

**UK ANNUAL  
REPORT &  
FINANCIAL  
STATEMENTS**

**2013**

# WHO WE ARE AND WHAT WE DO

At Orbis we transform lives by preventing and treating avoidable blindness and visual impairment. There are **285 million** people in the world who are blind or visually impaired, yet **80%** can be treated or cured.

Providing access to quality eye care is one of the most cost-effective ways to reverse the cycle of poverty. We do this by providing on the ground training for local eye health professionals, supporting and equipping eye health centres around the world and through advocacy and research.

Of the **39 million** blind people in the world, **90%** live in developing countries. This is why we focus our efforts in Africa, Asia and Latin America.



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# CHAIRMAN AND CEO'S WELCOME



ROB WALTERS  
CHAIRMAN

Dear Friends,

Globally, Orbis has had many successes in 2013. First and foremost we delivered over 5.7 million treatments to save and protect sight. The people we help live in countries where it is extremely hard to access eye care. Their lives have been transformed and they now have the chance to return to work or attend school. They have been given their future back. That is the biggest impact that Orbis makes.



REBECCA CRONIN  
CEO ORBIS UK,  
REGIONAL DIRECTOR  
ORBIS EMEA

Orbis UK's work is only possible thanks to our amazing supporters who gave so generously, together donating over £4.7 million in 2013. We are grateful to all of you for your sustained and committed generosity.

We were delighted that HRH the Countess of Wessex, who is a Global Ambassador for the International Agency for the Prevention of Blindness, visited our Flying Eye Hospital in Kolkata where she witnessed sight-saving surgery and met our medical volunteers. Her experiences helped her gain a better understanding of what we do which she eloquently described in an article she wrote for The Daily Telegraph on World Sight Day.

Trachoma is a devastating disease that leads to slow and painful blindness. In Ethiopia 50 million people are at risk of infection and in many places two in five children have the early stages of the disease. In 2013 we worked with our worldwide partners and the Department for International Development (DFID) to map the spread of trachoma in Ethiopia and we look forward to working with them to rid the country of this dreadful disease by 2020.

We would especially like to thank Henry Wyndham, Chairman of Sotheby's. In 2012, Henry was involved in a serious accident in which he was very nearly blinded. Henry decided to raise money for our vital sight-saving work and completed a sponsored 'coast to coast' walk across Britain. Henry's phenomenal fundraising efforts will fund thousands of operations and vital equipment for rural eye care centres.

We look forward to building on our successes in 2014 and would like to express our appreciation to you all for your unwavering support.

Robert F. Walters, FRCS, FRCS (Ed), FRCOphth, DO  
Consultant Ophthalmologist, Chairman of Orbis UK

