



**ORBIS UK ANNUAL REPORT  
AND FINANCIAL  
STATEMENTS 2014**

## CONTENTS

WHO WE ARE AND WHAT WE DO .....	3
CHAIRMAN AND CEO'S WELCOME .....	5
2014 AT A GLANCE.....	7
OUR WORK (TRUSTEES' REPORT) .....	8
PRIMARY EYE CARE .....	8
CHILDHOOD BLINDNESS .....	12
SPECIALIST TRAINING.....	17
ADVOCACY.....	21
2014 PROGRESS.....	24
LOOKING AHEAD TO 2015 .....	28
THANK YOU .....	29
2014 FINANCIAL STATEMENTS .....	33

## WHO WE ARE AND WHAT WE DO

**We transform lives by working to eliminate avoidable blindness and visual impairment.**



**A volunteer surgeon on board the Orbis Flying Eye Hospital**

There are 285 million people in the world who are blind or visually impaired, yet 80 per cent of eye conditions can be prevented or cured; access to quality eye care is one of the most cost-effective ways to reverse the cycle of poverty. Ninety per cent of people with visual impairments live in developing countries, so we focus our efforts in Africa, Asia and Latin America.

Our work centres upon five key areas:

- Our highly experienced medical volunteers deliver specialist training programmes to local eye care teams, on board our Flying Eye Hospital and in local partner hospitals
- We supply hospitals and eye care centres with the latest equipment, together with training on upkeep and maintenance

- We work with local partners to screen for and treat eye diseases, and educate local communities on eye health issues
- We work with local and national governments to ensure they prioritise eye health in their health agendas
- We commission research to understand more about the factors that contribute to poor eye health

Put simply, we envision a world where no-one is needlessly blind or visually impaired.

## CHAIRMAN AND CEO'S WELCOME

Dear friends,

We are delighted to welcome you to the 2014 Orbis UK annual report. What a year it has been; from an award-winning volunteer to a pitch-perfect ten-year-old, an esteemed former President to a world-famous super-model, we have been harnessing the passions, talents and generosity of a remarkable range of people across the globe. All in the name of transforming lives through the prevention and treatment of avoidable blindness and visual impairment.

Bringing people together is one of the things we do best. Each and every treatment, screening or surgery is made possible by an international network of staff and volunteers, working in fields as diverse as fundraising, aviation, research, digital content, and of course, ophthalmology. These simple medical procedures go on to have truly transformative effects: getting children back to school; enabling adults to work; and creating happy, functional communities for everyone.

Of course, none of this would be possible without our extraordinary supporters, who this year donated a total of more than £5m. A staggering £400,000 was raised in a single night at Sotheby's auction house and we are extremely grateful to Ali Spencer-Churchill for arranging the evening, which attracted a glittering array of celebrities. Just as important is the funding we receive from the UK government. In June, we were delighted to be selected by the Department for International Development (DFID) as part of a consortium that will deliver a landmark £39m programme in Africa. The aim is to eliminate trachoma in five countries by 2020; we are responsible for the project in Ethiopia, where over 75 million people are at risk.

We do hope you enjoy reading about these and many more exciting and inspiring stories in this year's report. Before you do, we must also ask you to join us in paying tribute to Rob Walters, who, after seven successful years is stepping down as our Chairman. Given his unstinting commitment to Orbis UK in this time, it is fitting that his valedictory year was capped with

the prestigious Trustee of the Year award, presented by the national Charity Staff Foundation.

We are delighted to confirm that Rob will continue as a Trustee. On behalf of everyone who has had their life transformed by Orbis this year, thank you for your vital and continued support.



Peter Hickson, Chairman Orbis UK



Rebecca Cronin, CEO Orbis UK,  
Regional Director Orbis EMEA



## 2014 AT A GLANCE

### ORBIS GLOBAL IMPACT



**26,912**  
OPHTHALMOLOGISTS, ANAESTHETISTS,  
NURSES, BIO MEDICS AND OTHERS TRAINED



FROM 16 COUNTRIES GAVE UP THEIR  
TIME TO HELP TRAIN OUR PARTNERS

THE VALUE OF OUR MEDICAL  
VOLUNTEERS' SUPPORT IS EQUIVALENT TO



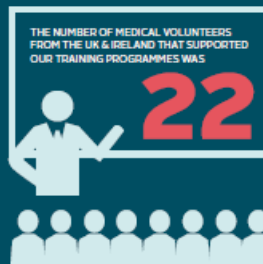
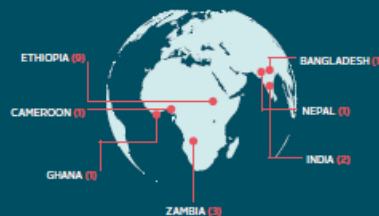
WE WERE INVOLVED IN



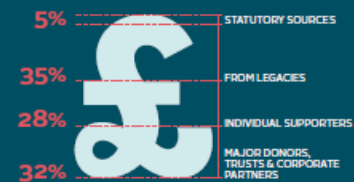
ACTIVE LONG TERM PROJECTS  
AROUND THE GLOBE

### ORBIS UK IMPACT

IN 2014 WE PROVIDED FUNDING FOR **18** PROJECTS AROUND THE WORLD



**£5.7M** WAS RECEIVED IN FUNDING



THE NUMBER OF COMPANIES THAT SUPPORTED US WAS...



INDIVIDUAL DONORS IN 2014:



## OUR WORK: PRIMARY EYE CARE



**Sakoyya, 67, was treated for trachoma in Ethiopia**

The effective delivery of primary eye care to communities in Africa is fundamental to our aims and objectives. This means making sure that even the most rural populations receive the best possible education, treatment and rehabilitation. We also work closely with national Ministries of Health to ensure that the solutions we deliver are sustainable; we know that transforming lives requires long-term commitment to change.

In 2014, our efforts were focused on Ethiopia and Zambia. In Ethiopia alone we supported the administration of a staggering 4,832,119 doses of antibiotics and 20,833 trachoma surgeries. Meanwhile, in Zambia, we strengthened vital Comprehensive Eye Care Services in North- Western Province and celebrated World Sight Day at the Kazomba Health Centre by supporting our partner to treat and screen 250 patients in a single day.



## **ETHIOPIA**

In June, we were selected to be part of a consortium that will deliver a £39m project for the Department for International Development (DFID). The aim is to eliminate trachoma in five countries in Africa by 2020. We are co-ordinating and implementing the project in Ethiopia, which has one of the highest rates of vision loss in the world.

Trachoma is the biggest cause of infectious blindness worldwide, with an overwhelming 232 million people at risk. In cases of repeated infection, trichiasis, the advanced stage of trachoma, can set in. This is a particularly painful and damaging condition, in which the eyelids turn inwards causing the lashes to scrape the eyeball; it often leads to permanent blindness. Yet, with simple improvements to water supply, sanitation and antibiotics, together with access to quality eye care, trachoma and trichiasis can be avoided.

Ethiopians make up more than a quarter of the total adults with trichiasis in the world – one of the reasons our work there is so vital. Thanks to the funding from DFID, we have been able to build on our 15 years' experience of transforming lives in Ethiopia. We were the first organisation to introduce the country to the World Health Organisation's 'SAFE' (Surgery, Antibiotics, Facial cleanliness, Environmental change) strategy, which continues to provide valuable clarity and structure to our programmes there.

Antibiotics are vital for our work in Ethiopia; without the effective distribution of Zithromax, we would not be able to rid areas of trachoma. We call this Mass Drug Administration (MDA). In 2014, we carried out MDAs in the Gamo Gofa, Wolaita, West Gurage, Kembata and South Omo zones, all of which are in the Southern Nations, Nationalities and Peoples' Region (SNNPR). In these areas we supported the treatment of an incredible 2,562,376 adults and 2,269,743 children with Zithromax — the equivalent of 97 to 99 per cent of their total populations.

This was made possible with the help of lots of remarkable local people, as well as organisations such as Pfizer, who supply Zithromax through the International Trachoma Initiative. We were grateful to Wolaita FM, who broadcast educational messages encouraging people to come to our clinics.

