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CBM Report 2015

INGO Accountability Charter

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1 Strategic Commitment to Accountability

1.1 Statement from the most senior decision-maker of the organisation

CBM is a Christian international development organisation, committed to improving the quality of life for persons with disabilities in the poorest countries of the world. Utilising its over 100 years of experience, CBM addresses poverty both as a cause and as a consequence of disability working in partnership to create an inclusive society for all.

The rights and inclusion of persons with disabilities underpins our disability-inclusive development (DID) approach. We actively work to ensure full participation of persons with disabilities as empowered self-advocates in all areas of development with a focus on addressing the barriers that hinder access and participation.

CBM works with persons with disabilities, their families, local partner organisations, alliance partners and UN agencies, global organisations, and disabled persons' organisations (DPOs). The emphasis throughout this area of our work is to focus on local capacity development, working with partner organisations to break the cycle of poverty and disability. We intervene in the most disadvantaged societies, irrespective of race, gender or religion to reduce the prevalence of diseases which cause impairments; minimise the conditions which lead to disability; promote equal opportunities for economic empowerment, livelihood security; and full inclusion in all aspects of society for persons with disabilities.

However we do not stop at the level of addressing duty bearers and empowering rights holders. As CBM we are also involved in service delivery through our partner organisations to ensure that persons with disabilities can live up to their full potential and enjoy a life without disease. In this area of our activities we aim for adherence to the highest standards in medical service delivery, education, livelihood support and relief in case of an emergency.

Based on our core value, "*Integrity - we are good stewards of our resources,"* we are committed to meeting good practice standards in operational excellence, demonstrating accountability towards our beneficiaries, partners, donors as well as towards the public and peer organisations. Therefore, we fully subscribe to the International Non-Governmental Organisation (INGO) Accountability Charter. Our report for the year 2015 is our fifth according to the GRI standard (full report). We appreciate the encouraging and informative feedback we received from the Independent Review Panel on our 2014 interim report.

CBM treats accountability as an integral and key value-adding function of its business and does so along the entire social value chain from donor to beneficiary creating transparency with stakeholders and the general public. As part of our efforts to be transparent, our Member Associations report annually to both supporters and external compliance bodies (both government and within the charitable sector such as Deutsches Zentralinstitut für soziale Fragen www.dzi.de in Germany and ZEWO www.zewo.ch in Switzerland).

Internally, we have endeavoured to report to and seek feedback from staff through various communication channels (such as global staff meetings, employee surveys, our intranet or direct communication between employees and senior management). Our recruitment of an International Communications Manager in 2015, with a mandate to improve internal communications reflects our commitment to transparency and accountability to our staff.

Throughout 2015 all Regional Offices (ROs) engaged with partners both individually and collectively to ensure on-going dialogue and mutual accountability. CBM seeks to have a close and balanced relationship with partners and in particular with persons with disabilities living in poverty. It is important that their voices are clearly heard and that we are not a proxy voice for the disability rights movement but rather a facilitator.

With this in mind, it is important to reflect on 2015 which was a year focused on the Sustainable Development Goals (SDGs) and in particular the inclusion of persons with disability in this on-going development agenda. CBM supported and enabled many DPOs to have their voices heard in the consultations running up to the final document in September. This included support for persons with disabilities to attend meetings held in New York in June at the United Nations under the banner of the UN Convention on the Rights of Persons with Disabilities (UNCRPD).

During 2015 CBM worked to further improve the strength of its management and administration. Systems such as foreign exchange control mechanisms and the global budgeting exercise were improved to both recognise and reduce risk across the CBM Federation. CBM continued to roll out its whistleblower, partner complaint and dispute resolution systems – all with an eye on reducing risk, ensuring compliance and increasing accountability.

Throughout 2015 CBM drafted its "CBM Federation Strategy 2021". The former CBM Strategy was evaluated from a global perspective involving every part of the federation. To ensure both accountability and inclusion, CBM consulted heavily with all stakeholders including staff and partners. This comprised stakeholder interviews and the use of a Wiki page giving all internal stakeholders the opportunity to provide their individual input on CBM's strengths, weaknesses, opportunities, and threats.

The results of the survey were shared widely and key areas of strategic change were communicated to all stakeholders. In 2016, this process has led to a new governance and management model for CBM. These are two core topics on which we will report in our next INGO Accountability Charter reporting cycle.

Respectfully,

Dr. Rainer Brockhaus

Chair of the International Leadership Team (since June 2016)

2 Organisational Profile

2.1 Name of the organisation

CBM Christoffel-Blindenmission Christian Blind Mission e.V.

(referred to in this report as **CBM International**)

2.2 Primary activities (e.g. advocacy, research, service provision, capacity building, humanitarian assistance, etc.)

In **Service Provision** CBM supports programmes ensuring equal access for persons with disabilities to **quality services** in the areas of health, education and livelihood. This is done in a participatory manner together with relevant development stakeholders, local authorities and persons with disabilities and their families in order to ensure ownership and achieve sustainability. Our comprehensive approaches contribute to system strengthening of the local structures and processes as well as closing identified service gaps and hence to the fulfillment of the right to access to services for all.

CBM undertakes **advocacy** work at all levels/from global to local. Our advocacy work is part of a bigger change agenda based on the recognition that societies, attitudes, policies etc. need to change to achieve inclusion of persons with disabilities as equal members of society. The UN Convention on the Rights of Persons with Disabilities constitutes the guiding reference of our advocacy work, meaning, amongst others, that we aim at strengthening the voice of persons with disabilities so that they can speak for themselves. It also means that we are actively promoting and following the implementation by countries and regions of the Convention to ensure that commitments and obligations are implemented. CBM's advocacy work has a focus on the 2030 Agenda for sustainable development in which we advocated, in collaboration with others, for strong references to persons with disabilities. This provides new opportunities for inclusion to take place in countries and internationally. Our advocacy work will try to maximize these opportunities by always linking the Convention and the 2030 Agenda as frameworks that should reinforce each other.

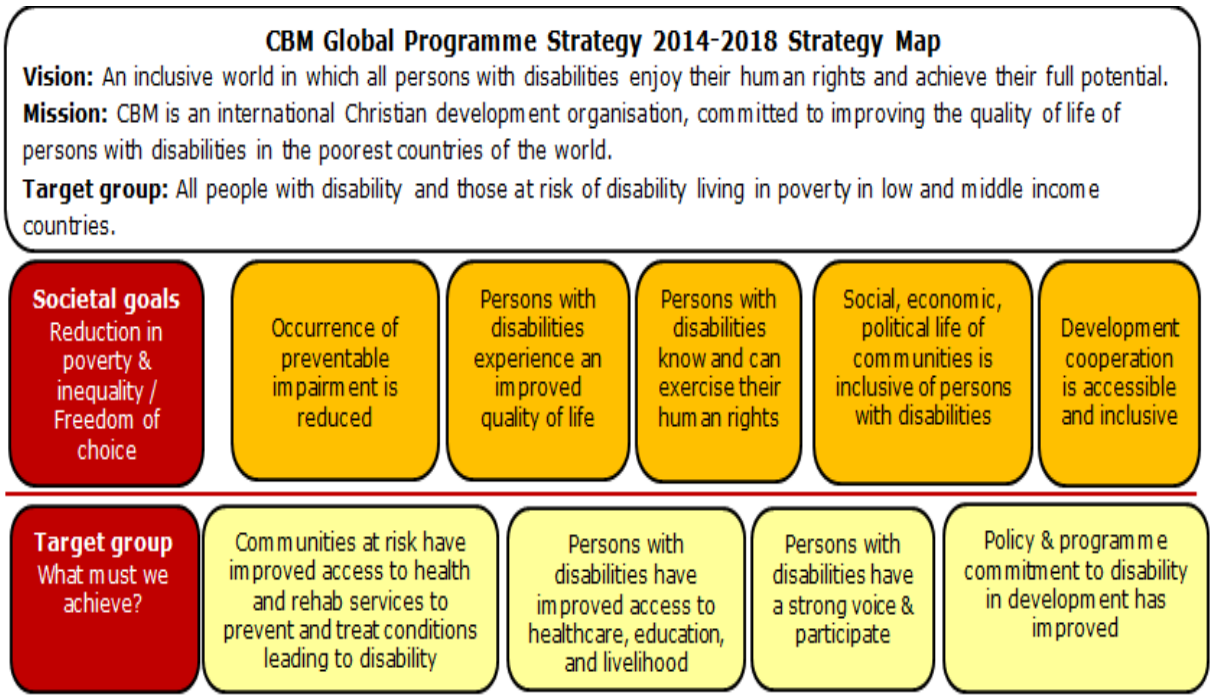
CBM's working principle remains to work with **partner organisations** in the poorest areas of the world. In 2015 CBM worked in partnership with 418 partner organisations implementing 650 projects/programmes in 63 countries in Africa, Asia, Latin America, and the Middle East. This work follows the Global Programme Strategy (GPS). In 2014 GPS-I was succeeded by the second **Global Programme Strategy (GPS-II)**.

GPS-II is based on the main principles of the first GPS (twin track approach, disability inclusion and advocacy principles) but has a stronger emphasis on including rights holders and strengthening our collaboration with relevant organisations.

GPS-II ensures a cohesive understanding of who we are and aims to unite the organisation behind one global programme. The programme approach has a stronger emphasis on:

1. ensuring that advocacy, service provision and alliances are an integral part of a country portfolio whereas a strong investment focus remains with service provision
2. beneficiary focus through a human rights and inclusive development focus
3. Community Based Rehabilitation (CBR) as a guiding framework to reach Community Based Inclusive Development (CBID)
4. twin track approach to programmes and the role of emergency response as integral to upholding the rights of persons with disability
5. CBM working to its competencies and strengths
6. technical support is provided across all programmes in our mandate areas and
7. country programming in strategic countries

Derived from societal goals four target group objectives are formulated as shown in the graph below:



GPS-II continues to further focus also geographically. Acknowledging that CBM cannot work everywhere, there is the explicit agreement on a further strategic reduction of the portfolio and to have a further geographic focus. In defined Strategic Countries, country programmes are developed which will have to cover all four target group objectives whereas in so called specific development intervention countries at least one of the four objectives will be strategically included in the country portfolio.

The list below shows all strategic countries as per GPS-II:

(acronyms can be found in the List of Abbreviations)

Strategic Country Programmes		
#	**Region**	**Country**
3	AFC	Cameroon, Democratic Rep. of Congo, Rwanda
3	AFE	Ethiopia, Kenya, Tanzania
4	AFS	Madagascar, Malawi, Zambia, Zimbabwe
5	AFW	Burkina Faso, Ivory Coast, Niger, Nigeria, Togo
1	ASC	Vietnam
2	ASE	Indonesia, Philippines
2	EMR	Pakistan, Palestinian Territories
3	LAR	Bolivia, Guatemala, Haiti
3	SAR	Bangladesh, India, Nepal
Total number of countries: 26		
Countries to exit		
#	**Region**	**Country**
1	EMR	Ukraine (2015)
1	LAR	Chile (2015)
Total number of countries: 2		
Specific Development Interventions		
#	**Region**	**Country**
3	AFC	Burundi, Central African Republic, Chad
2	AFE	Republic of South Sudan, Uganda
4	AFS	Angola, Lesotho, South Africa, Swaziland
4	AFW	Benin, Ghana, Guinea, Sierra Leone
5	ASC	Cambodia, China, Laos, Myanmar, Thailand
2	ASE	Papua New Guinea, Timor Leste
5	EMR	Afghanistan, Egypt, Jordan, Tajikistan, Yemen
10	LAR	Brazil, Colombia, Cuby, Ecuador, El Salvador, Honduras, Nicaragua, Mexico, Paraguay, Peru
1	SAR	Sri Lanka
Total number of countries: 36		

Paragraph 2.5 below shows that GPS-II had a strong impact on steering CBM's investment towards the defined strategic countries and thus to further focus and steer funding strategically.

Humanitarian Assistance: CBM has responded mainly to natural disasters in the past few years improving the support we provide our partners. In each emergency response and in our Disaster Risk Reduction projects, we have tried to develop partnerships with DPOs to support protection initiatives, ensure access to assistance and representation of persons with disabilities in coordination mechanisms. The Emergency Response Team also systematically supports partners with tools and guidelines to implement a beneficiary satisfaction survey during and after the end of the project. The results of those

surveys have provided us with key information to adjust our response to the needs of the community.

Several partnerships with mainstream organisations either to implement emergency response, to develop tools and guidelines or to influence global frameworks have been developed. CBM has led the CSO group at the international level to advocate for inclusion of persons with disabilities in the Sendai Framework and we are continuously working on the definition of indicators. CBM has also been an active member of the CSO group working towards inclusion of disability within the World Humanitarian Summit which resulted in the development of a Charter for Inclusion of Persons with Disabilities in Humanitarian Action, which has been widely endorsed. Both those processes had multiple stakeholders and included organisations of persons with disabilities.

2.3 Operational structure of the organisation, including national offices, sections, branches, regional and field offices, main divisions, subsidiaries, and joint ventures

CBM is a federation of legally autonomous Member Associations. CBM Member Associations are **independent legal entities** and are governed by their respective country laws and Board. The primary (but not exclusive) task of the CBM Member Associations is to raise funds and to advocate for CBM's mandate within their respective countries. The CBM Charter (also referred to as Memorandum of Understanding) provides definitions and a common understanding of the roles and responsibilities of the legally independent Member Associations and the international organisation. Member Associations, through the CBM Charter, commit themselves to funding a joint CBM programme, coordinated by CBM International. The use of the CBM Trademarks and Licensing Agreement provides the framework for joint usage of the CBM brand.

The international association manages the joint programme of the CBM Federation under German law and is called "**Christoffel-Blindenmission Christian Blind Mission e. V."**. CBM International's financial means are made available by the Member Associations. Therefore, CBM International does not generally raise funds on its own.

CBM International is responsible

1. for programme implementation on behalf of the Member Associations
2. for finding and selecting partners for the projects/programmes
3. for the implementation and evaluation of the projects/programmes
4. for their monitoring and reporting back to the Member Associations that are funding the respective project/programmes

CBM International shall

1. set minimum standards, including minimum quality requirements for all CBM programme work and
2. act as a centre of excellence for programme work

CBM International operates with ROs in Latin America, Africa, and Asia. ROs are typically branches of CBM International; their primary task is to develop regional strategies and a plan for each country in the region, to network with partners and to develop, implement and evaluate a portfolio of projects and programmes for the countries in the region. This unique organisational structure enables CBM to speak in its programme countries with one voice and to implement worldwide standards in all its programme work in an efficient and effective manner.

In our previous reports we focused on the structure of CBM International as a member of the INGO Accountability Charter. As already mentioned, CBM International has developed a new CBM Federation Strategy 2021. In this context we have also reviewed our governance structure: An International Leadership Team (ILT) has been appointed as the Executive Management Board (Vorstand) of CBM International. As these changes came into effect in 2016, we will explain them in detail in our next accountability report. However, to give a complete overview of the global CBM network, we would also like to mention another international CBM entity officially registered as:

Christliche Blindenmission International (CBMI)-Christian Blind Mission International (CBMI)

CBMI is a tax-exempt, not-for-profit organization registered in Switzerland. The members of this association are the same as those in CBM International. For many years CBMI has carried out the following tasks:

1. legally holding and protecting the CBM Federation's name and logo as international trademarks
2. initiating and start-up funding for new CBM Federation Member Associations

With recent changes to tax exempt law in Germany and to reduce complexity within the CBM Federation, CBM International and CBMI Supervisory Boards felt there was no future need to have two international associations in the Federation. Thus, it was decided to start a process of transferring the above mentioned tasks to CBM International and to liquidate CBMI in Switzerland. It is anticipated that this process will be completed by mid-2017.

2.4 Location of organisation's headquarters

Stubenwald-Allee 5, 64625 Bensheim, Germany

2.5 Number of countries where the organisation operates, and names of countries with either major operations or such that are specifically relevant to the accountability issues covered in the report

Based on Global Programme Strategy-II the following table shows the countries in which CBM is working as well as the programme expenses in each country. The list distinguishes between strategic countries and specific development intervention countries (definition see chapter 2.2):

Table: AFRICA **29 Countries, 15 Strategic Countries**	2015		
	No. of Projects	No. of Expatriates	Expenses in EUR
Angola	1		96,528
Benin	1		3,800
Burkina Faso	**6**		**982,516**
Burundi	2		49,237
Cameroon	**10**	**1**	**1,970,773**
Central African Republic	1		6,411
Chad	6		332,624
Cote d'Ivoire	**2**		**228,042**
Dem. Rep. of Congo	**25**	**3**	**3,138,720**
Egypt	5		506,211
Ethiopia	**29**	**1**	**1,582,718**
Ghana	3	1	375,208
Guinea	1	1	68,784
Kenya	**28**	**4**	**2,717,961**
Lesotho	2		51,587
Madagascar	**12**	**1**	**714,361**
Malawi	**12**	**2**	**1,473,285**
Niger	**5**		**720,157**
Nigeria	**13**		**2,934,063**
Republic of South Sudan	3		528,665
Rwanda	**6**	**1**	**500,620**
Sierra Leone	3	1	365,429
South Africa	5	3	753,873
Swaziland	3		169,335
Tanzania, United Rep.of	**17**	**3**	**1,826,849**
Togo	**9**	**4**	**652,889**
Uganda	12	5	1,487,738
Zambia	**8**	**2**	**785,918**
Zimbabwe	**14**	**1**	**2,251,352**
Total AFRICA	**244**	**34**	**27,275,654**

Table: ASIA **20 Countries, 9 Strategic Countries**	2015		
	No. of Projects	No. of Expatriates	Expenses in EUR
Afghanistan	1		596
Bangladesh	**15**		**1,475,096**
Cambodia	6		413,664
China	3		532,556
Gaza/Israel	**6**		**548,521**
India	**98**	**1**	**3,562,201**
Indonesia	**11**	**1**	**875,517**
Jordan	3		271,999
Lao People's Dem.Rep.	2		202,337
Myanmar	2		101,282
Nepal	**15**		**1,559,314**
Pakistan	**27**		**2,121,328**
Papua New Guinea	6		337,130
Philippines	**37**	**5**	**2,559,131**
Sri Lanka	15		466,848
Thailand	5	3	372,442
Timor-Leste	1		16,261
Viet Nam	**13**		**615,094**
West Bank	**7**		**794,564**
Yemen	1		0
Total ASIA	**274**	**10**	**16,825,882**

Table: LATIN AMERICA **14 Countries, 3 Strategic Countries**	2015		
	No. of Projects	No. of Expatriates	Expenses in EUR
Bolivia	**18**		**846,667**
Brazil	10		488,718
Chile	1		605,902
Colombia	5		337,121
Cuba	2		148,499
Ecuador	8	1	491,907
El Salvador	2		19,896
Guatemala	**8**	**1**	**232,701**
Haiti	**18**	**3**	**1,681,736**
Honduras	8		228,039
Mexico	5		208,495
Nicaragua	3	1	226,145
Paraguay	4	1	403,120
Peru	10		953,153
Total LATIN AMERICA	**102**	**7**	**6,872,099**

In 2015 80% of all funding was invested in the defined strategic countries.

2.6 Nature of ownership and legal form. Details and current status of not-for-profit registration

CBM International is listed in the register of associations as **CBM Christoffel-Blindenmission Christian Blind Mission e.V.** Registration court: Amtsgericht Darmstadt (local court): Registration number: VR20.

CBM International is an Association registered under German law and is based in Bensheim, Germany. Based on the Articles of Association it exclusively follows non-profit and charitable purposes by supporting and implementing projects in addition to advocating for the rights of persons with disability. CBM International is a membership organisation committed to improving the quality of life of persons with disabilities in the poorest communities of the world. For further details, please refer to reporting parameter 2.3.

