long term capacity of DPOs and recognises people with disability as key contributors to processes in their communities.

Facilitating opportunities for Pacific DPOs to share their experience and expertise simultaneously improves the quality of development programs.

2014 highlights include:

- Partnering with Pacific DPOs to co-facilitate training on disability awareness and disability inclusive development for country posts of the Australian Department of Foreign Affairs and Trade (DFAT) and other organisations implementing development programs.

- Utilising the technical skills and advice of Pacific DPOs across a range of sectors.
- Working with representatives from PDF and National DPOs in Samoa, Vanuatu, Fiji and Solomon Islands in research to inform indicators for Inclusive Education in the Pacific.
- Supporting the DPO of Samoa, Nuanua O Le Alofa, to provide input to Government and NGO stakeholders about the Australian Government funded Samoa Disability Program.
- Supporting Papua New Guinea's Assembly of Disabled Persons to assist implementation of CBMA projects with World Vision and Wateraid on disability inclusive water, sanitation and hygiene (WASH) and to contribute to a USAID funded project involving community response to climate change.

What is a DPO?

DPOs are organisations that represent people with disability; they can be global, regional, national or local organisations. They are run by and for people with disability. DPOs are involved in advocacy, networking and information sharing. DPOs play an important role in the implementation of the UN Convention on the Rights of Persons with Disabilities and in guiding disability inclusive development in their communities.



CBMA-Nossal partnership and Australian Disability and Development Consortium staff with some Pacific DPO partners at the Pacific Disability Forum Conference in Nadi Fiji, Feb 2015.

Back (left to right): Sally Baker (The Nossal Institute of Global Health), Ross Tito (Papua New Guinea Assembly of Disabled Persons – PNG ADP), Briana Wilson (CBMA), Rhema Masser (Naunau 'o e 'Alamaite Tonga Association – Tonga's national DPO), Sophie Plumridge (Australian Disability and Development Consortium), Elena Down (CBMA). Front: Ipul Powaseu (PNG ADP). Photograph: Alexandra Kay (Scope Global).

SIUNIPA'S STORY

Siunipa is a vibrant single mother and a volunteer with Naunau 'o e 'Alamaite Tonga Association (NATA), a DPO in Tonga. In August 2014, she attended and spoke at a workshop run by CBMA in Tonga on the importance of including people with disability in development programs. Siunipa spoke about her disability and the discrimination she faces. It was the first time she had openly shared her story and the audience was captivated.

After this positive experience, Siunipa decided she wanted to do more advocacy for the rights of people with disability in Tonga.

“To start with I was shy, but after that I wanted to talk about it.”

CBMA put Siunipa in contact with an Australian media training

program that was looking for candidates in Tonga to prepare a short documentary. Siunipa participated in the course and made a documentary about her disability, a film which is now being shown on TV in Tonga.

In November 2014, CBMA returned to Tonga to provide further support to the Australian Government's Aid Program and the Tongan Ministry of Health on disability inclusion. CBMA again partnered with NATA, working alongside Siunipa as she shared her perspectives and spoke eloquently and convincingly to government officials.

With CBMA as a referee, Siunipa has since been accepted into a community inclusion training course in Mumbai, India, which she will

attend in 2015. In the future Siunipa hopes to become a paid employee of NATA so she can continue to be an advocate for the rights of people with disability in Tonga.



Siunipa at NATA.

Capacity Development

Capacity development is a mutual learning exchange, and is most successful when there are respectful relationships between partners who bring a range of strengths and skills. Trust and understanding are key components to this, particularly within the Pacific context. Intentional learning and reflection are essential to continually improving mutual capacity.

Together in the Australian Community

To achieve the vision of an inclusive world, all people and organisations need to work together towards including people with disability. Raising awareness about why disability inclusion matters is a critical first step. CBM Australia has a team of staff and volunteers who get out into the Australian community to explain the links between disability and poverty and help others to understand that inclusion can break the cycle of poverty and disability. We are all advocates.

Throughout 2014, CBMA has been present at more than twenty conferences and other gatherings, across the nation. These events often provide opportunities to have a resource stand, show a short video for conference delegates or speak about the life transforming work of CBM partners.

2014 highlights included Willow Creek's Global Leadership Summit, the Surrender Conference, state-level prayer breakfasts, a range of denominational conferences and the Christian Ministry Advancement conference.

Look out for the team in their red CBM t-shirts at an event near you!