However, MDA is just part of the story. Throughout the year we supported our partners to carry out a total of 242,719 eye care screenings and examinations, resulting in thousands of successful diagnoses of refractive error, and referrals for cataract and trachoma.

We are especially delighted to report that our new Comprehensive Rural Eye Health Programme in the South Omo Zone, which we announced last year, is going from strength to strength. It is the result of a joint project with our good friends Amref Health Africa, as well as Euromoney Institutional Investor plc, the Headley Trust and Jersey Overseas Aid (JOAC) who co-funded it. In terms of SAFE, we deliver the surgery and antibiotics while Amref Health Africa look after face-washing and sanitation. Together, we have reached 294,360 adults and children in need, and exceeded our target for surgeries on trichiasis patients by 126 per cent.

## **ZAMBIA**

2014 also saw some important developments in Zambia. Through close collaboration with local supporters including teachers, community volunteers, traditional healers and religious leaders, our MDA programme provided antibiotics to 92 per cent of the population of the Kasempa district in the North-Western Province.

## CLOSE UP: AYLITO



**Aylito was treated for trichiasis**

This is Aylito; she is 38. She lives in a village in the Southern Nations, Nationalities and Peoples' Region (SNNPR) of Ethiopia with her eight children. Every day she works hard, farming the land so she can provide for them. Having already lost the vision in one eye, you can imagine her devastation when she felt the other eye becoming painful and difficult to see with. Without her sight her whole livelihood was under threat - and with it, the ability to look after her family.

The good news is that Aylito was able to access professional help; the bad news is that she was diagnosed with trichiasis, the advanced stage of trachoma. Trichiasis causes the eyelashes to scrape across the eyeball with every painful blink; it often leads to permanent blindness.

Fortunately, help was at hand. In just 15 minutes, an Orbis trained Eye Care Worker performed surgery on Aylito's eye. Her sight was restored and she was able to return to work. This straightforward procedure not only saved Aylito's sight, it transformed the life prospects for her whole family.

## OUR WORK: CHILDHOOD BLINDNESS



**A girl has an eye exam in Uganda**

With over 30 years' experience in the prevention and treatment of childhood blindness, we have a long-standing commitment to transforming the lives of children. Sadly, in developing countries,

more than 90 per cent of children who are blind do not go to school; not only can this lead to social and emotional isolation for the child, it also severely hampers the family's future prospects and those of the wider community.

In 2014, we supported 6,793 operations, 2,566,972 treatments and the screening of 437,035 children. As a result, thousands of young lives have been transformed, with thousands more benefitting from the profound impact this has had on their families and communities.

## **AFRICA**

In Zambia, approximately 140,000 people suffer needlessly from preventable eye conditions. Compounding matters, there is a chronic shortage of ophthalmologists and paediatric specialists, despite children making up nearly half of Zambia's total population.

In 2011, we supported the establishment of Zambia's first Children's Eye Care Centre at Kitwe Eye Annexe, transforming the life-chances of thousands of young boys and girls. But a lack of education and the distances involved in travelling to the centre has left many rural children still in need of proper treatment. In 2014 we began to extend our work into the Copperbelt Province, where we exceeded our targets for screenings and surgeries, as well as those for training local staff in paediatric ophthalmology, anaesthesia and nursing. We still have a long way to go, but over the next three years we will ensure thousands more children in rural Zambia are diagnosed and treated, so that they no longer suffer from avoidable eye conditions.

In Ethiopia, our work focused on Gondar and Hawassa. Thanks to significant improvements in community awareness, outreach and human resources, the new Child Eye Health Facility at Gondar University exceeded all expectations for clinical outcomes. In Hawassa, up to 16 million people heard radio messages, which described cataract, refractive error and ocular trauma. Together with the 200 information sessions that ran in schools and health facilities, we helped to reach more than 12,000 children in need in the region.

In South Africa's KwaZulu-Natal province, World Sight Day on 9 October was particularly special; we used it to launch the film *Ngiyakubona* (I See You), which highlights the obstacles local children face when trying to access quality eye care. The launch was part of a hugely successful programme of education and awareness for local communities, in which we built important relationships with traditional healers. By the end of the year, we were delighted to have exceeded our targets for children's screenings, treatments and surgeries.

Finally in Africa, we are pleased to report on significant progress made in Ghana and Cameroon. In Kumasi and the neighbouring regions of Ghana



we achieved 93 per cent of our target for child surgeries. In Cameroon we continued to develop a new Paediatric Eye Care Training Centre at the Magrabi ICO Cameroon Institute (MICEI), where we brought together a highly skilled team of a paediatric ophthalmologist, optometrist and ophthalmic nurse. In both countries we look forward to having a continuing impact on children's lives in 2015.

## **ASIA**

We are extremely pleased with the number of children we were able to reach in Asia in 2014. In Nepal alone, thanks to a substantially increased capacity in our partner hospitals, the number of children screened for eye problems exceeded a quarter of a million. In Fateh Bal Eye Hospital, Nepalgunj, staff improved their skills across multiple disciplines — in paediatric cataract and strabismus (severe squint) surgery, paediatric anaesthesia and paediatric optometry — ensuring all treatments and surgeries were performed to the highest standards.

In Bangladesh at our partner hospital, De'ep Eye Foundation, 32,342 children were screened. Through collaboration with local government officials and community leaders, we were also able to overcome some of the difficulties involved in reaching remote rural areas. Our training programmes and seminars were particularly well received and we are looking forward to building on our achievements next year.

In India, Children's Day is on 14th November. This year, we celebrated at the CL Gupta Eye Institute, by giving children at risk of vision loss comprehensive eye examinations and carrying out a programme of diagnoses. Throughout the year, as part of our Comprehensive Childhood Blindness Project in Western Uttar Pradesh, we trained school-teachers and Anganwadi (local child health) workers in screening and examination techniques. As part of this work we were delighted to have been able to support almost twice as many treatments as forecast. In total 25,287 children were screened or examined.

## CLOSE UP: BUMI



**Bumi and her father Paul**

Meet Bumi. She lives in Copperbelt Province, Zambia, with her family. When she was just four months old, her parents noticed some tiny white spots on her eyes. At first, their friends and family thought it was just one of those things that would go away, but after a while, Bumi's uncle suggested she go for a check-up, just to make sure nothing was wrong. Her father Paul was sceptical, but reluctantly agreed.

As it turned out, Bumi had cataracts in both eyes, but Paul still had reservations about the need for treatment; he and his wife would argue for hours and hours about the best course of action. By the time Bumi was three, her parents still hadn't come to an agreement and her sight was deteriorating fast.

---

Luckily, one day, Paul heard an announcement on the radio about the importance of good eye health. Remembering that day now, he says ‘For three years my daughter’s sight burned in my heart... but once I learned about cataract I knew it could only be treated by going to the hospital.’

Thanks to that educational announcement, Bumi was taken to the Kitwe Eye Annexe where she was successfully treated. Her life was transformed and her parents were delighted. Happily, these days they spend less time arguing and more time planning for Bumi to start school with all her friends.

## OUR WORK: SPECIALIST TRAINING



**Bold-Erdene underwent surgery on the Flying Eye Hospital in 2014**

It goes without saying that our work is guided by the very best standards of clinical excellence. When working in developing countries this means taking staff with the highest levels of expertise, and facilitating the transfer of their skills and knowledge to local healthcare professionals. Every year, our remarkable volunteer ophthalmologists, anaesthetists, nurses and orthoptists train local eye health workers in countries with high rates of avoidable blindness.

In 2014, 22 volunteers from the UK and Ireland gave up their free time and holidays to come and work with us. They were involved in the training of thousands of healthcare professionals: in local facilities; as part of our Hospital Based Programmes; and on board our unique Flying Eye Hospital.

## **THE ORBIS FLYING EYE HOSPITAL**

The Flying Eye Hospital is a converted DC-10 aircraft that provides a unique hub for our specialist training. 2014 was another busy year for the DC-10, as it visited China, Peru, Indonesia, Mongolia and the Philippines. Meanwhile, engineers were busy working on the next generation Flying Eye Hospital, an MD-10, which will take its first flight in 2016.

