Brien Holden Vision Institute Foundation (formerly the International Centre for Eyecare Education) is a public health division of Brien Holden Vision Institute.
We believe that it is the right of everyone, everywhere to have the best possible vision. Together we aim to drive, collaborate, innovate, educate, advocate and negotiate what is needed so that hundreds of millions, even billions, of people worldwide can enjoy the right to sight.

Whether it’s development of new technology to slow the progress of myopia or diagnose disease, delivery of sustainable access to services or provision of eye care education in the most marginalised and remote communities in the world, we are focused on the quality of vision people experience and equity in eye care access worldwide.

From 3 September 2012, the International Centre for Eyecare Education (ICEE) became known as the Brien Holden Vision Institute Foundation, a public health division of the Brien Holden Vision Institute.

The name change signifies a closer alignment between ICEE and the Brien Holden Vision Institute, its founding partner and supporter. Acknowledging that 640 million people are still without access to permanent eye care, concern has galvanised the Institute into further action.

**Front Cover Image:** Our School Health Program in Pakistan is designed to improve the quality of life and educational performance of children attending primary and secondary schools. The program is helping eliminate avoidable vision impairment and blindness, so more children in Pakistan will have the opportunity to achieve better educational outcomes.

**Photographer:** Jamshyed Mashid

Brian Holden Vision Institute Foundation (formerly the International Centre for Eyecare Education) is a global non-profit, non-governmental organisation. In the last fourteen years, the Foundation has delivered sustainable eye care services, education and training programs in 54 countries. The Foundation is focused on the elimination of uncorrected vision impairment and avoidable blindness by developing eye care solutions within communities in most need, thereby improving opportunities in education, employment and quality of life. The Foundation is supported by the Brien Holden Vision Institute and Optometry Giving Sight.

Brian Holden Vision Institute Foundation is committed to taking all reasonable measures to monitor and regulate organisation practices to fully adhere to the Australian Council for International Development (ACFID) Code of Conduct. Should you feel the ACFID Code has been breached and would like to submit a complaint to the Foundation, please contact: info@brienholdenvision.org Or in the event you which to take the matter further to ACFID, please visit the complaints section at: www.acfid.asn.au

To view a full copy of the ACFID Report including the financial statements, or to view in larger print, please visit our website for the online flip book: www.brienholdenvision.org

Brian Holden Vision Institute Foundation is a registered charity: ABN 86 081 872 586
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Brien Holden Vision Institute Foundation (formerly the International Centre for Eyecare Education) is a public health division of Brien Holden Vision Institute.
In 1998, the International Centre for Eyecare Education (ICEE) was launched. At the heart of its conception was the Brien Holden Vision Institute’s concern for the overwhelming insufficiency in equitable and accessible eye care in developing communities.

From that time, ICEE has made great strides in developing strategies in consultation with partners and communities to develop quality programs that meet the long term needs in the global community, and provide much needed access to eye care.

Our momentum was fuelled by the belief that the global need for vision correction – with over 640 million people blind or vision impaired simply because they don’t have access to vision correction - is creating a poverty-inducing health crisis worldwide.

Our vision is guided by a steadfast conviction that providing eye care for such a dispiriting number of people requires an urgent and unwavering response.

Since its inception, ICEE has provided services in 54 countries and currently has programs in 23 countries across Africa, the Eastern Mediterranean, South East Asia and the Western Pacific. This year, our efforts saw our number of vision screenings conducted globally rise to over 2,000,000 and the number of personnel educated to over 39,000.

By providing eye care services to the world’s underserved communities, good vision can be restored and the poverty cycle broken. With this anti-poverty agenda in the forefront of our approach, ICEE intensified advocacy efforts to help ensure eye care delivery is integrated into health development programs worldwide.

This year in Tanzania we went on a celebratory tour with the Ministry of Health, visiting 14 vision centres opened and supported by ICEE over the last three years. We rejoiced when 43,000 school children in Vietnam and their communities benefitted from our new vision project in the province of Ba Ria-Vung Tau developed in collaboration with local partners.