2.7 Target audience: Groups of people you serve including geographic breakdown

We work in collaboration with CBM Member Associations, activists, persons with disabilities, policy makers, UN organisations (in particular with the WHO), civil society organisations, experts in the field of disability, supporters and donors, as well as the public. The groups of people we serve are persons with disabilities and those at risk of disability in the most disadvantaged societies. We are accountable towards the target group we serve, who are persons with disabilities, families and communities, our local, national and international partner organisations, DPOs, staff and volunteers, and towards our individual and institutional donors, and supporters.

Geographical breakdown of persons served in 2015 under each activity

Region	Medical services for **Eye**	Medical services for **Ear & Hearing care**	Medical services for persons with **Physical Impairment**	**CBR-CMH*** services	**Education** services	**Oncho & Trachoma** services**
Services / Region	Eye Health	Ear & Hearing Care	Physical Impairment and Rehabilitation	CBR and CMH	Education	Oncho & Trachoma
Africa	1,828,423	176,170	322,474	232,520	47,439	28,390,390
Asia	4,821,500	298,455	114,650	430,090	29,714	
Eastern Mediterranean	1,228,113	11,749	6,727	14,132	10,317	
Latin America	581,553	177,133	4,972	68,021	9,257	
Total	8,459,589	663,507	448,823	744,763	96,727	28,390,390

*CBR-CMH: Community Based Rehabilitation-Community Mental Health
**Oncho (Onchocerciasis, river blindness), Trachoma (eye infection)

2.8 Scale of the reporting organisation including global annual budget; annual income and expenditure, number of e.g. members, supporters, volunteers, employees; total capitalisation in terms of assets and liabilities; scope and scale of activities or services provided

For 2015 we have **simplified and reduced our statistics** form and restructured the **questionnaire used to collect the following data** from the partners. In accordance, we also adapted our reporting structure with the work areas "Health", "Education & Livelihood" and "Inclusion & Empowerment". However, we were still able to provide most figures of the "Summary of Key Messages 2015" as in previous years.

With the support of approximately **691.600 active supporters/donors** from **11 Member Associations** CBM was able to reach more than **10.5 million people** with **CBM supported core activities[1].** The results were achieved in partnership with **418 partner organisations** implementing **650 projects** in **63 countries** in Africa, Asia, Latin America, and the Middle East.

A further **70.5 million persons** were reached/registered for MDA-community treatments[2] as a public health approach, of which **28.3 million persons** (28,390,390) were treated for blinding onchocerciasis (27,953,145) and trachoma (437,245), and **49.4 million persons** (49,432,179) were treated for non-blinding, disabling, neglected tropical diseases (NTD's)[3].

CBM supported **341 Education and Rehabilitation projects**[4] reaching **927,215 persons with disabilities:** 744,763 persons with disabilities served by CBR projects, 85,725 persons seen in Community Mental Health (CMH) and 96,727 persons with disabilities (of which 79,913 were children) by Education projects.

Furthermore, we supported **93 Livelihood projects** reaching **91,731 persons**.

In the **work area of "Inclusion & Empowerment"** we introduced some new categories. These are additional users of CBM supported programmes which so far have not been counted – they are also not part of the total number of beneficiaries yet. Various types of **peer groups for persons with disabilities** and their families were facilitated as well as **arts, sports, cultural programmes** with **375,614 members/participants**. Also **53% of CBM supported projects** were involved in **advocacy** work to influence local or

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[1] **CBM core activities**: People who received medical eye services + medical services for ear conditions and/or orthopaedic conditions + other medical services + education and/or rehabilitation services. CBM supported main mandate areas where all data relating to Mass Drug Administration (MDA) have been excluded. As MDA activities fluctuate drastically this exclusion provides a better comparability of statistical data.

[2] **MDA**: Mass Drug Administration as part of Preventive Chemotherapy (PCT). This is a new category where we count the number of persons reached for MDA treatment. Here one person is to be counted only once, regardless whether he/she was treated for various NTD's, as often is the case. In the eye and non-eye related MDA's below a person can be counted more than once.

[3] **Non-blinding NTDs**: 28,511,600 persons treated for Lymphatic Filariasis (LF), 16,098,638 for Soil Transmitted Helminthes (SCH)

TH) and 4,821,941 for Schistosomiasis where we have an integrated NTD programme or where government policies require an integrated approach.

[4] **E&R services**: Persons with disabilities enrolled for Education, CBR and seen in Community Mental Health.

national policy on disability and **58% of the projects** were involved at the community level to **create awareness about the rights of persons with disabilities.**

14,165 government representatives participated in **training courses/workshops on disability inclusion**, and **40,422 representatives of non-government or civil society organisations,** and **service providers** participated in training courses/workshops on disability inclusion.

In order to make our and our partners' programme work safe for children, CBM supported training on **child safeguarding (CS)**. **10,232 staff** at partner organizations participated in CS training courses and **54,902 participants of our projects' target group** were sensitised and trained in special courses on awareness of child's rights and/or CS.

With regard to our **emergency work**, we have reached **50,892 people**, of whom 7,118 (14%) are persons with disabilities[5].

- **In CBM core activities** a total of **10,584,941 persons** received services from our partners of which:
  - **8,459,589** received medical **eye services**;
  - **663,507** received medical services for **ear conditions**;
  - **448,823** received medical services for **orthopedic conditions;**
  - **85,807** received **other medical services;**
  - **927,215** received **education or rehabilitation** services.
- **223,443 persons** were either **referred** to the above medical services and/or rehabilitation services or they received personal assistance to be able to access these services.
- **722,949 operations** were performed including 673,683 eye operations, 12,563 ear operations, and 36,703 orthopaedic operations.
- **797,470 assistive devices** were distributed, including 694,314 spectacles; 15,591 low vision devices, 9,267 hearing aids and amplification devices, 62,165 orthopaedic appliances and 9,484 other devices. 6,649 different devices were repaired**.**
- **186,265 people were trained in the area of Health** (in particular 4,281 doctors, 7,475 nurses) to enable our partners and enhance local and national capacity.
- **33,194 people were trained in the area of Education** in 2015**.**

Information detailing the number of staff employed in the different regions and at the International Office in Bensheim, Germany (expatriates and local staff) and employed by the different Member Associations is given in section IV LA1 of this report.

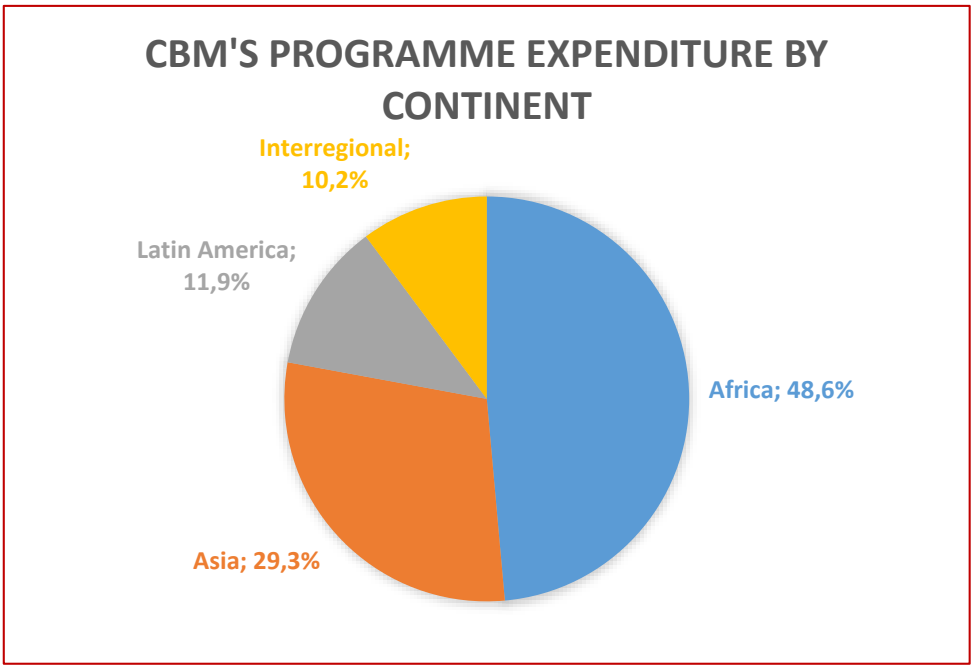
[5] **Emergency work**: The number above only reflects individual people reached, not total 'interventions' (e.g. in some projects these people will have been reached more than once, either through repeated actions or through receiving different types of support). In much of the work done, obtaining a quantitative and accurate number of people reached is not possible as we cannot count end-beneficiaries (e.g. capacity building of mainstream organisations in disability inclusion). The number above is therefore considered to be conservative.

Key Financial Figures for 2015 (in millions €)

TOTAL INCOME CBM WORLDWIDE	**230.1**	
Donation income (incl. gift in kind (GiK))	***186.3***	81.0%
Legacies and bequests	***21.4***	9.3%
Designated funding	***17.2***	7.5%
Other income	***5.2***	2.2%
TOTAL EXPENDITURE	**230.9**	
Programme expenditure	**174.0**	75.4%
MA programme development + M&E	**6.8**	2.9%
Domestic advocacy/alliance work	**7.4**	3.2%
Acquisition fundraising	**26.6**	11.5%
Admin & governance	**16.2**	7.0%

Assets and liabilities for the entire CBM Federation cannot be compiled for 2015 since CBM's Member Associations (MAs) are different independent legal entities and financial reporting requirements vary greatly. However, assets and liabilities of each Member Association are reported in their respective annual reports which are available on their websites (accessible via www.cbm.org), or can be provided upon request. From 2016 onwards this will be possible as a result of the recent implementation of a CBM Global Reporting tool.

The above 'programme expenditure' of €174.0M mostly comprises funds made available to CBM International by CBM Member Associations for CBM's joint programme work (€170.6M). The rest represents programme work carried out outside of CBM International (€2.2M) and domestic programmes in Member Association countries (€1.2M).



2.9 Significant changes during the reporting period regarding size, structure, governance or ownership

In 2015 the President and CEO of CBM International, Dave McComiskey, announced that he would leave for retirement, which he did in 2016 after numerous years of working within the CBM Federation.

Furthermore, the following executives left the organisation after many years of service to pursue new endeavors:

1. Markus Hesse, Vice President - Finance and Strategy
2. Matthias Spaeth, Vice President Programme Development

Frank Wendt joined CBM as CFO and brought more than 19 years of finance and operations experience into the organisation.

The position of Vice President for International Development was triggered and filled in 2016.

2.10 Awards received in the reporting period

We and a number of our Partners received recognition and a number of awards. For detailed information on awards received by our partner organisations please refer to Appendix A.

3 Report Parameters

3.1 Reporting period (e.g. fiscal/calendar year) for information provided

Our report summarises the activities occurring in the calendar year 2015.

3.2 Date of most recent previous report (if any)

1 October 2014 (CBM Interim Report 2014)

3.3 Reporting cycle (annual, biennial, etc.)

Annual

3.4 Contact person for questions regarding the report or its contents

Name: Hella Diehm

Title: Manager Organisational Development

Phone: +49 6251 131 303

Email: hella.diehm@cbm.org

3.5 Process for defining reporting content and using reporting process

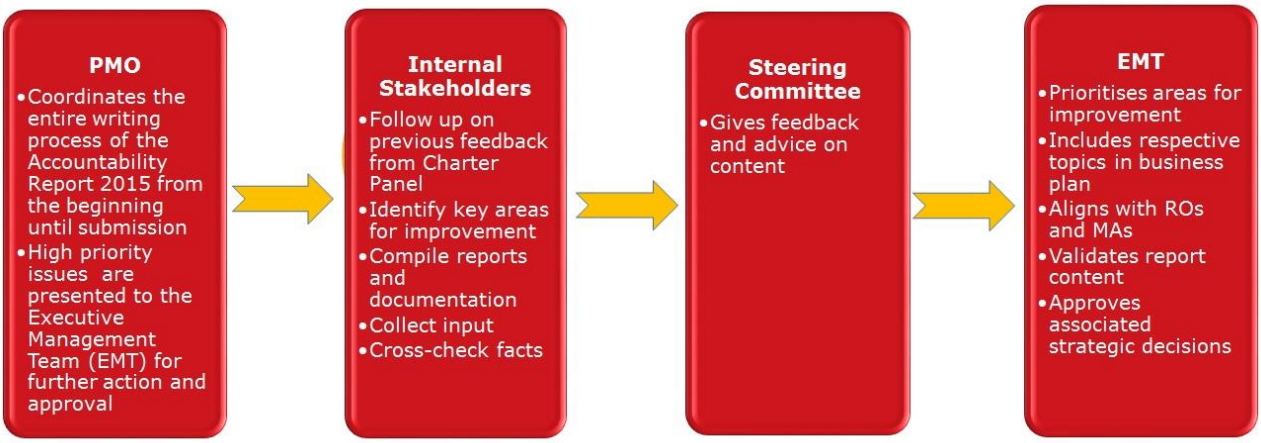
We follow standard best practice in disclosing and reporting on our organisational, economic, environmental, social, governance and programme performance.

Issues and concerns that are of high importance for fulfilling our mission are presented to the Executive Management Team (EMT) for further action and approval for any associated strategic decisions.

Based on our positive experience in compiling previous reports and the positive feedback received from the members of the INGO Panel we have repeated the process of defining the report content for our 2015 report with few minor changes.

We used the following process to define the reporting content:

1. Cross-functional stakeholders of the accountability report reviewed the 2013 report and 2014 interim report and feedback from the Independent Review Panel.
2. Key issues were identified and presented to the Executive Management Team (EMT).
3. EMT prioritised issues within its business plan.
4. Cross-functional stakeholders developed the content for the 2015 report with inputs from various departments and units.
5. For the first time we had a Steering Committee with the task of giving feedback and advice on the content of the Accountability Report 2015.
6. EMT validated the report content and approved any associated strategic decisions.
7. The entire process was coordinated by the Project Management Office (PMO).



Report dissemination and staff feedback

1. The report is made available to CBM staff by posting the document on SharePoint, CBM's intranet. An action that the EMT derives from the panel's feedback and that is included in the EMT business plan is shared with the internal stakeholders in a similar manner. CEOs of all CBM Member Associations and their chairs receive an email notification with monthly updates on the EMT business plan. CBM staff can access the same via SharePoint.
2. The accountability report is furthermore posted under the 'Accountability' section on our website (http://www.cbm.org/Accountability) and is as such made available to the public.
3. CBM encourages feedback from the CBM Federation. CBM considers feedback as an important tool for further professionalisation and enhancement of our work.

3.6 Boundary of the report with regard to regions and operations (e.g. divisions, subsidiaries, leased facilities, joint ventures, suppliers)

While setting the boundaries of the report we applied the following GRI definitions: control, significant influence and perceived responsibilities. CBM International has limited power, limited influence to govern, and limited influence on the financial and operating policies of its Member Associations (please see 3.8 for further explanation).

Our accountability report covers CBM International's global operations. In operational areas, such as governance performance and programme indicators we have data from CBM International and CBM partner organisations. In some areas, e.g. human resources and finance we do not have standardised data across all CBM entities due to different national regulations. The global financial information from our Member Associations compiled in the International Family Finance Report (IFFR) is indicative and does not accurately represent the financial performance of each individual Member Association or CBM International. From 2016 onwards a new Global Financial Reporting tool has been implemented which will provide accurate and comparable financial information for the whole CBM Federation.

Data collection was managed globally, geographically and at the business unit level. Our approach to data collection was based on verifiable facts within the specified boundaries. Performance indicators discussed in this report regarding our programme work mainly refer to the **work of CBM International and its partners**, and not to the work of our Member Associations. CBM neither has global statistics on human resources and advocacy effectiveness of our Member Associations nor on environmental performance of the entire CBM Federation.

3.7 Material content limitations of the report

The INGO accountability report is an opportunity for us to communicate with our stakeholders about the organisation's performance and to discuss issues that matter most to them. For CBM, the INGO Accountability Report is a tool to identify indicators that are of critical importance to our stakeholders. Due to the non-availability of global consistent data, the performance indicators of human resources, advocacy effectiveness and environmental performance of Member Associations is not covered in this report.

Regarding environmental performance aspects, we report for the CBM International Office in Bensheim/Germany, the CBM Office in Brussels/Belgium and all ROs (without Country Coordination Offices). The operational boundary of our environmental performance assessment includes an analysis of premises' energy use, water consumption, vehicle fleet, business travel and staff commuting habits.

3.8 Basis for reporting on national entities, joint ventures, subsidiaries, outsourced operations or other entities

We have reported partially on the financial performance of our Member Associations, ROs and Country Coordination Offices (CCOs). As discussed under reporting parameter 3.6, the global financial data from these entities compiled in the International Family Finance Report (IFFR) is not performed on the basis of a formally recognised consolidation method, as prescribed by General Accepted Accounting Principles (GAAP, international or German). The reason for not formally consolidating Federation entities lies in the fact that CBM is not a corporation and as such CBM International does not have sufficient control over other Federation entities. Therefore, this report does not use an attested and audited consolidated Federation annual report. Member Associations or CBM International should be consulted directly to obtain their respective audited annual reports, if more detailed information is required.

The financial information presented in this report serves the Federation and its governance bodies as management and controlling tools which provides the basis for a systematic assurance that Charter accountability commitments are met. The International Family Finance Report (IFFR) is one such tool for the Family

Leadership Team (see sections 4.1; 4.4; PR6) to look at the overall accountability and performance.

CBM works in partnership with local organisations in programme countries to implement its programme work. The purpose of networking and joint programmes implementation with local organisations is to improve delivery of our service to our target group, reduce duplications, work comprehensively, better reach the target groups, and better use locally available resources in the programme countries. It is our strategy to work in partnership with local organisations and to provide direct services only exceptionally. This affects the comparability of our performance and global data, including the fact that our partner organisations' management standards are not reflected. However, CBM International has set out and monitors clear standards of accountability for each partner it works with.

3.10/3.11 Significant changes from previous reporting periods in the boundary, scope, time frame, or measurement methods applied in the report

There are no significant changes in reporting parameters.

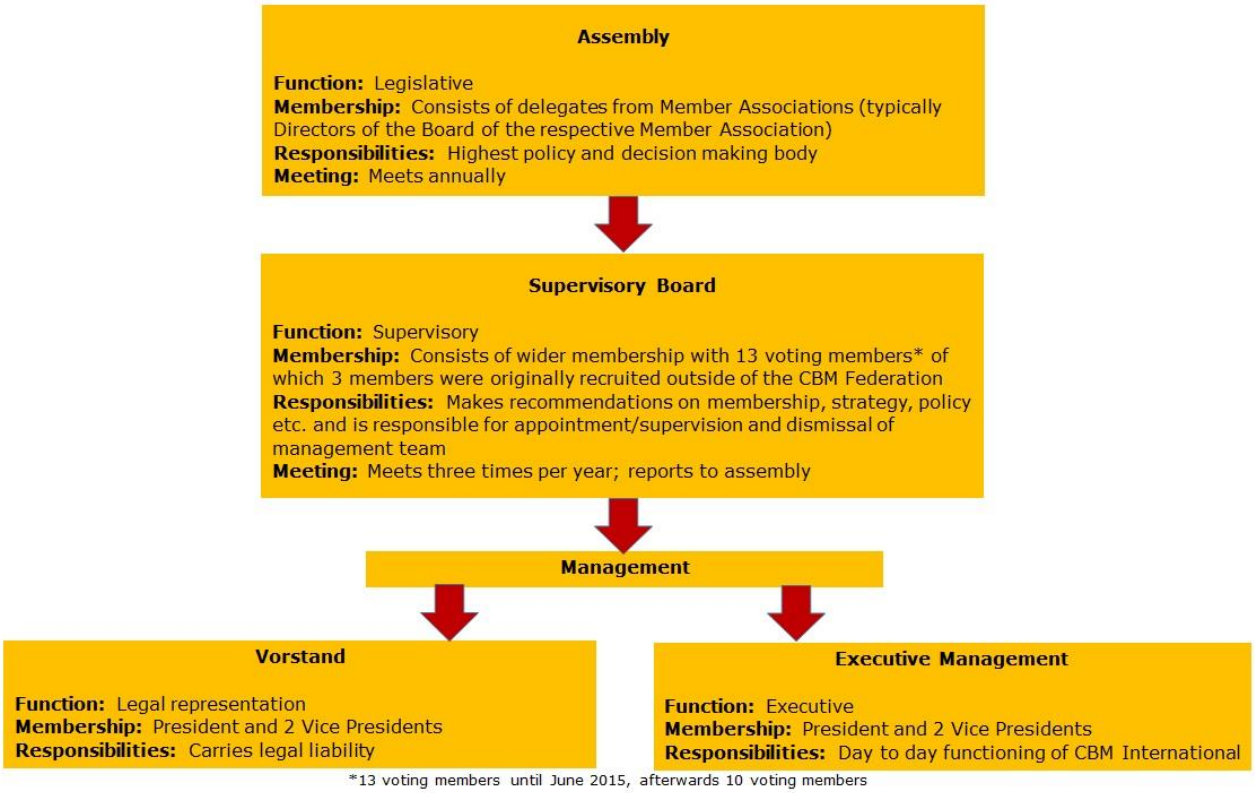
3.12 Reference Table

Not applicable

4. Governance Structure and Key Stakeholders

4.1 Governance structure and decision making process at governance level

The CBM International governance structure has three levels. This system of governance helps CBM International to function efficiently and effectively while addressing compliance issues and country regulations.