Once again, hundreds of live surgeries were transmitted from the DC-10's state-of-the-art operating theatre to its own 48-seat classroom. As a training facility, the Flying Eye Hospital is unrivalled; but it is the stories it produces that make it famous. Students, journalists, government officials, even international celebrities often ask if they can experience day-to-day life on the plane. Here some of the things they experienced in 2014...

### **Let it Go**

On board the Flying Eye Hospital we always make sure we keep a supply of colouring books and films for children, to help them relax while they wait for or recover from surgery. In 2014, they didn't come any more relaxed than Bold-Erdene from Mongolia. Just ten years old and about to undergo surgery for ptosis (a drooping eyelid which can cause blindness if left untreated), he put everyone at ease with his pitch-perfect rendition of 'Let it Go', from the Disney film Frozen, which was playing on the DVD player.

Thanks to the skills of his surgeon, his sight is now as good as his singing. Bold-Erdene was one of many who benefitted from the training and skills exchange programme, which, in conjunction with the Mongolian Ministry of Health, helped strengthen ophthalmic services in Ulaanbaatar. 2014 marked our seventh Flying Eye Hospital programme in Mongolia. This time we focused on subspecialty training in cataract, glaucoma, strabismus and oculoplastics for adults and children. We also filmed our first ever fundraising television commercial there, which aired in the UK in November.

### **Peru: A 'Model' Programme**

Professor Janet Marsden is a long-standing volunteer with Orbis UK. This year she made her second trip to Peru for our intensive ophthalmic training



programme, which took place in conjunction with our partners Instituto Regional de Oftalmologia (IRO) and La Libertad Regional Ministry of Health. Janet taught a group of more than 40 ophthalmic nurses on board the Flying Eye Hospital, some of whom had travelled for more than eight hours to be there. Such commitment was typical of the local eye health professionals' desire to learn; what Janet wasn't expecting was a visit from an equally passionate Orbis supporter, Cindy Crawford. As brand ambassador for Omega, one of our global corporate partners, Cindy visited the Flying Eye Hospital to help publicise our work. This was one trip Janet certainly won't forget in a hurry.

## **CAPACITY BUILDING**

If we are to achieve our vision of a world free from avoidable blindness, we need to put long-term specialist training strategies in place. In 2014, we supported the development of a programme to strengthen the human resources capacity of eye care workers in Kenya, Malawi, Rwanda, Tanzania and Uganda. This work forms part of a five-year prioritised plan: most urgently, we will focus on training, advocacy and attracting young ophthalmic leaders; additionally we will work on the procurement of teaching materials, scholarships, and developing our current crop of senior eye health professionals. Elsewhere, in Yaoundé Central Hospital in Cameroon, we worked with local stakeholders and the National Ministry of Public Health to develop a Comprehensive Eye Health Programme. We also held a symposium on Cybersight, our online telemedicine platform that enables remote training across the globe.

## **CLOSE UP: ANN-MARIE ABLETT**



**Ann-Marie Ablett in front of the Orbis Flying Eye Hospital**

Working with our volunteers is always a privilege, but in 2014, Ann-Marie made us particularly proud. In recognition of her contribution and commitment to improving health services in areas of need around the world, she won the 2014 Royal College of Nursing in Wales Humanitarian Relief Award.

Ann-Marie has been a volunteer with Orbis UK for 12 years, during which time she has trained nurses in 14 countries on 29 assignments, and seen more than 1,000 patients.

As with so many of our volunteers, Ann-Marie doesn't stop at training staff and treating patients, she is always looking to go the extra mile (in 2014, literally - to Mongolia, India and Zambia). She delivers speeches, collects medical supplies and assembles the best possible educational materials for the job. Before her first trip to Bangladesh, she even donned a pair of roller blades to raise £2,200 for us. Thanks once again for all your spectacular work Ann-Marie.

## OUR WORK: ADVOCACY

Much of our work is the result of the trusted relationships we have built with national governments, health organisations, educational institutions, and the child health and child rights sectors. It is in our collective interest to improve the eye health of populations in these countries; aside from the transformative impact we can have on individuals, families and communities, there are broader social, cultural and economic benefits for whole nations.

In 2014, we took part in the International Agency for the Prevention of Blindness (IAPB)'s Advocacy Initiative – part of the influential Vision 2020 project to eliminate avoidable blindness by 2020. We focused on Ghana and Cameroon, where we helped ensure the relevant ministries were prioritising the provision of eye health staff as part of their national policies. One of our partner hospitals in Yaoundé, Cameroon also hosted an event to mark World Sight Day on 9 October. We held similar events in North-Western Province, Zambia and Durban in South Africa.

We have also been working towards a stronger and more effective national comprehensive and integrated child eye health programme for South Africa. We took an important step this year, with the help of our partner, Advocacy Aid, by producing a policy review. It outlined our intentions for the development of a holistic national child eye health strategy, underpinned by the consolidation and expansion of primary healthcare workers' responsibilities. We will strengthen their educational, screening and referral roles, and convene a meeting of the Non-Communicable Diseases and Maternal and Child Health directorates, to bolster their work around the prevention of blindness.

2014 was a landmark year for advocacy in Ethiopia. The annual meeting of the Alliance for the Global Elimination of Blinding Trachoma (GET 2020) brought together representatives from the World Health Organisation, member states, civil society, academia, UK government, fundraising bodies and pharmaceutical companies. We used it to highlight suitable treatment and prevention strategies. Institutional awareness and support is vital for the success of the DFID-funded project mentioned on page 8; our intervention will help ensure that we reach remote communities and train

local nurses. We were particularly pleased to have engaged the Ethiopian Minister for Health, who made a personal commitment to eliminate trachoma and trichiasis on an accelerated timescale. His endorsement will help make our vision of freeing Ethiopia from this devastating disease a reality.

## CLOSE UP: MR KGALEMA MOTLANTHE



**Kgaogelo Legodi, President of the Ophthalmological Society of South Africa, Mr Kgalema Motlanthe and Lene Øverland, CEO Orbis Africa.**

In October, former South African President Mr Kgalema Motlanthe became an International Council of Ophthalmology (ICO) Ambassador for Vision 2020: sub-Saharan Africa. We celebrated his appointment with an event in Johannesburg, attended by senior politicians, company managers, and key stakeholders in the eye health sector, to highlight the need for greater awareness of eye health in Africa.

**“It is unacceptable that most blind children in Africa have lost their sight due to preventable causes. Many of the visually impaired children that live in Africa today need not have lost their sight if they had been diagnosed early and had access to quality treatment and follow-up.”** His Excellency Mr Kgalema Motlanthe, former president of South Africa



## 2014 PROGRESS

**We set ourselves five key aims for 2014. This is how we did.**

### 1. EXPAND OUR PROGRAMME REACH

We will continue to invest in and expand the work we do in strategic countries around the world, building relationships at local level and working with partners where necessary to deliver the best outcomes. In 2014 we aim to treat and train more people, in more countries, than ever before.

#### PROGRESS

- ➔ Alongside the expansion of our existing projects, we supported the development of three new long-term programmes in Zambia, Ghana and regionally in West Africa. Our entry into Ghana takes the total number of Orbis UK-funded countries to eight.
- ➔ Sadly, we were unable to reach our training target in 2014 due to factors beyond our control. These included a cancelled training session in Ethiopia due to urgent government business, and the postponement of our first ever Hospital Based training programme in Ghana due to the Ebola outbreak in neighbouring countries.

### 2. GROW OUR INCOME

We will work to strengthen and diversify our income streams to bring in even more funding in order to maximise the financial contribution that Orbis UK makes to our sight-saving work globally.

#### PROGRESS

- ➔ We diversified our income streams and developed a number of new fundraising initiatives, increasing our income by £1m year-on-year and raising our best ever total of more than £5m.