I would like to share with you the words of Ntokozo of South Africa, a teenager who has lived the majority of his life never being able to see the chalk board in the classroom, or the words written on it. Ntokozo attends a school, recently visited by ICEE, that caters for children with mental and physical challenges.

“My new pair of spectacles feels so good – just like they are part of me. I can see everything, the whole world.”

Our staff and volunteers often work long hours in difficult conditions, sometimes with limited resources and continue to go beyond our expectations to ensure that goals are met and progress is made in the fight against avoidable blindness and vision impairment.

I am proud of their achievements this year, and I thank every one of them.

I would also like to take this opportunity to thank our partners, supporters and donors. Their indefatigable commitment and passion make our work possible.

As we move into the next year, we also move into the next exciting chapter in our journey.

We share our vision unequivocally with the founding supporter of ICEE, the Brien Holden Vision Institute. It was with pleasure and excitement that in September 2012 we more closely aligned the two organisations by renaming ICEE, the Brien Holden Vision Institute Foundation.

Importantly, this was a celebration of the point at which the two organisations redoubled efforts to achieve vision for everyone, everywhere. Together we can harness networks, expertise and resources to achieve even more, and deepen our commitment to leading the way in the development of greater universal quality vision and eye care services.

Yours sincerely

Professor Brien Holden
CEO
The Brien Holden Vision Institute firmly believes that basic eye care is a right and not a privilege. This belief underpins all aspects of eye care delivery and development of delivery systems, our human resource development, service development, education, social enterprise, research and advocacy activities, all of which are geared to building sustainable eye care systems to provide the services needed by the 640 million people globally who are unnecessarily blind or vision impaired because of uncorrected refractive error.

Eye care services are integrated within local health systems and established in regions where they are most urgently required, through partnerships with local governments and non-government agencies and civil society. We work to create sustainable, accessible and affordable vision care systems that are symbiotic and culturally acceptable for communities in need.

We now have offices worldwide dedicated to building eye care systems, and have either delivered eye care services, helped developed human resource capacity through training programs or supported development of optometry schools, in 54 countries across three continents. We hold full accreditation with AusAID (the Australian Government agency responsible for managing Australia’s overseas aid program).

Our offices are located in Australia, China, Cambodia, Colombia, India, Malawi, Mongolia, Nigeria, Pakistan, Papua New Guinea, South Africa, Sri Lanka, Tanzania, Uganda and Vietnam.

Additionally, we work in many other communities to deliver urgently needed eye care, conduct optometric training programs and support development of optometry schools. We also offer an online global optometry resource platform that provides downloadable teaching and learning resources for students and lecturers in emerging optometry schools and all other groups of eye care personnel in resource poor settings.

These countries include:

**Africa**
Cameroon, Eritrea, Ethiopia, Gambia, Ghana, Kenya, Malawi, Mali, Mozambique, South Africa, Nigeria, Tanzania, Uganda

**Eastern Mediterranean**
Pakistan

**South East Asia**
India, Sri Lanka

**Western Pacific**
Australia, Cambodia, China, Papua New Guinea, Solomon Islands, Samoa, Vietnam

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Current programs and strategies

Service development

The Institute’s service development strategy is based on the establishment of environments that enable trained eye care professionals to provide services locally. Trained human resources require enabling environments to allow them to function – training a teacher in vision screening, or a professional in refraction without ensuring that they have an appropriate environment to work within, will not help to contribute to a reduction in avoidable blindness or vision impairment.

Program work to make this possible includes setting up vision centres, establishing spectacle supply systems or ensuring that supply chains enable the importing of materials to make spectacles. Service development strategies are integrated and linked to existing health systems or national infrastructure in order to offer eye care access and appropriate referral pathways at different levels.

Data collected during these activities also provides evidence for advocacy, implementation, operations and evaluations of vision centres and other vision care delivery models throughout the world.