Rebecca Cronin,  
CEO Orbis UK, Regional Director Orbis EMEA

# 2013 AT A GLANCE

## ORBIS GLOBAL

**22,358**

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



**5.76M**  
MEDICAL TREATMENTS



**51%**  
ADULTS



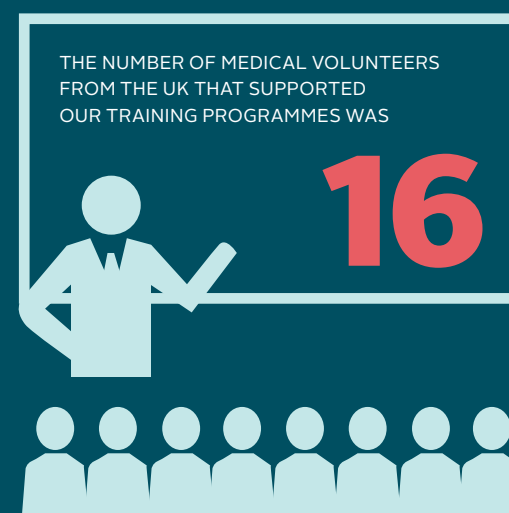
**49%**  
CHILDREN

WE ARE INVOLVED IN



ACTIVE LONG TERM PROJECTS AROUND THE GLOBE

## ORBIS UK



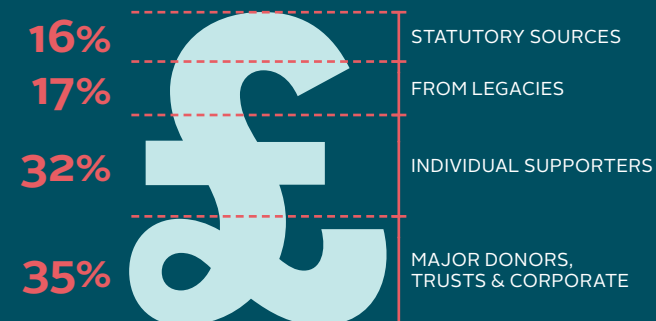
IN 2013 WE PROVIDED FUNDING FOR

**18**

PROJECTS AROUND THE WORLD



**£4.7M** WAS GIVEN IN DONATIONS



**18,410** INDIVIDUAL DONORS



**7,375**

GAVE THROUGH A REGULAR GIVING SCHEME

17 PEOPLE DONATED MORE THAN £5,000

**£5,000+**

THE NUMBER OF PEOPLE THAT LEFT ORBIS A LEGACY WAS

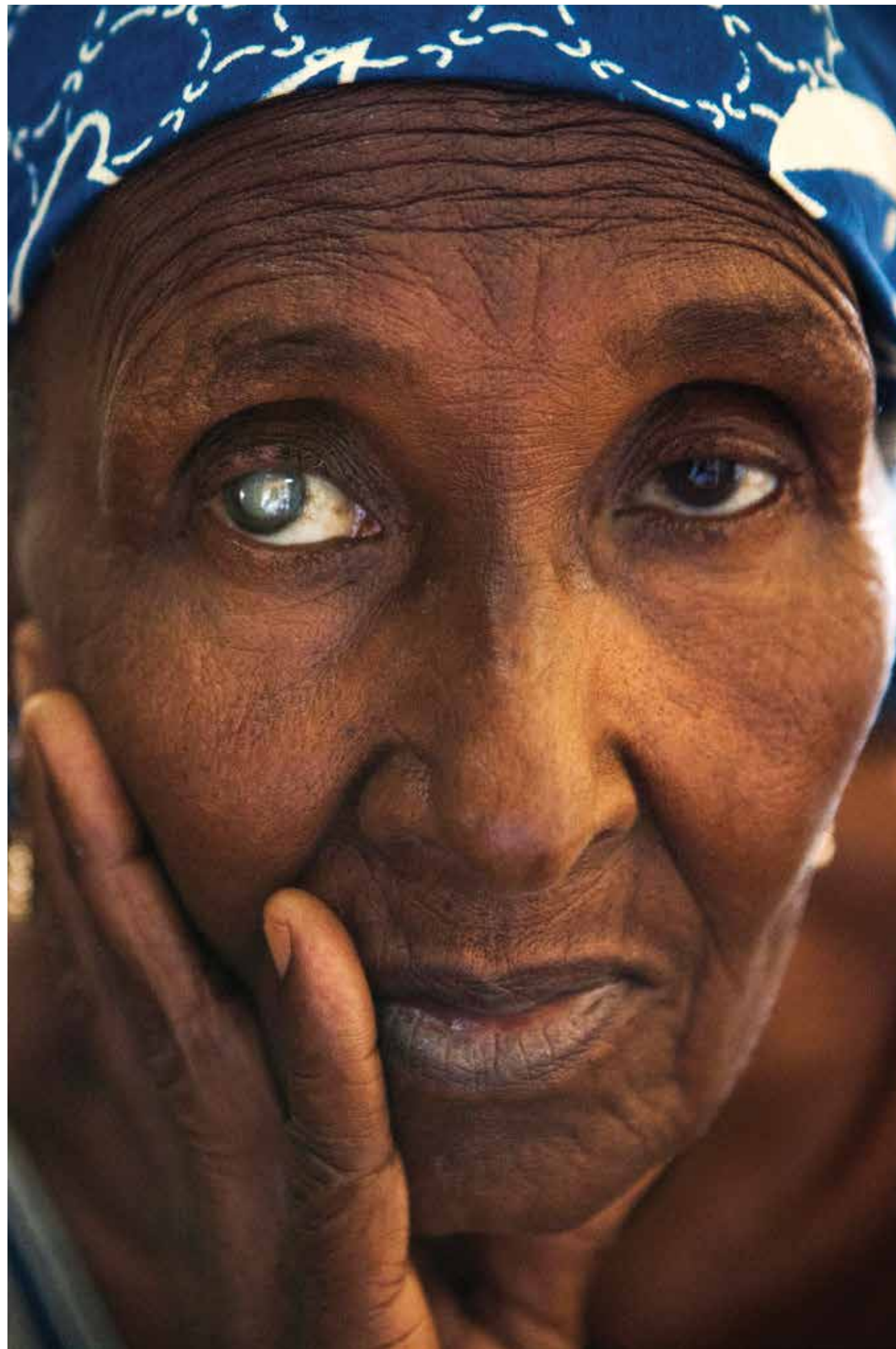


COMPANIES SUPPORTED US...

...THE VALUE OF THEIR SUPPORT WAS

**£316,187**





# OUR WORK: PRIMARY EYE CARE



Orbis is committed to the delivery of primary eye care in the countries in which we work. We focus on ensuring eye health education, treatment and rehabilitation is available and accessible to even the poorest rural populations and — above all — is sustainable.

In 2013, in Ethiopia, Orbis UK supported our in-country partners to launch a total of 19 new Primary Eye Care Units; train 12,282 people in eye health and screen 79,000 children for refractive error and eye diseases. In Zambia we expanded our work in the North Western Province, working through our partners to strengthen the system at all levels.

## ETHIOPIA

In 2013 Orbis continued to expand our work in Southern Ethiopia where, for the last decade, we have been strengthening the capacity of local health partners to deliver primary eye care, specifically cataract, trachoma and refractive error services.

Orbis was the first eye care organisation in Ethiopia to implement the SAFE (Surgery, Antibiotics, Facial cleanliness, Environmental change) strategy to prevent and treat trachoma, the world's leading cause of infectious blindness. Trachoma, a highly contagious and debilitating condition,

affects two in five children in Ethiopia and 41 million people worldwide. Many factors, such as poor sanitation and a lack of access to eye care and antibiotics, cause the disease to spread. Repeated infection can lead to blindness, as scarring pulls the eyelashes inward, tearing painfully at the cornea and causing long-term damage (trachomatous trichiasis, or TT).

In Southern Ethiopia up to 61% of the population have active trachoma and up to 7% of the adult population TT — these figures are far higher than the World Health Organisation targets of less than 5% and 0.1% respectively.



This is why, three years ago, we embarked on an expansion plan with the aim of eliminating trachoma in the region by 2020. We are on track with our plans and have so far doubled our reach: from almost 3 million people across two zones in 2011 to almost 6 million people across four zones in 2013. During the year we supported the treatment of 4,606,224 people with Zithromax antibiotics in order to lower the prevalence of active trachoma as well as carrying out 19,702 TT surgeries. By the end of 2014 we aim to have reached over 8 million people across seven regions.

As a result of our history of supporting the delivery of quality eye care services in the region, at the start of 2013 we were invited by Sightsavers to carry out a trachoma mapping project in Southern Ethiopia, as part of a Department for International Development (DFID) funded Global Trachoma Mapping Initiative.

Across the region 24 teams used the latest smartphone technology to record data in 13 zones. Following on from this mapping, data will be published by national health ministries and shared via [www.trachomaatlas.org](http://www.trachomaatlas.org). The data is intended to be used by public health professionals and managers of trachoma control programmes in order to plan strategies for elimination of the disease.

Towards the end of 2013 Orbis UK also began work on a £2 million, five year partnership with Amref Health Africa. Together we are delivering the SAFE strategy to eliminate trachoma in South Omo zone, Ethiopia. The project has been supported by a £500k donation from Euromoney Institutional Investor plc and launches in early 2014. This project will have a large impact on the local population, particularly women and children living in rural areas.

**“Being dependent on others for survival and socially ignored by the community is very depressing. Seeing better gives me and my kids a hope for a better life. My kids will return to school as soon as possible.”**

Kutashe Kunebo, 55

#### CASE STUDY: TSEHAY, INTEGRATED EYE CARE WORKER, ETHIOPIA



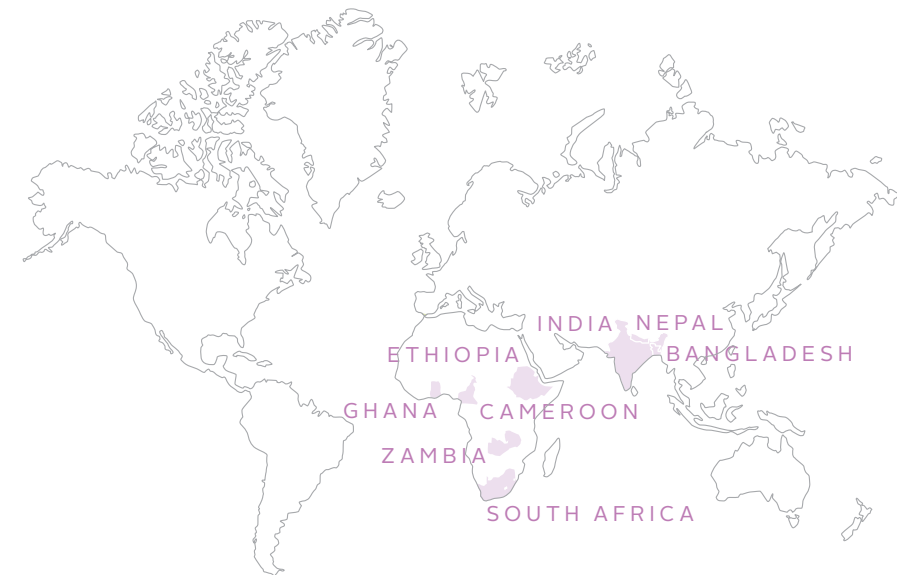
Tsehay is an Integrated Eye Care Worker at the Zada Health Centre, in the highlands of the Dita Woreda in Ethiopia. Dita Woreda has one of the highest rates of trachoma in the region and Integrated Eye Care Workers are critical to reaching remote areas, where access to eye care services is limited. During a trip to a neighbouring town Tsehay met a 15 year old boy who was suffering from trichiasis as a result of repeated infection from trachoma. He was a weaver, but the pain from his eyelashes rubbing his eye was excruciating and meant he was unable to work.

Tsehay convinced the boy to come to Zada for treatment where she performed surgery on him.

As a result he was no longer in pain and was able to once more earn a living through weaving. To show his gratitude the boy later returned with clothing he had woven to give as a gift to Tsehay. “It makes me feel good inside. I’m proud because I helped him,” she said.