- We created the new post of Head of Institutional Relationships in order to increase our statutory income. We also commenced a large-scale multi-year trachoma elimination programme in Ethiopia with DFID, through Sightsavers.
- Through focused promotion of legacies — including ‘living legacies’ — to our donor base we received our highest ever number of pledges and enquiries. Our legacy income rose 144 per cent year-on-year.
- Our income from major donors exceeded £1m. This included £400,000 raised by an ‘A-list’ event at Sotheby’s auction house, arranged by Ali-Spencer Churchill, nephew of Orbis UK Ambassador and Chairman of Sotheby’s, Henry Wyndham.



Ronnie Corbett (left) and Ali Spencer-Churchill (right) at Sotheby’s

### **3. RAISE OUR PROFILE**

We will utilise Orbis's new brand and visual identity and reach out to new audiences to tell our story, increasing awareness of what we do and engaging new supporters.

#### **PROGRESS**

- We reinvigorated our entire portfolio of marketing and fundraising materials with the new Orbis brand and visual identity, which has improved our impact and clarity of communications.
- We achieved a 30 per cent increase in media coverage with a total of 226 pieces, which delivered over 100m opportunities for the public to receive our message. These included interviews with volunteer Ophthalmologist Brian Little, following our World Sight Day poll on public attitudes to eye health, which aired on 48 radio stations.
- We also successfully tested new media channels for donor recruitment and launched our first ever 'Direct Response' TV advert in November 2014, which asked viewers to donate £3 via their mobile phones. This helped to boost the number of new donors from 2,000 in 2013 to 6,000 in 2014.

### **4. PROVIDE EXCELLENT SERVICE**

We want our local partners, staff and other collaborators to be confident that working with Orbis means quality, integrity and value for money. We will develop our services to fit the needs and demands of the countries where we choose to work.

#### **PROGRESS**

- In South Africa we started working with a new partner, STEPS (Social Transformation and Empowerment Projects), to pilot outreach methods for our work with rural communities. The result was Africa's first documentary film on eye health: Ngiyakubona (I See You). The

film will be screened in local communities followed by facilitated discussions to educate people about access to eye care.

- We also partnered with the International Agency for the Prevention of Blindness (IAPB) Africa and the College of Ophthalmology of Eastern Central and Southern Africa (COECSA), to establish the first multi-partner, multi-national training and leadership network in sub-Saharan Africa. The network will support the development of a comprehensive Human Resources for Eye Health programme, creating excellence in ophthalmic education in the region.

## **5. DEVELOP AND IMPLEMENT GLOBAL INITIATIVES**

We will develop a five-year Orbis Global Strategy for 2015-2019. We will work on implementing global initiatives to improve the performance and efficiency of all of our functions including: finance, fundraising, HR and communications.

### **PROGRESS**

- Orbis staff came together to develop the five-year global strategy, which is now ready to be implemented.
- As part of our global cultural transformation programme, we introduced a set of global values: Commitment; Trust; Accountability; Caring and Excellence. Orbis UK staff were instrumental in supporting this programme and produced a 'Transformation Toolkit' which is now used by Orbis staff worldwide.
- Orbis UK staff have also been involved in developing and implementing a new programme planning tool, monitoring and evaluation templates, and indicators to improve programme reporting.

## LOOKING AHEAD TO 2015

### OVER THE NEXT YEAR WE AIM TO:

1. We aim to treat and train more people, in more countries, than ever before. This means more investment in the consolidation and expansion of our vital, sustainable eye care programmes in Africa and Asia, and continuing to build trusted relationships with local and national governments and organisations.
2. In order to treat and train more people, we will need to grow our income. Through investment in our fundraising programme, we will deepen our relationships with existing supporters, and generate new, diverse sources of income across Europe, Middle East and Africa.
3. We will continue the rollout of our successful new brand and visual identity to reach new audiences in the UK and around the world. Optimising new and existing communications channels, including television advertising, publicity and social media, we will build the awareness and support required to transform even more lives.
4. We will ensure our services meet the particular needs of local partners, staff and other collaborators, in each and every country we work in. Wherever we work, we will continue to make the Orbis name synonymous with quality, integrity and value for money.
5. In 2014, we developed the 2015-2019 five-year Orbis Global Strategy, based around our key programmatic pillars: medical and clinical excellence; and advocacy. Aligned to these pillars, we will now produce a regional strategy and plans, and commence new programmes.



## THANK YOU

Our vital work is made possible through our partners, supporters and volunteers.

### **GENEROUS INDIVIDUALS, CHARITABLE TRUSTS AND FOUNDATIONS (GIFTS OF £5,000 OR MORE)**

The Aldama Foundation  
The Anamax Charitable Foundation  
Anamika  
The Bliss Family Charity  
Bruce & Elaine Buck  
Carpenter Charitable Trust  
John Caudwell  
Covent Garden Group Foundation  
Peter Cunningham  
Pamela Dawswell  
Anthony Fincham  
The Simon Gibson Charitable Trust  
Ivan Hatvany  
The Headley Trust  
Peter & Rosey Hickson  
The Beatrice Laing Trust  
Dr Hilda Lewis  
The Myristica Club  
Norman Newton  
Richard & Amicia Oldfield  
The Pinchbeck Family Trust  
Don R  
Melanie Richards  
The Rothermere Foundation  
The Bhim Ruia Foundation  
Bim Sandhu  
Urs and Francesca Schwarzenbach  
Barbara Seymour  
Dr Christine Tomkins  
The Whicker's World Foundation

Peter Williams  
Henry Wyndham

**Plus our other generous high value donors who wished to remain anonymous.**

**STATUTORY FUNDERS (GIFTS OF £5,000 OR MORE)**

The Department for International Development  
(DFID) via Sightsavers  
Jersey Overseas Aid Commission  
States of Guernsey Overseas Aid Commission

**GLOBAL CORPORATE PARTNERS**

Alcon  
FedEx  
L'Occitane en Provence  
and Fondation L'Occitane  
Omega  
Pfizer  
Ronald McDonald House Charities  
Standard Chartered Bank  
United Airlines

**CORPORATE PARTNERS, EUROPE (GIFTS OF £1,000 OR MORE)**

ACS International Schools  
Air Charter Service  
Airport Operators Association  
Altomed  
Blink Medical  
COFRA Foundation  
Euromoney Institutional Investors plc  
European Society of Cataract  
& Refractive Surgeons  
European Society of Retina Specialists  
Fabris Lane Ltd  
Finter Bank Zurich  
Optica Gallery  
Rayner Intraocular Lenses Limited

Richfields  
Rothschild  
Santander (Wembley Branch)  
Searcys  
Skadden Arps  
Sotheby's  
Southampton International Airport  
Weightmans LLP  
William Allen Young Charitable Trust  
Zoobug

### **CORPORATE PARTNERS, MIDDLE EAST**

Hamad International Airport  
Oryx Rotana Doha  
Qatar Airways  
Rotana Hotel Management Corporation PJSC  
UAS International Trip Support

### **UK & IRISH VOLUNTEER MEDICS 2014**

Ms Ann-Marie Ablett, Nurse  
Dr Isabel Aguilera, Anaesthetist  
Dr Bazil Ateleanu, Anaesthetist  
Dr Lawrence Azavedo, Anaesthetist  
Dr Larry Benjamin, Ophthalmologist  
Mr Donal Brosnahan, Ophthalmologist  
Dr David Celaschi, Anaesthetist  
Professor Victor Chong, Ophthalmologist  
Dr Simon Courtman, Anaesthetist  
Miss Fiona Dean, Ophthalmologist  
Mr Michael Eckstein, Ophthalmologist  
Ms Mairead English, Nurse  
Dr Ian Fleming, Anaesthetist  
Mr David Laws, Ophthalmologist  
Mr Princeton Lee, Ophthalmologist  
Professor Janet Marsden, Nurse  
Mr Tony McAleer, Orthoptist  
Dr Manish Raval, Ophthalmologist  
Dr Sanjay Saikia, Anaesthetist

Mr Ahmed Sallam, Ophthalmologist  
Dr Andrew Simpson, Associate  
Ophthalmologist  
Dr Sudheer Sukumar, Anaesthetist