Staff and volunteers are also invited by Australian churches to preach sermons and present on the work of CBM; excellent opportunities to reflect upon the biblical basis for inclusion.

LUKE14

The Luke14 program of workshops, magazines and service notes continues to be a key tool for engaging churches around Australia.

With a focus on practising inclusion in the church's own community, Luke14 is often a first step towards understanding issues of poverty and disability in poor countries. Many churches go on to form a deep connection with CBMA and the mission of CBM globally, supporting

the work financially and through prayer.

In July 2014 a Luke14 national conference, *Honest Conversations*, was held with more than 100 people in attendance for two days of engaging and sometimes challenging presentations and workshops. Guest speakers included Professors Jeff and Kathy McNair from the United States and Dr Shane Clifton from Alphacrucis College in Sydney, as well as a number of local people with lived experience of disability.

Delegates left with a strong sense of encouragement to do more in their own church communities, and of the vital importance of CBM's work globally.



"I'm telling people with a disability, especially women, they shouldn't think they are disabled because they cannot do anything. They can still do a lot. You can go to school. You can learn a work. You can get married, you can give birth. You'll become somebody."

Abena, Disabled Women's Organiser, Ghana



CBM Australia staff and volunteers celebrate a record number of cataract surgery gifts donated on Miracles Day, 2014.

END THE CYCLE

The End the Cycle awareness-raising campaign has continued strongly, with significant growth in social media.

A highlight for the campaign was the release of a new series of videos and stories from Ghana. Like earlier End the Cycle stories and videos, the Ghana series features people with disability sharing their own life experiences of poverty and disability, and illustrating how inclusion can break that cycle.

The roving exhibition that features these stories is available on request for individuals, groups and organisations who wish to raise awareness.

During 2014, the exhibition was shown in Australia at the Australian Disability and Development Consortium Symposium in Canberra, on the Goldcoast, at the Department of Foreign Affairs and Trade (DFAT), at Oxfam, and at the Nossal Institute for Global Health. Overseas the exhibition was shown in Laos, PNG and Timor Leste, reaching over 1300 people.

MIRACLES DAY

CBMA's annual radio-thon, Miracles Day, was held on 28 August. The day seeks to raise the profile of cataracts – emphasising the impact of being blind in a poor country and the instantly transforming change brought about by simple surgery.

Miracles Day 2014 was the biggest to date, with fourteen radio stations taking part, including all the major Christian radio stations.

A special feature in 2014 involved taking four stations to a CBM project in Tanzania where they were able to witness the work firsthand and broadcast their breakfast shows live from Africa. This was a massive day for awareness raising, with people all over Australia hearing about and engaging with this life-changing part of CBM's work.

Listeners called in to the radio stations and to CBMA with their own stories of new understanding and deeper connection.



End The Cycle
@endthecycleAUS

Read, watch and share the many stories of ending the cycle of [#poverty](#) and [#disability](#) endthecycle.org.au/content/ [#IDPWD](#)

2:09 PM – 3 DEC 2014

CBMA SUPPORTERS

A key enabling objective for CBMA is sustained financial health. A major strategy for achieving this is to grow income from the Australian public. This is achieved through connecting with people who have not yet given to CBMA, as well as nurturing existing supporters.

Not only does Miracles Day provide a key awareness raising opportunity with a focus on the transforming impact of cataract surgery, members of the public could grasp the tangible results and make a donation to be a part of that.

Miracles Day 2014 was our single most successful fundraising day ever, raising 18,536 Miracles or almost \$600,000. More than 5,000 new supporters joined us through Miracles Day. These new supporters are then taken on a journey to understand more of the breadth of CBMA's work.

Appeals are sent to our supporter base on an ongoing basis, ensuring that people are aware of the needs in CBMA projects and are provided a range of opportunities to respond.

A significant appeal in 2014 raised almost \$2.4 million to

help prevent River Blindness around the world.

During 2014 the CBMA team was on the road across all Australian states and one territory, providing supporters and their friends with an opportunity to meet with staff, sharing stories and hospitality. Guest speakers included a number of visiting international co-workers, as well as Ernie and Glenys Sigley.

An evening panel event called Forum with a Difference was piloted, attracting a diverse crowd. Forums with a Difference were held in Melbourne, Brisbane, Adelaide and Hobart, allowing supporters with day time commitments to learn more about CBM in a face to face setting.