# OUR WORK: CHILDHOOD BLINDNESS



A large part of the work Orbis does in Africa and Asia centres on child eye health. Establishing and strengthening child-friendly eye centres, providing specialist training on the treatment of children's delicate eyes and ensuring the appropriate equipment is available are all essential to eliminating childhood blindness.

In 2013, Orbis UK provided funding towards the treatment of 2,430,853 children, surgery for 6,691 and the screening of a further 475,124.

## AFRICA

In 2013, three years after starting to implement our child eye health projects in Zambia and South Africa, we have continued to achieve successful outcomes. We have also used numerous insights and learnings from this initial phase to help develop strategies for the second phase of the projects.

In Zambia the child eye health facility at Kitwe Central Hospital is now fully established, having moved into new premises in 2013. The centre is now known as Kitwe Eye Annexe. Orbis-run training programmes there have developed a confident and hardworking team: in 2013 Ann-Marie Ablett, an ophthalmic

nurse who has been volunteering for us for more than 10 years, conducted a hospital based training programme for 23 nurses and assistants. Lectures and practical sessions included instrument handling and ophthalmic emergencies such as chemical injuries and trauma. Orbis UK has supported high quality equipment and a constant supply of consumables to the Annexe. We have also developed a system to transform the process of tracking and monitoring referrals and follow-ups. This system, combined with a travel reimbursement policy for children and their parents and carers, has led to a 100% success rate in bringing patients back for their essential first follow up.





CASE STUDY: GRAHAM, FIVE, ZAMBIA



Graham had poor vision from birth but his mother Sila, a subsistence farmer, put it down to harmless infections that would eventually clear up; he had previously been treated for conjunctivitis without any indication that anything else was wrong. Yet Graham's vision problems continued to affect his independence. He had to remain by his Mum's side while she worked and was unable to undress or use the bathroom by himself let alone attend school. It was only when

Graham contracted malaria and was taken to the district hospital 120km from their home that his cataracts were finally diagnosed. After Sila explained that she was unhappy that Graham could not play freely and attend school like the other children, the staff referred Graham to the Orbis funded Kitwe Eye Annexe. He received sight-saving cataract surgery and finally is able to play, run and attend school just like any other adventurous little boy.

In KwaZulu-Natal, South Africa, the establishment of a child eye health facility at Inkosi Albert Luthuli Central Hospital (IALCH) in Durban has also been a success. Orbis UK has supported the transformation of the centre into a welcoming space for children and their families. We've procured specialist equipment to enhance the quality of services for children, including a Transpupillary Thermotherapy laser which means that children no longer need to be sent 1,000 miles to Cape Town for treatment for retinoblastoma, a cancer of the eye. Our hospital based training programmes continued and working with the provincial Ministry of Health, 163 nurses were trained across five health districts. The follow-up rate for patients coming back is close to 100% thanks to a dedicated Child Eye Care Officer who has designed a tracking system and also counsels parents in their local language about the conditions their children have and the treatment required.

Reviewing our Southern African programmes will also help the development of our new programmes in Cameroon, which started in 2013, and Ghana which began development in 2013 ready for implementation in 2014.

In Ethiopia we continued our work with Gondar and Hawassa University Hospitals, renovating their paediatric facilities to provide child-friendly outpatient and inpatient areas.

We also provided training for local doctors to build their knowledge of paediatric eye care services and developed two research proposals: one on outcomes of paediatric cataract surgery and one on the prevalence of refractive error among high school students. The findings will be available in 2014.

**(The) high end equipment (at Kitwe Eye Annexe) would be the envy of any centre even in the developed world.**

Dr Parikshit Gogate



## SPOTLIGHT ON RESEARCH



In 2013 Orbis commissioned medical anthropologist Dr Susan Levine to conduct a research study on delays in children accessing child eye health, interviewing parents of children who underwent surgery at both Kitwe Eye Annexe and the facility at IALCH, Durban. The findings have been used extensively in the planning of the second phases of both these projects.

The research highlighted numerous cultural barriers to medical treatment being sought. Fear of surgery, reliance on traditional healing practices and superstition around the

treatment of congenital eye conditions were just some of the reasons cited.

As one way of addressing such barriers Orbis will partner with a South African based NGO, 'Steps for the Future', to bring communities together and screen films about blindness from the perspective of the child or their carer. Following these screenings, facilitated discussion and debate will be encouraged as a way of empowering individuals and communities to come to their own conclusions about the importance of accessing medical services.

## ASIA

In September 2013 the newly constructed child-friendly Eye Care Centre in Rangpur City, Bangladesh was inaugurated in the presence of the Deputy Commissioner of the district. The launch was attended by local government representatives, staff from local medical establishments and Orbis and received significant media attention. We also trained 137 eye health professionals at the centre.

In India, Orbis UK supported eye health training for school teachers and primary and community health workers in order to encourage more referrals. The newly trained eye health workers contributed to over three quarters of all child screenings that occurred across our India projects in 2013.

In Nepal we funded a Volunteer Eye Surgeon, Dr Robert Kersten from the Department of Ophthalmology, University of California, to deliver a week's hospital based training at Geta Eye Hospital in Dhangadi. Two Nepalese ophthalmologists were trained to conduct quality examinations and surgeries on children and adults.

**When my bandages were removed I felt that, if I were a bird, I would go fly and tell everyone how happy I was. I am so happy — how beautiful the world is! I feel like my life is a spectrum of colours.**

Monica Islam, Bangladesh

# OUR WORK: SPECIALIST TRAINING

Every year Orbis sends our remarkable volunteer ophthalmologists, anaesthetists, nurses and orthoptists from the UK to train local eye health professionals around the world. Training takes place both onboard the Orbis Flying Eye Hospital and through our Hospital Based Programmes. Each local medic we train carries with them the skills and knowledge to share with many others in their community and beyond. We call this the Orbis ripple effect.

Once they have undertaken training with Orbis, local medics have further opportunities to advance their skills through international fellowships. They can also access Cyber-Sight, Orbis's tele-medicine initiative which provides eye care professionals the opportunity to connect with expert mentors in other parts of the world.

**We're into patient care (and) we're into education. It is for that reason I will continue to support Orbis. As long as they continue to teach, I'll be there.**

Ann-Marie Ablett, nurse, Cardiff

In 2013 the Flying Eye Hospital (FEH) visited Cameroon, Kolkata and Panama. In Cameroon we partnered with Yaounde Central Hospital. The clinical programme was a great success: 15 of our medical volunteers from around the world trained 178 local eye health professionals and treated 71 patients during the two weeks the plane was there, which coincided with World Sight Day (9 October). The FEH was invited to visit the country by the Prime Minister and meetings with him led to excellent advocacy opportunities to talk about the need for better eye care. The visit generated extensive media coverage which led to generous exposure for both Orbis and the subject of eye health. Strong links were made with various government ministries and in particular the Ministry of Public Health which will continue to be cultivated.

During the course of 2013 numerous training opportunities were taken up by local medics: Dr Afetane from Cameroon undertook

sub-speciality training in paediatric ophthalmology, completing two months of hands-on training at ACHA-TUGI hospital, one of the busiest hospitals in Cameroon followed by nine months in Chittagong, Bangladesh.

Dr Fisseha Admasu from Gondar was sponsored by Orbis to attend the 2013 American Academy of Ophthalmology Annual Conference which has strengthened his knowledge of paediatric eye care services.

From the Inkosi Albert Luthuli Central Hospital (IALCH) in Durban, Dr Du Bruyn attended an observership in Indianapolis and Dr Parbhoo attended a course at LV Prasad Eye Institute in India refreshing their knowledge of paediatric glaucoma and strabismus.