Assembly

The Assembly admits and dismisses Associations from CBM membership, decides on Articles of Association, strategy, key identity and policy papers, annual audit, and financial statements. Each Member Association has one delegate/one vote in the Assembly.

Supervisory Board

The Supervisory Board, which is competency based, has formed the following committees to prepare and support its recommendations and decisions. Terms of reference for each of the committees are available upon request.

1. Audit & Finance
2. Personnel & Compensation Committee (focused on human resources policies and the review of senior executive performance and compensation. In addition, this committee is tasked with reviewing Board performance)
3. Board Nomination Committee (tasked with recruiting new Board members, the Committee is made up of 2 Assembly members, 2 Board members and the President (who is ex-officio).
4. Overseas Programmes
5. Legal Affairs
6. Fundraising & Communication (Changed to Marketing and Communication in late 2015)
7. Family Leadership Team (FLT was established in 2013. This is a group of executives (altogether nine of them) from across the CBM Federation who are responsible for the CBM Federation, strategy, efficient and effective management practices across the Federation, the CBM Brand, and the growth of the CBM Federation).
8. In 2015 the Supervisory Board established a two person, Risk Task Force who were requested to identify key risks for the organisation and to ensure that risk was being dealt with in an effective manner across the organisation. This included a review lead by the Internal Auditor on all programme projects receiving more than 250,000 Euros per year. The Supervisory Board reviewed the Risk Task Force's report at their meeting in November 2015.

Management

CBM International's management consists of **Vorstand** and **Executive Management**. "**Vorstand**" as defined in section 26 of the German Civil Code is appointed by the Board, holds legal representation, and carries legal liability. "**Executive Management**" of CBM International is responsible for day-to-day operations. The President, who is also the Chief Executive Officer, along with the heads of the Human Resource, Finance and Operations and Overseas Programme Departments form the Executive Management Team (EMT). Quarterly an Extended Executive Management Team (Extended-EMT) meets. This group consists of all department heads and their deputies, a member of the staff council and selected Senior Technical Advisors, providing a forum for cross-departmental reporting. The CBM Board is accountable for the oversight of the governance process and CBM's management is responsible for implementing the policies and procedures. Our governance structure clearly defines responsibilities, reporting lines, and addresses linkages between the Board, committees and the Executive Team. In 2015 in an attempt to more clearly define roles, responsibilities and decision-making CBM implemented the RAPID© model. In

addition the organisation reviewed the authority structure and delegation of signing/payment authority throughout all international operations.

4.2 Division of powers between the highest governance body and the management and/or executives

The Chairperson of the Assembly, who is also the Chair of the Board, is a non-executive officer of CBM International. The following table outlines the division of powers between the highest governance body, i.e. the Assembly and the Executive Management.

Governance Body	Main Functions/Powers
Assembly	• admit and dismiss Associations from CBM membership; • change or amend the Articles of Association; • approve CBM International strategy and key CBM identity papers for the international level; • appoint and dismiss and annually discharge members of the Supervisory Board; • annually discharge the management • approve the annual audit and financial statements; • other functions – as per the Articles of Association.
CBM International Supervisory Board	• appoint, supervise and dismiss the management; • approve CBM International strategy; • approve CBM International policies; • approve CBM International annual budget; • report to the Assembly at least annually.
Vorstand	• execute the legal requirements of the organisation
Executive Management	• develop CBM International strategy • develop and recommend CBM International policies • develop and recommend the CBM International annual budget • execute the CBM International strategy and budget • manage the resources with good stewardship • report to the Board at least 3 times per year • report to the Assembly at least annually

Assembly

Each Member Association of CBM has one delegate on the CBM International Assembly. Each delegate holds a four-year term. Delegates appointed to the Assembly are Directors of the Board of the respective Member Associations. No executive officers of CBM International or CBM Member Associations are members of the Assembly. In 2015 the Assembly had 11 delegates.

Supervisory Board

In 2015 the Supervisory Board underwent a normal rotation of members with 5 members completing their terms as per the Articles of Association and the election of 2 new members to replace those who had left. There was a change in

the position of Board Chair as part of this transition. The Board now consists of 10 voting members with the Vorstand of CBM International being ex-officio. No executive officers of CBM are voting members of the Supervisory Board.

The Executive Management is responsible for the day-to-day running of the organization. The Executive Management Team consists of executives from CBM International and the team is led by the President.

4.3 Please state the number of members of the highest governance body

In 2015 CBM had 11 delegates in the Assembly (one delegate from each Member Association). Delegates from CBM Member Associations form the **CBM Assembly of Members**. All delegates are Board members of their national Member Association Boards. For more information, please refer to reporting parameters 4.1 and 4.2.

4.4 Mechanisms for internal stakeholders (e.g. members or employees) to provide recommendations to the highest governance body

CBM International considers its employees and the CBM Member Associations as the primary internal stakeholders.

Mechanisms for Employees

CBM employees at the CBM International Office, ROs and in Member Associations can use several mechanisms to provide feedback or make recommendations to the CBM International Board and the Assembly. Every 2 years CBM conducts a global employee satisfaction survey, which is accompanied by a series of facilitated result feedback workshops in all offices of CBM, including Member Associations. The workshops aim at identifying strengths and areas for improvement in both the relevant department or office level and in the CBM Federation as a whole. The results of the survey and areas for improvement for the CBM Federation as a whole identified in the workshops are reported and discussed between the CBM International Board and Executive Management. The implementation of recommendations and action plans from the survey that concern the relevant department/office are managed within the individual departments and offices. The last employee survey was held in November of 2014.

The Human Resources department of CBM International coordinates the employee survey and feedback process and follows up with CBM International Office, ROs, and Member Associations alike. The staff council of CBM International Office ("Mitarbeitervertretung") is invited to the relevant sections of Executive Management Team (EMT) meetings and via this platform the staff council can make suggestions or raise issues, and those issues will be reported to the CBM International Board. The Mitarbeitervertretung also meets regularly with the Vice President of Human Resources to discuss issues and raise concerns.

In addition to the above-mentioned mechanisms, employees have the opportunity to provide recommendations and to give feedback and input or voice their opinion in various staff meetings that take place on a regular basis. The staff council organises a yearly staff meeting, in which it reports on its work and provides the opportunity for discussion on topics relevant to the staff. One session is with the Executive Management Team present, and one session is with staff only.

The relevant issues are brought forward to the EMT. Furthermore, the EMT organises regular staff meetings, in which latest developments and information

are shared, and opportunity is given to ask questions, raise concerns, make suggestions. These are followed up by the EMT and relevant issues are reported to the Board.

In conjunction with the annual Assembly meeting, CBM hosts a two-day workshop for members of the Assembly, members of all CBM entities' Boards, senior management from all CBM entities, and senior staff. The purpose of these workshops is to work on a joint understanding of topics relevant for CBM's strategy and mandate, as well as to discuss new issues for the future development of the organisation. In 2015 the Assembly workshops covered the following topics: CBM's work related to Deafness and Hearing Impairment and CBM's Emergency Response Unit. In addition, the workshops focused on providing input for CBM's Federation Strategy 2021. This included reviewing and discussing survey results from CBM's internal and external stakeholders along with a facilitated discussion on CBM's Theory of Change.

Mechanisms for Member Associations

All CBM Member Associations are directly represented in the CBM Assembly (one delegate per MA) and most are on the CBM International Board. The advantage of the combined representation and competency based International Board is a higher ownership of CBM's international work by Member Associations.

Since 2013 the Family Leadership Team has taken on an increasingly important role both for representing the Member Associations and for providing leadership across the Federation on important issues such as Federation strategy, brand, and increasing effectiveness/efficiency of the organisation. The Family Leadership Team meets face-to-face a minimum of 3 times per year. In 2015 the Family Leadership Team spent much of its time focusing on the formulation of a Federation strategy for 2016 to 2020. This included the selection of external consultants and a Strategy Formulation Team made up of expert CBM employees from across the organisation and from different functions/geographic locations.

The Executive Directors of all Member Associations met together with the President once in 2015 as part of a reporting/communication forum (CEO Forum). Critical issues were discussed and joint planning was undertaken.

In order to provide opportunities for exchange between members of the CBM International Board and staff, Board members are regularly invited to participate in operational activities with Member Associations and/or ROs or large programme evaluations (especially members of the Overseas Programme Committee (OPC) of the CBM International Board).

4.5 Compensation for members of the highest governance body, senior managers, and executives (including departure arrangements)

Members of the highest governing bodies, namely General Assembly and Supervisory Board are not compensated. Compensation of the Executive Management is recommended by the Personnel and Compensation Committee to the Supervisory Board. The Committee draws on external benchmarks relating to the position at hand. For example the CFO is benchmarked to local German compensation ranges, whereas the President and CPO are benchmarked against international NGO comparable ranges. The position within compensation ranges is determined based on qualification and experience.

In cases where it is necessary to pay a senior individual outside the range, approval must be obtained from the Supervisory Board.

CBM Germany is a member of the "Diakonisches Werk" (the outreach ministry of the Lutheran Church of Germany) and therefore CBM International has chosen to adhere to the same tariff agreement (the agreement is called AVR).

The compensation of each position is determined through an AVR matrix which uses two dimensions:

1. level of experience and tenure of the person
2. qualification and technical expertise of the position

In CBM RO and CCO staff contracted locally are not covered by the collective bargaining agreement (AVR). These branch offices have compensation levels that are verified against the salary ranges common in the national labour market for the respective position.

4.6 Processes in place for the highest governance body to ensure conflicts of interest are identified and managed responsibly

Careful recruitment of new Board members is done by the Board Nominating Committee (which has both Board and independent members). Potential areas of conflict are identified and discussed with potential Board members.

To ensure that conflict of interest is addressed in a professional manner, the Board developed a conflict of interest policy in 2015.

CBM is careful not to have suppliers or related parties serving on its Boards.

Board members are required to declare conflicts of interest during Board discussions to ensure independent decision-making.

4.10 Process to support the highest governance body's own performance

The Board has reviewed on a regular basis the competencies needed to ensure the effective governance of CBM International. Term limits are set out in the Articles of Association and are adhered to.

CBM first looks to its Member Associations for Board members with the agreed competencies. New potential Board members are screened through a selection process conducted by the Board Nomination Committee that has both Board and independent members.

The Board conducts an annual review of its performance. The Board is formalising this process both in terms of the entire Board's performance and individual members' contributions. This process is being carried out by the Personnel and Compensation Committee of the Board and is expected to be completed in 2016.

4.12 Externally developed environmental or social charters, principles or other initiatives to which the organisation subscribes

CBM adopted the UNCRPD as the main framework to guide its work. In the first instance, this means increasing the knowledge of our own staff and partners on the content and principles of the UNCRPD, which we do through training (including UNCRPD components in existing training courses rather than creating a specific one).

CBM has been a member of the Keeping Children Safe Coalition since August 2013. As a voluntary member organisation, CBM strives to implement the "Keeping Children Safe: Standards for Child Protection", which outlines the basic standards required for an organisation working towards establishing child protection and child safeguarding standards. The standards draw from the

principles outlined in international and regional child rights instruments and commitments such as the United Nations Convention on the Rights of the Child (UNCRC). The new CBM child safeguarding policy reflects these standards. The implementation of the said policy is in progress at the CBM International Office and ROs. At the time of writing this report CBM International has recruited a Manager of Child Safeguarding and is actively reviewing CBM's activities in light of this important function and in addition providing training on child safeguarding throughout the CBM Federation.

CBM is furthermore a member of the INTRAC NGO Research Programme. INTRAC's NGO Research Programme aims to provide member NGOs with support, space, and services to:

1. gain a strategic overview of major trends in international development and global civil society
2. turn practitioner experiences into meaningful reflection and research
3. enhance research capacity through collective learning and support services
4. link and learn from other NGOs and research institutes

INTRAC's research approach and objectives are contributing towards our collective learning and capacity development in research. For more information on INTRAC, please use the following link http://www.intrac.org

CBM is a stakeholder in the International Civil Society Center with the goal of developing a collaborative and more effective approach to addressing issues related to the sector.

Throughout the year and the years preceding 2015 CBM was collaboratively advocating for the inclusion of persons with disability in post-2015 Sustainable Development Goals. CBM was pleased with the positive outcome of Agenda 2030 and will actively support its implementation.

In 2015 CBM was an active and effective participant at the Sendai Conference on disaster risk reduction leading to the important Sendai Declaration. CBM actively advocated for and now supports the inclusion of persons with disability in this important declaration.

4.14 Stakeholder groups of the organisation

CBM works with multiple types of stakeholders. One of our **key working principles is partnership**. We believe we can achieve much more by working with others. In this vein, CBM was one of the founding members of WHO's VISION 2020 initiative (fighting against avoidable blindness) that now regroups a few dozen NGOs alongside the World Health Organisation in the International Agency for the Prevention of Blindness, of which CBM is a member, and which CBM is influencing with expertise in different committees and working groups.

CBM is an active member of a number of advocacy networks:

1. The International Disability and Development Consortium
2. CONCORD
3. Beyond 2015

Furthermore, we are members of, cooperate with and support the work of other bodies and networks including:

1. WBU - World Blind Union (membership)
2. International Disability Alliance

3. ICEVI - International Council for Education of People with Visual Impairment (membership)
4. World Federation of the Deaf (membership)
5. EENET – enabling education network (membership)
6. Deafblind International (membership)
7. Global Clubfoot Initiative (founding member)
8. ISPO - International Society for Prothesis and Orthotics (membership)
9. WWHearing – Worldwide Hearing Care and Services for Developing Countries (founding member)
10. Gladnet (membership)
11. Global Campaign for Education (membership)
12. CHS - Core Humanitarian Standards (membership)
13. EISF - European Interagency Security Forum (membership)

We are in official relations with the WHO and cooperate with the Disability and Rehabilitation (DAR) Unit, particularly in the areas of CBR/CBID, Community Mental Health and prevention of blindness and deafness.

CBM has a consultative status with United Nations Economic and Social Council (UN-ECOSOC) and engages with the UN at the international level in advocacy.

CBM is involved in both governance of and collaboration with the International Agency for Prevention of Blindness (IAPB). IAPB supports the WHO Global Action Plan for eye health, promotes best practice, encourages collaboration, and supports advocacy efforts.

CBM engages in the wider NGO community through participation in and support of the International Civil Society Centre (ICSC). ICSC brings together the leaders of many of the largest International NGOs, supports engagement with external key stakeholders (UN, OECD, private sector), and identifies key trends in the sector. In 2015 CBM had initial meetings with the Chair of OECD's DAC to discuss the economic arguments to the inclusion of persons with disability in overseas development assistance.

CBM stakeholders list:

1. target group (persons with disabilities, their families and communities impacted by disabilities and communities at risk of disability)
2. communities in programme countries
3. volunteers in community programmes
4. DPOs (disabled persons' organisation) in programme countries
5. parent organisations
6. human rights networks
7. women's groups
8. child rights organisations
9. organisations of persons living with HIV/AIDS
10. churches and Christian organisations in programme countries
11. other faith based organisations in programme countries
12. civil society organisations and NGOs in programme countries
13. implementing partners (schools, hospitals, rehabilitation centres, etc.)
14. governments in focus countries (Ministry of Health, Education, Development)
15. partner/alliance organisations (international + regional NGOs, associations of NGOs)
16. governments in Member Association countries
17. UN related organisations (e.g. World Health Organisation, World Bank)

18. DPOs in Member Association countries (including regional and continental organisations)
19. civil society organisations and NGOs in Member Association countries
20. churches and Christian organisations in Member Association countries
21. private sector organisations (e.g. MSD - Merck Sharp & Dome, Zeiss)
22. suppliers of CBM offices and projects
23. universities for research projects (e.g. London School of Hygiene & Tropical Medicine)
24. individual donors through Member Associations
25. institutional donors through Member Associations
26. Member Associations (represented by Assembly delegates, Board members, CEOs as members of the International Executive Committee)
27. expatriate co-workers seconded to partners
28. staff of implementing partners
29. staff members in ROs and CCOs
30. staff members of the CBM International Office in Bensheim, Germany and Brussels, Belgium and other locations
31. staff members in Member Associations
32. volunteers in Member Associations
33. National authorities for registration and regulations
34. audit firms (local, national and international)
35. banks

4.15 Process for identification, selection and prioritisation of key stakeholder groups

CBM has used both its Global Programme Strategy and now its CBM Federation Strategy 2021 as mechanisms for the identification, selection and prioritisation of key stakeholder groups.

With respect to its Global Programme Strategy, CBM is conducting country by country analysis of the situation of persons with disability and poverty. A key part of the situational analysis is the identification of both active stakeholders and others who should be encouraged to engage with a disability-inclusive approach to development. As part of the process of developing an effective country strategy, both active and prospective stakeholders from all sectors of civil society, government and in some cases the business community are invited to participate in a review of the situational analysis and the development of an action plan/strategy to embrace a disability-inclusive development agenda for the country. In 2015 CBM undertook 6 such reviews and subsequent developments of appropriate plans.

In 2015 CBM began the formulation of its strategy for the next 5 years. Using external consultants, CBM widely surveyed the current situation with respect to poverty and disability which included external interviews with partners, mainstream development organisations, and advocacy organisations. The identification of new stakeholders particularly in light of the UN's Agenda 2030 was carefully considered.

At the local level, CBM International typically does not implement its own projects, but generally delivers its programmes in collaboration with partner organisations. CBM is actively looking for new partners who share its values, vision and a desire to meaningfully improve the quality of life for persons with disability in the most disadvantaged communities.

With respect to emergency response, CBM actively collaborates with new disability specific organisations and mainstream development actors who are capable of taking a disability-inclusive approach to emergency response. These stakeholders are increasingly identified in advance through disaster risk-reduction analysis but also on the ground as emergency response unfolds.

A key part of CBM's development work is advocacy at the local, national, and international level. For this work CBM places particular importance on the promotion of the voice and participation of persons with disabilities, and due to this we work closely with organisations of persons with disabilities at each level.

Our EU and International Advocacy and Alliances team ensures that persons with disabilities from the "Global South" are present and engaged in the policy dialogue. We also work with broad networks to support the voice of civil society in general. Much of our EU development policy work, for example is done with CONCORD, where we also take on leadership roles where appropriate. For our inclusive development advocacy, we work within the International Disability and Development Consortium, a network of 25 NGOs, DPOs, and mainstream development organisations. In the run-up to the development of Agenda 2030, CBM worked closely with the International Disability Alliance (IDA). IDA represents all of the major disability networks (World Blind Union, International Federation of the Deaf, etc.). IDA and its members are an increasingly effective voice for the rights of persons with disabilities at the international and national levels. Through involvement in these important networks, CBM is able to further identify and engage with stakeholders in areas of specific work or on a geographic basis.