A special fundraising appeal, the Bethany Wake Stop Fistula appeal, has been engaging the Australian public for several years. By the end of 2014 it was very close to achieving a significant milestone of \$100,000 raised to support maternal child health programs. The Wake Family have worked hard to share their daughter Bethany's passion for improving the maternal health situation in poor countries, and people around the

world have rallied in generous support.

An exciting program for Australian supporters to visit CBM's partners overseas has commenced. The experience is designed to provide a first-hand and personal encounter with the people impacted by CBM's work and the context of program implementation. The 2014 field trip was to Tanzania, where participants spent five days visiting hospital and community based activities in eye health, orthopaedic rehabilitation and maternal child health.

ADVOCACY

2014 marked a year of change in the Australian political landscape. The Foreign Minister announced a 'new aid paradigm' that squarely focuses on women and girls, an increased role of the private sector, economic development, innovation and enhancing the accountability and effectiveness of Australian Aid. CBMA continues to work within this new environment to advocate for disability inclusive development.

CBMA directly engaged with many Parliamentarians on the economic impact that the

Disability and Gender

CBMA understands that disability and gender are inextricably linked. A man, woman, boy or girl with disability will face different barriers, or even the same barrier, differently. CBMA works with local partners to better consider these differences in each local context.



Matthew Hanning, Guna Fernandez and Linda Mwania share their experiences with CBMA supporters at the Forum with a Difference held in Melbourne.

inclusion of people with disability in development programs can have at a personal, community and country level. This resulted in the Senate unanimously supporting a motion on the benefits of disability-inclusive development.

2014 also marked the final stage of the Australian Government's disability strategy *Development for All: Towards a disability-inclusive Australian aid program 2009–2014*. The Government has committed itself to a new strategy and CBMA has been

calling for a strategy that builds on the progress of its predecessor.

International Day of People with Disability, on December 3, was promoted by producing a short video that highlights the discrimination that many people with disability face in the countries we work in. CBMA used this video as its primary advocacy tool towards the sector and beyond. It had significant uptake, with tweets promoting the video reaching over 350,000 people across the world.

Committed to advocating for inclusion in mainstream development, CBMA continues to be a contributing member of the Micah Challenge and Make Poverty History Coalitions.

NOSSAL PARTNERSHIP

The CBMA-Nossal Institute for Global Health Partnership aims to strengthen capacity, policies and systems of both disability and development stakeholders.

The Partnership provides technical advice and assistance and undertakes operational research to build the evidence base for effective disability inclusive development. The Partnership actively seeks to work and partner with people with disability.

In 2014, the Partnership:

- supported DFAT to achieve disability inclusive development outcomes in Australia's aid program;
- provided technical assistance to World Vision to support the design and implementation of accessible water, sanitation and hygiene projects in Zimbabwe, Sri Lanka, and PNG under the DFAT funded Civil Society WASH Fund;



ADDC
@ADDCnews

@CBMAustralia keep advocating for disability inclusive development so people with #disability are included in Australia's aid program #IDPWD

2:26 PM – 3 DEC 2014

- provided technical assistance, capacity development and operational research support to the Access to Quality Education Program (AQEP), a package of Australian bilateral assistance to the Fiji education sector from 2011-2016;
- researched disability inclusive development to inform and develop evidence based practice, including inclusive education in the Pacific; and
- provided training to the sector, including through the Nossal Masters level short course on disability in developing countries.

WORKING WITH THE SECTOR

CBMA works with the sector to support the inclusion of people with disability in all facets of development and in Australian workplaces, including, in 2014 :

- supporting Plan Australia to strengthen its strategy, systems and tools for disability inclusive programs and for the capacity of Plan country offices to integrate disability into their programs;
- providing technical inputs to Oxfam Australia and supporting the implementation of Oxfam's disability inclusion policy and strategy;

- providing technical advice to support WaterAid to implement disability inclusive WASH projects in Timor-Leste and Papua New Guinea;
- continuing to provide advice to Australian Lutheran World Service on disability inclusion in disaster risk reduction;
- supporting Scope Global to further develop their commitment to disability inclusion within the Australian Volunteer program;
- supporting Anglican Overseas Aid with an organisational mapping process for disability inclusive mainstreaming and assisting in the development of an organisational disability inclusion policy.

WORKING WITH DFAT

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

In 2014, CBMA strengthened its existing partnership with DFAT, building upon ongoing evaluation of advocacy and alliance work.