Vision centre development

A main component of our service development strategy is the creation of vision centres as permanent facilities, providing affordable and culturally appropriate eye care services for local communities. We make them fully operational by refurbishing buildings and sourcing reliable equipment and spectacle supplies.

Vision centres especially target people with uncorrected refractive error (the need for glasses), offering a range of services that include eye examinations and low vision assessments. However, they also provide a critical opportunity to assess overall eye health, and possibility of eye disease or more complicated ocular conditions, in which case referrals for appropriate treatment – to a hospital or ophthalmologist or low vision service for example – are offered. They also promote good eye health practices.

The centres aim to be sustainable and include cost-recovery mechanisms that help ensure financial independence over time. They provide local people with training and employment opportunities, contributing to local capacity and enhancing health care systems.

Social enterprise

Our Social Enterprise program is a development initiative aiming to provide marketable skills and small enterprise ownership opportunities to communities with a lack of access to eye care who face poverty and growing unemployment. By creating opportunities for local people to become skilled in a profession and work actively in their community, they can break free of the poverty cycle and achieve a better life for their families.

Social enterprise projects are designed to complement eye care delivery systems already established, by providing local people with the training necessary to cut and fit lenses in spectacle frames and manage their own dispensing workshop. This approach combines the local context, the lack of employment and access to a service the community needs, effectively offering a solution on all levels.

With 75% of the population in developing countries surviving on less than $2 a day, this kind of self-generated and sustainable income is invaluable to promoting change. Our goal is to target the poorest individuals in our global population, which unfortunately is the largest socio-economic group in the world.

Advocacy

Advocacy is a fundamental part of our efforts to build sustainable eye care systems. We work closely with national governments and health systems and other NGOs to promote the need for eye care services and integrate programs and services within national plans and local health care systems.

We actively seek out public and private partnerships to support eye care programs.

We are active in peak international bodies such as the World Health Organization, International Agency for the Prevention of Blindness and VISION 2020: The Right to Sight. We have been at the forefront of global efforts to address avoidable blindness and vision impairment, including bringing global leaders in blindness prevention together by initiating the
World Congress on Refractive Error (WCRE) in 2007 and hosting the 2nd WCRE in 2010, to further the integration of blindness and vision impairment programs within the broader development agenda.

**Our advocacy activities include:**

- Raising awareness amongst government and health officials about the necessity for blindness prevention programs.
- Ensuring our human resource development, service development, research and social enterprise activities fit in with national plans.
- Building support of local health systems and education institutions for our programs.
- Securing infrastructure support and facilities for eye care services to operate in.
- Promoting the growth of optometry in countries through educational support and exchanges, conferences, interactions with professional bodies and support for emerging optometry associations.
- Raising awareness of vision impairment in local communities and of the availability of eye care services.
- Ensuring development of local leadership and ownership in eye care delivery and education.
- Collaborating with other partners to promote the integration of comprehensive eye health strategies into the national health plans.

**Public health research**

The connection between effective eye care service delivery and research is critical. We devote substantial resources to the collection and analysis of accurate data on eye care needs to generate a true picture of vision impairment within defined areas and amongst specific demographics. This helps inform strategies for human resources and infrastructure development. Other research is directed to evaluating and improving the effectiveness of programs.

**Our research focuses on several areas:**

- Quantifying the nature and extent of vision impairment
- Cost of vision impairment and impact on quality of life
- Evaluating and modifying programs
- Disseminating research findings and advocating for eye care solutions

These activities have recently been undertaken in countries in Africa, South East Asia, the Americas and Western Pacific regions, and include:

- Cataract outcomes study
- Comparative assessment study
- Education evaluation study
- Health economics
- Human resource development
- Impact assessment
- Knowledge, attitudes and practice studies (KAP)
- Presbyopia studies
- Project monitoring and evaluation (M&E)
- Quality of life studies (QoL)
- Rapid assessment of avoidable blindness studies (RAAB)
- Rapid assessment of refractive error studies (RARE)
- Refractive error study in children (RESC)
- Work productivity studies
- Vision centre effectiveness studies

Education is at the core of both the Institute’s mission and strategy. Through human resource development we aim to establish high-quality and professional eye care personnel and to ensure that eye care services are provided to local populations continuously and effectively, providing quality vision and equity in eye care access globally. To achieve this our strategy centres on local capacity building, training, mentoring, the continuing education of eye care personnel, along with the provision of affordable spectacles and equipment.