I Programme Effectiveness

NGO1 Involvement of affected stakeholder groups to inform the design, implementation, monitoring and evaluation of policies and programmes

During the development of projects, programmes and country implementation plans a process is followed that allows all stakeholders' involvement: Background analysis, including (country) assessment and gap analysis, partner assessment and development of priorities for country plans are jointly performed and developed. Workshops are conducted at specified milestones to ensure buy-in of all relevant stakeholders in the country (e.g. government representatives, partners, DPOs, target group stakeholders) as well as from within CBM.

On the level of the project, the IPCM training, which started the previous year, focused on finding ways to include stakeholders from various levels in all stages of the project management cycle. Naturally, the cycle starts with the analysis and planning phase, where consultation with representatives of the communities are a first step of involvement. Ideally, the planning teams would go a step further and link up with DPOs for advice. As an example, in Thailand or Vietnam DPOs are involved in accessibility audits for services and participation which influence the project design.

As a first step we aim to ensure that our partners understand the CBM strategic direction and how this could translate into programmes/projects that contribute to our goals. This is done in workshops conducted between ROs or CCOs and the partner organisation. Partners in turn include the target groups/persons in developing project ideas that address their needs.

Following this and to support partners throughout the project planning process, CBM has drafted Reference Guides together with its Technical Advisors. For the technical areas of health (eye care, ear and hearing care, physical impairment and mental health), for inclusive education, livelihood and Community Based Inclusive Development (CBID) the components, approaches and strategies that characterise a comprehensive and good practice project are described. Further, the guides include a grid suggesting potential outcomes of a project, along with generic indicators and suggested activities.

An introductory part of the guides reflects the institutional responsibilities like disability inclusion, accessibility, gender and environment and how those will be addressed in a project plan, as well as CBM's general standards of the Inclusive Project Cycle Management (IPCM). This further ensures alignment with other systems of programmatic monitoring, such as outcome monitoring or Monitoring on Inclusion (MOI).

The Guides are seen as living documents that receive regular updates based on new developments in the technical fields of work and on practical experience. They are being used progressively as needed by partners and contribute to ensuring quality in CBM's partners' planning process.

As outlined above, stakeholders are regularly involved, starting from assessment to planning and implementation up to monitoring and evaluation. A number of formats are used towards this end and details can be found in NGO3.

Evidence for positive stakeholder engagement in decision-making and reshaping of policies and procedures

In **Pakistan** we established the following:

1. The Community Based Inclusive Development network: This is an independent organisation led by DPOs and has membership of mainstream organisations. They have been the key advocates for bringing about the legislation for persons with disabilities in Pakistan.
2. The National Programme for Prevention of Blindness has created a national task force on inclusive eye health to guide the development of an inclusive eye health plan.
3. Our partners have taken on board inclusion in eye health as an important indicator in the monitoring of their activities by CBM.

In **Thailand**, the use of the first phase of the Monitoring on Inclusion questions that had been piloted with the partner, influenced the formulation of the project's objectives and the related indicators. The interview questions established that there was a certain level of satisfaction, or at least subjectively felt inclusion. The project's objective was to determine whether a positive change to the situation was subjectively felt. In order to achieve this, the questionnaire was to be used annually. Additionally, the use of the tool during the evaluation did reveal important differences in the perceived level of inclusion between males and females, so the project was able to adapt to this.

From the CBR/CBID/DID perspective in **Indonesia**:

1. The DID (Disability-Inclusive Development) team led by CBM, but including advocates from different DPOs, have worked together and facilitated workshops on "how to be more inclusive and committing to UNCRPD principles with partners of the Department of Foreign Affairs and Trade (DFAT), including embassies, and with Oxfam Indonesia to review policies

and approaches where DID is a clear mandate of these organisations and agencies.

2. The Cicendo National Eye Hospital engaged with CBM's DID team and with local DPOs, including BILIC, Bandung based cross-disability DPO) to help the hospital become accredited as an internationally recognised hospital. One requirement for this international accreditation is demonstrating that they are an "inclusive" hospital. As Cicendo Hospital is a partner with CBM Indonesia CCO, this was an opportunity to put inclusive eye health into practice. Comprehensive accessibility audits, headed by members of the DPOs as well as university professors versed in "inclusive audits". These audits were on-going as the hospital began to make the alterations recommended by the audit teams. This was followed by a series of training for all personnel in the hospital (from guards, receptionists, doctors, medical teams, administrators to management). Not only were inclusive policies drawn up, but action was taken to make hospitals more accessible for persons with diverse disabilities, gender and age appropriate, for non-readers, for people who spoke different languages, with the message that developments were being made to assist all patients. The DPOs still work closely with the hospital.
3. In both Aceh and Bandung District, new CBR programmes are starting up, based on multi stakeholder situation analyses, and planning based on IPCM and appreciative inquiry. The key agency is a DPO, BITIC, from Bandung City District. In Aceh, the CBR programme is headed by two livelihood organisations (FBA/PASKA Coalition) with no disability experience but who are working with multiple stakeholders, government bodies, DPOs and especially stakeholders from the existing programme on community mental health (including Aceh Ministry for Health).

The Philippines

4. All CBR partners, and more specialist-related organisations work with multiple stakeholders, initially with local government units (LGU), sometimes with single agencies (health, education, livelihood, social welfare and development) but in ways where the LGU supports the programme from the outset (pays for training, for developing inclusive services, building more accessible features, etc.) and where the NGO is a resource/enabler; the DPO is the key partner together with the LGU: Government agencies, business and civil society groups form committees under the auspices of the mayor/local council to analyse, plan, implement and monitor programmes. Some LGUs are already incorporating budgets for such activities into existing plans and budgets. Ordinances are passed to ensure annual plans and budgets are institutionalised (e.g. Cervantes, Ilocos Sur; Opol, Misamis; San Jose de Buenavista, Antique); and many more examples. Partners such as Simon of Cyrene, NORFIL, KASAMAKA, CFPD (Christian Foundation for People with Disabilities) and Help also work with LGUs, DPOs and family groups to ensure CBR is owned by LGUs and the community. For example, our partner, NORFI (Negros Oriental Rehabilitation Foundation Inc.), works closely with LGUs such as Kabankalan City where a budget way beyond the minimum government allotment is assigned specifically for activities related to disability concerns (5 million pesos) not including inclusive budgets under gender and infrastructure budget lines. 500,000 pesos is allotted to free medicine for the poorest constituents who have

psycho-social disability and need maintenance medication. (P46 to one US dollar). For the Philippines, this may be inadequate for everyone in need, but still very large in comparison to most cities.

5. On-going work of the Philippine Coalition (shadow reporting and review, re: UNCRPD) on inclusive budget advocacy and ensuring persons with disabilities are active in the national level deliberations with the National Economic and Development Authority (NEDA), re: focusing on SDGs which best meet the needs of Pilipino people across the board. Both NEDA and Philippine Coalition personnel recently participated in high level meetings at the UN.
6. The Philippine Coordinating Centre for Inclusive Development (PCCID) works closely with DPOs, academic and professional bodies, and professional societies to make the work of allied medical professionals, teachers and social workers more disability-inclusive and competent. For example, Allied Medical Professors from eight different colleges (Metro-Manila, Davao and Bulacan province) attended a workshop on how they could re-align their CBR courses to represent latest developments as the UNCRPD based approach to community action and rehabilitation, as well as focus on the WHO CBR guidelines and key principles of CBR. Similar activities are being negotiated with social work professional bodies, teaching colleges and government representatives. In Q1 2017 a national forum on inclusive education and quality of teaching (i.e. inclusive teaching) will be conducted by our partner, Institute for Inclusive Education, St. Louis University, Baguio, together with other education networks, inviting deans from nationwide colleges to review their education curricula for undergraduate and graduate students.
7. The Loving Presence Foundation Inc. (LPFI), a local NGO and partner with CBM, initiated a CBR approach in the City of Bislig, Mindanao (Philippines) in the late 1990s. The goal was to bring the needed services to the doorsteps of where persons with disabilities live. Emphasis initially was on health services and soon thereafter activities expanded to education, livelihood, self-empowerment through DPOs and Parents Associations. *It was vital to advocate to the local communities to become aware that persons with disabilities have rights, could be supported locally, had needs like everyone else, but were excluded, – and had the right - to be included and to contribute in the programmes and affairs of the community.*
   The key approach to ensuring inclusion in mainstream activities, in decision making and sustainability was LPFI perceiving themselves as "enablers" and not as "implementers" (the latter belonging to the community). This has allowed LPFI to be a resource for many other communities: marketing CBR to other municipalities and convincing leaders to include the excluded also improved the standing of LGUs as good governance practitioners.
   A critical mass grew as the mayor, government agencies, DPOs, etc. influenced their counterparts in other municipalities and provinces.
   LPFI are nowadays working in over 100 municipalities in four provinces of the Caraga region with a key staff of 8 personnel; and the LGU of Bislig is managing and implementing the CBR programme.
   Current situation:
   - LPFI took the initiative during the earlier years in the indicated activities. This role has now been taken over by the government and Bislig Persons with Disabilities Affairs Office (PDAO).

- Currently there are 5,369 members on the DPO supported through PDAO and the local government. PDAO employs 21 skilled men and women with disabilities among a 25 staff. Other persons with disabilities are employed across the city.
- There is an annual plan and budget of 2.5 million pesos[6] specifically for the needs and rights of persons with diverse disabilities.
- The CBR approach in Bislig has a solid foundation sustained and supported by the LGU and community.
- An ordinance is pending in the City Council to institutionalise PDAO (and hence CBR) within the LGU in its annual work and budget. Hence the programme is institutionalised.
- The PDAO staff is competent and displays strong leadership capabilities.
- The relationship between Bislig PDAO and LPFI is strong and both are aware of their roles.
- PDAO employs two capable anchor persons with disabilities who have taken on the advocacy role where UNCRPD is a key grounding.
- LPFI is using this strategy across the four provinces of the Caraga Region. Almost all LGUs in the region, a total of 72, have been briefed on CBR. Health services for children and the elderly with disabilities have been initiated and training of DPOs is ongoing.

NGO2 Mechanisms for stakeholder feedback and complaints to programmes and policies and in response to policy breaches

Since 2014 CBM has had a programme feedback system for external stakeholders in general and for CBM partner organisations in particular to improve CBM's programme work and to develop transparent and trustful partnerships. Every year they receive a letter inviting them to give feedback attached to their budget information showing a screenshot of our website with the link, in order to make sure CBM partner organisations know where to find the feedback mechanism.

A feedback/complaint handling position paper in English, French and Spanish is published on CBM's website (http://www.cbm.org/Worldwide) along with a link to our whistleblower system, if someone wants to file a report regarding fraud and corruption. The programme feedback system is focused on encouraging feedback on the quality and efficiency of CBM's programme work by sending an email to feedbackprogramme@cbm.org. The feedback is followed up by the Feedback Manager who contacts the respective units needed for investigation and problem resolution according to the process/protocol (including time frame). Please see Appendix B.

Two cases were reported in 2015:

Case 1 was about various matters. The case was registered, background information checked and the respective Regional Director contacted for investigation and follow up. Furthermore, the case was aligned with CBM's

[6] Approximately 55,000 dollars per year: in Philippine terms and compared to many other LGUs this is a substantial amount per year and does not include bottom-up budgets or activities included in mainstream budget lines (e.g. infrastructure). In some other towns/cities, the amount can be below 1 million pesos, even with a good, locally owned CBR. It is something we are all working on - more inclusive budgeting and larger annual specific amounts.

Internal Audit and Child Safeguarding Manager. The Regional Office worked with the legal partner on a constructive solution and the case was closed.

Case 2 was on a financial matter, which was handed over to Internal Audit where it was registered and followed up as part of their case management.

NGO3 System for programme monitoring, evaluation and learning, (including measuring programme effectiveness and impact)

a. Throughout 2014 and 2015 CBM continued its efforts to develop its monitoring, evaluation, and learning systems. CBM acknowledges that achieving good results starts with thorough planning that includes realistic objectives and appropriate and inclusive indicators. This has led to the development of: the above mentioned Reference Guides to support project planning; the Project Progress Report (PPR) to support ongoing monitoring; and reporting on progress towards the set objectives and enhancing the use of evaluation results to learn from experience. The choice of interventions is further backed by useful research results.

b. The log frame/budget-based quarterly Project Progress Report was introduced progressively in 2014-2015 and piloted with partners in all CBM regions.

The format initially developed was tested in 2014 and amended according to recommendations from the piloting CBM partners. Since January 2016 it has been rolled out as the CBM reporting minimum standard to 70% of CBM partners.

From August 2014 to November 2015 partners and CBM colleagues have received training on the use of the new PPR, which included general discussions on issues related to good programme monitoring and reporting, making the PPR development and roll-out a participatory process.

Distance coaching and support was provided by CBM International Office to colleagues in the ROs and CCOs (and then indirectly to partners) during the pilot phase.

The goal of the new reporting system was to better monitor CBM partners' projects and also to achieve a harmonisation of the various reporting systems in use within CBM, especially for programmes funded by institutional donors. The PPR is now used as standard by the partners for any programme and source of funding.

The PPR can be exported into the CBM internal database (Navision) and allows data to be accessed by all CBM staff, providing opportunities for further aggregation and analysis and learning at different levels (meta-mega). The development of the PPR also provided an opportunity to review internal processes to avoid redundancy, to simplify and automate.

c. Besides monitoring of outputs by collecting quantitative data, CBM strives to make visible qualitative changes for individuals, their families, the wider community and the governments. To this end the existing Monitoring on Inclusion (MOI) tool was further tested and refined. The participatory tool is meant to be used mainly by CBM's partners and provides them with a set of questions to be answered by the various stakeholders listed above. Most partners that have used the tool were very pleased with the information and insights gained through the interviews. Some reported that it "made them think much deeper" and beyond the immediate visible result of e.g. a surgery: "It has been the first time we learned from our patients how life changing our work is".

Partners and CBM staff used the knowledge gained to further adapt the activities of their projects to achieve an even greater impact towards disability inclusion. Some developed more relevant inclusive objectives that can be assessed by inclusive indicators and staff have a tool on how to measure those indicators.

The tool still needs some technical refinement and further training with partners. It is seen as a living tool that will be adjusted to local and project contexts and that will improve with usage.

d. In 2014 and 2015 a number of activities supported the introduction of a newly developed position paper on evaluation by the Evaluation Manager at International Office. With related training for all staff and ongoing support during the preparation, implementation and follow-up of project evaluations the ground has been laid for a more coherent and standardised approach to evaluation within CBM. Ongoing quality control for evaluations is provided and overall evaluation reports are found to be of higher quality leading to useful recommendations. These are translated into management responses that eventually lead to improved projects and support the adjustment and enhancement of project activities.

Results of evaluations are summarised annually and published via internal communication for the entire CBM Federation/staff so that everyone can learn and incorporate lessons into further planning and implementation. In addition, regular webinars are held to disseminate good practice and lessons learnt.

NGO4 Measures to integrate gender and diversity into programme design and implementation, and the monitoring, evaluation, and learning cycle

1. In July 2015 CBM's Technical Advisor for Gender resigned for personal reasons.
2. Recruitment took place in November 2015 for a Senior Advisor for Disability and Gender Equality, an appointment was made in December and the advisor took up her post in March 2016. The Senior Advisor is a member of and will work alongside DID team members, the Senior Advisor for Capacity Development and the Senior Advisor for Disability-Inclusive Development. The role of the Senior Advisor is to frame gender equality as integral to disability-inclusive development and develop internal processes to ensure it is included in all levels of CBM's work.
3. A CBM think piece on disability and gender equality has been developed and this will be dialogued in 2016 with CBM ROs/CCOs and partners. By the end of 2016 a position paper will be concluded based on this internal dialogue.
4. We have also taken measures to improve visibility of women with disabilities within the wider women and development movement. For example in 2015 CBM submitted a panel idea to the Association for Women's Rights in Development (AWID) and was successful. The panel includes disabled women from a number of countries (Nepal, Zimbabwe, Lebanon and Peru) and CBM's Senior Advisor for Disability and Gender Equality had 3 successful applications to the global fund for women for funding to attend the forum. CBM is also providing funding to a number of other disabled women who have been identified by partners as active participants in the disability/women's movement to create a critical mass at the forum.
5. TORs for an inclusive employment consultancy have been agreed and recruitment started in 2016 to look for a consultant to work with CBM to develop inclusive employment practice.

Please refer to LA13 on HR diversity targets in CBM International.

NGO5 Processes to formulate, communicate, implement, and change advocacy positions and public awareness campaigns

1. Our process is to ensure that all our major communication such as policy positions, publications, submissions or statements, to name a few, fully adhere to these principles: evidence based, truthful, effective and respectful of people's dignity. Most policy positions are actually published as joint positions, e.g. between the International Disability Alliance and the International Disability and Development Consortium, of which CBM is an active member. Where this is not the case, the bare minimum is to give major communications for a check to DPOs for their feedback on language and content. In addition, one member of our International Advocacy and Alliances (IAA) team is also member of the committee examining parties who ratified the UN Convention on the Rights of Persons with Disabilities. So, she has first-hand experience in regards to appropriate language, images etc. when portraying the rights of persons with disabilities publically. One of our key objectives is also to promote the authentic voice of persons with disabilities in key international fora.
2. In addition to the above we started, in 2015, a Community of Practice to bring closer together all CBM parts that have some level of involvement in advocacy work, regardless of whether they are at the International Office, Member Associations, country or ROs etc. Part of that initiative, called Community of Practice, is the formation of a steering group which will oversee CBM's overall advocacy work, its approaches, messages etc. Two members of the steering group are actually not from CBM but from DPOs, so that they can help us to design and develop our work in line with the key requests from the disability movement. We have asked one representative from the global and one from the grassroots level, as both perspectives are extremely important to be reflected in our overall advocacy work.
3. A number of disability activists from the Middle East complained – through a mailing list - about a CBM fundraising campaign, as they felt it did not portray persons with disabilities in the right way. The complaints were shared with the International Office (both the responsible Regional Office, the Programme Department and the International Advocacy and Alliances Department) and then discussed with the relevant fundraisers, and the language used was changed following those discussions. The International Office gave feedback to the disability activists who had complained, informing them about the course correction that was undertaken.
   As requested by the Panel in its feedback on the last full report in 2013, we would like to share few experiences in relation to the feedback mechanism which the IAA set-up:
   - Probably we need to share the link to the online survey on a more regular basis with partners or other organisations, with a view to increase the number of inputs we get.
   - Those that were registered were quite supportive statements, but it seems to be very difficult to get critical feedback. We would be interested in getting in touch with other organisations/members of the INGO Accountability Charter to learn how they are using such feedback tools more efficiently.
4. As previously stated and recognised by the Panel feedback, most campaigns that CBM runs take place at the national level with legal responsibility by the

respective Member Association. So the exit process/strategy is not in the hands of the International Office. However, through the newly established Community of Practice (see point 3), an ongoing dialogue on what is being undertaken by the various entities of CBM is facilitated. This can also allow for critical feedback on campaigns and lead to reflection on whether to continue, change the course or exit certain activities. This did not take place as of today, but the Community of Practice is a very new mechanism.

NGO6 Processes to take into account and coordinate with other actors

Key to avoiding duplication and identifying opportunities for synergies are our planning standards both on a project as well as on a country level (see chapter 2.2 – GPS II changes):

At the project level, the IPCM tools and standards, particularly the situation analysis help gathering and analysing information to guide project planning and activities in an inclusive way. It identifies, quantifies, and informs, and is generally used to:

1. ensure the project design is appropriate to the situation
2. assess the likely impact of the project within a broader context
3. assess situational factors that will influence project implementation and effectiveness, such as potential risks
4. ensure compliance with programme, accountability and local standards
5. identify stakeholders (for example potential target groups, partners such as other NGOs, service providers, potential funders, state institutions with which the project needs to collaborate and other players in the same sector)

The tool used for the latter is the **stakeholder analysis** which helps to identify and assess the importance of key people, groups of people, or institutions who are likely to play a role in the project, who might be affected by the project, who have a vested interest in the activity, and/or who may have an influence on the successful outcome of the project.