#### **UK OFFICE VOLUNTEERS 2014**

Lena Deitlmeier  
Ana Hallgarten  
Polly Holt  
Manjit Mann  
Hanan Said  
Irina Sidelnikova

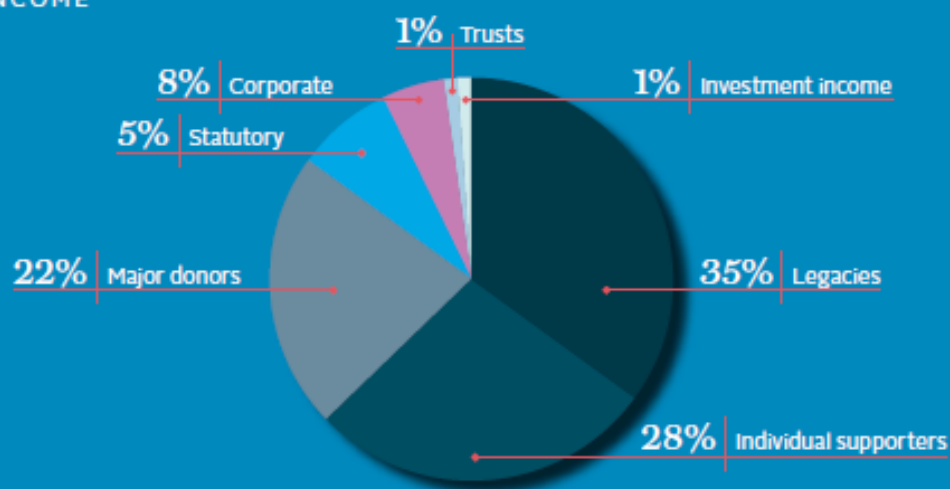
#### **UK AMBASSADORS**

Ann-Marie Ablett  
Sir Richard Branson  
Brian Little  
Rob Pinchbeck  
Sunil Ruia  
Domhnal Slattery  
Henry Wyndham  
Toby Young

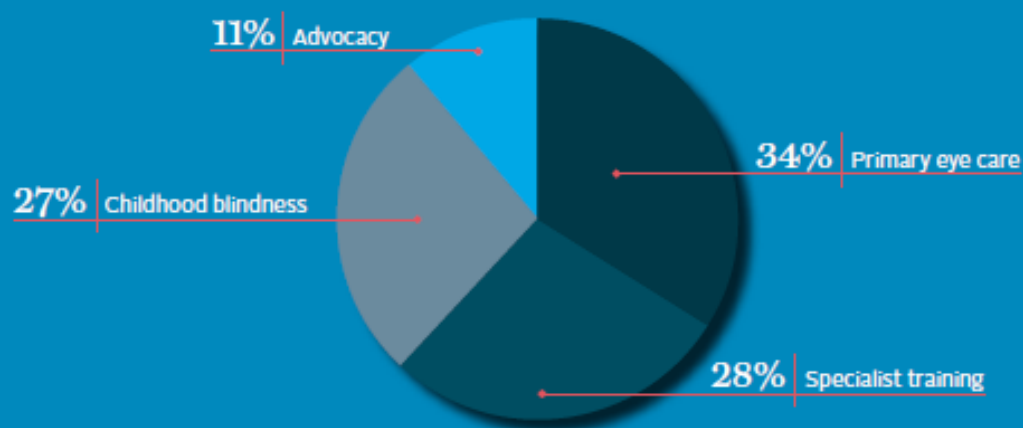
## 2014 FINANCIAL STATEMENTS

# 2014 FINANCIAL SUMMARY

### INCOME



### CHARITABLE ACTIVITIES



The cost of generating funds and governance was 19.7 per cent of our income in 2014.



## **REFERENCE AND ADMINISTRATIVE DETAILS**

Orbis Charitable Trust (Orbis UK) is a registered charity (No 1061352) and a company limited by guarantee (No 3303689). The Memorandum and Articles of Association provide that the liability of each member is limited to £1 in the event of the company being wound up. Orbis UK is an affiliate of Orbis International, a nonprofit global development organisation established under the laws of the State of New York. Further details in relation to Orbis UK's relationship with Orbis International are set out in note 12.

## **OBJECTIVES AND PRINCIPAL ACTIVITIES OF THE CHARITY**

The Governing Document of Orbis UK states that the objects for the public benefit for which it is established are:

- a) The relief of persons suffering from blindness and the prevention and cure of blindness by the provision of training, education and counselling
- b) The conduct of research into the causes and cure of blindness and sight deficiencies and the publication of the useful results of that research for the public benefit

The Trustees have had due regard to the Charity Commission's guidance on public benefit when considering Orbis UK's objectives and activities.

The overall objective of Orbis UK is to reduce the level of avoidable blindness in the countries and areas in the developing world where we work. We implement our activities through partnerships with a range of organisations, inclusive of government, local non-governmental and community based organisations. When selecting the geographical project area we consider the level of commitment from government to eye care in order that our work is integrated in a sustainable manner in the national or provincial health system.

---

## **FINANCIAL REVIEW AND RESULTS FOR THE YEAR**

Income generated in the year ended 31 December 2014 was £5,742K, reflecting the wonderful generosity of donors. This is the highest income achieved in the history of Orbis UK and is an increase of £1,028K when compared with 2013's results. In 2014 19% of our income was received from our loyal donors who either give on a monthly basis or respond to appeals for donations to our work. During the year Orbis UK benefitted from an exceptionally high level of legacy income. We continue to receive ongoing support from extremely philanthropic major donors. In 2014 this included a dinner and auction at Sotheby's auction house raising additional funds towards the Henry Wyndham campaign. We received the first tranche of funding from Sightsavers for the DFID trachoma elimination programme in Ethiopia, with additional funding from Jersey Overseas Aid and the states of Guernsey. Corporate donors, and trusts and foundations have also been important in contributing towards our work.

The cost of generating funds at 18.6% of income (Dec 2013: 17%) is well below the Trustees' target range of 25 – 30%. In 2015 we will once again continue to work on supporter recruitment, which is essential for future income growth.

In 2014 Orbis UK expended more on programme activity than in any previous year, and 35% more than in 2013. The cost of charitable activities for the year was £4,450K (Dec 2013: £3,286K) as Orbis UK met its commitments to overseas programmes.

Governance costs were 1.1% of income (Dec 2013: 1.2%), which included the external audit fees and the costs of Trustees' meetings.

## **STRUCTURE, GOVERNANCE AND MANAGEMENT**

Orbis UK is governed by its Memorandum and Articles of Association amended on 29 September 1997 and also on 22 December 2005. The Board of Trustees is responsible for the overall governance of the Charity.

The Board of Trustees is authorised to appoint new Trustees as additions to the existing Board or to fill vacancies arising through resignation or

death. The Trustees are members and directors for Companies Act purposes. Michael Boyd, Kit Braden, Melanie Richards, Robert Walters and Nigel Young have served in office for the longest period since their election and will retire at the AGM. The retirees may offer themselves for re-election.

Michael Boyd, James Forbes and Robert Walters also serve as Directors of Orbis International. Robert Walters and Nigel Young serve as Directors of Orbis Africa. Michael Boyd and Maurice Cox serve as Directors of Orbis Ireland.

On appointment to the Board, Trustees receive a Trustee handbook that includes the Memorandum and Articles of Association, Charity Commission and good governance information, Trustee job descriptions, terms of reference for sub-committees and programme information. At Board meetings presentations are made on relevant topics to keep Trustees up to date with developments within the charity sector generally and Orbis UK specifically.

The Board normally meets three times a year and delegates the exercise of certain powers in connection with the management and administration of the Charity as set out below. There are two sub committees reporting to the Board each with specific terms of reference and functions delegated by the Board.

### **Audit Committee**

The Audit Committee is comprises Trustees who are responsible for reviewing the management accounts throughout the year, monitoring Orbis UK's internal controls, recommending the appointment of the Auditors, reviewing the management letter submitted by the Auditors, and risk assessment and management of the Charity.

