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# Annual Review

2010 - 2011



I C E E

International Centre for Eyecare Education - ICEE *(pronounced I See)*





It is thirteen years since ICEE set out with the ambition of eliminating avoidable blindness and vision impairment globally. We've established that 670 million people are blind or vision impaired because they don't have access to an eye examination and a pair of glasses. We also know the impact of vision disability goes much

further than the health effects on individuals, trapping people in a cycle of poverty that destroys lives and communities.

By providing eye care services to the world's underserved communities, good vision can be restored and this cycle ruptured. Through the inspirational efforts of our people and partners, ICEE is creating the capacity for optometrists and other eye care workers to be produced and to function within the Vision Centres and clinics we establish. By working with local governments to integrate these services into health care and blindness prevention plans, we ensure these services are sustainable and delivered in a culturally appropriate way.

ICEE has transformed the lives of people in 53 countries so far, but our mission is not simply to treat existing cases of vision impairment. We build sustainable integrated eye care services in developing communities, empowering local people with the skills and knowledge to ensure these services are permanent fixtures of health care systems.

There are growing numbers of people receiving eye care from the services we've helped build – at last count 429 sites around the world are now delivering eye care to people in need, including 156 for Aboriginal and Torres Strait Islander communities within Australia. ICEE has provided over 1.7 million vision screenings or eye examinations – over 500 000 in the last year. Our efforts,

and those of our partners in Vision 2020 Australia's Global Consortium in the Asia-Pacific region, were recognised by the Australian Government this year, when it announced further funding to support the Avoidable Blindness Initiative which is assisting in the development of sustainable eye care in the region.

We reached our one millionth patient this year through the Giving Sight to KwaZulu-Natal project which began in 2007 in South Africa. This is a momentous achievement and a testimony to our staff, the support of Standard Chartered Bank, Optometry Giving Sight and our strategy of partnership with the public sector which we have established with the regional Department of Health.

Four key pillars of our organisation – human resource development, service development, research and now social enterprise – form the basis of our multi-faceted strategy. By establishing and supporting optometry schools, training other levels of eye care personnel and equipping local educators with the skills to conduct training, we are developing the human resources to provide the clinical and refractive services that people need within the various Vision Centres and clinics we establish through our service delivery efforts.

This work is informed by our research activities, which helps identify the prevalence and cause of vision impairment in particular areas, provides evidence that enables the most effective way to deliver eye care in each community and measures the impact of our work so that we can be accountable to our funders and the communities we serve.

In the process of delivering services we also empower communities and here our social enterprise strategy, the most recently adopted pillar of our organisation, helps with job creation, local ownership and in many cases breaks the cycle of poverty that exists within developing communities. Providing eye care requires skilled

# Letter from the CEO



personnel to perform refractions, provide referrals, to cut, fit and dispense spectacles and manage Vision Centres – all of which are employment and business opportunities for people hoping to secure a livelihood and a better life. So ICEE works with local communities and health services to create such opportunities and encourage social enterprise.

In order to upscale our efforts we need to use the entrepreneurial energy of people to then duplicate the work that we have been engaged in, while ensuring that there are checks and balances in place to make sure that the interests of the communities are not compromised in that process.

The Schwab Foundation's Social Entrepreneur Award for Africa 2010, presented to our Director of Global Programmes, Professor Kovin Naidoo, and myself, at the World Economic Forum's Africa meeting, vindicates our strategy and has spurred on our endeavours in this area. It has also enabled us to take our eye care agenda to a much wider audience.

We have intensified our advocacy efforts to make it known that vision impairment is a development issue, not just a health care problem, and to ensure that eye care delivery is integrated into development programmes. We've worked hard to raise awareness and secure support amongst governments, the development sector and the global community, and in September 2010 ICEE hosted the second World Congress on Refractive Error in Durban, South Africa, with Broadening the Development Agenda as the theme.

Being part of the broader development agenda is a logical fit for ICEE and eye care programmes in general. By addressing uncorrected refractive error we are improving people's employment opportunities, we are enhancing the educational opportunities for children and we're increasing the quality of people's lives.

With delegates of the calibre of Dr Kumi Naidoo, Executive Director of Greenpeace, and others from organisations like Amnesty International and ActionAid International along with leading experts from the eye care field, urging governments to find the funding to eliminate avoidable blindness and vision impairment, the message is being broadcast to all sectors.

ICEE and partners will soon publish a paper quantifying the cost of the necessary programmes to eliminate uncorrected refractive error worldwide. We know that the annual cost to the global economy in lost productivity due to uncorrected refractive error (\$269 billion) dwarfs this amount. Putting the humanitarian necessity to act aside, the economic gain is clear.

It was a watershed year for optometry in India, home to 456 million vision impaired people. ICEE was closely involved with efforts to unify the optometry profession with the aim of establishing the optometry schools and generating the graduates to treat the 131 million there that are unnecessarily blind or vision impaired – including 11 million children. We've seen the beginnings of this revolution with the establishment of the Indian Optometry Federation and most recently the India Vision Institute.

The efforts of our staff and partners around the world have resulted in some important achievements during the last year. I hope you enjoy reading about them and the work of ICEE in this year's Annual Review.

Brien Holden, CEO



**Total people seen and/or treated 2010-2011 for all regions**

Examinations / screenings	Glasses dispensed	Low vision devices dispensed	Referrals
498 855	45 596	311	76 181



# Service Development

## Professor Kovin Naidoo

Global Programmes Director for ICEE.

### Is optometry changing to address the needs of the underserved?

The future of the optometry profession is dependent on its capacity to be relevant to all sectors of society, rather than to only those that have the financial means. Optometrists can play a very important role, given the fact that the majority of people are currently untouched by the services the profession can provide.

### What does 'service development' involve?

To ensure that people can access eye care services, it is essential to develop locally integrated services. The main component of our service development strategy is the establishment of Vision Centres, not just as free-standing structures, but as part of a comprehensive eye care system. ICEE focuses on making sure that appropriate services are also developed at a primary level and that the referral pathways to and from the Vision Centres exist, so that patients can be referred for treatment, management of ocular disease and other health conditions.

### How is eye care integrated into local health care systems?

Central to our strategy is the idea of partnership and advocacy, which has mostly been with the public health system in the developing world. In this respect, we link up with the primary health care services and support them to include primary eye care services as part of the package of services they provide.