Vision centre management: To ensure the everyday running of our vision centres is efficient and working towards sustainability, we run workshops for administrative staff and spectacle technicians. There is much diversity in the locations in which we work, so we adapt our vision centre model appropriately to ensure daily running is culturally productive. In some locations personnel operate through health facilities such as local hospitals or clinics which are already established.

Spectacle technician education: Spectacle technicians are a cadre developed by the Institute to make and dispense custom-made spectacles. The Institute has designed and delivered the course across the world over the past four years. Spectacle technicians can be trained quickly to help alleviate the shortage of personnel capable of making and dispensing spectacles. Once trained they can articulate into more detailed optical dispensing courses and increase their skills and knowledge.

Human resource development

To achieve long-term sustainable benefits it is vital to continue moving towards local capacity building, training, mentoring, the continuing education of eye care personnel, along with the provision of affordable spectacles and equipment. Through human resource development we develop high-quality and professional eye care personnel, ensuring eye care services are provided to communities in need continuously and effectively.

Our goal is to increase the number of optometrists, optometric and spectacle technicians, refractionists, eye care health workers and vision centre staff to help provide eye care services where they are most needed.

Scaling up the global workforce: Developing a skilled workforce helps achieve global optometric development in the interest of public health. Through a range of education courses – from optometry degrees to short courses up-skilling health care workers – different skills are learnt from the community level upwards, offering scope for professional development of personnel and further career opportunities.

Education at the primary level: We train health workers and teachers to conduct vision screenings in some settings – schools for example, so they can identify when a vision disorder may be present in children and refer them for appropriate treatment through referral.

Faculty development through education: We train eye care educators, enabling education to be conducted and sustained at a local level. This helps build local capacity offering communities the opportunity for the development of tertiary level education, which in turn ensures a continued generation of skilled eye care personnel.

Optometry school development: Our strategy includes the development and support of optometry schools globally. Many developing countries do not have optometry schools and where they exist some require extensive support. In particular, we advise with curriculum and infrastructure enhancement, provide educational resources and delivery support and assist with faculty recruitment and development.

Online optometry resources: One of the stumbling blocks for emerging optometry schools is limited access to teaching and learning resources, which is why we’ve expanded our online resources. Our Global Optometry Resource offers optometry modules that educators in emerging optometry schools and all other groups of eye care personnel in resource poor settings can utilise for teaching and course development.
BRIEN HOLDEN VISION INSTITUTE FOUNDATION
(FORMERLY KNOWN AS INTERNATIONAL CENTRE FOR EYE CARE EDUCATION LIMITED)
INDEPENDENT AUDIT REPORT
TO THE MEMBERS OF INTERNATIONAL CENTRE FOR EYECARE EDUCATION LIMITED


We have audited the accompanying financial report of Brien Holden Vision Institute Foundation which comprises the balance sheet as at 30 June 2012, profit and loss statement and cash flow statement for the year ended on that date, a summary of significant accounting policies and other explanatory notes and the directors’ declaration.