### **Programme Committee**

The Programme Committee is comprised of Trustees with an ophthalmic and development background who are responsible for ensuring that Orbis UK maintains a high standard in programme selection, development, implementation and monitoring.

**Chief Executive Officer**

The Chief Executive Officer is responsible for the day-to-day management of Orbis UK's affairs and for implementing policies agreed by the Trustees. The Chief Executive Officer is assisted by the Senior Management Team.

**Risk Management**

A formal risk management process is in place to assess business risks and implement risk management strategies. This has involved identifying the types of risks Orbis UK faces, prioritising them in terms of potential impact and likelihood of occurrence, and identifying means of mitigating the risks. As part of this process the Trustees have reviewed the adequacy of Orbis UK's current internal controls. Ensuring that fundraising income continues at a level to fund the programmes approved by the Trustees is the principal risk facing Orbis UK, this is continually monitored.

**RESERVES POLICY**

The Trustees have examined Orbis UK's requirements for free reserves in the light of the main risks to the organisation. The risks that have been identified are: having insufficient working capital to meet outstanding commitments; that further unbudgeted costs may arise; and that there may be an unexpected shortfall in income.

Having taken the risks into account, the Trustees consider that a reserves target of £1m +/-10% is an appropriate level of reserves for Orbis UK to hold.

In addition to the general reserve, at 31 December 2014, designated funds stand at £1,922K. Further details are shown in Note 9 of the accounts including the likely timing of expenditure.

**GRANT MAKING POLICY**

The decision to fund specific projects is approved by the Board of Trustees following selection along the criteria outlined above, recommendation by the Programme Committee and financial approval by the Audit Committee. The projects all fall within the Orbis International approved project portfolio. Funds are transferred to Orbis International and Orbis Africa on the basis of actual expenditure on the projects.

## **STATEMENT OF TRUSTEES' RESPONSIBILITIES**

The Trustees (who are also directors of Orbis UK for the purposes of company law) are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards).

Company law requires the Trustees to prepare financial statements for each financial year. Under company law the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the Charity and of the incoming resources and application of resources, including the income and expenditure, of the Charity for that period. In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgments and estimates that are reasonable and prudent;
- state whether applicable UK accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Charity will continue in business.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the Charity's transactions, disclose with reasonable accuracy at any time the financial position of the Charity and enable them to ensure that the financial statements comply with the Companies Act 2006 and the provisions of the Charity's constitution. They are also responsible for safeguarding the assets of the Charity and the group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as each of the Trustees of Orbis UK at the date of approval of this report is aware, there is no relevant audit information of which Orbis UK's auditor is unaware. Each Trustee has taken all of the steps that he/she should have taken as a Trustee in order to make himself/herself aware of



any relevant audit information and to establish that Orbis UK's auditor is aware of that information.

A large print version of this report is available via the Orbis website [www.orbis.org/large\\_print](http://www.orbis.org/large_print). This report has been prepared under the provisions of the Companies Act 2006 applicable to small companies.

## **APPROVAL**

This report was approved by the Trustees on 24 July 2015 and signed on their behalf.

Trustee

## **INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF ORBIS UK**

We have audited the financial statements of Orbis Charitable Trust for the year ended 31 December 2014 set out on pages X to X.

The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the Charity's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the Charity's company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Charity and the company's members as a body, for our audit work, for this report, or for the opinions we have formed.

### **Respective responsibilities of Trustees and Auditor**

As explained more fully in the Statement of Trustees' Responsibilities, the Trustees (who are also the directors of the Charity for the purpose of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

### **Scope of the audit of the financial statements**

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the company's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the directors; and the overall presentation of the financial statements.

We read all the financial and non-financial information in the Trustees' Annual Report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

### **Opinion**

In our opinion the financial statements:

- give a true and fair view of the state of the Charity's affairs as at 31 December 2013 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

### **Opinion on other matter prescribed by the Companies Act 2006**

In our opinion the information given in the Trustees' Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

### **Matters on which we are required to report by exception**

We have nothing to report in respect of the following matters where the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the trustees were not entitled to take advantage of the small companies exemption in preparing the trustees' report.

Mike Hicks  
Senior Statutory Auditor  
For and on behalf of  
**Crowe Clark Whitehill LLP**  
Statutory Auditor  
London  
Date:

**STATEMENT OF FINANCIAL ACTIVITIES** (incorporating an income and expenditure account)  
YEAR ENDED 31 DECEMBER 2014

	Note	Unrestricted funds £	Restricted funds £	Total 2014 £	Total 2013 £
INCOMING RESOURCES					
<b><u>INCOMING RESOURCES FROM GENERATED FUNDS</u></b>					
<i>Voluntary income</i>					
Donations		2,023,775	1,385,193	<b>3,408,968</b>	3,091,583
Legacies		1,640,279	355,732	<b>1,996,011</b>	817,178
Grants	2	-	295,973	<b>295,973</b>	769,047
Investment income		40,629	-	<b>40,629</b>	35,902
<b>TOTAL INCOMING RESOURCES</b>		<b>3,704,683</b>	<b>2,036,898</b>	<b>5,741,581</b>	<b>4,713,710</b>



## RESOURCES EXPENDED

### COSTS OF GENERATING FUNDS

Voluntary income	1,061,500	2,582	<b>1,064,082</b>	790,720
------------------	-----------	-------	------------------	---------

### CHARITABLE ACTIVITIES

Primary eye care	728,288	799,933	<b>1,528,221</b>	1,575,866
Childhood blindness	575,024	617,798	<b>1,192,822</b>	674,055
Specialist training	820,285	417,568	<b>1,237,853</b>	543,913
Advocacy	490,886	129	<b>491,015</b>	491,744

Total charitable activities	2,614,483	1,835,428	<b>4,449,911</b>	3,285,578
-----------------------------	-----------	-----------	------------------	-----------

### **GOVERNANCE COSTS**

65,234	-	<b>65,234</b>	55,876
--------	---	---------------	--------

<b>TOTAL RESOURCES EXPENDED</b>	4	<b>3,741,217</b>	<b>1,838,010</b>	<b>5,579,227</b>	<b>4,132,174</b>
-------------------------------------	---	------------------	------------------	------------------	------------------

---

<b>Net incoming/(outgoing) resources, being net movement in funds</b>	(36,534)	198,888	<b>162,354</b>	581,536
Fund balances at 1 January	<u>2,958,694</u>	<u>941,181</u>	<u><b>3,899,875</b></u>	<u>3,318,339</u>
<b>Fund balances at 31 December</b>	<u>2,922,160</u>	<u>1,140,069</u>	<u><b>4,062,229</b></u>	<u>3,899,875</u>

All operations of Orbis UK continued throughout both periods. There were no gains or losses other than the surplus for the year.

---

**ORBIS UK BALANCE SHEET AS AT 31 DECEMBER 2014**

	<b>Note</b>	<b>2014 £</b>	<b>2013 £</b>
<b>FIXED ASSETS</b>			
Tangible assets	6	<u>47,010</u>	<u>43,522</u>
<b>CURRENT ASSETS</b>			
Debtors	7	924,461	450,699
Short term deposits		3,322,876	2,996,138
Cash at bank and in hand		<u>1,530,318</u>	<u>1,321,649</u>
		<b>5,777,655</b>	<b>4,768,486</b>
Creditors: amounts falling due within one year	8	<u>(1,762,436)</u>	<u>(912,133)</u>
<b>NET CURRENT ASSETS</b>		<u><b>4,015,219</b></u>	<u><b>3,856,353</b></u>
<b>NET ASSETS</b>		<u><b>4,062,229</b></u>	<u><b>3,899,875</b></u>

## FUNDS

### UNRESTRICTED FUNDS

General reserve	<b>1,000,000</b>	<i>875,000</i>
Designated funds	<b>1,922,160</b>	<i>2,083,694</i>
	<b>2,922,160</b>	<i>2,958,694</i>

### RESTRICTED FUNDS

<b>1,140,069</b>	<i>941,181</i>
------------------	----------------

### TOTAL FUNDS

9

**4,062,229**

*3,899,875*

The financial statements were approved and authorised for issue by the Board on 24 July 20145

Trustee

Trustee

## NOTES TO THE FINANCIAL STATEMENTS

### 1. ACCOUNTING POLICIES

The principal accounting policies are summarised below. They have all been applied consistently throughout the year and the preceding year.