In Uttar Pradesh, paediatric ophthalmologist Dr P.P. Singh made use of the Cyber-Sight platform to access expert opinions from our volunteer faculty on the management of difficult paediatric cases.

## SPOTLIGHT ON THE FLYING EYE HOSPITAL



**Working on the Flying Eye Hospital is a very special experience. Orbis brings together a brilliant group of experts and the outcomes of the procedures we perform are life changing.**

George Appasamy, nurse, Royal Preston Hospital

One of our proudest achievements is the Orbis Flying Eye Hospital. On the outside the DC-10 looks like a typical passenger aeroplane, but inside there's a state-of-the-art operating room with audio-visual equipment that transmits live surgeries to students in a 48-seat classroom.

Over the years it's helped us to reach hundreds of communities around the world, training doctors and nurses and providing thousands of life-transforming treatments.

In 2012 Orbis's global corporate partner FedEx donated an MD-10 to replace the

DC-10 which we have been using since 1992. The next generation Flying Eye Hospital will be an ideal marriage of aviation and medical technology. The new plane will have increased performance over our current plane, reducing — and in some cases eliminating — expensive and time-consuming fuel stops. An upgraded avionics package means the plane only needs two pilots and will have lower maintenance costs. Finally, it will make use of cutting-edge broadcast and online technology, ensuring more eye care professionals than ever before can access training from anywhere in the world.



# OUR WORK: ADVOCACY

Orbis works with governments, health organisations, educational institutions and the child rights sector to promote the inclusion of eye health on their agendas. By addressing eye health issues, governments can help lower the social and economic burden of blindness to their countries. We also work with communities to change attitudes to accessing health care by promoting the importance of eye health.

Reviewing our projects in Africa has led to greater recognition of the importance of increasing awareness of visual impairment — both to ensure early detection and treatment as well as to influence governments to invest more in eye health. Orbis South Africa's Advocacy strategy has a particular focus on the child's right to access eye health services: through integrating child eye health into all early childhood programmes, governments will enable children to realise this right.

Research continues to be a vitally important tool for delivering advocacy; as a way of building up the evidence and to ensure the voices of those who are impacted by visual impairment are shared with policy makers.

In February 2013 a pilot study was undertaken in South Africa to develop a methodology for consulting with children about the impact visual impairment has on their lives. It is vitally important that their thoughts and opinions are used as part of our advocacy work, alongside qualitative data on the prevalence and impact of eye disease.

The Foundation for Human Rights in South Africa funded us to develop messaging highlighting a child's right to access eye health, linked to the UN Convention on the Rights of the Child which states that every child has the right to be healthy. Two reports 'Child Eye Health in Africa — the Status and Way

Forward' and an abridged version 'Towards Better Eye Health Care for Africa's Children' were launched and discussed during a two-day meeting in Johannesburg jointly hosted by Orbis South Africa and the African Child Policy Forum. The launch was well attended by government, the child rights sector, the early childhood development sector and supporters. At the launch it was agreed that a multi-sector approach is needed to address child eye health and a seven point action plan has been adopted.

In 2013 Orbis EMEA Director of Programme Development, Reshma Dabideen, sat on the Interim Advisory Committee to the Minister of Health in South Africa. This gave us the opportunity to influence important eye health debates as well as raise our profile with key stakeholders.

Relationships were also developed with local media as a way of spreading public eye health messages. In Ethiopia, trachoma messages were broadcast in local languages during a two week radio campaign in Wolaita and in Kembata, local media covered the launch of a mass Zithromax distribution; in Nepal free eye exams and a mass rally were organised to coincide with World Sight Day and in Zambia engagement with the media resulted in greater community awareness of the programme and uptake in eye health services.

## SPOTLIGHT ON HRH COUNTESS OF WESSEX



**If eye specialists can see a child in the early stages of sight loss, it is highly probable that that child will not go blind and will therefore be able to lead a normal life.**

HRH Countess of Wessex

In 2013, Orbis was honoured to host HRH the Countess of Wessex as she visited the Flying Eye Hospital in India. As Global Ambassador of the International Agency for the Prevention of Blindness, the Countess travelled with us to see how our sight-saving work impacts the people we help.

She witnessed patients undergoing surgery onboard the Flying Eye Hospital in Kolkata

where she met our medical volunteers from around the world who were there to share their skills with local eye health workers. Visiting our local partner Susrut Hospital, she chatted with patients and heard from local trainees about their learning experiences with Orbis.

She then travelled to Doha, Qatar to promote our work preventing blindness worldwide.

# 2013 PROGRESS

## IN 2013 WE WANTED TO:

## HOW DID WE DO?

FULLY MET  
PARTIALLY  
MET  
NOT MET

1

Maximise Orbis UK's financial contribution to Orbis's sight-saving work in all the countries where we operate.

- Raised £4.72 million — 12% better than budget.
- Received funding from DFID/Sightsavers for the first time for trachoma mapping in Ethiopia.



2

Raise awareness of Orbis UK and its work, to increase the supporter base.

- Reached 90,753,283 'Opportunities to See' against a target of 10,000,000.
- Recruited 2,496 new supporters against a target of 2,450.
- Developed a new Orbis brand and visual identity for implementation in 2014.



3

Manage and nurture relationships to develop and implement projects in a phased manner to ensure expansion in strategic countries in sub-Saharan Africa.

- Excellent relationship management saw existing projects in South Africa and Zambia develop to phase two and new projects developed in Ghana and Cameroon.
- Flying Eye Hospital visit to Cameroon supported by the Prime Minister and led to increased advocacy for the importance of avoidable blindness programmes.
- In Ethiopia excellent relationships with national and local health departments led to expansion of rural projects in Southern Ethiopia.



4

Implement sound financial, operational and programmatic oversight mechanisms to ensure growth and the smooth running of Orbis in Ethiopia.

- An internal audit was carried out on our rural programmes in Southern Ethiopia which showed good governance and financial oversight were in place.
- As part of the DFID funded Global Trachoma Mapping Programme an external audit was carried out by Sightsavers of our financial, operational and programmatic oversight and no issues were raised.



5

Implement sound financial, operational and programmatic oversight mechanisms to ensure growth and the smooth running of Orbis in South Africa.

- The finance team in South Africa has been strengthened particularly in working with our partners.
- A new legal entity has been set up (Orbis Africa) to maximise opportunities in South Africa.