This involves ICEE contributing to the establishment of training and referral protocols. We then establish Vision Centres, where besides meeting our primary mission to provide services for people with uncorrected refractive error, the optometrists and clinicians are also trained to ensure they can detect and diagnose eye diseases and refer for appropriate treatment. Further referrals to and from other aspects of the health system are also developed, for example, the diabetic clinic.

### Why partnerships?

As NGOs, the best programmes we can put together on our own will only become much broader solutions, and sustainable, if we establish strategies that involve partnerships at a local level with the public sector, private sector and other civil society organisations. The development of local leadership, partnering with other development organisations, thinking beyond eye care to health care and focusing on an anti-poverty agenda will

ensure that eye care is an integral part of health care as well as the broader socio-economic agenda of the country.

This integrated partnership approach is the only way to effectively scale-up our efforts without creating dependency on ICEE as an organisation. We can't implement a global solution on our own. We work with countries and not for them. Recently we have established a consultancy division that now supports other organisations in their efforts to establish Vision Centres or develop refractive error services.

### What are the major achievements in service development this year?

In partnership with the public health system, Optometry Giving Sight and Standard Chartered Bank in South Africa we reached our millionth examination to patients in the KwaZulu-Natal province.

We've seen similar successes in the establishment of Vision Centres during the year in countries like Vietnam, Cambodia, Eritrea, Nigeria, Tanzania, Ghana, Papua New Guinea and Sri Lanka. With our permanent and outreach eye clinics, ICEE is now assisting the delivery of eye care in 429 locations around the world.

As far as services go this year, we have provided close to 500 000 vision screenings, refractions, full eye examinations and low vision assessments during the year and dispensed over 45 000 pairs of spectacles. Our goal is to build this capacity in every region of the world where there is unnecessary vision impairment.

### Was there a sense of accomplishment in those achievements?

It's a tough path to walk when you adopt an integrated strategy of human resources, service development, research and social enterprise, and ensuring that you also develop local leadership and work with as many partners as possible at a local level. It involves a lot of negotiations and challenges but it is very rewarding as we increasingly see very positive outcomes, which is demonstrating that our strategy is effective in scaling up our efforts.

The most rewarding moment for me was visiting one of our social entrepreneurs in our presbyopia programme and for her to declare that she can now feed her family and educate her children, because of the sale of reading glasses, through our social enterprise programme.

*"While I acknowledge there are many barriers in Africa, I see them as great opportunities..."*

## DEEPENING THE FOOTPRINT

The remarkable thing about Mary Wepo, ICEE Programmes Manager for Africa, is where others see barriers she sees opportunities. This year, Mary and the team have worked to deepen the ICEE footprint in eleven African countries: Eritrea, South Africa, Mozambique, Malawi, Ghana, Nigeria, Tanzania, Gambia, Uganda, Mali and Kenya.

"While I acknowledge there are many barriers in Africa, I see them as great opportunities for ICEE work to become an integrated resource helping to service and reduce the current high level of need," said Mary.

Each country's unique and specific need gives Africa a richly diverse social fabric. Building capacity in such a large and multi-layered culture is only possible through forging and maintaining strong collaborations and advocacy with local governments and stakeholders. The focus this year has been across a few key initiatives: building on the success of previous projects with a view to replicating the project model in other locations with similar needs; playing a leadership role in consolidating the efforts achieved so far and working towards building further capacity.

A milestone was reached in South Africa recently when a single programme clocked up 1 000 000 eye examinations and screenings. The success of the Giving Sight to KwaZulu-Natal (KZN) programme has sparked a future initiative – to replicate the project model in other locations.

Another programme in focus this year for expansion has been highlighted as a successful model that offers valuable lessons for implementing in other countries in Africa. The KZN Child Eye Care programme was established in South Africa through a strategic partnership with Nissan (funder of the mobile eye clinic van), the Department of Education, the Department of Health and funded by Optometry Giving Sight, which has enabled training of school teachers to help implement large scale eye screenings in schools.

"In the Child Eye Care programme we train the school teachers to have the skills to identify which children have a possible vision problem. The optometrists travelling with the Nissan Mobile van then conduct full eye examinations to the identified group. This model works very well as it not only streamlines the school screening process, but it also empowers the school teachers to be able to identify students with a vision problem when ICEE is not present," said Mary.

There were eye clinics already established in South Africa, but many did not have working optometrists available to the public sector, so access for the local people was



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severely limited. Current figures show the number of optometrists now working in the public sector have increased three fold in the last year. There are currently 133 established clinics, many with practicing optometrists working onsite or visiting regularly, in the province of KwaZulu-Natal.

During the 2010-2011 period, nineteen new Vision Centres supported by ICEE were opened across the African Region: ten in Eritrea, six in Tanzania, two in Ghana and one in Nigeria. The existing 196 Vision Centres already operating across Africa focused on consolidating services in their local communities and increasing eye care awareness which is attracting greater patient numbers. See figure table on the Service Delivery page for more details.

This year a new three year eye health programme was launched in Nigeria. The Standard Chartered Bank Seeing is Believing programme has provided funding of US\$1 million. The programme is a working collaboration between ICEE, Sightsavers, and the Federal Ministry of Health with participation from local community leaders. It will deliver accessible and affordable eye care services for underserved communities in the Federal Capital Territory and Zamfara state.

Building local eye care health systems in each of the eleven African countries in which ICEE works, has presented its own distinct challenges. We know the most effective way to reduce uncorrected vision impairment and avoidable blindness is to build a local workforce trained and committed to improving their community's vision problems. In time, the training network builds and multiplies as the trained eye care workers go on to teach locally, increasing the number exponentially, and creating lasting change through human resource development.

In Eritrea, a first was recently achieved for Africa. This year saw the first group of optometry technicians to complete their training due to support by ICEE. Each new graduate will be employed in the public sector by the Eritrean Ministry of Health.

"For the first time newly trained optometry technicians are ready and available to be employed in the public sector. This will help to create the foundations for the inclusion of optometrists as a part of a public sector comprehensive eye health infrastructure in Eritrea, which is greatly needed," said Mary.

Measuring the impact ICEE has on the region is always a difficult task to accurately gauge. When faced with this question Mary had little doubt where ICEE has had the most long term effect.