At a meta/**national level the country planning process,** which has been implemented with GPS II is key: It contains a detailed situational analysis (on country level) which is the basis for identifying the key stakeholders as well as for setting priorities for a country plan to reach the four key objectives of the Global Programme Strategy. The country planning process includes a series of different workshops with key stakeholders (external and internal) and is closed with a participatory validation process where CBM's future strategy is endorsed and adjusted as well as matched with resource opportunities.

CBM takes a collaborative approach to its work with governments, UN agencies, regional bodies such as the EU, and with other civil society organisations including rights holder organisations. The philosophy behind the collaboration is that the realisation of the rights of persons with disabilities requires a concerted effort which cannot be achieved by CBM alone, even if we largely contribute to it through our work. The collaboration takes place at, at least, two main levels: policy and programme influencing (advocacy) so that key development actors include the disability perspective in their work, and provision of technical expertise on how to practice inclusion (e.g. provision of training, capacity building, technical resources such as manuals etc.). It is worth mentioning that we are an active member of broader civil society alliances such as the International Civil Society Centre to learn from each other and establish joint positions regarding core issues.

On regional/country level – refer to NGO 6, chapter 1.

CBM's planning and monitoring processes as described in the above chapters are central to ensuring that accountability standards are met. Standards are developed and available at policy, technical and financial level which will guide the programme planning. To mitigate risks but also to enhance capacities a partner assessment is conducted. The assessment contains criteria and a ranking system for three main areas:

1. governance, management, institutional capacity
2. financial health check
3. programme/technical capacity inclusive intersections such as child safeguarding, gender and inclusion

Criteria are separated into so called minimum criteria to which compliance is mandatory to start a partnership (and programme planning) and criteria "to be achieved" which determine relevant capacity building measures for the programme planning cycle.

II Financial Management

NGO7 Resource allocation, tracking and control

The audit for the year 2015 was conducted in 2016 by **Curacon GmbH Wirtschaftsprüfungsgesellschaft**, Darmstadt.

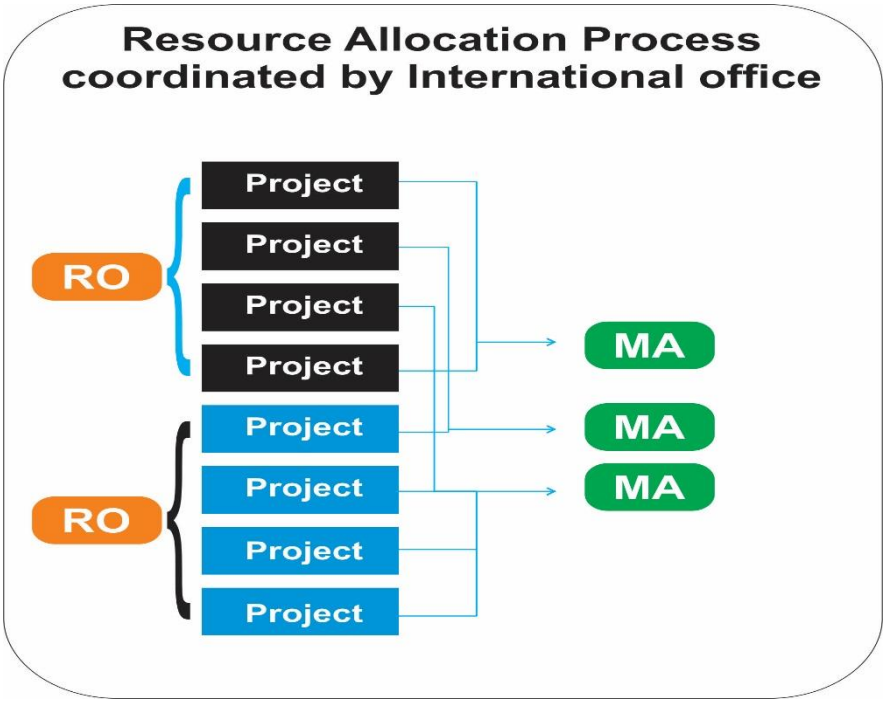
In line with good business practice CBM International undertakes a regular review of the auditor's performance, and normally changes the external audit firm every 6 years. For the Financial Year 2016 the audit will be conducted by KPMG Germany.

The accounting of CBM International is conducted in accordance with German regulations under commercial law. The audit is performed according to §317 of the German Commercial Code (HGB) as a problem-oriented audit of financial statements and is of sufficient scope to ensure that material inaccuracies and violations of accounting rules are identified with sufficient assurance. In order to meet these requirements the external auditor applies a risk and process oriented audit approach. Thereby the focus of the audit is the financial reporting on CBM's overseas programme work managed through CBM International and its operational expenditures. The audit includes checks on the controlling processes, standards, and project samples of the four other control levels described below.

In addition to the audit process, the partners provide us, as a minimum, with a standardised account abstract (financial statement) which gives an overview of the receipt of funds as well as their use, and potential savings. These reports are processed and checked by our control levels 1 and 2 described below.

For information on CBM Member Associations' annual financial reports, please login to our website www.cbm.org.

The **resource allocation process** coordinates the matching of designated and non-designated funds of CBM Member Associations with programme support and international services. The process starts with the application of partners, their appraisal by the ROs and ends with the allocation of individual projects (or even project results/activities or individual items) to each Member Association (MA).



All projects are planned in a standardised result oriented methodology (Project Cycle Management (PCM)). The expected results and activities can be allocated to individual Member Associations or even individual donors very precisely. This allocation is the basis for the monitoring of funds and achievements during the year. All the projects must contribute to the objectives stated in the CBM Global Programme Strategy (GPS). As far as the implementation is concerned, CBM follows its Accounting Policy. Please refer to Appendix C for information on the CBM Accounting Policy.

This process ensures each Member Association's ownership of its own project portfolio while providing a common monitoring and reporting framework which ensures programmatic and administrative accountability of global standards or (where required) in line with national (or donor) specific reporting requirements. The detailed budget process description and guidelines are available upon request.

Calculation of shared central costs

The expenses for international services and governance are considered shared central costs. The calculation of these costs is based on a business plan that is recommended by the Executive Management Team to the CBM International Board. The business plan brings together the planned activities and services of the International Office with the overall budget situation and available funds for programme work. The contribution of each Member Association towards the shared central costs is based on the Member Association's average programme contribution over the last three years (as a percentage contribution rate applied to shared central costs).

Use of Resources

The utilisation and use of CBM International's resources are reported to Member Associations on an ongoing basis (integrated IT system with access for MAs) according to international standards that are documented in our Accounting Policy.

The tracking system for partners receiving financial support includes financial reports (frequency depends on size and nature of project) which are regularly reviewed before further payments are made. The financial accountability system of CBM includes the following **control levels**:

1. The finance staff in ROs/CCOs monitor projects and check financial reports according to CBM international standards.
2. The Controlling Unit at CBM International Office checks first level controls, develops CBM's standards and builds capacity. The team also analyses cross-regional data and expenditure of the International Office. Findings of the Internal Audit are followed by the controlling team.
3. Our Internal Audit Unit checks partner projects as well as CBM offices and looks at the compliance with CBM's financial standards and policies
4. Since 2015 annual budgets of partner projects above 50,000 Euros, and budgets for ROs and CCOs are audited by a local (external) audit firm that is contracted by International Office according to the audit standard. Small partner projects (below 50,000 Euros p.a.) are audited by the respective Regional Office in accordance with the internal audit standard for small projects.
5. As mentioned above International Office and all CBM ROs are audited by external audit firms.

Apart from the above mentioned five levels of controls we have robust internal and external controls to minimise the risk of funds being misused, such as, **red flag system, whistleblower system** and **programme development feedback system**. These additional levels of control help us minimise the risk of funds being misused.

In 2015 CBM International developed a **new Risk Management Approach**.

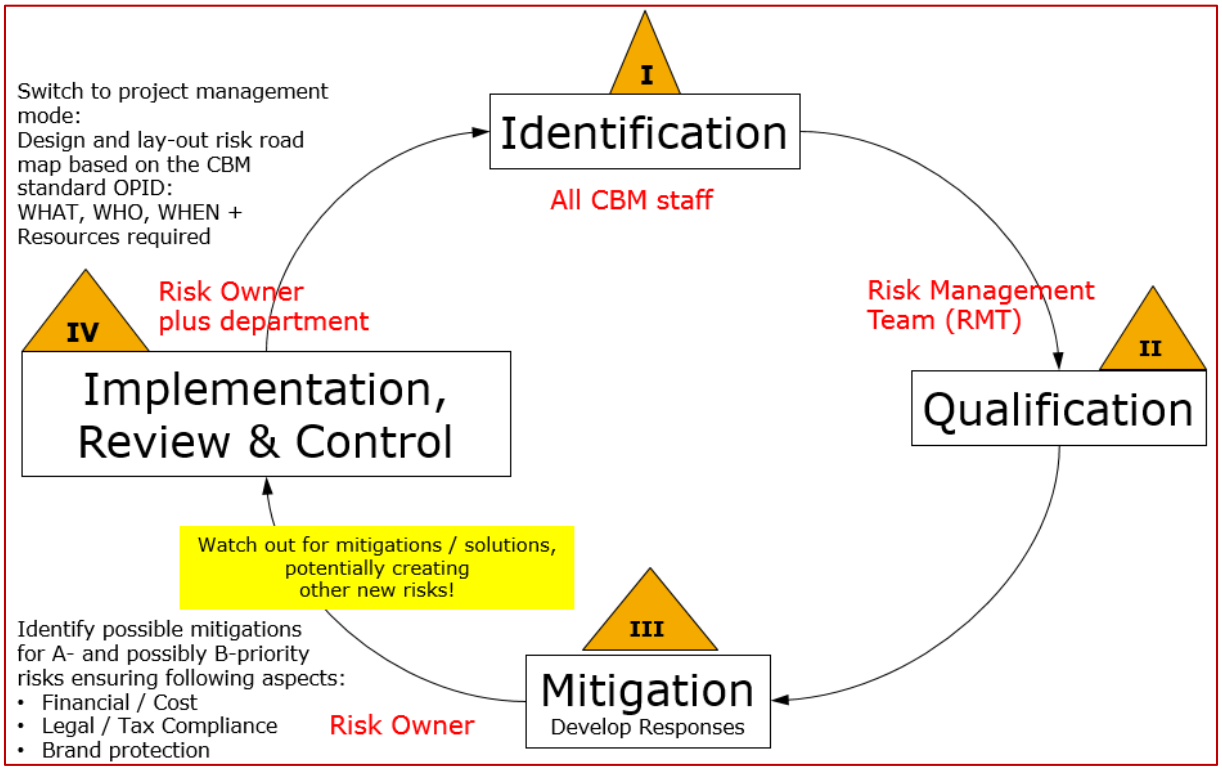
Like all organisations, CBM International and its legal entities are exposed to multiple risks on a global level. The CBM Executive Management has assigned such risk monitoring to a specialised team, the Risk Management Team (RMT).

The RMT consists of the following members covering the main risk areas outlined and convenes in full once every quarter:

1. Vice President HR, expertise in identifying risks in regard to
2. human resources, child safeguarding, data protection
3. Senior Manager Internal Audit, expertise in identifying risks in regard to programmatic, financial and operational conduct
4. Programme Officer Strategy Support, providing advice and input on programmatic matters
5. Director Business Development, expertise in identifying risks in regard to legal and compliance matters
6. Head of IT, expertise in identifying risks in regard to information technology, cyber security
7. Manager Health, Safety and Security, expertise in identifying risks in regard to health, safety and security

The risk management process follows the PDCA-cycle principles (Plan-Do-Check-Act). It is a continuous, repetitive approach, aiming at identifying and evaluating all potential risks of an organisation.

The overall methodology is as follows:



The new **CBM International Risk Register** is updated on a continuous basis and reported back quarterly to the CBMeV Executive Management and to the CBM International Supervisory Board during the months of June and November each year. Any risk reaching the level "significant" to "major" will be reported to the Executive Management immediately.

The Executive Management also receives a full risk report on a quarterly basis or upon request.

A high-level report of the CBM Risk Register, including an executive summary, followed by priority A risks will be provided to the CBM International Supervisory Board twice a year (see above). A full risk register containing all risks is a very comprehensive document and will only be provided upon request.

An (internationally accessible) RMT team site (on CBM's intranet) was also established for collecting and updating data for the risk register. Templates and other tools are available. A specific email address Input-CR@sp2013.cbm.org was installed where staff can send perceived or confirmed risks to the RMT. RMT members are automatically notified when new risks come in. This allows for almost real time management of CBM risks.

NGO8 Sources of funding by category

The financial year runs from 1st January to 31st December (calendar year). In 2015, CBM received the majority of its income from individual donors, followed by government funding.

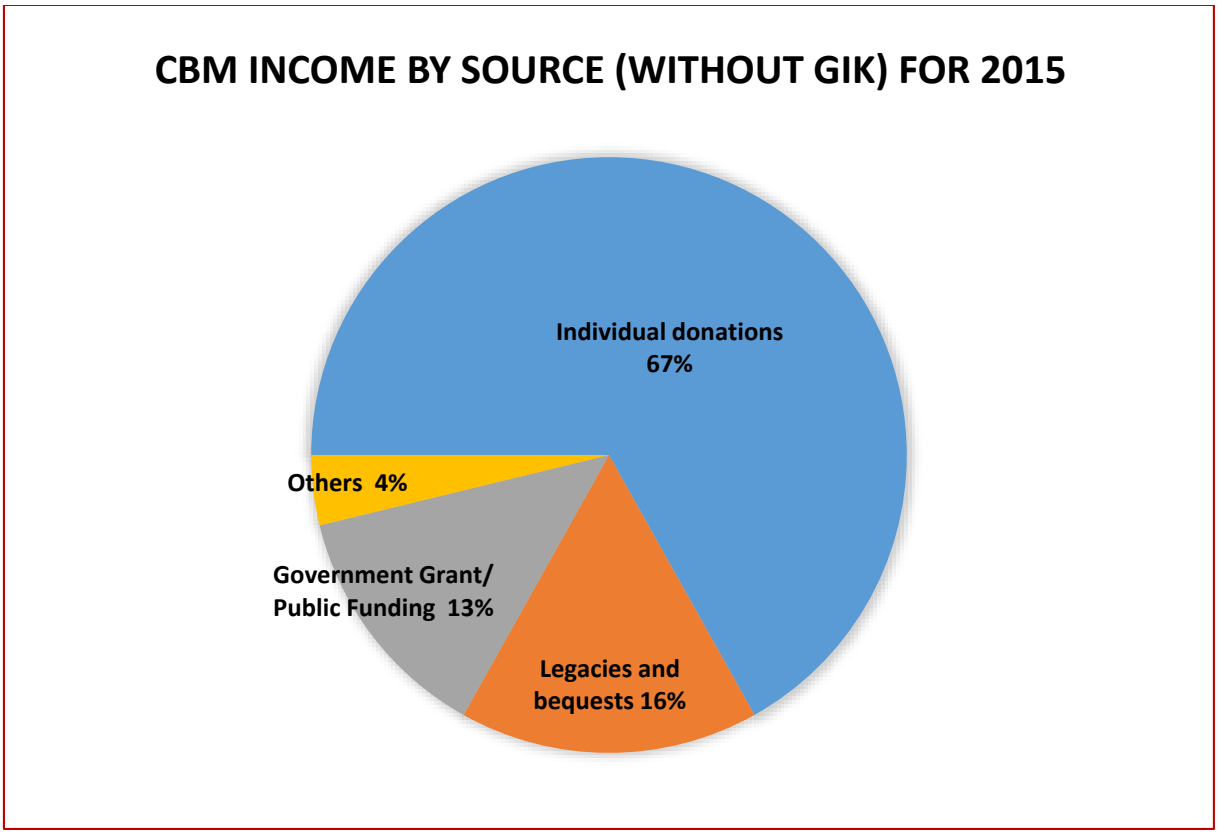
CBM Financials for 2015

Donation income without gifts in kind (GiK)	**88,119,925**
General donations	63,509,725
Regular donations	20,145,820
Emergency income	4,018,829
Other restricted purpose income	445,551
Legacies and bequest income	**21,403,661**
Legacies and bequests	21,403,661
Designated funding	**17,238,570**
Government grants	13,211,796
Public funding/other	4,026,774
Total other income	**5,206,951**
Investment / interest income	1,502,056
Rental income	115,075
Income from tax system / court fines	405,770
Income from commercial activities	2,493,696
Other	690,354
Total income without GiK	**131,767,766**
Gifts in kind (GiK)	98,144,059
Total income with GiK	**230,113,166**

As in previous years, the CBM Federation was able to mobilise significant funds from small donors in 2015. During the reporting year CBM's income from individual donors increased by 1.7%, from legacies and bequests by 11.5%, from government and public funding by 9.9%, and income from other sources, such as investment/interest income, rentals, income from tax systems and commercial activities by 15.6%.

In addition to cash support, CBM receives substantial gifts in kind for the programme work. By far the largest proportion of these come from the US-based pharmaceutical company MSD-Merck Sharp & Dome who provide Mectizan tablets for the prevention of blindness due to onchocerciasis.

CBM International's financial means are made available by the Member Associations and CBM International does not generally raise funds on its own. Information relating to five specific large donors is Member Association specific; hence, CBM International has not discussed this information in this report.



III Environmental Management

EN16 Report the total of direct and indirect greenhouse gas emissions by weight at the organisational level

For the past three years we have reported on our carbon footprint only for the CBM International Office in Bensheim, the CBM office in Brussels, and Central East Asia Office in Thailand. In this Accountability Report 2015 we are, for the first time, able to report our carbon footprint on CBM International Office[7] in Bensheim, the CBM office in Brussels and all ROs. However, Regional Office data does not yet contain data for our CCOs, this will then be made available in our Accountability Report 2016.

The operational boundary of our environmental footprint assessment includes an analysis of premises' energy use, vehicle fleet, business travel and staff commuting habits. CBM calculates CO_2 emission using Green House Gas Protocol (GHGP). Data is collected across locations, buildings, facilities, and assets, using invoices, bills, and travel logs. Business travel data were collected from travel invoices to enhance the accuracy and completeness of data. The staff commute data was based on our internal system to determine the number of days

[7] In the Carbon Footprint Report 2014 "CBMeV" refers to CBM International.

CBM International and CBM Germany moved to a new location in July 2015 which is why the old address is mentioned in the report of 2014.

In this document we have only provided the summary Carbon Footprint Report 2014 for CBM International. The detailed reports per office are available upon request.

commuted, to enhance reliability and accuracy of data. All other data was collected from supplier invoices to ensure accuracy.

Reasons for providing the Carbon Footprint Report 2014 in the report of 2015: At the time of writing this report we are in the process of consolidating the Carbon Footprint Report 2015. In addition, the Interim Accountability Report 2014 did not contain a section on environmental sustainability, and CBM's carbon footprint in 2014 has not yet been reported.

ClimatePartner°

Corporate Carbon Footprint 2014

Time period: 01/01/2014 – 31/12/2014

CBM e.V.

The following Corporate Carbon Footprint was calculated on behalf of CBM e.V. by ClimatePartner GmbH. The calculation methodology is based on the guidelines of the Greenhouse Gas Protocol Corporate Accounting and Reporting Standard (GHG Protocol). The Corporate Carbon Footprint is an important step in the development of an emission reduction strategy and compliance with legal regulations.