6

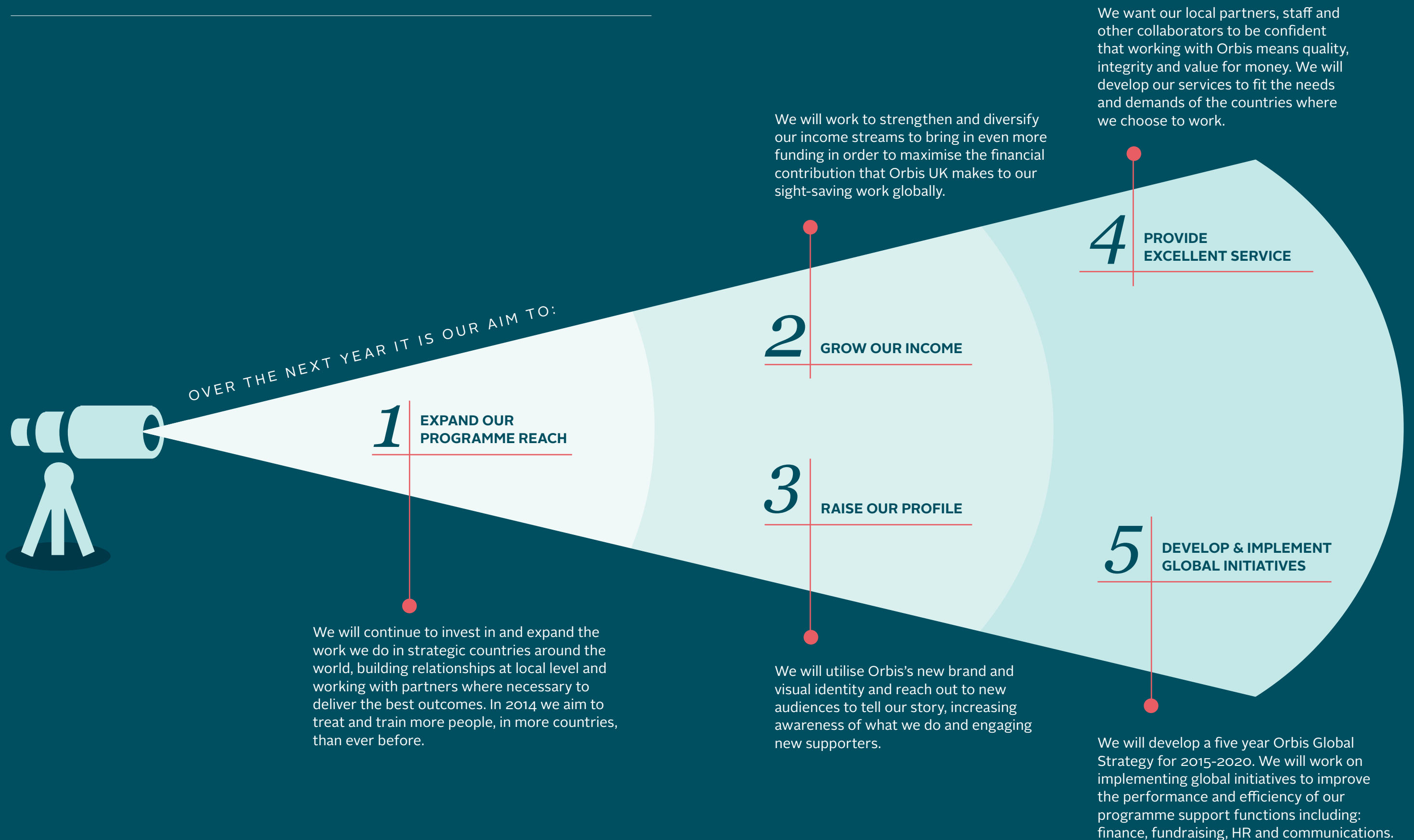
Engage and network with and provide excellent service to internal and external collaborators and stakeholders.

- Orbis EMEA staff have continued to represent Orbis at the following forums:
- International Coalition for Trachoma Control.
  - UK Coalition against Neglected Tropical Diseases.
  - International Agency for the Prevention for Blindness (IAPB) Africa Strategy.
  - Chair of the IAPB Africa Advocacy Task Team.





# 2014 AIMS



HENRY WYNDHAM  
AND FRIENDS RAISED  
MONEY TO SUPPORT  
THOUSANDS OF SURGERIES



# THANK YOU

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

## GENEROUS INDIVIDUALS AND THEIR FOUNDATIONS (GIFTS OF £5,000 OR MORE)

The Aldama Foundation  
The Bliss Family Charity  
Mr Hugh Bourn OBE  
Paul Brakspear  
Bruce and Elaine Buck  
John Carter  
Covent Garden Group Foundation  
Anthony Fincham  
Dr Helmut and Margarete  
Meyer-Schwartz Siftung  
Rob and Bridget Pinchbeck  
Melanie Richards  
Bhim Ruia Foundation  
Barbara Seymour  
Dr. Christine Tomkins  
Robert Walters  
Peter Williams  
Henry Wyndham and friends  
Nigel Young

## CHARITABLE TRUSTS, STATUTORY PROGRAMME FUNDERS AND FOUNDATIONS (GIFTS OF £5,000 OR MORE)

The Carpenter Charitable Trust  
Sightsavers/  
Department for International Development  
The Allan and Nesta Ferguson Charitable  
Settlement  
The Donald Forrester Trust  
The Simon Gibson Charitable Trust  
The Green Hall Foundation

Jersey Overseas Aid Commission  
The Bernard Sunley Charitable Foundation  
The Valentine Charitable Trust

## GLOBAL CORPORATE PARTNERS

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

## CORPORATE PARTNERS, EUROPE

ACS International Schools  
Air Charter Service plc  
Airport Operators Association (AOA)  
Altomed  
COFRA Foundation  
Euregina  
Euromoney Institutional Investors plc  
European Society of Cataract  
& Refractive Surgeons  
Finter Bank Zurich  
IKANO S.A.  
L'Occitane En Provence  
and Fondation L'Occitane  
Searcys  
Southampton Airport  
Sue Hill Recruitment  
Weightmans LLP  
The William Allen Young Charitable Trust

CONTINUED...



# THANK YOU

**CORPORATE PARTNERS,  
MIDDLE EAST**

Oryx Rotana, Doha  
Standard Chartered Bank, Doha  
Doha International Airport  
Hill & Knowlton Strategies, Doha  
Qatar Airways  
Qatar Aviation Services (QAS)  
Qatar Civil Aviation Authority

**UK VOLUNTEER MEDICS 2013**

Ann-Marie Ablett, Nurse  
Isabel Aguilera, Anaesthetist  
George Appasamy, Nurse  
Bazil Ateleanu, Anaesthetist  
Lawrence Azavedo, Anaesthetist  
John Brookes, Ophthalmologist  
Donal Brosnahan, Ophthalmologist  
Niall Crosby, Orbis Associate Ophthalmologist  
Nick Edmeades, Orbis Associate  
Ophthalmologist  
Ian Fleming, Anaesthetist  
Dara Kilmartin, Ophthalmologist  
Tony McAleer, Orthoptist  
Consuela Moorman, Ophthalmologist  
Manish Raval, Anaesthetist  
Sanjay Saikia, Anaesthetist  
Cherelyn Victor, Nurse