"There has been a very large impact on the reception for refractive error training of optometrists within the health education systems already established. So far positive change in the area of human resource development has happened in six countries, Eritrea, Mozambique, Malawi, South Africa, Uganda and Ghana," she said.

In Malawi, ICEE is building lasting eye care by constructing a training clinic at the School of Optometry at the Mzuzu University in partnership with Optometry Giving Sight and Sightsavers. Nearby in Mozambique ICEE has been active through the Mozambique Eyecare Project (MEP).

MEP is the result of a collaborative effort between ICEE, Dublin Institute of Technology, University of Ulster in Northern Ireland and Universidade de Lurio in Mozambique, funded by Irish Aid and AusAid.

A major achievement of the project was the opening of the School of Optometry at Universidade Lurio in 2010. In Uganda, ICEE work has forged ahead in training local eye care professionals in a two phase project through the National Intervention on Uncorrected Refractive Errors.

The global ICEE strategy of working with local governments and stakeholders for refractive error to be included in the broader health plan for blindness prevention, alongside other eye conditions like cataract, seems to be paying off.

Mary highlights the strength of the collaborative and advocacy efforts ICEE has forged and maintained as one of the major achievements of the last year. She emphasised the positive effects evident through crucial relationships made with the government Ministries of Health and Departments of Education in the areas of both service delivery and human resource development.

"My experience of the last three years working primarily in partnership with the government is that it's not just the political will which is evident but the commitment to do the work is strong. They genuinely see the need to address the issues we have put on the table and it is very gratifying to see a project taken over by the government which was started by an NGO," said Mary.

In Africa this year, the positive impact of ICEE is noticeable in the increased amount of eye examinations; the greater range of eye care services offered; the number of vision centres established; and the number of eye care professionals completing training or up-skilling their eye care knowledge. See the figure tables on the Service Delivery page, and Human Resource Development page for more details.



COUNTRY	PROJECT	TYPE
South Africa	Presbyopia Phase II Study	Epidemiological
	Giving Sight to KZN: External evaluation of low vision programme	Summative evaluation
	Giving Sight to KZN: External programme evaluation	Summative evaluation
	Poverty and visual impairment study	Epidemiological / Quality of life
Mozambique	Rapid assessment of refractive errors (RARE)	Epidemiological
Uganda	RARE	Epidemiological
Ghana	RARE	Epidemiological
	Evaluation of ICEE education programmes in Vietnam	Data gathering and analysis stage
Papua New Guinea	Measure the effect of VI, the loss of QALYs and DALYs from VI, and the effect of treatment on the people of PNG	Quality of life
	Measure the effects of health information on services in PNG	KAP
Vietnam	Refractive error study in children (RESC) in Ba Ria-Vung tau Province	Epidemiological
Australia	Evaluation of the "I See for Culture" health education resource package on Indigenous eye health and vision care	Analysis stage
	Models of vision care delivery for Indigenous communities – national training needs	Consultation, data gathering and analysis stage
	Models of vision care delivery for Indigenous communities – national spectacle scheme benefits and barriers	Consultation, data gathering and analysis stage

Three PhD and five Masters students have been undertaking research projects on subjects relating to: the effects of refractive error on health, education and economic cost; eye care in developing communities including schools; evaluation of vision technician performance; diabetic retinopathy prevention and detection; community barriers effecting cataract surgery rates; and recruitment and retention of optometrists in the public sector.



**David Wilson**

Research Manager for ICEE Asia-Pacific region.



**Prasad Ramson**

Research Manager for ICEE Africa region.

## Research

### What does research involve?

**Prasidh** – We conduct research into the causes and distribution of refractive error and presbyopia in communities, populations and countries as well as other causes of blindness and visual impairment. These studies provide critical baseline information that allows ICEE and stakeholders to plan programmes and interventions based on empirical knowledge rather than anecdotal evidence or hearsay.

**David** – The programme people are involved in the research as well. That's one thing I think ICEE does very well, that connection between delivery and research, so research isn't done just in isolation. We're doing it so we can improve programme delivery and publish the results as well. A great avenue for disseminating our global eye care research is through conferences, during this year ICEE hosted the 2nd World Congress on Refractive Error in Durban. With over 600 delegates attending from around the globe and over 75 presenting, it was an important opportunity to spread knowledge about how to more effectively build the necessary services.

### What key research has been conducted this year?

**David** – We've written a paper on the cost-effectiveness of using recycled spectacles, as compared with the cost of selling ready-made and custom-made spectacles and we found that recycled specs cost more than the alternatives, don't contribute to development of local industry and skills, and are not sustainable.

We're gathering data in the Pacific region and the most significant of these projects was in Papua New Guinea with the KAP study, which stands for 'knowledge, attitudes and practice'. KAP is a type of survey where we find out what people think and how they behave in the context of accessing health care, so when we're providing eye care services we can make sure they are delivered the way people want them, rather than the way we think they should be delivered. We have a KAP study planned for Vietnam next year and also a prevalence of refractive error study, with a particular focus on children.

**Prasidh** – In the Volta region of eastern Ghana – a country of about 22 million people but with only a few hundred optometrists – we conducted a study to find out the prevalence of presbyopia and refractive error, which apart from providing important data on vision impairment, will feed into our planning for a Vision Centre in the

area. Further studies in 3-5 years from now will provide information on the impact of the Vision Centre – hopefully a significant reduction in refractive error, presbyopia and evidence of improvement in quality of life.

**David** – Over the last year we've been doing a lot of data gathering and one important paper that is close to being finished is about estimating the global cost of correcting refractive error. This follows on from our previous paper, published in the Bulletin of the World Health Organization, which estimated the global productivity cost of uncorrected refractive error was \$269 billion.

Putting aside the humanitarian benefit of correcting refractive error there is clearly an economic benefit for countries that solve this problem. This is another reason why we do research – advocacy. That is, the suggestion to third parties, such as governments and funding bodies, of the need for action. Research provides the evidence to support such cases.