Greenhouse gas emissions are disclosed as CO_2 equivalents (CO_2e) since all greenhouse gases regulated by the UN Kyoto Protocol have been accounted for: methane (CH_4), nitrous oxide (N_2O), sulfur hexafluoride (SF_6), hydrofluorocarbons (HFCs), and perfluorocarbons (PFCs).[1]

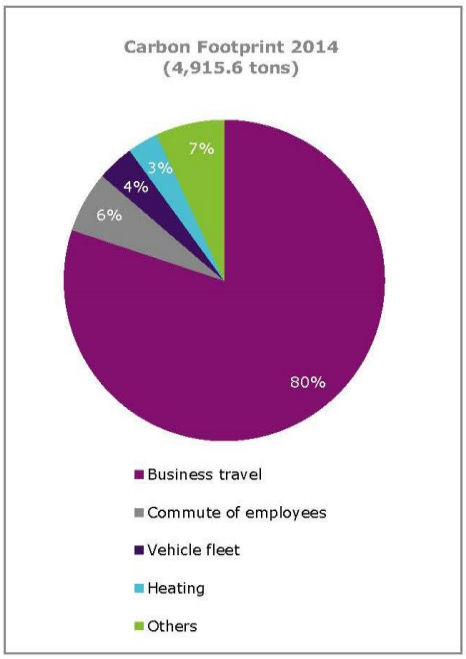


Table 1 portrays the results of the carbon footprint. About 4,468.7 tons of CO_2e were emitted through the business operations of CBM e.V. in the calendar year 2014. Direct emissions (Scope 1) totaled 316.9 t CO_2e. Indirect emissions through purchased electricity (Scope 2) contributed 285.0 t CO_2e. Other indirect emissions (Scope 3) amount to 3,866.8 t CO_2e.

As is to be expected of an internationally active company, the most important emission source is business travel.

Due to uncertainties in the data collection and the calculation, a safety margin of 10% is applied to the sum in the case of a carbon offset. The sum to be offset thus amounts to 4,915.6 t CO_2e.

[1] The greenhouse gas nitrogen trifluoride (NF_3), which was newly adopted by the IPCC, is not included in the calculation because it is currently not included in available emission factors. If emission factors for NF_3 are available in the future, this greenhouse gas will be included in calculations as well.

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Managing directors: Moritz Lehmkuhl, Tristan A. Foerster

Table 1: Corporate Carbon Footprint of CBM e.V.

	2014	
	Emissions [t CO_2]	Fraction [%]
Scope 1		
Vehicle fleet	167.2	3.7%
Heating	139.7	3.1%
Refrigerants	10.0	0.2%
Scope 1 Subtotal	*316.9*	*7.1%*
Scope 2		
Electricity	285.0	6.4%
Scope 2 Subtotal	*285.0*	*6.4%*
Scope 3		
Business travel	3,578.5	80.1%
Commute of employees	277.6	6.2%
Office paper	3.7	0.1%
Water	2.9	0.1%
Waste	2.3	0.1%
External service providers	1.7	<0.1%
Print materials	<0.1	<0.1%
Scope 3 Subtotal	*3,866.8*	*86.5%*
Sum	**4,468.7**	**100.0%**
Safety margin 10%	446.9	10.0%
Sum to be offset	**4,915.6**	

Note: Possible deviations in the sums are due to rounding.

The business locations of CBM e.V. are:

- CBM International Office, Nibelungenstraße 124, 64625 Bensheim (Germany)
- CBM Brussels Office, Rue Montoyer 39, 1000 Brussels (Belgium)
- CBM Regional Office EMR, Promenadenstraße 6-8, 64625 Bensheim (Germany)
- CBM Regional Office Ecuador, Casilla 17, 1822 Quito (Ecuador)
- CBM Regional Office AFE Kenya, Ring Road Parklands, 200 Nairobi (Kenya)
- CBM Regional Office AFC Kenya, Ring Road Parklands, 200 Nairobi (Kenya)
- CBM Regional Office South Africa, Bella Rosa Street, 7550 Cape Town (South Africa)
- CBM Regional Office Togo, Rue des Mercuriales, 13489 Lomé (Togo)
- CBM Regional Office India, Puttannachetty Road, 560018 Bangalore (India)
- CBM Regional Office Thailand, Sutthisan Road, 10310 Bangkok (Thailand)
- CBM Regional Office Philippines, 1216 Acacia Avenue, 1780 Manila (Philippines)

On the following pages the Carbon Footprints of each business location are portrayed. In the calculation certain emission sources are neglected, either due to missing information or due to irrelevance.

EN18 Initiatives to reduce greenhouse gas emissions at the organisational level and reductions achieved

Since 2015 CBM International has been using an online solution (www.climatepartner.com) to calculate the carbon footprint, please refer to EN16 for our Corporate Carbon Footprint Report 2015. This report is updated on a yearly basis and the result is brought forward to the Executive Management Team (EMT). The EMT then decides on measures and initiatives to further reduce the environmental footprint.

We have implemented strategies for reducing business related travel by encouraging staff to use web conferencing tools. This is now also adopted in our Travel Policy of November 2015. The travel policy also spells out that for travel to destinations that can be reached by train within six hours using the plane is not an option and the train must be used.

Most importantly, CBM International along with our Member Association CBM Germany moved into a new building in July 2015. The construction of our new office building as such affects the environment, but through the design of the new office building we are focusing on minimising energy use at all stages of the building's life cycle by making our new building more energy efficient, comfortable, and less expensive to run: The building is designed to fall **20% below regulatory requirements and excels requirements only in force from 1 January 2016.**

Here is a list of energy-saving measures, which are implemented in the new office building:

1. Building geometry and number of storeys
2. Thermal insulation (house front, base plate, roof)
3. Roof greening
4. Triple-glazed windows
5. Air tightness of building
6. External solar shading (with automatic control)
7. Large heating/cooling surfaces with small temperature differences
8. Modern heat pump technology complemented by cascading gas heaters
9. Central ventilation system for hygienic air circulation with heat recovery
10. (only one) lift with wire rope hoist
11. Efficient lighting/illuminants
12. Intelligent control options of ventilation systems, temperature regulation, solar protection, lighting, etc. with automatic features
13. Modern telephony/IT infrastructure

A collective agreement of CBM International allows staff to work from home one day/week using technological advancements. As a side effect staff commuting emissions are reduced as well.

Furthermore, our staff is asked to minimise paper consumption by using online filing tools along with double-sided printing practices. The default set up of printers is set to double-sided printing and black and white instead of colour.

EN26 Initiatives to mitigate environmental impacts of activities and services

CBM is conscious that its own operations and activities have an impact on the environment.

As written above, CBM's International Office was formerly in a number of very environmentally inefficient buildings. CBM has now invested in a new International Office building with high environmental standards. This is considered a long-term solution, where CBM International is working together with the Member Association CBM Germany. Other parts of the organisation have also been involved in measuring their carbon footprint and seeking to make infrastructure and activities more environmentally efficient.

CBM asks for environmental assessments in its programme designs, in order to minimise/mitigate environmental impacts, and is seeking to strengthen its approaches. Its new approach now has the following five components, which also link with the 'Sustainable Development Goals':

Essential activities

1. Actions to reduce the environmental footprint of CBM and its partner programmes.
2. Actions to address potential environmental risks and hazards AND to enhance the environment in programmes.

Opportunities based on context:

1. Actions to build disability inclusion into mainstream environmental activities.
2. Building the role of disability activism and DPOs in strengthening and ensuring inclusion in environmental activities.
3. Creating networks and alliances for activities related to the environment.

A key example of CBM's progress in environmental sustainability in its programmes was written up in a recent case study, where CBM worked with our then partner Caritas Cambodia, to create a very efficient eye hospital building incorporating: quality design to maximise airflow in the tropical climate; minimising power consumption and use of solar panels; maximum use of natural light; water harvesting; high level waste management; efficient use of vehicles and other transport.

Other high quality work of some of our partners, such as 'survival yards' in Niger, 'organic farming' and 'WASH' programmes in India, act as model initiatives to promote environmental sustainability. These initiatives also work to improve health and quality of life of our target group, persons with disability and their communities.

Initiatives also seek to see persons with disability included in mainstream environmental programmes and the prevention of impairments leading to disability, related to poor environmental conditions. E.g. environmental activities, which seek to reduce the spread of trachoma, an eye disease prevalent in very poor communities with poor access to water and sanitation.

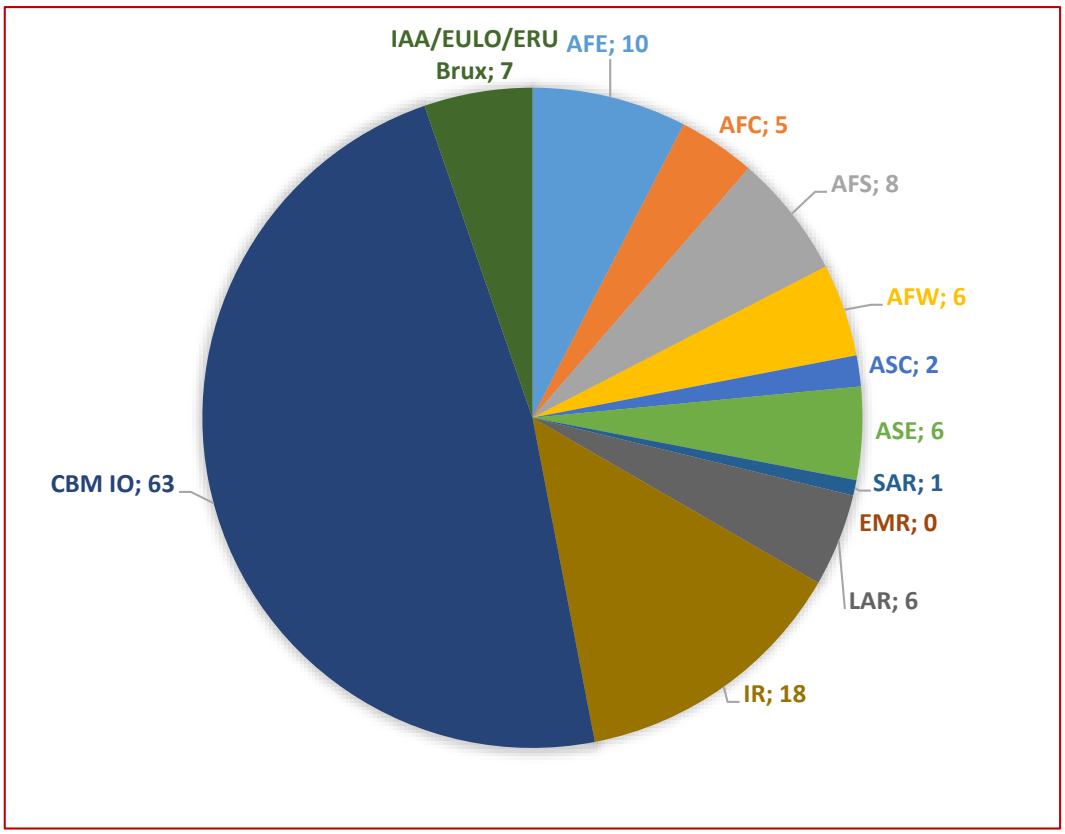
This is based on the WHO 'SAFE' strategy for trachoma: surgery, antibiotics, facial cleanliness and improved environmental conditions.

Please refer to Appendix D for a summary of CBM's programmatic approaches

IV Human Resource Management

LA1 Size and composition of total workforce: number of employees (part and fulltime) broken down by geographical region and responsibility levels and number of volunteers where possible.

At the end of 2015 CBM International had a workforce of about 450 staff members divided into different categories and locations. The graph below shows the distribution of the 132 staff members (headcount) who hold a contract issued by the International Office in Bensheim. All other staff members are governed by local regional or country office contracts related to local labour law requirements.

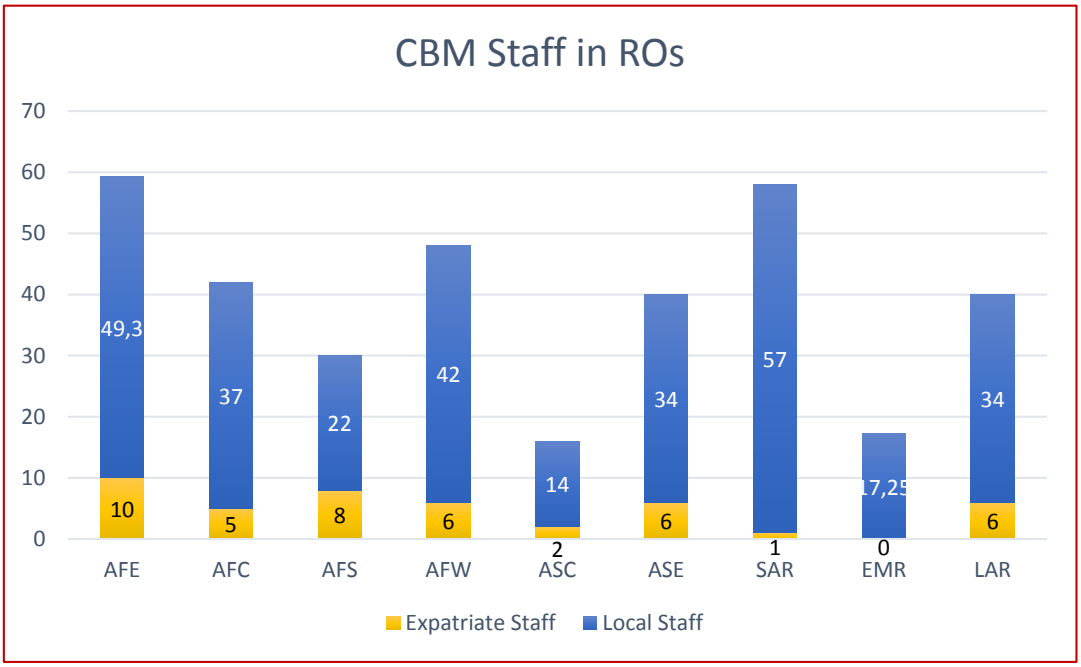


(acronyms can be found in the List of Abbreviations)

Almost 45% of staff holding an International Office contract is located at the International Office in Bensheim, divided into three major departments: Global Programme Development, Finance & Operations and Human Resources. With regard to expatriate staff, 51 of them are located in ROs/CCOs or at CBM partners. The above chart shows that 44 of them are located in ROs, working as administrators in management (supervisory) positions (Regional Directors, Regional Programme Managers, Country Coordinators) or as medical doctors (in the field of ophthalmology, orthopaedics, ENT and plastic surgery). The majority of these expatriates are located in the African ROs (East - AFE, Central - AFC, Southern - AFS, West - AFW). A third category of expatriates is the Global Advisors, who support the regions in capacity development, to ensure high quality support to the partners. CBM employs 7 global advisors across the various ROs and 11 who are working in their country of origin or in a CBM office. Due to their presence around the globe, the category of advisors has been referred to as Inter-Regional staff (IR) in the above chart. Their total number as shown in the chart is 18.

The CBM International Office is also represented in Brussels with 7 staff members who work on advocacy to promote the inclusion of persons with disabilities in key development policies and processes at international level as well as emergency response work.

Most of the staff in the ROs are local staff members, who represent the majority of the CBM workforce, being slightly more than 300 in number. The ratio between expatriate and local staff in the ROs is highlighted in the chart below:



It is worth noting that in all regions there is a predominance of local staff members. As mentioned above, expatriated staff members mostly hold managerial or supervisory roles. EMR Regional Office does not show any expatriates because the office is located in Germany and the staff members are not entitled to receive expatriate benefits.

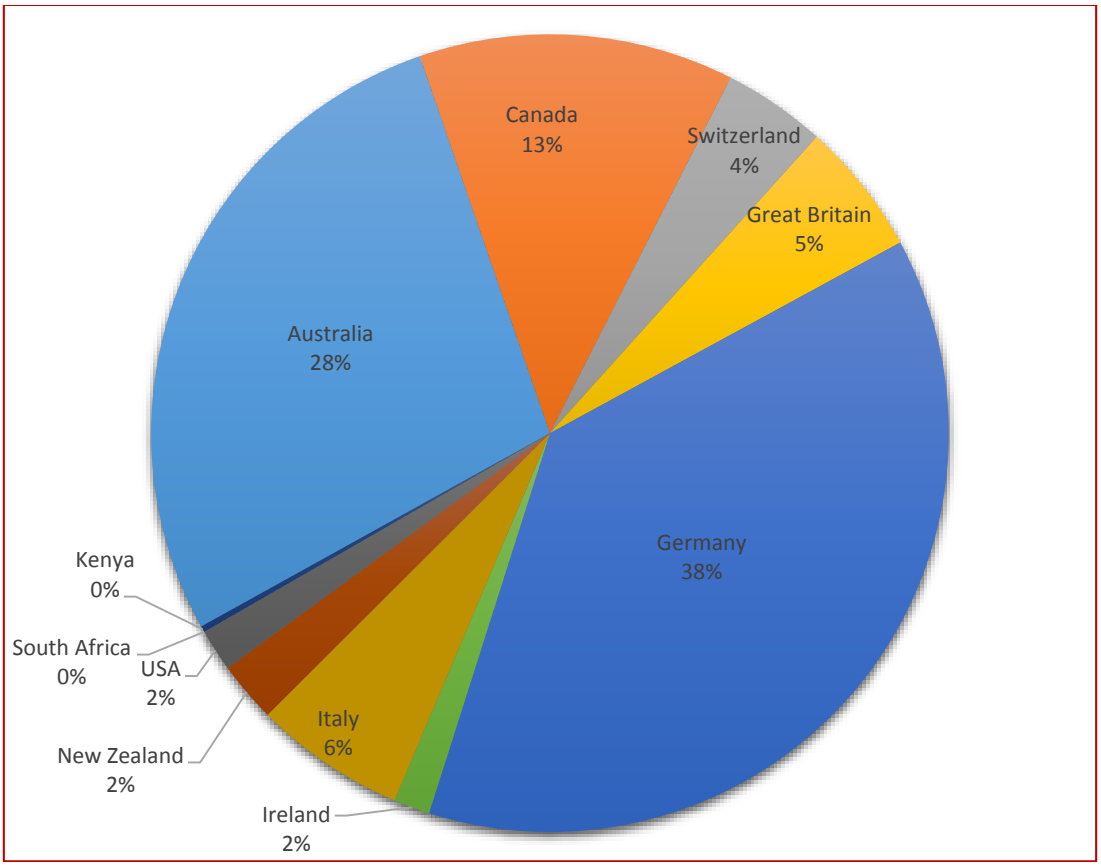
Employment Conditions

Most employees based in Bensheim have permanent contracts. The expatriate staff in the ROs, on the other hand, hold fixed-term contracts. The same applies to the Global Advisors, whose contracts usually have a duration of two years. Contract details for locally employed staff are not available at the International Office.

The number of part-time workers is mostly concentrated in Bensheim, where the figure of 63 staff (headcounts) corresponds to 55.33 full time employees (FTE). The expatriate staff in the field all hold full time contracts. The percentage of locally hired staff who hold part time contracts is extremely low, thus showing that this type of employment is not yet common in the developing countries where CBM operates.

CBM Member Associations

The chart below shows the number of staff working in the CBM Member Associations. The total number (407) as at the third quarter of 2015 registered an increase compared to 2013 when the total was 390. The major increases in terms of staff took place in Germany (+11), Australia (+10), Italy (+9) and Switzerland (+3).



Because Member Associations are legally independent entities, information on contract details for their staff cannot be provided in this overview. In summary, the total headcount for the CBM Federation is around 850 people in 2015. This figure shows an increase compared to 2013 (802).

EC7 Procedures for local hiring and proportion of senior management hired from the local community at significant locations of operation

In the locations of operation we only recruit internationally if so advised by the Regional Director. This is usually based on an assessment by the Regional Office that qualified local staff cannot be found. The Regional Director position is, in 7 out of 8 ROs, occupied by an expatriate, but most other office staff is hired locally. Positions of Country Coordinators are, in 19 out of 26 offices, filled by local employees. There are, however, instances when CBM hires an expatriate due to risk management concerns, for example high levels of corruption and difficult relationships between ethnicities.