Australian Government
Department of Foreign Affairs and Trade

Key activities in 2014 included:

- the establishment of a new disability inclusive development resource website and helpdesk facility: www.did4all.com.au;
- the provision of capacity building and training support for DFAT staff and implementing partners;
- the provision of technical assistance through DFAT tasking requests across a range of countries and sectors;
- whole of program assistance to Australia's aid program to Timor Leste;
- collaboration with the Pacific Disability Forum and its members to build their capacity to provide disability inclusive development technical advice;
- development of analysis pieces on key disability inclusive development priorities, and documentation on evidence for inclusive research practice.

22%

of the world's poorest people in developing countries has a disability. Together we can do more to advocate with and for them.



Participants attending the Australian Disability and Development Consortium Practitioner Interest Forum on Inclusive Education, May 2014..

ADDC

CBMA hosts the secretariat of the Australian Disability and Development Consortium (ADDC).

ADDC is an Australian based, international network focussing attention, expertise and actions on disability in developing countries; building on a human rights platform for disability advocacy.

With over 500 members ADDC aims to promote the rights and inclusion of people with disability in development activities, advocating that disability be fully integrated into all Australian development programs and policies.

In 2014 this work included:

- Member consultation on the Australian Government's new disability inclusive development strategy for the aid program;
- Disability inclusive development included in the Australian Government's new aid policy;
- Representation on the Australian Government's international Disability Inclusive Development Reference Group;
- Parliament House, Canberra, event on disability inclusive development;
- Disability Research Symposium held in Canberra;

- Practitioner Interest Forums held on Inclusive Education and Organisational Experiences of Disability Inclusion.

ADDC acknowledges the support of members and CBMA.



Disability Research Symposium

In 2014 ADDC hosted a research symposium *Disability in Development: shaping policy and practice*, supported by CBMA, ACFID and DFAT. The Symposium offered a valuable opportunity for over 80 researchers and practitioners from Australia and our region to come together and share research approaches and outcomes to better inform policy and practice in disability inclusive development.

CBM Australia governance

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 CBMA Constitution, as a company limited by guarantee incorporated in Australia under the Corporations Act 2001.

ACHIEVING OUR MISSION

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

SPECIFIC RESPONSIBILITIES OF THE BOARD

The Board meets its primary objective and is structured to add value by:

- Casting vision, mission and values and assessing their integration within the work of CBMA;
- Establishing the management responsibility delegated to the CEO and reviewing for optimised outcomes;
- Approving strategic direction, strategic targets/measures, and budgets;
- Ensuring the necessary financial, human and other resources are in place to meet agreed objectives;
- Safeguarding integrity in financial reporting;
- Systematically evaluating information and benchmarks that assist in the testing and understanding of CBMA's performance;
- Evaluating and ensuring sound strategic risk management
- Ensuring compliance with legislation and regulatory requirements;
- Holding stakeholders in high regard and seeking to enhance the public standing of CBMA;
- Commitment to continuous learning and appraisal.

MANAGEMENT'S RESPONSIBILITY

The Board delegates management authority to the CEO. Day-to-day operational matters are the responsibility of the CEO together with the Chief Operating Officer and CBMA's Senior Management.

BOARD OVERSIGHT

The Board monitors and assesses Management's performance by:

- Meeting at least 4 times per calendar year (4 meetings held in 2014);
- Receiving detailed strategic, financial, risk management, and other reports at these meetings;
- Focussed consideration being addressed through Board Committees (13 Committee meetings held in 2014) in the core areas of Finance & Audit (incorporating Strategic Risk Management), Board Development & Human Resources, Programs, and Innovation & Community Engagement;
- Developing mutual learning and strong working relationship with the CEO and Senior Management;
- Utilising external expertise in many facets of review.

Process and goal

Disability inclusive development is both a process and a goal. It focuses particularly on the inclusion and empowerment of people with disability. It actively seeks to ensure their equal rights and participation in development processes and emergency responses and works to address the barriers which hinder their access and participation.



Vincent used to be a motorbike-taxi driver until he had an accident leaving one of his legs paralysed. Through a self help group of people with disability, Vincent received microfinance credit enabling him to open a grocer's shop.

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 CBMA elect Board members at the May Annual General meeting.

The Board conducts annual Board review processes (Director peer review and whole of Board/Committee review on alternating years). A whole of Board/Committee review was conducted in early 2014.

STRATEGIC AND RISK MANAGEMENT

The current CBMA Strategic Framework commenced in 2014, with reporting and communication measures being refined during the year.

This work reflects the quality and value-add of the Board and Management relationship. The essence of CBMA strategic direction is to focus all CBMA resources into ending the cycle of poverty and disability in the poorest places.