### What are some of the challenges?

**Prasidh** – In South Africa, we did a follow up study in the INK area to a presbyopia study first performed in 2008. This includes the townships of Inanda, Nzuma, and Kwamashu – identified by the government as one of the country's poorest communities. The follow up has been very challenging. We've had difficulties just trying to contact the original study participants – due to high mobility of people, high unemployment rate, rural areas with no street markings or addresses and changing phone details. Interestingly, in the INK study we found that a large number of people didn't know where the nearest eye health care centre was if they did want to seek treatment.

### Does this research help in other ways?

**Prasidh** – As part of the Giving Sight to KwaZulu-Natal programme we conducted a health promotion study. The findings were used to devise material such as posters, pamphlets and a video that would reinforce health seeking behaviour in the community.

**David** – It will help inform other NGOs, not only ICEE. One of the reasons why we write scientific papers is because they go into scientific journals that are read by most of the NGOs in the field. The idea being is that it helps get a message out to others so that they might modify their own delivery, taking into consideration the results we've published.

*“Local promotion of the low cost services available has helped encourage patients...”*



## **EVOLVING CAPACITY**

Eighty per cent of global blindness is preventable or treatable. In 2000, the World Health Organization (WHO) and the peak body for avoidable blindness and vision impairment, the International Agency for the Prevention of Blindness (IAPB), established VISION 2020: The Right to Sight, a global association of agencies, like ICEE, working towards the goal of eliminating avoidable blindness around the world by the year 2020.

ICEE Asia Pacific programmes are located in the WHO regions of Western Pacific and South East Asia, where the level of avoidable blindness and correctable vision impairment are among the highest of all regions.

The Vision 2020 Australia Global Consortium unites nine eye health and vision care organisations working in partnership with the Australian Government to eliminate avoidable blindness in Asia Pacific through the Avoidable Blindness Initiative (ABI). The partnership is set to restore or improve the vision of as many as 100 million people in the region over the next decade.

In this year's Australian Government federal budget, a further commitment was made to the Consortium's work in Asia Pacific with the announcement of AU\$21.3 million dedicated to the second phase of the ABI.

In response to the need, ICEE goals for the Asia Pacific region this year included: establishing further Vision Centres and applying lessons learnt to improve existing services and facilities; expansion of the education and training being provided to eye care professionals and other mid-level ophthalmic personnel; and a deepening of established links with local and international health and education institutions, government and local non-government organisations.

Quick to smile and seemingly with an inexhaustible zeal is Tricia Keys, ICEE Programmes Manager for Asia Pacific. Much of her time this year has been spent on development in eight countries prioritised for expansion: seven in the Western Pacific region: Australia, Cambodia, Vietnam, Papua New Guinea, Samoa, Solomon Islands and Mongolia, and Sri Lanka in South-East Asia.

Despite spending much of her time moving between countries, Tricia has her feet firmly on the ground. Her role would be daunting to some – the Asia Pacific region stretches from the far-reaches of Australia and New Zealand to Sri Lanka and includes China. Her focus is not only on the design of programmes which can change and evolve to fit the needs of each community but to delivering long term sustainable eye care systems for the future.

She recently took time out to reflect on the progress of the region. "Vietnam stands out this year for me. It's a

# Asia Pacific Programmes

relatively new development for ICEE and we conducted spectacle technician and refraction training courses for local and provincial hospital staff in collaboration with the Vietnam National Institute of Ophthalmology, Danang Technical College of Medicine No. 2 and the Ho Chi Minh City Eye Hospital (HCMCEH). The goal of our project is to develop local teaching capacity and ultimately to establish an Optometry Training Centre for the country," said Tricia

"Importantly, we also supported local trainers in running their own refraction training courses, which in the past year has seen 140 people trained. We also saw a milestone when the Chief Refractionist at the HCMCEH, Mr Tran Hoai Long, became the first person in Vietnam to be awarded a Masters Degree in Optometry, which was partially funded by ICEE. Another achievement for the year was our collaboration with HCMCEH to open our first Vision Centre in Vietnam, which is located in the District 7 Hospital and funded by Optometry Giving Sight," she said.

"Things are also moving quickly across the border in Cambodia. By the end of 2011 we will see five new Vision Centres in the rural provinces of Battambang, Kampot, Banteay Meanchey, Kampong Cham and Pursat. We opened the Phnom Penh Vision Centre in 2009 and we've seen a noticeable rise in the number of patients, our figures show 4137 people seen for this past year. Local promotion of the low cost services available has helped encourage patients and we've seen an increase in referrals from the local ophthalmologists and NGO partners," she said.

"We also collaborated with the Department of Health to do local school screenings and provide free spectacles to students, which was so rewarding. It was a fast-paced year in this part of the region thanks to the dedication of our programme and in-country staff," she added.

In Papua New Guinea (PNG), two new Vision Centres were opened in the rural locations of Buka and Mendi, bringing the country's total to five. In the three established centres more than 4000 patients have been seen. The centres are run by PNG Eye Care, a local non-government organisation working in partnership with ICEE and the PNG Government's Department of Health, to combat preventable blindness with the assistance of ABI funding.

By contrast, in Sri Lanka where programmes have been developing since 2005, Vision Centres are reaching a new phase. In another major milestone this year, Kadawatha Vision Centre became the first to officially transfer to local operation and ownership.

Tricia spoke about the ICEE Sri Lanka exit strategy. "Since the Kadawatha Vision Centre was opened in May 2009,

ICEE has worked in partnership with Lion's Golden Jubilee Trust for Healthcare and Skills Development. Establishing cooperative relationships with pre-existing eye care services will ensure our work is integrated within the Sri Lankan eye care system long after ICEE involvement recedes. At Kadawatha we are seeing that happen now, our plans are coming to fruition," she said.

ICEE programmes from country to country can be strikingly different and within the Asia Pacific region there are few exceptions: An approach to human resource development in Sri Lanka is unlikely to fit in a country like Australia, according to Tricia.

"Our programmes in Australia are vastly different to anywhere else. We have long established partnerships with the Aboriginal Health and Medical Research Council, Aboriginal Medical Services and other Aboriginal agencies so our development of trained eye care workers is quite advanced. ICEE has been working in Aboriginal eye care in New South Wales (NSW) for more than 10 years and in the Northern Territory (NT) since 2006. We help provide eye care services to over 150 sites across the country," said Tricia.