#### a) Basis of preparation

The financial statements have been prepared in accordance with the Companies Act 2006, the Statement of Recommended Practice “Accounting and Reporting by Charities” (SORP 2005), applicable accounting standards and under the historical cost basis.

Having reviewed the financial position the Trustees have a reasonable expectation that the Charity has adequate resources to continue its activities for the foreseeable future. Accordingly, they continue to adopt a going concern basis in preparing the financial statements.

#### b) Fund accounting

Unrestricted funds are expendable at the discretion of the Trustees in furtherance of the objects of Orbis UK. The fund comprises the accumulated surpluses and deficits of unrestricted income and expenditure.

The Trustees have designated certain funds within unrestricted funds for specified purposes (‘Designated Funds’ – Note 9)

Restricted funds are funds subject to specific trusts, which may be declared by the donors or with their authority by the terms of an appeal, but still within the objects of Orbis UK.



**c) Income**

Donations are recognised in the financial statements when received. Legacies are recognised once the Charity become entitled to the legacy, is certain of receipt and can measure the amount of the legacy with reasonable accuracy. Grants are recognised when receivable.

**d) Gifts in kind and donated services**

Medical supplies and other items and services received are included as income at value to the Charity and as resources expended at the same value when distributed.

**e) Expenditure**

Expenditure is accounted for when incurred. Cost of generating funds comprises fundraising costs associated with generating voluntary income.

Charitable activities comprises all expenditure on activities directly relating to the objects of Orbis UK, including the payments of grants, direct programme expenditure and the costs of supporting charitable activities.

Support costs comprise staff involvement with Orbis UK programmes and central costs (including management, finance, IT and other support costs) and are allocated to activities on the basis of staff time or another basis consistent with the use of resources.

Governance costs are those expenses incurred in compliance with constitutional and statutory requirements.

Payments in foreign currency are translated at the actual rate on the date of the transaction.

**f) Tangible fixed assets and depreciation**

Tangible fixed assets are stated at cost including any incidental expenses of acquisition. Assets costing more than £1,500 are capitalised.

Depreciation is provided on all tangible fixed assets at rates calculated to write off the cost over their expected useful economic lives as follows:

Computer equipment	– 20% straight line
Office equipment	– 20% straight line
Leasehold improvements	– over the remaining length of the lease

**g) Pension costs**

The Charity contributes to a defined contribution Group Personal Pension Plan. The contributions are charged to the Statement of Financial Activities when incurred.

**h) Operating leases**

Rentals under operating leases are charged on a straight line basis over the lease term.

**i) Liabilities**

Grants are recognised in the accounts once a legal or constructive obligation has been created.

## 2. GRANTS

Grant Income	Purpose	2014	2013
		£	£
<u>Government of Jersey</u>	Zambia - Kitwe paediatric centre	78,295	99,261
	Ethiopia – Gamo Gofa & South Omo	98,932	98,479
		<u>177,227</u>	<u>197,740</u>
<u>States of Guernsey</u>	Ethiopia – Kembata Tembaro Zone	33,325	-
		<u>33,325</u>	<u>-</u>
<u>Sightsavers</u>	Ethiopia – Trachoma mapping	19,671	571,309
	Ethiopia – DFID SAFE Inception period	54,330	-
	Ethiopia - DFID SAFE HeadStart programme	11,420	-
		<u>85,421</u>	<u>571,309</u>

---

**3. NET INCOMING RESOURCES IS STATED AFTER CHARGING:**

	<b>2014</b>	<i>2013</i>
	<b>£</b>	<i>£</i>
Payments under operating leases	50,000	42,788
Depreciation	33,607	43,460
Audit fees	<u>16,680</u>	<u>15,600</u>

#### 4. TOTAL RESOURCES EXPENDED

	Activities Undertaken Directly £	Grant Funding £	Support Costs £	<b>2014 Total £</b>	<i>2013 Total £</i>
<b><u>Cost of Generating Funds</u></b>					
Cost of generating voluntary income	<u>941,058</u>	<u>-</u>	<u>123,024</u>	<u><b>1,064,082</b></u>	<u>790,720</u>
<b><u>Charitable Activities</u></b>					
Primary eye care	275,956	1,161,425	90,840	<b>1,528,221</b>	1,575,866
Childhood blindness	261,554	853,406	77,862	<b>1,192,822</b>	674,055
Specialist training	206,039	979,905	51,909	<b>1,237,853</b>	543,913
Advocacy	332,232	119,852	38,931	<b>491,015</b>	491,744
<b><u>Governance</u></b>	<u>-</u>	<u>-</u>	<u>65,234</u>	<u><b>65,234</b></u>	<u>55,876</u>
	<u>1,075,781</u>	<u>3,114,588</u>	<u>324,776</u>	<u><b>4,515,145</b></u>	<u>3,341,454</u>
<b>Total Resources Expended</b>	<u><b>2,016,839</b></u>	<u><b>3,114,588</b></u>	<u><b>447,800</b></u>	<u><b>5,579,227</b></u>	<u><b>4,132,174</b></u>

## **Grants Payable**

Grants of £3,114,588 (2013: £2,153,538) were made during the year for projects managed by Orbis International and Orbis EMEA. £1,838,010 represents the expenditure of restricted donations received from donors for specific projects, details of these programmes are given in note 9 under Restricted Funds. The balance of £1,276,578 was directed to programmes in Ethiopia, Southern and Western Africa, Bangladesh and India and the Flying Eye Hospital on specific projects identified by the Trustees.

## 5. STAFF COSTS

	2014 £	2013 £
Wages and salaries	1,035,275	947,545
Social security costs	98,648	81,630
Pension costs	43,821	41,816
	<b>1,177,744</b>	<b>1,070,991</b>

Number of full time equivalent employees whose emoluments exceeded £60,000:

£60,000 - £70,000	1	1
£70,001 - £80,000	2	1
£80,001 - £90,000	-	-
£90,001 - £100,000	1	1

Contributions in the year to pension schemes for these employees was £26,714.

The average number of employees, calculated on a full-time equivalent basis, analysed by function was:

	2014 No.	2013 No.
Cost of generating funds	11	10
Support costs	14	12
Governance	1	1
	<b>26</b>	<b>23</b>

Expenses reimbursed to Trustees amounted to £13,530 (2013: £7,837) in respect of travel and subsistence. Neither the Trustees nor any person connected with them have received any remuneration.



## 6. TANGIBLE FIXED ASSETS

	Computer Equipment £	Office Equipment £	Leasehold Improvements £	Total £
<b><u>Cost</u></b>				
At 1 January 2014	84,109	75,110	79,664	<b>238,883</b>
Additions	7,710	10,569	18,816	<b>37,095</b>
Disposals	-	-	-	-
<b>At 31 December 2014</b>	<b>91,819</b>	<b>85,679</b>	<b>98,480</b>	<b>275,978</b>
<b><u>Depreciation</u></b>				
At 1 January 2014	68,061	53,464	73,836	<b>195,361</b>
Charge for year	12,974	16,521	4,112	<b>33,607</b>
Disposals	-	-	-	-
<b>At 31 December 2014</b>	<b>81,035</b>	<b>69,985</b>	<b>77,948</b>	<b>228,968</b>
<b>Net book value</b>				
<b>At 31 December 2014</b>	<b>10,784</b>	<b>15,694</b>	<b>20,532</b>	<b>47,010</b>
<i>At 31 December 2013</i>	<i>16,048</i>	<i>21,646</i>	<i>5,828</i>	<i>43,522</i>

## 7. DEBTORS

	2014	2013
	£	£
Prepayments	63,104	47,483
Gift Aid	43,024	107,639
Other debtors	14,882	12,482
Accrued income	803,451	283,095