A difficult decision was made to find a new way to provide the longstanding Audio Library resource to borrowers in Australia and New Zealand with print disability. As at the end of 2014, Vision Australia, who had provided distribution services for some time, became the holder and developer of this Audio Library collection. Borrowers continue to receive the accustomed services.



“The relationship between Board and Management can be a tenuous one; the more opportunity we create for working together and providing mutual feedback, the better the organisation can be. At CBMA, following two years of a revised and very rigorous approach to Board Review, the Chair has noted a new level of depth to discussion; Board members are constructively challenging each other as well as Management.”

Tania Hannath, PeopleAxis, Consultant in performance management and leadership development

A new Risk Management Framework was developed in 2014 to establish a consistent approach for managing risk and opportunity for CBMA. The Board ensures this Framework is in place and sustained by Management, within appropriate risk appetite settings. The Board Finance & Audit Committee is responsible for co-ordinating the Board's approach to risk oversight and ensuring Management's assumptions, assertions and regular reporting are sufficiently challenged and verified.

ETHICAL AND RESPONSIBLE DECISION MAKING

CBMA is committed to maintaining the highest level of corporate ethics.

Board members and staff are expected to comply with relevant laws and relevant codes of conduct (including the ACFID Code of Conduct), 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 oriented to CBMA's ethical standards and the ACFID Code of Conduct on a continuous basis.

ACFID Code compliance is a governance priority, the outworking of which is grounded in ACFID annual self assessment review and Department of Foreign Affairs and Trade (DFAT) accreditation processes. Board members also sign a Statement of Integrity.

INVOLVING STAKEHOLDERS

CBMA has many stakeholders. These include those with whom and alongside whom we work, our supporters, our staff and volunteers, our suppliers, the broader community, the Australian government and government agencies, the international development sector and the CBM international family.

CBMA adopts a consultative and amplifying-story approach in dealing with stakeholders.

Regular supporter meetings are conducted throughout Australia to provide information and reflection upon the mission of CBMA and to receive feedback.

CBMA welcomes feedback on this Report or on any matter relating to CBMA governance, operations and conduct.

Staff, including the Company Secretary, Trudy Skilbeck, can be contacted at any time on 1 800 678 069 (free call). Mechanisms for feedback or complaints, including to the ACFID Code of Conduct Committee, are fully outlined at www.cbm.org.au/content/contact.

788
days

of volunteer hours were given to CBMA in 2014; this outstanding contribution addressed needs for administrative and research assistance, for Audio Library narration, for Luke14 co-ordination and for hospitality support. Thank you, beyond measure, to over 100 CBMA volunteers.

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: Chair of the Board Development & Human Resources (part year), Member of the Innovation & Community Engagement and Finance & Audit Committees (part year).

Anita Cossenias

Anita was appointed to the Board in May 2012 and retired in August 2014. She holds a Bachelor of Commerce and is a Human Resources professional.

Special responsibilities: Chair of the Board Development & Human Resources Committee (part year).

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 Innovation & Community Engagement and Programs Committees (part year).

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 disability.

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

Benjamin Smith

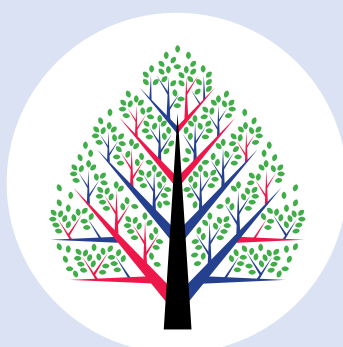
Appointed to the Board in May 2011, Ben holds a Doctor of Philosophy alongside qualifications in Social Work and Public Health.

Special responsibilities: Chair of the Programs Committee and Member of the Finance & Audit and Innovation & Community Engagement Committees (part year). CBM International Assembly Delegate.

Karen Streckfuss

The Board appointed Karen to fill the vacancy left by Anita Cossenias in August 2014. Karen holds Bachelors of Arts and Laws, is a Barrister at the Victorian Bar, and is a Human Resources specialist.

Special responsibilities: Member of the Board Development & Human Resources Committee (part year).