Directors’ Responsibility for the Financial Report

The directors of the company are responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are appropriate to meet the requirements of the Corporations Act 2001 and are appropriate to meet the needs of the members. This responsibility includes establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor’s Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.
An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditors’ judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity’s preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Audit Opinion

In our opinion, the financial report of International Centre for Eyecare Education Limited is in accordance with:

(a) The Corporations Act 2001, including:
(i) giving a true and fair view of the company’s financial position as at 30 June 2012 and of its performance for the year ended on that date; and
(ii) complying with Australian Accounting Standards to the extent described in Note 1 and complying with the Corporations Regulations 2001; and

(b) Other mandatory professional reporting requirements


We have audited the accompanying Code of Conduct Summary financial report of Brien Holden Vision Institute Foundation which comprises the balance sheet as at 30 June 2012, profit and loss statement, statement of change in equity and table of cash movements for designated purposes for the year ended 30 June 2012.
Audit Opinion

In our opinion, the information reported in the Code of Conduct Summary Financial Reports set out on pages 23 to 29 is consistent with the annual statutory financial report from which it is derived and upon which we have expressed our audit opinion in our report to the members dated September 2012. For a better understanding of the scope of our audit this report should be read in conjunction with our audit report to the statutory financial report.

Scope

We have audited the financial report of the Brien Holden Vision Institute Foundation for the year ended 30 June 2012 in accordance with Australian Auditing Standards.

SWT SYDNEY

R M TAYLOR

SYDNEY

Dated ………… day of …………. 2012
## Brien Holden Vision Institute Foundation

(formerly known as International Centre for Eye Care Education Limited)

A.B.N. 86 081 872 586

Information required under the ACFID Code of Conduct

**INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2012**

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<td>• Other Australian</td>
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<td>• Other overseas</td>
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<td>Non Monetary Income</td>
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<td><strong>Total revenue</strong></td>
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<tr>
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<tbody>
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<td><strong>EXPENDITURE</strong></td>
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<td>• Public</td>
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<td>• Government, multilateral and private</td>
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<td>Accountability and Administration</td>
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<td>Non-Monetary Expenditure</td>
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<td><strong>Total International Aid and Development Programs Expenditure</strong></td>
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<td>International Political or Religious Adherence Promotion Programs Expenditure</td>
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<td><strong>EXCESS / (SHORTFALL) OF REVENUE OVER EXPENDITURE</strong></td>
<td>522,597</td>
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## Balance Sheet as at 2012

**ASSETS**

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<tbody>
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<td><strong>Current Assets</strong></td>
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<td>Cash and cash equivalents</td>
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<td>Trade and other receivables</td>
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<td>Inventories</td>
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<td>Assets held for sale</td>
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<td>Other financial assets</td>
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<td>Trade and other receivables</td>
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<td>Property, plant and equipment</td>
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<td>Intangibles</td>
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<td><strong>Total Non Current Assets</strong></td>
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**LIABILITIES**

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<td>Borrowings</td>
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<td>Provisions</td>
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<td><strong>NET ASSETS</strong></td>
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**EQUITY**

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<td><strong>TOTAL EQUITY</strong></td>
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<td>1,228,769</td>
</tr>
</tbody>
</table>
### Statement of Changes in Equity

For the Year Ended 2012

<table>
<thead>
<tr>
<th></th>
<th>Retained Earnings</th>
<th>Reserves</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 July 2011 (commencing balance)</td>
<td>1,228,769</td>
<td>0</td>
<td>0</td>
<td>1,228,769</td>
</tr>
<tr>
<td>Adjustments or changes in equity due to, for example, adoptions of new accounting standards</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Changes in equity for example from changes in asset fair value transactions</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Excess of revenue over expenses</td>
<td>522,597</td>
<td>0</td>
<td>0</td>
<td>522,597</td>
</tr>
<tr>
<td>Other amounts transferred (to) or from reserves</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Balance at 30 June 2012 (year end balance)</td>
<td>1,751,366</td>
<td>0</td>
<td>0</td>
<td>1,751,366</td>
</tr>
</tbody>
</table>