This year, as part of the Aboriginal Eye Care programme, ICEE ran eye health education workshops in both NSW and NT, including the Regional Health Coordinator Forum in Darwin, NT; the Miwatj Eye Health Workshop in Nhulunbuy, NT; and the NSW Aboriginal Eye Health Workers Education Program in Sydney, NSW.

Tricia added, "We also developed in-service style training on six eye health topics. The on-site delivery by visiting ICEE optometrists to primary health care workers in Aboriginal Medical Services and community health centres is being funded by a Rural and Health Education Grant through the National Rural Health Alliance."

Importantly, ICEE reissued the 'I See for Culture' eye health education kits for distribution to Aboriginal and Torres Strait Islander health organisations, clinics and registered training organisations.

"Despite the diversity of the region there has been a common theme of expansion for training, education and service delivery – which means we've had an extraordinarily busy year," Tricia added. "We have very dedicated staff and truly committed partners we work with in-country and the results are beginning to show."



**Total people educated 2010-2011**

	Optometrists trained	*Eye care personnel educated	Professional eye care educators trained	Professional eye care practitioners trained
<b>Total of all regions</b>	47	941	83	600

\*Eye care personnel includes: optical technicians, ophthalmic nurses, refraction nurses, eye doctors, spectacle technicians, vision centre managers and administration staff.



## Luigi Bilotto

Director of Human Resource Development for ICEE.

# Human Resource Development

### How does 'human resource development' fit into ICEE key goals?

In addressing the global refractive error and eye health challenges, human resource development really responds to many of the United Nations' Millennium Development Goals such as alleviating poverty and promoting education. To do this we need to adequately train personnel and ICEE contributes by helping empower individuals and communities – through education and health.

### What type of training is ICEE focused on?

We are now working out how to up-scale training through the development and support of optometry schools globally. India, for example, requires hundreds of additional optometry schools. Many of its existing schools and those in Africa, China, Eastern Mediterranean and Latin American regions require fundamental support.

There are other forms of training which are key to our mission as well. For example, ophthalmic nurses, refractionists, spectacle technicians, management and administrative staff are critical to the functioning of the Vision Centres we have established. At the primary level we train health workers and teachers to conduct vision screenings so they can identify when a vision disorder may be present and refer them for appropriate treatment.

We also continue to train eye care educators, enabling training programmes to be conducted and sustained by local educators, and we work to improve optometry standards in the Asia-Pacific and Middle East through our professional education activities

### What has happened so far?

Across the globe, optometry schools are now popping up everywhere, which is fantastic. In Africa, we have implemented three new schools in three different countries, three more are planned for the next year or so and up to 20 existing schools that require support are now turning to us for collaboration.

In Africa, we've designed a regional optometry school concept, hopefully spreading human resources across the sub-regions of Africa. In French West Africa for example, we're supporting a regional optometry school in Mali, which has drawn students from neighbouring countries Djibouti, Burkina Faso, Guinea, Democratic Republic of Congo and Chad.

### What progress has ICEE made in the last year?

We've helped consolidate optometry schools in Malawi,

Mali, Mozambique and Eritrea through implementation support and there are currently over 100 optometrists and 39 optometric technicians in training in the schools. In Latin America we're assisting the optometry programme at the University of Guyana by providing educational resources for teachers and students.

In Vietnam, we've furthered our partnership to develop a new school. We've also opened an office in the Eastern Mediterranean region, based in Pakistan, where we're focusing on optometry development. In addition, we're also working with the Brien Holden Vision Institute to help develop optometry in India and China.

In the Asia-Pacific we've trained eye care personnel to provide vision screening, conduct refractions, eye examinations, low vision assessments and manage Vision Centres.

In Africa, this training mostly happened in South Africa through the Giving Sight to KwaZulu-Natal (KZN) and the KZN Child Eye Care Programmes, where over 500 personnel received training. A further 37 optometrists were trained in low vision, rigid contact lens fitting, binocular vision and ocular diagnostics through the Giving Sight programme.

We've expanded our online resources and along with the popular Refractive Error Manual, we now also have the Primary Eye Care Manual and Vision Centre Manual available online. We have been working quite intensively on the online optometric education platform and aim for this to be launched next year. The lack of educational materials and support is a stumbling block for emerging schools, so the online platform is intended to be an open source of free teaching and education resources.

Our professional education team has expanded its reach and worked with optometry practitioners and undergraduates in Australia, India, Indonesia, Malaysia, Saudi Arabia, Singapore, United Arab Emirates and Thailand to enhance their skills.

### Will optometry graduates choose a public health path?

We're trying to create more people like us – optometrists working for humanitarian causes, driving the public health agenda as we do. We are working very closely with governments to make sure that the optometrists graduating from the schools we are involved in, are deployed in the public sector.

*"ICEE has acted like a catalyst—implementing action within the community..."*

## **BUILDING INFRASTRUCTURE**

The last year has been an exciting time for ICEE. In our thirteenth year of global operations, we continue to build eye care capacity extending our reach throughout the developing communities of the world. ICEE has screened, examined and treated in excess of 1.7 million patients. We have trained more than 37 500 eye care personnel and established or assisted with the development of 14 schools of optometry globally.

In collaboration with our long time patrons the Brien Holden Vision Institute, we are currently fostering new partnerships and programmes in China, India and Latin America. Over 1.1 billion people live in India, 1.3 billion in China and over 580 million in Latin America and the Caribbean. The importance of building capacity in these vastly populated regions equalling well over a third of world's population cannot be overstated.

Professor Brien Holden, CEO of ICEE, explains current initiatives are moving rapidly towards addressing the global problem. "We know the real issue in these regions is the lack of established optometry infrastructure. We need to desperately accelerate training of large numbers of eye care professionals in the existing health care systems and the development of schools of optometry, if we are to live in a world where one day we all have equal access to eye care," he said.

"The good news is we know the solutions are there, and in the long term we are seeing progress in other regions. We are focusing on expanding our global programmes in the developing regions to build capacity to train enough optometrists to provide the eye care these vast populations need," Holden said.

In India, the figures associated with the need for optometry are staggering. To provide the necessary eye care to its population, India needs a minimum of 115 000 optometrists, 1000 optometric educators, 5000 new optometry graduates per year, the up-skilling of 42 500 personnel currently at various levels of optometry training, plus 100 schools of optometry.