In the past few years, the practice of working remotely from different locations has increased. This has enabled CBM to offer good job opportunities and development paths for local regional or country office staff within the International Office organisation that otherwise would not have been able to acquire a work permit in Germany or Europe. This helps to build local capacity further and prevents a brain drain.

We do not actively recruit ("headhunt") from local NGOs or the public sector.

LA10 Workforce training to support organisational development

CBM differentiates between one-off training courses and development measures. Training satisfies short-term needs which helps employees to maintain their qualification and skills in their current job. Learning measures that are within a 1 – 3 year timeframe, lead to certifications or similar and prepare an individual to take on a new role are considered development rather than training.

Training needs are identified by running a gap analysis between job requirements as laid out in the job description and the job holder's qualification and competencies. Implementing a competency model for each job helps to identify expected behaviour and related training needs in each role. Furthermore, the annual objectives and outcome of performance appraisals help identify training needs. In general, it is the direct line manager together with the employee that determine which training needs are to be pursued. CBM-wide training like project management, inclusive development, child safeguarding, safety & security etc. is identified as a need centrally and implemented in all offices.

All offices that are part of CBM International are advised to budget 580 Euros per employee per year for training activities, based on average spending among German employers. In the International Office this is applied. However, ROs and CCOs may reduce that benchmark based on their local experience and market ratios.

The average training time of employees of all offices within CBM International across all levels is 3.2 days per year. Comparisons with previous years do not show clear trends in either direction. Comparisons between different regions, however, show regions and offices with a high training activity and those with average activity.

While CBM does collect feedback from attendees about a training course in order to assess the quality of the training provider and the specific training course, there is no formalised assessment of whether training leads to a long-term improvement of performance. The assessment of successful learning transfer is delegated to the manager-employee tandem and is part of that dialogue, at least in the annual appraisal and objective setting cycle and the mid-term review.

LA12 Performance reviews and career development plans

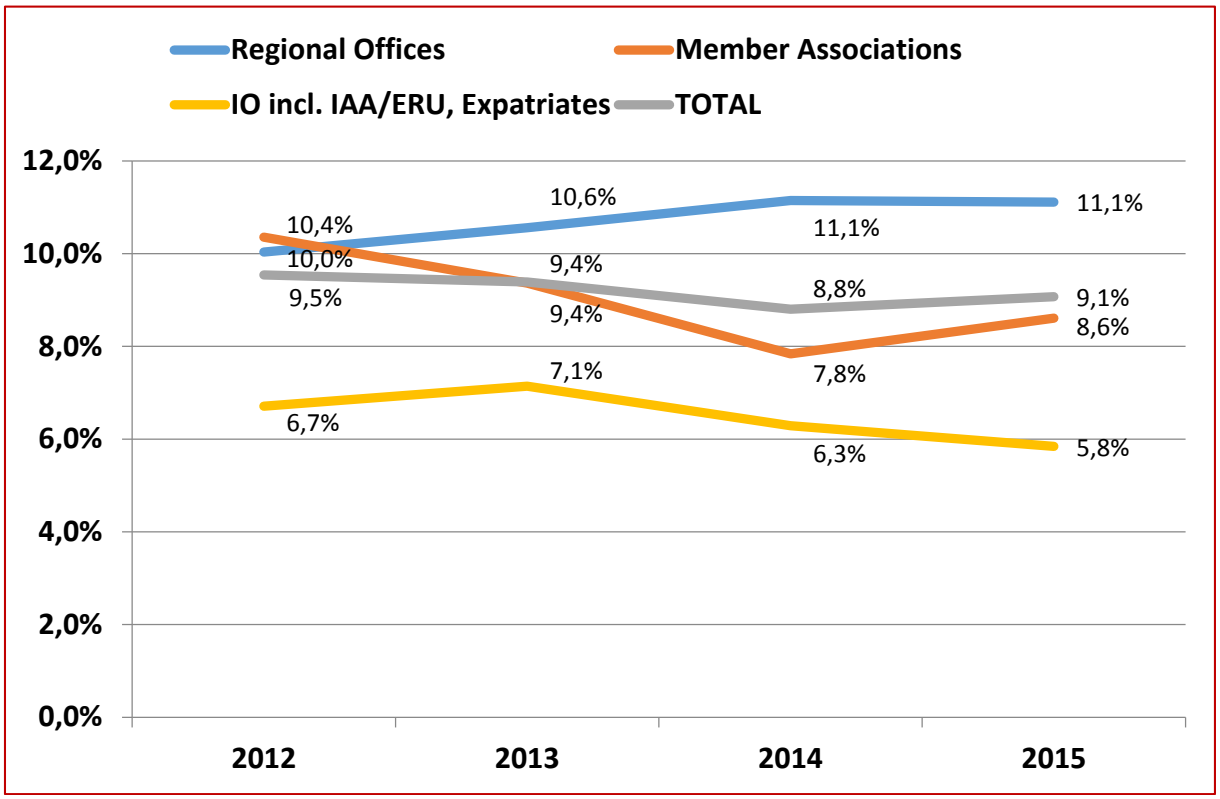
Some elements of talent management are applied throughout the organisation but there is no global talent management system in place yet. Due to the limited size of the organisation it is not always feasible. In individual cases CBM was able to offer development paths and to "grow" an employee.

However, CBM ensures that employees receive annual performance appraisals. In conjunction with that discussion, objectives are agreed for the year and training needs identified. This would be considered training (as explained in question LA10) rather than development. The overall implementation rate for the performance management discussions were 71% in 2015.

LA13 Diversity in your organisation displayed in the composition of governance bodies and employees

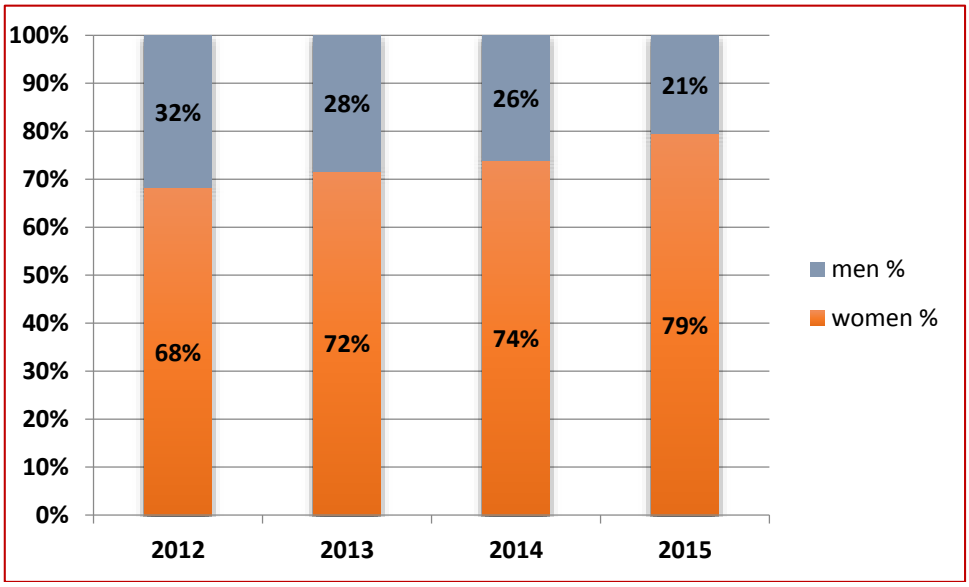
CBM's vision is an inclusive world in which all persons with disabilities enjoy their human rights and achieve their full potential. It is therefore important that, in particular, persons with disabilities are represented in the workforce at all levels of the organisation. An inclusive world of work should also, however, be demonstrated at CBM by a diverse workforce which is exemplary, going above and beyond the norms of the local community.

Percentage of Persons with a Disability

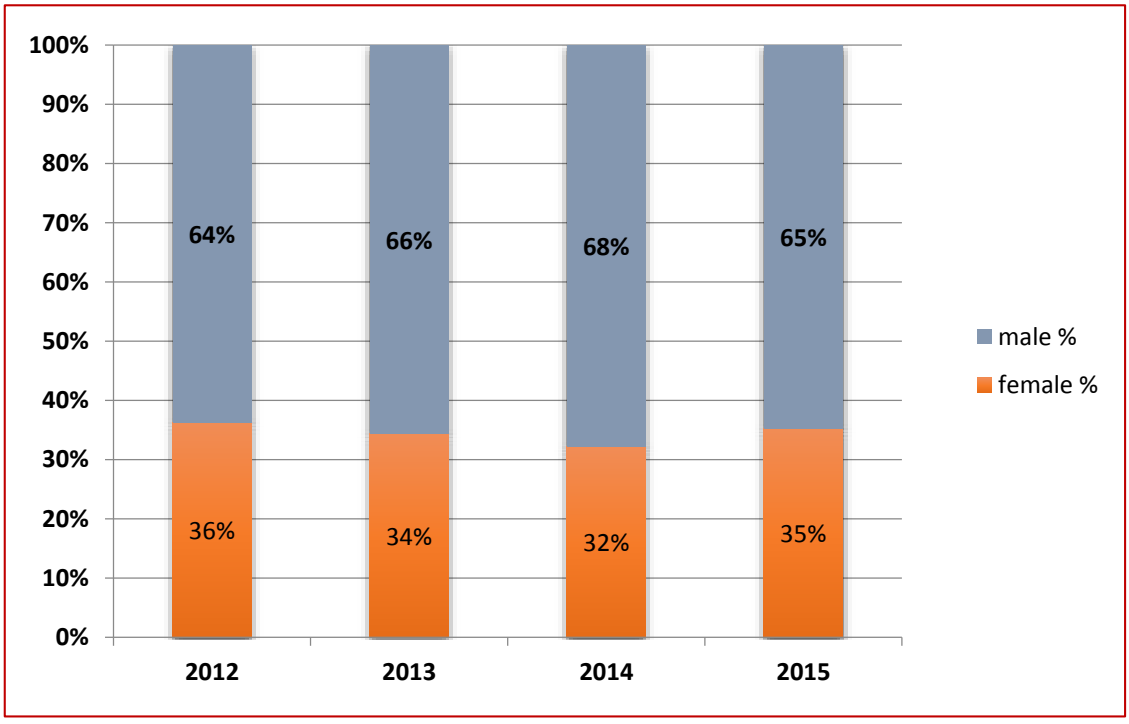


The percentage of persons with a disability on the International Supervisory Board is 10%. For the group of senior managers the related figure is 9%.

Gender Diversity at International Office



Gender Diversity in Expatriate Workforce



Targets for improvement in the future

1. Persons with a Disability

The target for employing persons with a disability in each office is 6%, increasing to 10% once the initial target has been achieved. In some areas of the organisation it is easier to recruit persons with a disability than in others. The overall target for the organisation worldwide is 10%. Currently the organisational percentage is 9.1%.

2. Gender Diversity at the International Office

With approximately ¾ of the workforce at International Office being female, it would appear at first glance that equality measures should be taken to hire men. At lower levels of the hierarchy that may be true. As in many organisations, however, the higher up the hierarchy, the smaller the percentage of women. At EMT level the percentage of females is zero. However, at the Extended-EMT level, the percentage is approximately 40%. The organisation has not set any targets to improve this situation. Work has commenced within the female workforce to develop skills to help break through the "glass ceiling" by increasing confidence levels and providing techniques for promoting achievements.

3. Gender Diversity in the Expatriate Workforce

The percentages of male/female at International Office are reversed in the expatriate workforce. This is not surprising as it is still more unusual for an accompanying male spouse to take the role of home-maker, if he is unable to work in a developing country. The organisation has not yet set any targets to change this situation.

NGO9 Mechanism for your workforce to raise grievances and get response

Employees covered by German law have all the rights laid out in German labour law which includes employment rights, safety & security. Mechanisms for claiming those rights are well established and used. Furthermore on the collective level there is a staff council that actively contributes to alleviating grievances in the workplace. Most individual work place issues are resolved in the presence of the staff council. Access to employment courts is easy in Germany. Only 1 employee had to resort to this whilst employed by CBM International. It is more common during terminations of employment, but often required by social security institutions. All cases were resolved by mutual agreement.

For all other employees that are not covered by any formal staff representation (i.e. employees not based in Germany), CBM installed a so-called dispute resolution process (DRP). This was rolled out in all of CBM's regions. There were 2 cases in 2015 which have been resolved.

In parallel, a whistleblower process was installed. Any complaint being submitted through that process which is, by definition, covered by the DRP will be redirected accordingly.

V Responsible Management of Impacts on Society

SO1 Impact of activities on the wider community

Besides measuring changes towards disability inclusion as outlined above using the MOI tool, CBM uses evaluations to assess changes and impact of its work. Since 2014 the International Office has been equipped with an Evaluation Manager and developed its standards and principles for evaluation outlined in the "Position Paper on Evaluation". Various templates and guidance notes are available to CBM staff and partners in order to support common understanding around evaluation, to support the planning and conduct of evaluations and to make best possible use of the results.

CBM considers good practice to include participatory methods in evaluation allowing persons with disabilities to be part of the process, to make their voices

heard and to share and receive feedback. This in turn has the effect of strengthened awareness within the community and the governments and also making results available and visible to them.

CBM uses a number of mechanisms to ensure **awareness** of the effect of our work to the various stakeholders. Each evaluation includes a final workshop with the stakeholders to disseminate and discuss results. Reflection meetings and workshops are common practice throughout the organisation. We also make good use of live meetings or online formats such as webinars to invite Technical Advisors, evaluators and project staff to share their experiences.

To achieve our goal of raising awareness about the needs and potential of persons with disabilities, CBM works with local "mainstream" structures and authorities. In all our efforts to assess projects (evaluation, research), we follow the principle of "do-no-harm". We encourage stakeholders to also follow this principle and we conduct evaluations with local communities, civil society organisations and governments via our partners.

Research projects include workshops in the communities to disseminate the research findings. Furthermore there are spin off effects where community members are actively involved in the research projects. For example in the case of the KIM studies key informants from the community are trained to identify and refer to children with disabilities in order to improve their access to services as well as the planning of new/more services as per need. As an additional result key informants became interested in the topic of disability beyond the period of the research project and became disability advocates in their communities.

A study on the social impact of livelihood promotion programmes in coastal Kenya showed that by becoming a productive member of the society the status and participation in the community has increased for persons with disabilities and their families.

The **CBM Child Safeguarding Policy** came into force in December 2014 (following the earlier Child Protection Policy) and is a key component of CBM's partnership concept. This is ensured by including a reference to the policy in each partnership contract since 2015.

In 2015 CBM invested a lot in internal capacity building and awareness-raising on safeguarding of children and adults at risk. This led to regional-level policy implementation workshops aimed at ensuring that all CBM staff better understand the organisation's safeguarding expectations and goals. The ROs and CCOs which participated in those workshops are then in a better position to support partners by conducting similar workshops or better respond to incidents of concern. This investment continued in 2016.

CBM partners are at different levels of the child-safe continuum and CBM expects them to have their own child safeguarding policies or procedures as a minimum. Partners who predominantly serve children were prioritised for training and mentoring.

In May 2015 a full time Child Safeguarding Manager position become operational in CBM to support the organisation's implementation of its Child Safeguarding Policy and also to ensure that any concerns are handled in a professionally sound and accountable way. Focal persons were designated in some CBM offices to facilitate local responses to any child rights violations in collaboration with partners and local authorities where relevant.

CBM focal persons also received training in child safeguarding investigations and auditing to enhance their competencies in handling any safeguarding related reports.

CBM increased awareness among partners on safe and confidential reporting channels of suspected or confirmed cases of misconduct. This was through explicitly informing partners about the confidential online reporting channels amongst others. Although this is not yet entirely accessible it is an alternative to face-to-face or other channels of reporting.

All safeguarding concerns are reported to the Executive Management Team and the Supervisory Board of CBM. Where reports were not totally anonymous those who report (whistleblowers) are also kept aware of the progress and outcomes of the case management.

In 2015 we received some safeguarding concerns from the communities served. All these concerns were registered and addressed through CBM's case management system, together with the partners concerned. CBM also offered and provided technical support to all partners involved (which in some cases included child safeguarding audits to determine the strengths and gaps) so that they can have safeguarding action plans to improve the safety of their programmes. Thereafter risks are assessed and mitigated on an ongoing basis.

As regards our feedback system, we have not rolled out feedback mechanisms to the local/community level yet.

A separate **exit strategy** has not yet been formulated. However, every project plan has a clearly defined duration and funding end, if not renewed.

Our planning standards and tools ensure that the planning is appropriate to the implementation context. It also considers sustainability in the project design so that the long term aims of the programme are not compromised after the funding cycle.

CBM does not conduct post-intervention evaluations yet – this is mainly due to funding constraints for such exercises. But for projects that might continue into a further phase, evaluations are carried out before the commencement of the next phase to inform efficient and effective planning as well as continuation of funding.

SO3 Process for ensuring effective anti-corruption policies and procedures

Internal audit field level checks consist of regular internal audits of CBM offices (ROs and CCOs) and risk based internal audits. In 2015 the Asia South East Regional Office Manila and the CCOs in Tanzania and DR Congo were assessed by Internal Audit (IA). In addition, IA was involved in preparing and implementing the merger of the Africa Central Region into the East Africa and West Africa Regions. In this context further field checks of the CCOs in Rwanda and Cameroon were carried out.

Internal audit fraud and anti-corruption risk assessment was carried out on two different levels in 2015

1. A special internal audit assessment task was given by the CBM Board to look into potential risks of projects with more than EUR 250,000 annual project budget.

2. Internal audit risk register was compiled from IA statistics on critical project reporting of 2015. This register is based on the "Risk Maturity Level Index" and the CBM risk impact categorisation matrix established by IA.

Since 2013 the internal audit red flag reporting has been in place for risk identification and evaluation at project level. Critical project incidents are recorded on the internal audit critical project list and followed up on a regular monthly basis. Respective reports are provided to the Executive Management and to the Regional Directors.

The CBM whistleblower reporting system is managed by the IA unit and supervised by the Executive Management.

CBM hosted the 1st BKMS® (whistleblower system) conference of non-profit organisations in November 2015. The senior manager IA presented a topic paper on CBM structures of governance and risk prevention.

The following processes related to risk identification and internal audit work are mapped and published on the internal audit intranet site:

1. Internal audit process and documents
2. IA risk assessment process
3. Red flag process
4. Lessons learnt format
5. Standing Operating Procedure (SOP) for critical incident reporting with the CBM Federation as agreed upon with the CEOs. Process map and detailed descriptions are also available on CBM's intranet.

The course "Training on Prevention of Corruption and Fraud" is an audit proof industry standards web-based e-learning. It was piloted in May 2015 and then rolled out to the International Office and the ROs with the aim of training a total of 500 CBM employees in a 2-year period.

Topics of the training course:

1. What is corruption?
2. legal norms
3. dealing with benefits
4. consequences of violations

In 2015 109 participants from the International Office and the ROs attended the training. 69 participants completed the course with a certificate.

In the monthly internal audit/regional operations and programme staff conference calls, regular trainings of finance and admin officers of the regions take place on audit related topics.

In 2015 the communication on and coordination of internal audit issues has been strengthened. IA has a standing agenda item in the Audit & Finance Committee of the Board, in all Executive Management meetings, in the CEO Forum of the National Directors of the Member Associations and at the Regional Directors' meetings.

SO4 Actions taken in response of incidents of corruption

The alignment of risk identification and assessment within the complex CBM structure was further improved in 2015. Since the introduction of the red flag reporting process in 2013, regular reports on critical incidents have been presented to the EMT and to the Audit & Finance Committee of the CBM International Board. The respective CBM Member Association was informed when Legally Contracted Designated Funds (LCDF) were involved.

Past experiences from incident reporting, investigation and resolution showed that, to reduce CBM's reaction time, additional support to solve critical incidents needed to be provided more effectively. In line with our core principle to be good stewards of our resources CBM needed to further align activities to remedy the situation on site and then initiate learning and reflection to minimise the risk of re-occurrence. Therefore information sharing was formalised and standardised in a SOP. This SOP clarified the information flow of critical incident reports within CBM entities.