The governance base for our development program is part of the trunk of the tree that illustrates our strategy – we have a **strong organisational culture, good people, effective systems and sustainable financial growth.**

Summary financial statements

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

for the year ended 31 December 2014

	2014 \$'000	2013 \$'000
Revenue		
Donations and gifts		
– Monetary	18,580	18,898
– Bequests and legacies	4,440	2,176
Grants received		
– DFAT	7,767	7,775
– Other Australian	0	0
– Other overseas	13	0
Other income		
– Investment income	1,297	781
– Other income	1,349	988
Total revenue	33,445	30,618
Expenditure		
International Aid and Development Programs Expenditure		
International programs		
– Funds to international programs	(14,029)	(13,443)
– Program Support Costs	(3,723)	(3,286)
Community education	(2,727)	(2,404)
Fundraising costs		
– Public	(5,600)	(5,034)
– Government, multilateral and private	(153)	(240)
Accountability and Administration	(2,545)	(2,383)
Total International Aid and Development Programs Expenditure	(28,777)	(26,790)
Domestic programs expenditure	(883)	(616)
Total expenditure	(29,660)	(27,406)
Excess/(shortfall) of revenue over expenditure	3,785	3,212
Other comprehensive income		
Net movement in the financial assets reserve	127	993
Other comprehensive income for the year	127	993
Total comprehensive income for the year	3,912	4,206

Note: Australia has received no income or expenditure in the 2014 and 2013 financial year in the following categories: Non-Monetary and International Political or Religious Programs.

STATEMENT OF FINANCIAL POSITION

as at 31 December 2014

	2014 \$'000	2013 \$'000
Assets		
Current assets		
Cash and cash equivalents	4,334	3,449
Trade and other receivables	1,340	403
Financial assets	19,597	17,201
Other financial assets	165	320
Total current assets	25,436	21,373
Non-current assets		
Property, plant and equipment	4,898	5,056
Total non-current assets	4,898	5,056
Total assets	30,334	26,429
Liabilities		
Current liabilities		
Trade and other payables	2,111	2,118
Employee benefits	1,241	1,243
Total current liabilities	3,352	3,361
Non-current liabilities		
Employee benefits	138	135
Total non-current liabilities	138	135
Total liabilities	3,490	3,496
Net assets	26,844	22,933
Equity		
Committed funds reserve	16,241	14,608
Bequest reserve	0	2,561
General reserve	8,568	3,856
Financial assets reserve	1,883	1,756
Perpetual trusts	152	152
Total equity	26,844	22,933

STATEMENT OF CHANGES IN EQUITY

for the year ended 31 December 2014

	Retained Earnings \$	Committed Funds Reserve \$	Bequest Reserve \$	General Reserve \$	Financial Assets Reserve \$	Perpetual Trusts \$	Total \$
2014							
Balance at 1 January 2014	-	14,608	2,561	3,856	1,756	152	22,933
Excess/(Shortfall) of revenue over expenses	3,785	-	-	-	-	-	3,785
Revaluation increment/(decrement)	-	-	-	-	127	-	127
Transfer from:							
- General reserve to committed funds reserve	-	1,633	-	(1,633)	-	-	-
- General reserve to bequest reserve	-	-	(2,561)	2,561	-	-	-
- Retained earnings to general reserve	(3,785)	-	-	3,785	-	-	-
Balance at 31 December 2014	-	16,241	-	8,568	1,883	152	26,844

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.

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.

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No single appeal, grant or other form of fundraising for a designated purpose generated 10% or more of the company's international aid and development revenue for the 2014 financial year.

For a copy of CBM Australia's full audited financial statements, or further information on CBMA's programs, please contact CBM Australia on 1800 678 069 or refer to our website: www.cbm.org.au.

Auditor's report

SAWARD DAWSON
chartered accountants
www.youraccountant.com.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 2014, 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 2014. We expressed an unmodified audit opinion on that financial report in our report dated 23 March 2015. 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), the Australian Charities and Not-for-profits Commission Act 2012 and the ACFID Code of Conduct. 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 2014 are consistent, in all material respects, with that audited financial report.

SAWARD DAWSON

Chartered Accountants



Partner: Peter Shields
Date: 24 March 2015
Blackburn, Victoria 3130

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PRINCIPALS: Bruce Seward FCA Cliff Dawson FCA
Peter Shields CA Tim Flowers CA Joshua Morse CA
ASSOCIATE: Cathy Braun CA
Liability limited by a scheme approved under Professional Services Legislation



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.

we're for Australian Aid

CBM Australia is proud to be part of the **Campaign for Australian Aid**, a joint initiative of the **Make Poverty History** and **Micah Challenge** coalitions, for all Australians who believe that we can and should do more as a nation to end extreme poverty around the world.

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