Over the last year the focus has been on developing three organisations to help facilitate a united approach to building the optometry infrastructure in India, which ICEE believes is paramount to addressing the massive vision care need. At present 456 million Indians need vision correction and over 130 million simply do not have it.

Neilsen de Souza, ICEE Manager of Professional Development for India explains his thoughts on this year's progress. "The process of unifying optometry in India was initiated earlier this year. ICEE has acted like



# Developing Programmes

a catalyst - implementing action within the community. We believe an integrated framework is crucial to building local capacity through service delivery, education and training programmes, and eventually setting up optometry schools. It's early days yet but I feel like the foundations are now in place," said Neilsen.

In July this year, representatives from optometric and ophthalmic associations gathered in New Delhi to form the Indian Optometry Federation (IOF). The IOF will act as a political body with a voice to lobby government for support, and is partially funded by a grant from the Australia-India Council.

Two further organisations to develop were the India Vision Institute (IVI), a partnership between Brien Holden Vision Institute and LV Prasad Eye Institute, and the Optometry Council of India (OCI). The IVI was formed to build capacity in India through developing human resources, research and service delivery programmes; and the OIC is an independent regulatory body responsible for registration, setting standards across the nation and putting testing practices in place.

It has been a similar path for China this year with collaborations involving ICEE and the Brien Holden Vision Institute forging new ground. The importance of research and development cannot be overemphasised when current estimates show more than half the population of China have some form of vision impairment, with myopia alone affecting more than 600 million. Research shows only 45% of school children in rural China have access to the eye care they need; this can often be a simple eye examination and correctly prescribed spectacles.

In Lechang, a rural county in Guangdong Province, the first public health clinic supported by ICEE saw more than 4000 school children brave freezing weather to have their eyes tested. Over 30 people were trained to conduct eye screenings during the four days. Funded by Optometry Giving Sight, the outreach clinic was run by the Lechang Refraction Training and School Screening, and made possible by the emerging partnerships between ICEE, the Guangdong Province, Zhongshan Ophthalmic Centre and local government.

Optometry has taken a pivotal step forward in Latin America this year, with work focusing on the completion of the ICEE Spanish Refraction Manual for launch in October 2011. The Spanish Refraction Manual is a multi-layered, interactive education resource that takes students and teachers through refraction training in an uncomplicated way.

"Making refraction accessible worldwide is a long term goal for ICEE and this cutting-edge education resource is what Latin America needs to move forward," says Dr Nelson Rivera, ICEE Regional Officer for Latin America. "If we can help organisations to train their own people and the knowledge passes forward to others continuing the skill chain, we know eye care services in Latin America will multiply and progress."

Advocacy has been one of the premier activities in developing relationships amongst government, local partners and stakeholders in the Latin American countries. The emphasis has been on collaborating with the regional and local members of the International Agency for the Prevention of Blindness (IAPB), Vision 2020: The Right to Sight committees and the Ministries of Health and Department of Education, to optimise existing health infrastructures and ensure there is further progress towards establishing future ICEE programmes.

Another country ICEE is focusing on for expansion is Pakistan; a location which has great need for a national eye health management plan to service the population of more than 187 million. We know at least 85% of all vision impairment and 75% of blindness globally could be avoided, prevented or cured if the appropriately trained personnel and eye care facilities existed.

Hasan Minto, ICEE Regional Director for the Eastern Mediterranean explains the focus of this year's work. "We are currently in the development stage in Pakistan. Progress will only be possible by forging partnerships with local stakeholders to help build advocacy for the development of a national eye health management plan. Over time, with this in place, we can develop the optometry infrastructure to train sufficient number of eye care professionals, equip them with necessary skills and resources to deliver eye care to meet the needs of the people of Pakistan," says Hasan.

"Pakistan is a country which ICEE has identified as having great potential for social enterprise projects," said Hasan. "There seems to be the right climate for community-based business development behind the eye care infrastructure. It is possible that the community over time will benefit from the local sale of reading glasses through this innovative scheme which helps local people develop their own business, while serving the community, through offering affordable access to quality reading glasses," he concluded.

## Major funders

AusAID, Australian Government  
Australia India Council  
Australia India Institute  
Brien Holden Vision Institute  
Discovery Health, South Africa  
Irish Aid, Ireland  
Lord Mayor's Charitable Foundation: Anne Foote and Elder Trust  
Nissan, South Africa  
Optometry Giving Sight  
Standard Chartered Bank

## Funders, partners and supporters

ABB Concise, United States of America  
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Akademi Refraksi Optisi Gapopin, Indonesia  
Akademi Refraksi Optisi Leprindo, Indonesia  
Akademi Refraksi Optisi Padang, Indonesia  
Akademi Refraksi Optisi Surabaya, Indonesia  
ALD00 (Asociacion Latinoamericana de Optometria y Optica)  
All India Institute of Medical Sciences, India  
AMSANT (Aboriginal Medical Services, Alliance of the NT)  
Angua Memorial Hospital, Papua New Guinea  
Anyinginyi Health Aboriginal Corporation, Australia  
Appasamy Associates India  
Aravind Eye Hospital, India  
ARO Surabaya, Indonesia  
Asmara College of Health Sciences, Eritrea  
Association of Schools and Colleges of Optometry  
Ayeduase Community Ghana  
Bausch & Lomb School of Optometry, India  
Bharati Vidyapeeth 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  
Chung Shan Medical University, Taiwan  
City Municipality of Lechang, Guangdong Province, China  
College of Ophthalmologists Sri Lanka  
Da Nang National Technical College of Medicine No. 2, Vietnam  
Danila Dilba 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  
Department of Optometry, Shanghai Institute of Health Science, China

Dublin Institute of Technology, Ireland  
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LV Prasad Eye Institute, India  
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Masaka Regional Referral Hospital, Uganda  
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Ministry of Health Care and Nutrition Sri Lanka  
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Miwatj Health Aboriginal Corporation, Australia  
Mongolian Optical Association  
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# Funders, Partners and Supporters