**UK OFFICE VOLUNTEERS**

Polly Holt  
Kristen Mansfield  
Jennie Morgan  
Richard Samuel

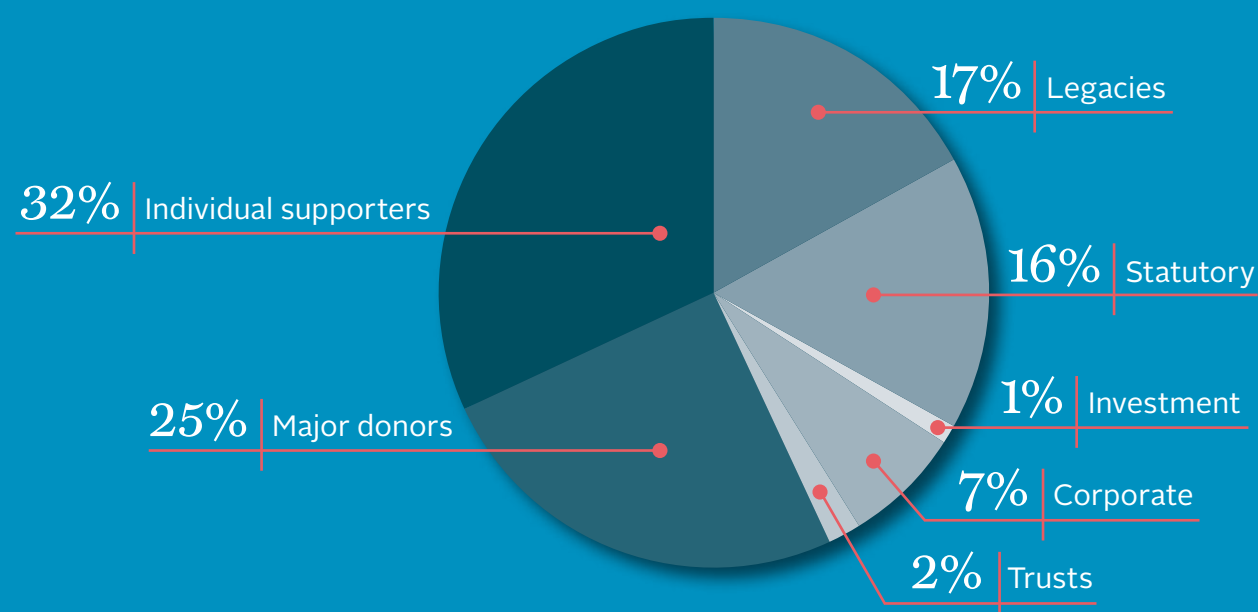
**UK AMBASSADORS**

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

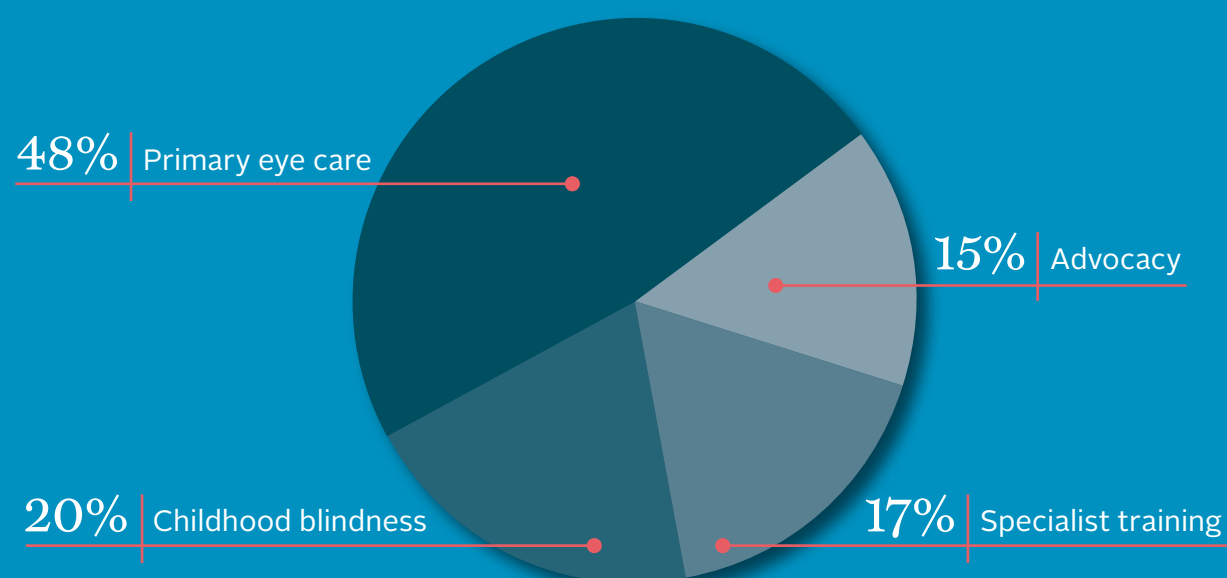
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# 2013 FINANCIAL SUMMARY

## INCOME



## CHARITABLE ACTIVITIES



The cost of generating funds and governance was 18.2% of our income in 2013.

# 2013 FINANCIAL STATEMENTS

## 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 PRINCIPLE ACTIVITIES OF THE CHARITY

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

- The relief of persons suffering from blindness and the prevention and cure of blindness by the provision of training, education and counselling.
- 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'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 the need is greatest. 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 for our work to be 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 2013 was £4,714k reflecting the wonderful generosity of Orbis UK's donors. This is a reduction of £233k when compared with 2012's results but we benefitted from a one-off £1.2 million donation in that year. In 2013 32% of our income was made by our loyal supporters who either give on a monthly basis or responded to appeals for donations. In the year we were extremely grateful to be the recipient of an appeal made by Henry Wyndham for sponsorship of his coast to coast walk and also to receive continuing support from other philanthropic donors. In addition the funding from DFID/Sightsavers for the mapping of the eye disease trachoma in Ethiopia represented the first such funding that Orbis UK has been granted. In addition Jersey Overseas Aid, many corporate donors and trusts and foundations contributed towards our work.

The cost of generating funds at 17% of income (Dec 2012: 19%) is well below the Trustees' target range of 25–30%. In 2014 we will continue to work on investment in supporter recruitment, which is essential for future income growth.

The higher level of income contributed to being able to spend 14% more on programme activity than we had in 2013. The cost of charitable activities for the year was £3,286k (Dec 2012: £2,876k) as Orbis UK met its commitments to overseas programmes.

Governance costs were 1.2% of income (Dec 2012: 1.0%), the costs included the external audit fees and the costs of Trustees' meetings.



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## 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. Sir Michael Arthur, Larry Benjamin, Bruce Buck and Christine Tomkins 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.

Robert Walters also serves as a Director of Orbis International and Orbis Africa. Michael Arthur serves as a Director of Orbis Africa. Michael Boyd and Maurice Cox both serve as Directors of Orbis Ireland. Michael Boyd also serves as a Director of Orbis International.

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 comprised of Trustees who are responsible for reviewing the management letter submitted by the Auditors, recommending the appointment of the Auditors, reviewing the management accounts through the year, monitoring Orbis UK's internal controls 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.

### Executive Director

The Executive Director is responsible for the day to day management of Orbis UK's affairs and for implementing policies agreed by the Trustees. The Executive Director 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 and is continually monitored.

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## 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 £900k +/-10% is an appropriate level of reserves for Orbis UK to hold. The general reserve of £875k is in line with the policy.

In addition to the general reserve, at 31 December 2013, designated funds stand at £2,084k. 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.

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## 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 charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company 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 charitable company will continue in business.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions, disclose with reasonable accuracy at any time the financial position of the charitable company 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 hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

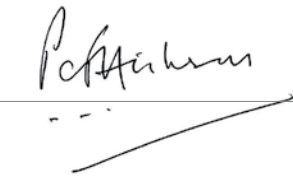
In so far as each of the Trustees of Orbis UK at the date of approval of this report is aware, there is no relevant audit information of which Orbis UK's auditor is unaware. Each Trustee has taken all of the steps that he/she should have taken as a Trustee in order to make himself/herself aware of any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

A large print version of this report is available via the Orbis UK website: [www.orbis.org.uk/largeprint](http://www.orbis.org.uk/largeprint). 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 11 July 2014 and signed on their behalf.

Trustee:



### INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF ORBIS CHARITABLE TRUST

We have audited the financial statements of Orbis Charitable Trust for the year ended 31 December 2013 set out on pages 13 to 21.