---

**Table of Cash Movements for Designated Purposes**

For the Year Ended 2012

<table>
<thead>
<tr>
<th></th>
<th>Cash available at beginning of financial year</th>
<th>Cash raised during financial year</th>
<th>Cash disbursed during financial year</th>
<th>Cash available at end of financial year</th>
</tr>
</thead>
<tbody>
<tr>
<td>AusAID</td>
<td>476,518</td>
<td>2,984,827</td>
<td>(3,230,348)</td>
<td>230,957</td>
</tr>
<tr>
<td>Designated Purpose or Appeal B</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total for other non-designated purposes</td>
<td>787,459</td>
<td>7,548,410</td>
<td>(7,017,141)</td>
<td>1,318,728</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1,263,977</strong></td>
<td><strong>10,533,237</strong></td>
<td><strong>(10,247,489)</strong></td>
<td><strong>1,549,725</strong></td>
</tr>
</tbody>
</table>
An independent audit of the International Centre for Eyecare Education’s financial accounts for 2012 was conducted by:

R M Taylor, Chartered Accountant
Stirling Warton Taylor
11th Floor St James Centre
111 Elizabeth Street
Sydney NSW 2000
+ 61 8236 7500

The Summary Financial Reports 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 Implementation Guidance available at

www.acfid.asn.au

For a copy of the full financial report for the year ending 2012, please contact the Institute’s Secretariat.

Phone: +61 2 9385 7459 or
email: info@brienholdenvision.org
Funders, partners and supporters