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 PNG Eye Care  
 Port Moresby General Hospital, Papua New Guinea  
 Provincial Health Department, Ba Rai-Vung Tau, Vietnam  
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 Provincial Health Department, Battambang, Cambodia  
 Provincial Health Department, Kampong Cham, Cambodia  
 Provincial Health Department, Kampot, Cambodia  
 Provincial Health Department, Pursat, Cambodia  
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 Royal Australian College of Surgeons  
 Royal Flying Doctor Service, Australia  
 Royal Institute for Deaf and Blind Children  
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 School of Optometry, University of KwaZulu-Natal, South Africa  
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 Shu Zen College of Medicine & Management Kaosuing, Taiwan  
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 SNTD Women's University, India  
 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  
 Tianjin Medical University College of Optometry, China

Tianjin Vocational Institute, China  
 Universidade de Lurio, Mozambique  
 University Kebangsaan Malaysia  
 University of Calabar Teaching Hospital, Ghana  
 University of Free State, South Africa  
 University of Guyana, South America  
 University of Johannesburg, South Africa  
 University of Manchester, United Kingdom  
 University of Melbourne, Australia  
 University of Ulster, Ireland  
 Vanimu General Hospital, Papua New Guinea  
 Varilux College of Optometry Training Tianjin, China  
 Victoria College of Optometry, Australia  
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 Western Optical USA  
 World Council of Optometry  
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 Zhongshan Ophthalmic Centre, Sun Yat-sun University, China

## Major sponsors and regional delegate supporters of the 2nd World Congress on Refractive Error

Brien Holden Vision Institute  
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Canon KZN, South Africa  
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 Light for the World  
 Operation Eyesight Universal  
 Sightsavers International



## The Board

The Global Board of ICEE would like to acknowledge the dedication and passion of hundreds of ICEE staff, locums and volunteers, partners, funders and supporters who work tirelessly each year to deliver on the commitment of our organisation in every country in which we work.

ICEE staff and volunteers often work long hours in difficult conditions, sometimes with limited resources and still go beyond our expectations to ensure that goals are met and progress is made in the fight against avoidable blindness and vision impairment. Without them, ICEE could not transform the lives of those in most need, develop sustainable systems for communities in which we work and secure opportunities for education and employment for the future that contribute to poverty reduction. We are proud of their achievements this year and we thank every one of them.

### Global Board Members

**Professor Brien A Holden** BAppSc PhD Dsc OAM  
ICEE Board Member and CEO

**Professor Gullapalli Rao** MBBS PhD  
ICEE Board Member and Chair

**Professor Brian Layland** BSc OAM  
ICEE Board Member and Director of Aboriginal Programmes

**Professor Kovin Naidoo** PhD FA00 BSc BOptom OD MPH  
ICEE Board Member and Director of Global Programmes

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**Sindy A. Mabe**  
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**Professor Kovin Naidoo** PhD FA00 BSc BOptom OD MPH  
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## Photo Credits

### Cover:

The first experience of learning about eye care for school children in Papua New Guinea. Photographer: Dean Saffron

### Letter from the CEO:

School children in Sri Lanka have fun with an eye test chart on screening day. Photographer: Nuwan De Silva

Ncanyana in South Africa finds it easier to study with his new glasses on. Photographer: Dean Saffron

Ursula, a young Aboriginal child has her eyes tested by ICEE in the Northern Territory, Australia. Photographer: Dean Saffron

School children in Papua New Guinea carry the chalk board outside for their lessons. Photographer: Dean Saffron

### Service Development:

Happy days for Nataldo at school in South Africa as he now enjoys clear vision. Photographer: Dean Saffron

### Africa Programmes:

The daily walk to work and school in a community near Durban, South Africa. Photographer: Dean Saffron

### Research:

Samson learns the structure of his eyes from the model at school in Papua New Guinea. Photographer: Dean Saffron

### Asia Pacific Programmes:

Vinh has his eyes tested for the first time at the eye clinic in the Ho Chi Minh City Eye Hospital. Photographer: Dean Saffron

### Human Resource Development:

Dr Anh from the Vietnam National Institute of Ophthalmology, has helped train over 140 eye care personnel in refraction. Photographer: Dean Saffron

### Developing Programmes:

Over 4000 school children have their eyes screened in Lechang, Guangdong Province, China. Photographer: Daniel Cui

### The Board:

Traditional dress to celebrate the opening of a new Vision Centre supported by ICEE, in Papua New Guinea. Photographer: Dean Saffron

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International Centre for Eyecare Education (ICEE) is a global non-profit, non-governmental organisation. In the last thirteen years ICEE has delivered sustainable eye care services, education and training programmes in more than 50 countries. ICEE 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. ICEE is supported by the Brien Holden Vision Institute and Optometry Giving Sight.

ICEE 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 ICEE please contact: info@icee.org Or in the event you wish to take the matter further to ACFID, please visit the complaints section at: www.acfid.asn.au



**Australian Government**  
AusAID

To view a full copy of the Annual Review including the financial statements, or to view in larger print, please visit our website for the online flip book: [www.icee.org](http://www.icee.org)

International Centre for Eyecare Education (ICEE) is a registered charity: ABN 86 081 872 586

## INTERNATIONAL CENTRE FOR EYECARE EDUCATION LIMITED

### DIRECTORS' DECLARATION

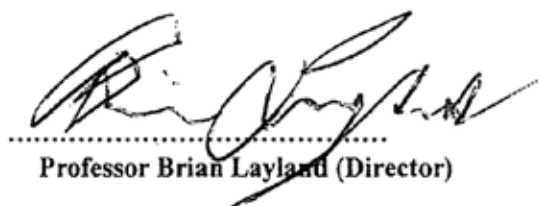
The directors of the company declare that:

1. The financial statements and notes, are in accordance with the Corporations Act 2001:
  - (a) comply with Accounting Standards and the Corporations Regulations 2001; and
  - (b) give a true and fair view of the financial position as at 30 June 2011 and the performance for the year ended ended on that date of the company and economic entity;
2. In the directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable;
3. The statement of financial performance gives a true and fair view of all income and expenditure of the company with respect to fundraising appeals;
4. The statement of financial position gives a true and fair view of affairs with respect to fundraising appeals conducted by the company;
5. Internal controls exercised by the company are appropriate and effective in accounting for all income received and applied by the company from any of its fundraising appeals.

This declaration is made in accordance with a resolution of the Board of Directors.



.....  
Dr Gullapalli Rao (Chairman)



.....  
Professor Brian Layland (Director)

Dated 10<sup>th</sup> day of November 2011.