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 charitable company'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 charitable 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 charitable company 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 charitable company 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 charitable company'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:





**STATEMENT OF FINANCIAL ACTIVITIES**  
(INCORPORATING AN INCOME AND EXPENDITURE ACCOUNT)  
**YEAR ENDED 31 DECEMBER 2013**

	Note	Unrestricted funds £	Restricted funds £	Total 2013 £	Total 2012 £
<b>INCOMING RESOURCES</b>					
<b>INCOMING RESOURCES FROM GENERATED FUNDS</b>					
Voluntary income					
Donations		1,750,437	1,341,146	<b>3,091,583</b>	3,919,132
Legacies		768,668	48,510	<b>817,178</b>	837,280
Grants	2	-	769,047	<b>769,047</b>	166,662
Investment income		35,902	-	<b>35,902</b>	23,967
<b>TOTAL INCOMING RESOURCES</b>		<b>2,555,007</b>	<b>2,158,703</b>	<b>4,713,710</b>	<b>4,947,041</b>
<b>RESOURCES EXPENDED</b>					
<b>COSTS OF GENERATING FUNDS</b>					
Voluntary income		754,022	36,698	<b>790,720</b>	950,299
<b>CHARITABLE ACTIVITIES</b>					
Primary eye care		542,261	1,033,605	<b>1,575,866</b>	893,138
Childhood blindness		387,675	286,380	<b>674,055</b>	722,962
Specialist training		323,345	220,568	<b>543,913</b>	779,905
Advocacy		472,984	18,760	<b>491,744</b>	479,674
Total charitable activities		1,726,265	1,559,313	<b>3,285,578</b>	2,875,679
<b>GOVERNANCE COSTS</b>		55,876	-	<b>55,876</b>	47,934
<b>TOTAL RESOURCES EXPENDED</b>	4	<b>2,536,163</b>	<b>1,596,011</b>	<b>4,132,174</b>	<b>3,873,912</b>
Net incoming resources, being net movement in funds		18,844	562,692	<b>581,536</b>	1,073,129
Fund balances at 1 January		2,939,850	378,489	<b>3,318,339</b>	2,245,210
Fund balances at 31 December		2,958,694	941,181	<b>3,899,875</b>	3,318,339

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

## BALANCE SHEET AS AT 31 DECEMBER 2013

	Note	2013 £	2012 £
<b>FIXED ASSETS</b>			
Tangible assets	6	43,522	72,346
<b>CURRENT ASSETS</b>			
Debtors	7	450,699	664,069
Cash at bank and in hand		4,317,787	3,454,621
		4,768,486	4,118,690
Creditors: amounts falling due within one year	8	(912,133)	(872,697)
<b>NET CURRENT ASSETS</b>		3,856,353	3,245,993
<b>NET ASSETS</b>		3,899,875	3,318,339
<b>FUNDS</b>			
<b>UNRESTRICTED FUNDS</b>			
General reserve		875,000	1,022,802
Designated funds		2,083,694	1,917,048
		2,958,694	2,939,850
<b>RESTRICTED FUNDS</b>		941,181	378,489
<b>TOTAL FUNDS</b>	9	3,899,875	3,318,339

The financial statements were approved and authorised for issue by the Board on 11 July 2014.

Trustee: P. H. H. H. H.

Trustee: A. F. Cowley.

## NOTES TO THE FINANCIAL STATEMENTS YEAR ENDED 31 DECEMBER 2013

### 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 becomes 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.

## NOTES TO THE FINANCIAL STATEMENTS YEAR ENDED 31 DECEMBER 2013 (CONTINUED)

### 2. Grants

Grant income	Purpose	2013 £	2012 £
<b>GOVERNMENT OF JERSEY</b>			
	Zambia — Kitwe paediatric centre	<b>99,261</b>	64,987
	Ethiopia — Gamo-Gofa	<b>98,479</b>	64,336
		<b>197,740</b>	129,323
<b>STATES OF GUERNSEY</b>			
	Ethiopia		
	Gamo-Gofa rural project	-	37,339
		-	37,339
<b>SIGHTSAVERS</b>			
	Ethiopia — trachoma mapping	<b>571,309</b>	-
		<b>571,309</b>	-

### 3. Net incoming resources is stated after charging

	2013 £	2012 £
Payments under operating leases	<b>42,788</b>	38,000
Depreciation	<b>43,460</b>	51,357
Audit fees	<b>15,600</b>	15,240



**NOTES TO THE FINANCIAL STATEMENTS**  
**YEAR ENDED 31 DECEMBER 2013 (CONTINUED)**

4. Total resources expended

	Activities undertaken directly £	Grant funding £	Support costs £	Total 2013 £	Total 2012 £
<b>COST OF GENERATING FUNDS</b>					
Cost of generating voluntary income	563,586	-	227,134	<b>790,720</b>	950,299
<b>CHARITABLE ACTIVITIES</b>					
Primary eye care	206,598	1,285,907	83,361	<b>1,575,866</b>	893,138
Childhood blindness	163,583	450,927	59,545	<b>674,055</b>	722,962
Specialist training	139,585	356,693	47,635	<b>543,913</b>	779,905
Advocacy	239,434	192,765	59,545	<b>491,744</b>	479,674
<b>GOVERNANCE</b>					
	-	-	55,876	<b>55,876</b>	47,934
	749,200	2,286,292	305,962	<b>3,341,454</b>	2,923,613
<b>TOTAL RESOURCES EXPENDED</b>	<b>1,312,786</b>	<b>2,286,292</b>	<b>533,096</b>	<b>4,132,174</b>	<b>3,873,912</b>

**Grants Payable**

Grants of £2,153,538 (2012: £1,667,403) were made during the year for projects managed by Orbis International and Orbis EMEA. £1,555,335 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 £598,203 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.

**NOTES TO THE FINANCIAL STATEMENTS**  
**YEAR ENDED 31 DECEMBER 2013 (CONTINUED)**

5. Staff costs

	2013 £	2012 £
Wages and salaries	<b>947,545</b>	845,932
Social security costs	<b>81,630</b>	78,073
Pension costs	<b>41,816</b>	40,026
	<b>1,070,991</b>	<b>964,031</b>

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

£60,000 — £70,000	<b>1</b>	1
£70,001 — £80,000	<b>1</b>	-
£80,001 — £90,000	-	-
£90,001 — £100,000	<b>1</b>	1

Contributions in the year to pension schemes for these employees was £18,834.

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

	2013 No.	2012 No.
Cost of generating funds	<b>10</b>	9
Support costs	<b>12</b>	11
Governance	<b>1</b>	1
	<b>23</b>	<b>21</b>

Expenses reimbursed to Trustees amounted to £7,837 (2012: £6,049) in respect of travel and subsistence. Neither the Trustees nor any person connected with them have received any remuneration.