- Al-Ibrahim Eye Hospital, Pakistan
- Al-Maktoom Special Education Centre for Visually Impaired, Pakistan
- Australian College of Optometry
- Aboriginal Health and Medical Research Council
- Aboriginal Health College, Australia
- African Council of Optometry
- ALDOO (Asociacion Latinoamericana de Optometria y Optica)
- AMSANT (Aboriginal Medical Services, Alliance of the NT)
- Angua Memorial Hospital, Papua New Guinea
- Anyinginyi Health Aboriginal Corporation, Australia
- Appasamy Associates India
- Asmara College of Health Sciences, Eritrea
- Association of Schools and Colleges of Optometry
- Ayeduase Community Ghana
- Bailey Nelson
- Bausch & Lomb School of Optometry, India
- BOC Instruments Pty Ltd, Australia
- Buka General Hospital, Papua New Guinea
- Callan Services National Unit, Papua New Guinea
- Cape Peninsula University of Technology, South Africa
- Caribbean Council for the Blind
- CBM
- Central Australia Aboriginal Congress, Australia
- Centre for Eye Research Australia
- Child Sight Foundation, Bangladesh
- Civil Society Human and Institutional Development Program, Pakistan
- College of Ophthalmologists Sri Lanka
- Da Nang National Technical College of Medicine No. 2, Vietnam
- Danila Dibba Health Service, Australia
- Department of Education KwaZulu-Natal, South Africa
- Department of Health and Ageing, Office of Aboriginal and
- Torres Strait Islander Health NSW, Australia
- Department of Health KwaZulu-Natal, South Africa
- Department of Health Mpumalanga Province, South Africa
- Department of Health Papua New Guinea
- Department of Health South Africa
- Dublin Institute of Technology, Ireland
- Eastern Cape Province Ministry of Health, South Africa
- Entebbe Hospital, Uganda
- Essilor AMERA
- Eye Care Foundation (formerly Mekong Eye Doctors), South East Asia
- FAL Lawyers, Australia
- Federal Ministry of Health, Nigeria
- Foresight Australia
- Fred Hollows Foundation Australia
- Fred Hollows Foundation New Zealand
- Fundacion Vision-Paraguay
- Guangzhou Trade Vocational School, China
- Ho Chi Minh City Eye Hospital, Vietnam
- Hoya Lens Australia
- India Vision Institute
- Indian Optometry Federation
- International Agency for Prevention of Blindness (IAPB)
International Islamic University of Malaysia
International University College of Twintech, Malaysia
International Resources for the Improvement of Sight
Isra School of Optometry, Pakistan
Katherine West Health Board, Australia
Keeler
Kwame Nkurumah University Ghana
Layton Rahmatulla Benevolent Trust, Pakistan
Light for the World
Lions Club International
Lions Golden Jubilee Trust for Healthcare and Skills Development, Sri Lanka
Lotus College of Optometry, India
Lowitja Institute
LV Prasad Eye Institute, India
Makerere University Uganda
Malawi College of Health Sciences
Masaka Regional Referral Hospital, Uganda
Mbarara University Uganda
Mendi General Hospital, Papua New Guinea
Ministry of Health and Medical Services, Solomon Islands
Ministry of Health Cambodia
Ministry of Health Care and Nutrition Sri Lanka
Ministry of Health Eritrea
Ministry of Health Mongolia
Ministry of Health Malawi
Ministry of Health Vietnam
Ministry of Sport and Education, Samoa
Ministry of Health and Social Welfare Tanzania
Ministry of Health Uganda
Ministry of Health and Women Affairs Zanzibar
Ministry of Health Services Ghana
Moscon
Indigenous Eye Health Unit, Australia
Miwatj Health Aboriginal Corporation, Australia
Mongolian Optical Association
Mount Hagen General Hospital, Papua New Guinea
Mzuzu University, Malawi
National Eye Health Committee, Ministry of Health, Pakistan
National Program for Eye Health, Cambodia
National Referral Hospital, Solomon Islands
National Rural Health Alliance, Australia
Nonga General Hospital, Papua New Guinea
NSW Department of Community Services, Australia
NSW Department of Technical and Further Education, Australia
NT Government, Department of Health, Australia
Office for Aboriginal and Torres Strait Islander Health (OATSIH), Australia
NSW Government Rural Aerial Health Service, Australia
Optical Distributors and Manufacturers Association
Optometry Association Australia
Optometrists Association of Uganda
Optometry Council of India
ORBIS International
Pakistan Blind Cricket Council
Pakistan Centre for Vision Sciences
Pakistan Institute of Community Ophthalmology
Pakistan Optometric Society
PNG Eye Care
Port Moresby General Hospital, Papua New Guinea
Provincial Blindness Control Board, Khyber Pakhtunkhwa, Pakistan
Provincial Health Department, Ba Rai-Vung Tau, Vietnam
Provincial Health Department, Banteay Meanchey, Cambodia
Provincial Health Department, Battambang, Cambodia
Provincial Health Department, Kampong Cham, Cambodia
Provincial Health Department, Kampong Cham, Cambodia
Provincial Health Department, Pursat, Cambodia
Red Cross Air Mercy Service, South Africa
Royal Australian and New Zealand College of Ophthalmology
Royal Australian College of Surgeons
Royal Flying Doctor Service, Australia
Royal Institute for Deaf and Blind Children
Rural Health Education Foundation, Australia
School of Optometry and Vision Science, University of New South Wales, Australia
School of Optometry, Queensland University of Technology, Australia
School of Optometry, University of KwaZulu-Natal, South Africa
SEGI University, Malaysia
SENESE Inclusive Education Support Services, Samoa
SEVA Foundation
Sightsavers
South African National Council for the Blind
South African Optometric Association
Sri Lanka Optometric Association
Sunrise Health Service Aboriginal Corporation, Australia
Tanzania Optometry Association
The Albino Foundation Nigeria
Universidade de Lurio, Mozambique
University of Calabar Teaching Hospital, Ghana
University of Free State, South Africa
University of Guyana, South America
University of Johannesburg, South Africa
Vanimo General Hospital, Papua New Guinea
Vietnam National Institute of Ophthalmology
Vision 2020 Australia
Vision 2020
Vision 2020 Latin America
Vision 2020 Sri Lanka
Vision Aid Overseas
Vision Cooperative Research Centre, Australia
VisionCare NSW, Australia
VOSH International
World Council of Optometry
World Optometry Foundation
Wurli Wurlinjang Health Service, Australia
Zhongshan Ophthalmic Centre, Sun Yat-sun University, China
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