# Independent Audit Report

To the Members of International Centre for Eyecare Education Limited

## Report on the Financial Report

We have audited the accompanying financial report of International Centre for Eyecare Education Limited which comprises the balance sheet as at 30 June 2011, 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.

## Independence

In conducting our audit, we have complied with the independence requirements of the *Corporations Act 2001*.

## Audit Opinion

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

# Independent Audit Report continued

## To the Members of International Centre for Eyecare Education Limited

- (a) the *Corporations Act 2001*, including:
- (i). giving a true and fair view of the company's financial position as at 30 June 2011 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

### Report on the Code of Conduct Summary Financial Report

We have audited the accompanying Code of Conduct Summary financial report of International Centre for Eyecare Education Limited which comprises the balance sheet as at 30 June 2011, profit and loss statement, statement of change in equity and table of cash movements for designated purposes for the year ended 30 June 2011.

### Audit Opinion

In our opinion, the information reported in the Code of Conduct Summary Financial Reports set out on pages 23 to 25 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 2011. 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 International Centre for Eyecare Education Limited for the year ended 30 June 2011 in accordance with Australian Auditing Standards.

SWT SYDNEY



R M TAYLOR

SYDNEY

Dated 11th day of NOVEMBER 2011.

# Income Statement

For the year ending 30 June 2011

	2011	2010
<b>REVENUE</b>		
Donations and gifts -		
• monetary	195 119	113 942
• non-monetary	400	1,125
Legacies and bequests	0	0
Grants		
• AUSAID	2 572 721	2 125 278
• other Australian	4 188 445	5 360 687
• other overseas	791 778	861 148
Investment income	55 929	2 151
Other income	867 185	991 559
Expenditure for International Political or Religious Proselytisation programs	0	0
Non-monetary Income	1 136 762	1 019 785
<b>Total revenue</b>	<b><u>9 808 339</u></b>	<b><u>10 475 675</u></b>
<b>EXPENDITURE</b>		
<b>International Aid and Development Programs Expenditure</b>		
		International programs
• funds to international programs	6 504 692	5 541 787
• program support costs	241 840	388 170
Community education	137 095	80 169
Fundraising costs		
• Public	33 073	127 983
• Government, multilateral and private	0	0
Accountability and Administration	410 753	319 939
Non-Monetary Expenditure	1 136 762	1 019 785
<b>Total International Aid Development Programs Expenditure</b>	<b><u>8 464 215</u></b>	<b><u>7 477 833</u></b>
Expenditure for International Political or Religious Proselytisation programs	0	0
Domestic Programs Expenditure	996 411	722 701
Cash commitments to Australian entities	200 000	1 611 000
<b>TOTAL EXPENDITURE</b>	<b><u>9 660 626</u></b>	<b><u>9 811 534</u></b>
<b>EXCESS / (SHORTFALL) OF REVENUE OVER EXPENDITURE</b>	<b><u>147 713</u></b>	<b><u>664 141</u></b>

# Balance Sheet as at 2011

	2011	2010
<b>ASSETS</b>		
Current assets		
• Cash and cash equivalents	1 263 977	1 325 949
• Trade and other receivables	903 505	722 340
• Inventories	5 188	7 014
• Assets held for sale	0	0
• Other financial assets	35 580	37 440
<b>Total Current Assets</b>	<b>2 208 250</b>	<b>2 092 743</b>
Non current assets		
• Trade and other receivables	0	0
• Other financial assets	0	0
• Property, plant and equipment	378 326	243 173
• Investment property	0	0
• Intangibles	0	0
• Other non current assets	0	414 343
<b>Total Non Current Assets</b>	<b>378 326</b>	<b>657 516</b>
<b>TOTAL ASSETS</b>	<b>2 586 576</b>	<b>2 750 259</b>
<b>LIABILITIES</b>		
Current liabilities		
• Trade and other payables	446 856	560 522
• Borrowings	37 715	140 936
• Current tax liabilities	0	0
• Other financial liabilities	0	0
• Provisions	169 766	170 923
• Other	0	11 634
<b>Total Current Liabilities</b>	<b>654 337</b>	<b>884 015</b>
Non current liabilities		
• Borrowings	0	0
• Other financial liabilities	0	0
• Provisions	164 319	168 607
• Other	539 151	616 582
<b>Total Non Current liabilities</b>	<b>703 470</b>	<b>785 189</b>
<b>TOTAL LIABILITIES</b>	<b>1 357 807</b>	<b>1 669 204</b>
<b>NET ASSETS</b>	<b>1 228 769</b>	<b>1 081 055</b>
<b>EQUITY</b>		
• Reserves	0	0
• Retained Earnings	1 228 769	1 081 055
<b>TOTAL EQUITY</b>	<b>1 228 769</b>	<b>1 081 055</b>

# Statement of Changes in Equity

For the year ending 30 June 2011

	Retained Earnings	Reserves	Other	Total
<b>Balance at 1 July 2010 (commencing balance)</b>	1 081 055	0	0	1 081 055
Adjustments or changes in equity due to, for example adoptions of new accounting standards	0	0	0	0
Changes in equity for example from changes in asset fair value transactions	0	0	0	0
Excess of revenue over expenses	147 714	0	0	147 714
Other amounts transferred (to) or from reserves	0	0	0	0
<b>Balance at 30 June 2011 (year end balance)</b>	<b>1 228 769</b>	<b>0</b>	<b>0</b>	<b>1 228 769</b>

## Table of Cash Movements for Designated Purposes

For the year ending 30 June 2011

	Cash available at the beginning of year	cash raised during year	cash disbursed during year	cash available at the end of the year
AusAID	616 582	2 572 721	(2 712 785)	476 518
Designated purpose or Appeal B	0	0	0	0
Total for other non-designated purposes	709 367	7 235 617	(7 157 525)	787 459
<b>TOTAL</b>	<b>1 325 949</b>	<b>9 808 338</b>	<b>(9 870 310)</b>	<b>1 263 977</b>

An independent audit of the International Centre for Eyecare Education's financial accounts for 2011 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](http://www.acfid.asn.au)

For a copy of the full financial report for the year ending 2011, please contact ICEE Secretariat.

Phone: +61 2 9385 7459 or email: [info@icee.org](mailto:info@icee.org)