	<b>924,461</b>	<b>450,699</b>
--	----------------	----------------

## 8. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2014	2013
	£	£
Trade creditors	136,575	84,545
Accruals	17,542	14,400
Grants payable	1,527,828	768,380
Tax and social security	34,122	28,508
Other creditors	46,369	16,300

	<b>1,762,436</b>	<b>912,133</b>
--	------------------	----------------

## 9. STATEMENT OF FUNDS

	Balance 1 Jan 2014	Income	Expenditure	Transfers	Balance 31 Dec 14
<b><u>Unrestricted funds</u></b>	£	£	£	£	£
General Reserves	875,000	3,667,588	(2,806,943)	(735,645)	<b>1,000,000</b>
<b><u>Designated Funds</u></b>					
Programme development & expansion	1,087,583	-	(461,199)	175,645	<b>802,029</b>
Ethiopia programme – Wolaita	715,100	-	(305,949)	-	<b>409,151</b>
Orbis International global initiatives	135,000	-	(35,000)	-	<b>100,000</b>
Fundraising development	102,489	-	(98,519)	250,000	<b>253,970</b>
Organisational development	-	-	-	310,000	<b>310,000</b>
Fixed assets	43,522	37,095	(33,607)		<b>47,010</b>
	<b>2,958,694</b>	<b>3,704,683</b>	<b>(3,741,217)</b>		<b>2,922,160</b>

	Balance 1 Jan 2014	Income	Expenditure	Transfers	Balance 31 Dec 14
<b><u>Restricted funds</u></b>	£	£	£	£	£
Windward Islands	1,801	-	-	-	<b>1,801</b>
Flying Eye Hospital (FEH)programmes	1,473	100,700	(100,000)	-	<b>2,173</b>
Country programmes	871,193	1,679,631	(1,469,346)	-	<b>1,081,478</b>
Public relations	1,492	-	-	-	<b>1,492</b>
MD10 new generation FEH	65,222	243,125	(265,222)	-	<b>43,125</b>
HR development & training	-	13,442	(3,442)	-	<b>10,000</b>
	941,181	2,036,898	(1,838,010)		<b>1,140,069</b>
<b>Total funds</b>	<b>3,899,875</b>	<b>5,741,581</b>	<b>(5,579,227)</b>	<b>-</b>	<b>4,062,229</b>

## Unrestricted funds

### Designated funds

Designated funds are held for the following purposes:

Programme development and expansion - to ensure funding over 2015 for projects in India, Ghana and Cameroon (£192k continuing investment in human resources for eye health, Cybersight and education (£125k); and development in the areas of research, advocacy and medical advisory (£100K). To provide £118K additional support and resources for the development of projects in 2015, in line with the strategic implementation plan. To hold a reserve of £120K for project initiatives that may require funding in advance of receipt of income from donors. For 2016, funds have been designated to ensure that the work in research, advocacy, education and medical advisory will continue (£140k).

Ethiopia Wolaita programme - this designation represents the anonymous donation received in 2012 which has been allocated to the Wolaita rural project

Orbis International global initiatives – to ensure that the MD10 launch and goodwill tours within the EMEA region are supported in 2017.

Fundraising development – In 2015 and 2016 Orbis UK will continue investing in new methods of expanding our donor base.

Organisational development – to reflect the expansion of Orbis UK activities. This will start in 2015 and continue in 2016.

## Restricted funds

### Windward Islands

The restricted fund represents Orbis UK's interest in a project to prevent blindness among the Islands' population through a programme of education or preventative medicine

### Flying Eye Hospital

The fund relates to monies received for future programmes, this amounts to £2,173.

### Country Programmes

The expenditure was for programmes in the following areas of work:

	2014	2013
	£	£
Primary eye care	799,632	1,038,040
Childhood blindness	617,450	372,905
Specialist training	52,174	-
	<u>1,469,346</u>	<u>1,410,945</u>

The balance of £1,081,478 held at the year end, relates to funds received in advance for projects within the areas of childhood blindness and primary eye care

### Public Relations

The balance is for the cost of photography, film and other promotional work in the country programmes. Income and expenditure during the year covered the cost of newspaper advertisements.

### MD10

In 2014 £243,125 was raised specifically for the MD10 capital project, the replacement aircraft for the DC10 Flying Eye Hospital

## 10. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Unrestricted Funds £	Restricted Funds £	Total Funds £
Tangible fixed assets	47,010	-	<b>47,010</b>
Current assets	3,663,343	2,114,312	<b>5,777,655</b>
Grants payable	(553,585)	(974,243)	<b>(1,527,828)</b>
Other current liabilities	<u>(234,608)</u>	<u>-</u>	<b><u>(234,608)</u></b>
Total net assets	<b><u>2,922,160</u></b>	<b><u>1,140,069</u></b>	<b><u>4,062,229</u></b>

## 11. FINANCIAL COMMITMENTS

At 31 December Orbis had annual commitments under operating leases expiring as follows:

	<b>2014</b> £	<b>2013</b> £
Between two and five years	<b><u>50,000</u></b>	<b><u>50,000</u></b>

Orbis UK had no capital commitments at the end of the year (2013: none).



## 12. RELATED PARTIES

- a. Orbis UK is an affiliate of and has a memorandum of understanding (MoU) with Project Orbis International Inc, a not for profit organisation registered in New York. The MoU includes the use of the trademark and how the two organisations will work together. Robert Walters, Michael Boyd and James Forbes serve as Directors of Orbis International.

The expenditure incurred during 2014, with respect to Orbis International projects amounted to £2,059,712 (2013 £1,593,911) and covers grants payable for programmatic work in Bangladesh, Ethiopia, India, Nepal, the Flying Eye Hospital, telemedicine and the capital campaign for the replacement Flying Eye Hospital. The outstanding balance due to Orbis International at 31 December 2014 was £1,527,828.

- b. Orbis Africa, a non-profit company with public benefit organisation status was registered in South Africa in April 2012. Robert Walters and Nigel Young are Directors and Rebecca Cronin and Lene Øverland are ex-officio Directors of Orbis Africa.

Orbis UK provides funding for projects in Zambia and Cameroon and towards the running costs of the organisation. The total expenditure funded by Orbis UK in the year was £664,197 (2013 £427,080).

- c. Orbis Ireland is a company limited by guarantee, registered in Ireland in 2005, Michael Boyd and Maurice Cox are Directors of Orbis Ireland and Orbis UK. No financial transactions have taken place between the two organisations in 2014.

## **ORBIS UK TRUSTEES AND OFFICERS YEAR ENDED 31 DECEMBER 2014**

Listed below are the Ambassadors, current and past Trustees who served during the year, together with the names of the Chief Executive Officer, Company Secretary and external advisers.

### **AMBASSADORS**

Ann-Marie Ablett  
Sir Richard Branson  
Brian Little  
Robin Pinchbeck  
Sunil Ruia  
Domhnal Slattery  
Henry Wyndham  
Toby Young

### **TRUSTEES**

Peter Hickson (Chairman)  
Sir Michael Arthur  
Larry Benjamin  
Michael Boyd  
Kit Braden  
Bruce Buck  
Anthony Cowles  
Maurice Cox  
James Forbes (appointed 11 July 2014)  
Mary Killen  
Nag Rao  
Melanie Richards  
Christine Tomkins  
Charles Vyvyan  
Robert Walters  
Nigel Young

**CHIEF EXECUTIVE OFFICER** Rebecca Cronin

**COMPANY SECRETARY** Jennifer Sheils

**REGISTERED OFFICE**

4<sup>th</sup> Floor  
Fergusson House  
124-128 City Road  
London, EC1V 2NJ

**AUDITORS**

Crowe Clark Whitehill LLP  
St Bride's House  
10 Salisbury Square  
London, EC4Y 8EH

**BANKERS**

Barclays Bank PLC  
Hatton Garden  
London, EC1N 8DN

**SOLICITORS**

Bates, Wells & Braithwaite  
10 Queen Street Place  
London, EC4R 1BE