**NOTES TO THE FINANCIAL STATEMENTS**  
**YEAR ENDED 31 DECEMBER 2013 (CONTINUED)**

6. Tangible fixed assets

	Computer equipment £	Office equipment £	Leasehold improvements £	Total £
<b>COST</b>				
At 1 January 2013	81,729	69,211	73,306	<b>224,246</b>
Additions	2,380	5,899	6,358	<b>14,637</b>
Disposals	-	-	-	-
<b>At 31 December 2013</b>	<b>84,109</b>	<b>75,110</b>	<b>79,664</b>	<b>238,883</b>
<b>DEPRECIATION</b>				
At 1 January 2013	51,397	39,131	61,372	<b>151,900</b>
Charge for year	16,664	14,333	12,464	<b>43,461</b>
Disposals	-	-	-	-
<b>At 31 December 2013</b>	<b>68,061</b>	<b>53,464</b>	<b>73,836</b>	<b>195,361</b>
<b>Net book value at 31 December 2013</b>	<b>16,048</b>	<b>21,646</b>	<b>5,828</b>	<b>43,522</b>
At 31 December 2012	30,332	30,080	11,934	<b>72,346</b>

7. Debtors

	2013 £	2012 £
Prepayments	<b>47,483</b>	39,241
Gift Aid	<b>107,639</b>	22,703
Other debtors	<b>12,482</b>	2,052
Accrued income	<b>283,095</b>	220,073
Loan to Orbis International	-	380,000
	<b>450,699</b>	<b>664,069</b>

8. Creditors: amounts falling due within one year

	2013 £	2012 £
Trade creditors	<b>84,545</b>	22,316
Accruals	<b>14,400</b>	62,931
Grants payable	<b>768,380</b>	734,394
Tax and social security	<b>28,508</b>	25,433
Other creditors	<b>16,300</b>	27,623
	<b>912,133</b>	<b>872,697</b>

**NOTES TO THE FINANCIAL STATEMENTS**  
**YEAR ENDED 31 DECEMBER 2013 (CONTINUED)**

9. Statement of funds

	Balance 1 Jan 2013 £	Income £	Expenditure £	Transfer £	Balance 31 Dec 2013 £
<b>UNRESTRICTED FUNDS</b>					
General reserves	1,022,802	1,867,126	(2,014,928)		<b>875,000</b>
Designated funds					
Programme development and expansion	350,000	687,881	(50,280)	100,000	<b>1,087,601</b>
Ethiopia programme — Wolaita	969,702	-	(254,602)		<b>715,100</b>
Advocacy and government relations	100,000		(100,000)		-
Orbis International global initiatives	175,000	-	(40,000)		<b>135,000</b>
Fundraising development	150,000	-	(47,511)		<b>102,489</b>
Foreign Exchange loss mitigation	100,000	-	-	(100,000)	-
Fixed assets	72,346	-	(28,842)		<b>43,504</b>
	<b>2,939,850</b>	<b>2,555,007</b>	<b>(2,536,163)</b>	<b>-</b>	<b>2,958,694</b>

**RESTRICTED FUNDS**

Windward Islands	1,801	-	-		<b>1,801</b>
Flying Eye Hospital programmes	1,473				<b>1,473</b>
Country programmes	373,723	1,908,415	(1,410,945)		<b>871,193</b>
Public relations	1,492	14,865	(14,865)		<b>1,492</b>
Communications	-	12,381	(12,381)		-
MD10 new generation FEH	-	223,042	(157,820)		<b>65,222</b>
	<b>378,489</b>	<b>2,158,703</b>	<b>(1,596,011)</b>		<b>941,181</b>
	<b>3,318,339</b>	<b>4,713,710</b>	<b>(4,132,174)</b>		<b>3,899,875</b>

(Please see overleaf for breakdown of restricted and unrestricted funds).



## NOTES TO THE FINANCIAL STATEMENTS YEAR ENDED 31 DECEMBER 2013 (CONTINUED)

### UNRESTRICTED FUNDS

#### Designated funds

Designated funds are held for the following purposes:

- **Programme development and expansion** — to ensure funding over 2014 to new projects in Zambia (human resources for eye health) £84k, Ethiopia (advocacy) £15k, India (quality resource centre) £64k, e-learning (Cyber-Sight) £70k. To provide additional support to projects in 2014, £100k. To actively support new projects in 2015 when the new global strategy is in the implementation phase, £335k.

Provide resources for the development of programmes over 2014 and 2015 by the programme development team in the EMEA region, £300k.

To ensure that working capital is available for funding the initial phases of projects where funding is received in arrears in 2014 and 2015, with the funds being reinstated in 2017 towards the end of the proposed projects, £120k.

- **Ethiopia programme — Wolaita** — this designation represents the anonymous donation received in 2012 which has been allocated to the Wolaita rural project.
- **Orbis International global initiatives** — to provide financial support to global initiatives in 2014 and also to ensure that the MD10 launch and goodwill tours within the EMEA region are supported in 2015.
- **Fundraising development** — In 2014 and 2015 Orbis UK is looking at TV campaigns, developing online giving, retesting leaflets in magazines and text giving.

### 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 £1,456.
- **Country Programmes** — the expenditure was for programmes in the following areas of work:

	2013 £	2012 £
Primary eye care	1,038,040	350,091
Childhood blindness	372,905	165,224
	<b>1,410,945</b>	<b>515,315</b>

The balance of £871,193 held at the year end, relates to funds received in advance for projects in the activities of childhood blindness, specialist training 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.

## NOTES TO THE FINANCIAL STATEMENTS YEAR ENDED 31 DECEMBER 2013 (CONTINUED)

### 10. Analysis of net assets between funds

	Unrestricted funds £	Restricted funds £	Total funds £
Tangible fixed assets	43,522	-	<b>43,522</b>
Current assets	3,220,274	1,548,212	<b>4,768,486</b>
Grants payable	(161,349)	(607,031)	<b>(768,380)</b>
Other current liabilities	(143,753)	-	<b>(143,753)</b>
<b>TOTAL NET ASSETS</b>	<b>2,958,694</b>	<b>941,181</b>	<b>3,899,875</b>

### 11. Financial commitments

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

	2013 £	2012 £
<b>Between two and five years</b>	<b>50,000</b>	<b>-</b>

Orbis UK had no capital commitments at the end of the year (2012: 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 and Michael Boyd also serve as Directors of Orbis International.

The expenditure incurred during 2013, with respect to Orbis International projects amounted to £1,593,911 and covers grants payable for programmatic work in Bangladesh, Ethiopia, Nepal and the Flying Eye Hospital and the capital campaign for the replacement Flying Eye Hospital. The outstanding balance due to Orbis International at 31 December 2012 was £768,380 and was settled in April 2014.

- b. Orbis UK funded programmes in South Africa and Zambia through Project Orbis International, a South African external company, a branch office of Orbis International. The Director noted above, Robert Walters, is a Director of Project Orbis International. In addition Orbis UK provides funding for the running costs of the organisation. The total expenditure funded by Orbis UK in the year was £427,080. The organisation will become dormant in 2014 once all legal filings have taken place. Activities have been transferred to Orbis Africa in 2014.
- c. Orbis Africa, a non profit company with public benefit organisation status was registered in South Africa in April 2012. Sir Michael Arthur and Robert Walters are Directors and Rebecca Cronin and Lene Øverland are ex-officio Directors of Orbis Africa. No financial transactions have taken place in 2013 between Orbis UK and Orbis Africa.
- d. 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 2013.

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

Ambassadors	Ann-Marie Ablett Sir Richard Branson Brian Little Sunil Ruia Domhnal Slattery Henry Wyndham Toby Young
Trustees	Robert Walters (Chairman) Sir Michael Arthur Larry Benjamin Michael Boyd Kit Braden Bruce Buck Anthony Cowles Maurice Cox Desmond FitzGerald (resigned 1 November 2013) Peter Hickson Mary Killen Nag Rao (appointed 28 March 2014) Melanie Richards Christine Tomkins Charles Vyvyan Nigel Young
CEO	Rebecca Cronin
Company secretary	Jennifer Sheils
Registered office	Fourth 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 2—6 Cannon Street London, EC4M 6YH





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All photos are courtesy of Geoff Bugbee.