In 2015 a total number of 53 critical incidents were treated, of which 22 critical project incidents were newly reported during the year and 31 were carried over from 2014. 9 reported incidents could be removed from the critical list after the issues had been clarified. No cases of corruption in the red flag system or the whistleblower system had been reported. The average retention time on the internal audit list is 14 months. The aim is to significantly reduce this. To this effect, CBM has planned to hire 2 additional compliance officers in 2016.

The main focus of fraudulent activities or misappropriation was on Africa where 28 cases had been recorded by the end of 2015 compared to Asia (4 cases) and Latin America (3 cases). The main cause is embezzlement of funds (unclear records, ineligible costs).

In 2015 a total number of 566 hits was counted on the website of the whistleblower system (available through the www.cbm.org website). A total of three cases were reported through the whistleblower system. One case is still being followed up (since mid-2015) because it has substantial findings. From the other two cases, one was related to a recruitment process and the other to a partnership termination process.

VI Ethical Fundraising

PR6 Programmes for adherence to laws, standards, and voluntary codes related to ethical fundraising, including advertising, promotion, and sponsorship

Fundraising is conducted by CBM's Member Associations. Each of our Member Associations adheres to the ethical and fundraising codes of their respective countries (for example, CBM Germany - DZI-Spenden-Siegel, CBM Switzerland – ZEWO).

The use of funds is increasingly reviewed during CBM's Family Leadership Team meetings. The Family Leadership Team is tasked with the efficient and effective use of CBM's funds from donor to recipient.

The President has engaged with senior fundraisers from across the organisation. This has included regular reports and an annual meeting.

CBM has a policy on the ethical and respectful use of pictures. Permission is requested and documented, personal data is protected and not-disclosed. Use of pictures is regularly monitored. This is reflected in our Child Safeguarding Policy.

We adhere to the same practices when donations are received from third parties.

Institutional gifts including gifts in kind are publicised by our Member Associations and the accounting practice for gift in kind donations is clearly described.

Complaints are usually received and responded to by the local Member Associations. Donors have the opportunity to address issues to the International Office and serious complaints are addressed by the International President.

List of Abbreviations

AFC: Africa Central

AFE: Africa East

AFS: Africa South

AFW: Africa West

ASC: Asia Central

ASE: Asia South East

AWID: Association for Women's Rights in Development

BKMS®: Business Keeper Monitoring System

CBR: Community Based Rehabilitation

CMH: Community Mental Health

CO_2e: Carbon Dioxide equivalent

CONCORD: European NGO Confederation for Relief and Development (Confédération européenne des ONG d'urgence et de développement)

DID: Disability-Inclusive Development

DFAT: Department of Foreign Affairs and Trade

DPO: Disabled Persons' Organisation

DRP: Dispute Resolution Process

E&R: Education and Rehabilitation

EMR: Eastern Mediterranean Region

EMT: Executive Management Team

ERU: Emergency Response Unit

Extended-EMT: Extended Executive Management Team

FLT: Family Leadership Team

FTE: Full Time Employees

GAAP: General Accepted Accounting Principles

GHGP: Green House Gas Protocol

GiK: Gift in Kind

GPS: Global Programme Strategy

GRI: Global Reporting Initiative

HGB: German Commercial Code (Handelsgesetzbuch)

IA: Internal Audit

IAA: International Advocacy and Alliances

IAPB: International Agency for the Prevention of Blindness

ICSC: International Civil Society Centre

IDA: International Disability Alliance

IFFR: International Family Finance Report

INGO: International Non-Governmental Organisations
INTRAC: International NGO training and Research Centre
IO: International Office
IPCM: Inclusive Project Cycle Management
IR: Inter-Regional
KLT: Knowledge, Learning, and Training
LAR: Latin America Region
LF: Lymphatic Filariasis
MA: Member Association
NEDA: National Economic and Development Authority
NTD: Neglected Tropical Diseases
OECD: Organisation for Economic Co-operation and Development
Oncho: Onchocerciasis
OPC: Oversees Programme Committee
PCCID: Philippine Coordinating Centre for Inclusive Development PCCID
PCM: Project Cycle Management
PPR: Project Progress Report
RO: Regional Office
SAR: Asia South
SCH: Soil Transmitted Helminthes
SDGs: Sustainable Development Goals
UNCRC: United Nations Convention on the Rights of the Child
UNCRPD: United Nations Convention on the Rights of Persons with Disabilities
UN-ECOSOC: United Nations Economic and Social Council
WASH: Water, Sanitation, and Hygiene

Appendix A

2.10 Awards received in the reporting period

List of Awards Received by CBM Staff and Partners in 2014-2015

	Country	Name of the Person/ Organisation Receiving Award	Awards and Details
1.	Cambodia	Neang Phalla Krousar Thmey	Global Teacher Prize 2015; Top 10 finalists
2.	Colombia	Instituto para Niños Ciegos y Sordos del Valle del Cauca	Premios Alas BID; Interamerican Development Bank (BID)
3.	Ethiopia	Dr. Demissie Tadesse – Co-Worker	Promoting Eye Care service and active involvement in cataract outreach programmes (Ophthalmology Society of Ethiopia, OSE); Trophy
4.	Ethiopia	CBM Ethiopia	Sponsoring OSE 17th Annual Conference; Certificate of Appreciation
5.	India	Anbagam	Huminitarian Service Award; Civil Supplies Corporation
6.	India	Dr. Anil Kumar Aneja	Role Model Awards; Blindness/low vision
7.	India	C.A. Rajani Gopalkrishna	Role Model Awards; Blindness/low vision
8.	India	Mobility India	Private Sector/NGOs; Award for the Outstanding Work in the Creation of Barrier-Free Environment for the Persons with Disabilities
9.	India	J.L.Kaul	Padma Shri Award-2014; Services for empowerment of persons with disabilities, in general and the visually impaired
10.	India	Blind People's Association	Quality Mark Trust; Best NGO
11.	India	Blind People's Association	Glittering Award; Excellence in Work

12.	India	Blind People's Association	Excellence Award, Excellence in Work
13.	India	Navalbhai & Hiraba Eye Hospital	3rd Best Eye Hospital in Gujarat; Excellence in Eye Care
14.	India	Blind People's Association	Felicitation Award in appreciation for noble contribution in society to Blind People's Association, Ahmedabad by Department of Social Work, Sardar Patel University, Vallabh Vidyanagar, Anand, Gujarat (India)
15.	India	Tarekshwar Luhar Principal, Blind People's Association	Rustom Merwanji Alpaiwalla Memorial Award; for his contribution in the field of rehabilitation of persons with visual impairment
16.	India	Dr. Bhushan Punani	Veteran Educator Award by the Open Page
17.	India	Paresh Bhavsar	Veteran Educator Award by the Open Page
18.	India	Vimal Thawani	Award of Merit for exemplary services by Society of the Mentally Retarded Ahmedabad
19.	India	Nandini Rawal	T.S.Bamankar Award by Poona Blind Men's Association; for her selfless and dedicated services in the field of disability
20.	India	Mihir Jani	Vishisht Seva Sahayak' Award from Society for the Welfare of Mentally Retarded, Ahmedabad.
21.	India	Rahul Mehta	Savitri Devi Award (by Rotary Club); selfless service of Persons with Disability - Year 2014
22.	India	Velmegna Good news society	SN shah Award by Vision 2020; Comprehensive primary eye care screenings with focus on women and children
23.	India	Sankurathri Foundation	Dr. Chandrasekhar, Shining Image of India - Brand Excellence Award 2014-16; All India Economy Award Council (AIESAC)
24.	India	Sankurathri Foundation	Dr. Chandrasekar, Quality Grade Accreditation – Most Promising Social Organisation of the Year-2014; All India Economy Award Council (AIESAC)

25.	India	Sankurathri Foundation	Dr. Chandrasekar, Social Worker of the year 2014-15; State Bank India - LHO - Hyderabad
26.	India	Sankurathri Foundation	Dr. Chandrasekar, Social Services to Rural Poor; Retired Railway Employees Association
27.	India	Sankurathri Foundation	Dr. Chandrasekar, Philanthropic Services; Sriharsha School Staff
28.	India	Sankurathri Foundation	Dr. Chandrasekar, Social Services to Rural Poor; Railway Pensioners Trust
29.	India	Sankurathri Foundation	Dr. Chandrasekar, Humanitarian Services to rural poor in eye care; Lions Club
30.	India	Synod Hospital	Cleanest Hospital and Nursing Home Award; Aizwal Munipal Corporation
31.	India	HV Desai	Best paper Award on Presbyopia- Prevalence and barriers; Bell Pharma Award
32.	India	Dr. Puja Parekh/HV Desai	Paper Phacoemulsification vs phacotrabeculectomy in treatment of PACG with Cataract; Bell Pharma Award
33.	India	Dr. Col. (Retd.) M. Deshpande VSM – Chief Medical Director/HV Desai	Community Ophthalmology Oration Award – 2015
34.	India	Dr. Col. (Retd.) M. Deshpande VSM – Chief Medical Director/HV Desai	Life Time Achievement Award for his distinguished services in community eye care; ACOIN
35.	India	Dr. Kuldeep Dole/HV Desai	Best Free Paper at Barcelona 2015 Conference, ORBIS Award
36.	Indonesia	Dr. Syumarti, SpM(K), MSc	International Society for Manual Small Incision Cataract Surgeons; Outstanding contribution to Manual Small Incision Cataract Surgery

37.	Israel	St John of Jerusalem Eye Hospital	Global Film Awards; Outstanding Achievement
38.	Israel	St John of Jerusalem Eye Hospital	Best Shorts Competition; Outstanding Achievement
39.	Kenya	Kenya Red Cross Society	Measles Rubella Initiative Champions Award
40.	Kenya	Kenya Red Cross Society	ICT Value Awards (ICTVA); Social Media Excellence 2015
41.	Kenya	Kenya Red Cross Society	International Federation of Red Cross and Red Crescent Societies (IFRC) Volunteering Development Award; Use of innovation in mobilizing and managing volunteers
42.	Kenya	Kenya Red Cross Society	Super Brands East Africa 2015/16
43.	Kenya	Vocational Training Center for Blind and Deaf (SIKRI)	Disability Inclusion Award; Winner Agriculture
44.	Kenya	Grace Murimi – Head Teacher, Kerugoya School for the Deaf	Because we care, hearing angel, so the world may hear. From Starkey
45.	The Gaza Strip, Palestine	Atfaluna Society for Deaf Children (ASDC)	The Welfare Association Award "For Gaza" for the year (2014); The Institutional Excellence Category
46.	The Gaza Strip, Palestine	Atfaluna Society for Deaf Children (ASDC)	Palestine International Award for Excellence and Creativity for the year (2015); Social Organisations Category
47.	Nepal	Mr. Bindeshwar Mahato; NNJS/ERECP	APAO Outstanding Service in Prevention of Blindness Awards 2015; Prevention of Blindness
48.	Nepal	Mr. Sudhir Thakur; NNJS/ERECP	Netra Jyoti Samman Puraskar 2072; Management Category
49.	Nepal	Dr. Lila Raj Puri; NNJS/ERECP	IAPB #EyeCareForAll Photo Competition Award 2015; Amateur Category

50.	Nepal	Dr. Sanjay Kumar Singh; NNJS/ERECP	Dr. J C Khanra and Smt. Sarala Devi ACOIN Award 2015; Contribution in Community Eye Health Services
51.	Nepal	FOD/HRDC	1. Star Impact Award 2014; Treatment and Rehabilitation of Children with Physical Disabilities 2. Appreciation letter by District Disaster Relief Committee, Dhading 2015; Health Relief support after earthquake
52.	Nepal	NDWA	1. National Youth Tallency Honor 2015 (Ministry of Sport and Youth); social sector, special working for the rights of youth and women with disabilities 2. Certification of Appreciation 2015; By Disabilities Coordination Committee, Bhaktpur; humanitarian support to earthquake affected children with disabilities
53.	Nepal	KOSHISH and Matrika Devkota, Chairperson	1. Ram Babu- Gyanu Social Service Award – 2015; So far the biggest amount given for contributors of social sector in Nepal 2. Dayaram Pariyar Memorial Human Right Award – 2014; by National Human Rights Commission, Nepal
54.	Nicaragua	Asopiecad	Zero Project: Best practice/model project on inclusive education; Nomination
55.	Nigeria	Health and Development Support Programme (HANDS)	Exemplary input in eye health in the country from the Nigerian Ophthalmology Society
56.	Madagascar	Ely Rabemiarana, former Country Representative	"Chevalier de l'ordre National" in 2014-2015
57.	Madagascar	Harimahefa Lucie Rabenantoanina, Director of the deaf school in Morondava	"Chevalier de l'ordre National" in 2014-2015

58.	Madagascar	Jeannette Raelisoa, Director of the deaf school in Antsirabe	"Chevalier de l'ordre National" in 2014-2015
59.	Pakistan	Dr Ruth Pfau/Marie Adelaide Leprosy Centre (MALC)	Gold Medal (2014); Award of Excellence; Royal Institute of Leadership & Management Sciences
60.	Pakistan	Dr Ruth Pfau/Marie Adelaide Leprosy Centre (MALC)	Klaus Hemmerle-Preis Award (2014); Fokolar Movement, Aachen, Germany
61.	Pakistan	Dr Ruth Pfau/Marie Adelaide Leprosy Centre (MALC)	Staufer Gold Medal Award (2015); Chief Minister of Baden-Wurttemberg, Germany
62.	Pakistan	Mehmood Eye Hospital/ LIONS Club D.I.Khan	Crystal Club Award in Recognition of Commitment to Serve (2013-14) 17th District Convention 305-N2; Pride of District
63.	Pakistan	Mehmood Eye Hospital/ LIONS Club D.I.Khan	Best Sight First Project (2013-14) 17th District Convention 305-N2; Pride of District
64.	Pakistan	Mehmood Eye Hospital/ Mehmood Eye Hospital; Project of LIONS Club D.I.Khan	Lions Pride of Pakistan (2014-15) 18th District Convention 305-N2; You Proved You Can
65.	Papua New Guinea	Rhonda Wohemani, Lecturer PT; Dept, Divine Word University	NZAid Scholarship Award; Education
66.	Philippines	Simon of Cyrene	Certificate of Appreciation as Regional Nominee, Search for Outstanding Volunteers 2015; Awarded by National Economic and Development Authority and The Philippine National Volunteer Service Coordinating Agency and the National Volunteer Month Steering Committee, Not for Profit Category
67.	Philippines	Simon of Cyrene	Certificate of Commendation in recognition of their participation as the Regional Entry to the "Gawad Kalasag Award CY 2015 – Best Non-Government Organisation on Humanitarian Assistance

			and as candidate for the Hall of Fame for CY 2015 by the Department of Social Welfare and Development Office Region V
68.	Philippines	Simon of Cyrene	Finalist – "Salamat Po" National Award for Best NGO given by DSWD
69.	Philippines	Simon of Cyrene	Gawad Kalasag Best Civil Society Organisation for 2015 - Commendable dedication in empowering Persons with Disabilities to protect them during actual disasters by integrating their rights in Community Based Disaster Risk Reduction and Management programmes of the LGUs and other stakeholders
70.	Philippines	Simon of Cyrene	Certificate of Commendation for the invaluable contribution to the interest of the service during the Disaster Operations and for the unrelenting support to the Social Protection of 61 Programmes of Department of Social Welfare and Development Office Region V
71.	Philippines	Simon of Cyrene	3rd Place, for the timely fulfillment of KNH standards and requirements for 2014 Plan of Action and Budget
72.	Philippines	Simon of Cyrene	1st Place 2014 National Search for Gawad Kalasag under the category of Best Non-Government Organisation (NGO) on Humanitarian Assistance
73.	Philippines	Simon of Cyrene	Gawad Kalasag Best Civil Society Organisation for 2014 - Commendable dedication in empowering persons with Disabilities to protect them during actual disasters by integrating their rights in Community Based Disaster Risk Reduction and Management Programmes of the LGUs and other stakeholders.
74.	Philippines	Randy Weisser, Resources for the Blind, Inc.	Apolinario Mabini Award (given in 2015); Presidential Special Award
75.	Philippines	IDEA Philippines	2014 Gawad Geny Lopez Jr. Bayaning Pilipino Award

76.	Philippines	IDEA Philippines	Social Security System 2015 Balikat Ng Bayan Award; Top employer - Tagbilaran City Branch
77.	Philippines	Loving Presence Foundation, Inc.	Certificate of Recognition from Bislig City Division Special Educ. Center; Acknowledgement for dedication commitment and support contributing to the successful implementation of school's thrust, programmes, projects and achieving culture of excellence.
78.	Philippines	Loving Presence Foundation, Inc.	Plaque of Appreciation from Governor Province of Dinagat Island; Implementation of Province wide Cataract Operation, PDI
79.	Philippines	Loving Presence Foundation, Inc.	Plaque of Appreciation from City Social Welfare and Development (CSWD) Surigao City; As partner in Social Services specialized for Persons with Disabilities
80.	Philippines	Loving Presence Foundation, Inc.	Certificate of Recognition from Department of Education-Bislig City Division; Rendering tremendous support to the dEPeD Bislig Division
81.	Philippines	Loving Presence Foundation, Inc.	Plaque of Recognition and Appreciation from Department of Health Caraga Region; Implementation of Community Based Rehabilitation Programme and prevention of blindness
82.	Philippines	Dr. Fe Delos Reyes, HELP Learning Center	Outstanding Alumnus from UP College of Education
83.	Sri Lanka	Kumudini Wickramasiriya	selfless volunteerism; UN
84.	Sri Lanka	Fr.Paul Satkunanayagam	selfless volunteerism; UN
85.	Tanzania	Heiko Philippin - Co- Worker, KCMC	New voices in Global Health; Finalist Certificate

Appendix B

NGO2 Mechanisms for stakeholder feedback and complaints to programmes and policies and in response to policy breaches


Appendix B - Implementation Guid


Appendix B - Complaint Severity Pr

Both documents are also attached as separate PDF file.

Appendix C

NGO7 Resource allocation, tracking and control


Appendix C - Accounting Policy

Document is also attached as separate PDF file.

Appendix D

EN26 Initiatives to mitigate environmental impacts of activities and services

Environmental Footprint

- How can the 'environmental footprint' of the project be reduced?
  E.g. efficient lighting and appliances, appropriate heating/cooling technologies and levels, installation of solar panels, fuel efficient vehicles, efficient vehicle use, clustering of meetings to reduce travel, insulation of buildings, environmentally friendly construction, water conservation and harvesting, appropriate resource use: reduce, re-use, recycle.

Environmental Risks, Hazards & Enhancement

- How can potential risks to the environment or environmental hazards to communities be reduced?
- E.g. correct handling of medical waste and effluent, efficient use of limited ground-water supplies, measured use of environmental products for livelihood activities, seeking to use firewood efficiently or changing to other cooking energy sources.
- Are there opportunities to enhance the environment?
  E.g. planting shade trees, clearing rubbish and debris, creating living or working spaces which are environmentally friendly.

Environmental Sustainability, Disability-Inclusive Development & Mainstream Programmes (Programme Opportunities)

- Is there opportunity to promote inclusion of persons with disability to accessible and well located WASH (Water, Sanitation & Hygiene) facilities?
- Using an empowerment approach, can DPOs and Community Based Rehabilitation 'Self-Help Groups' be part of advocacy to governments and organisations for accessible WASH facilities?
- Is the essential safe-guarding dimension, especially for women and children with disability, promoted relating to accessible WASH?
- Does your medical or other facility have accessible, clean WASH facilities?

- Can the role of WASH and other environmental improvements be strengthened for the prevention of certain Neglected Tropical Diseases and other diseases causing impairments? (E.g. consider the SAFE[8] strategy for trachoma; hand washing for reducing soil-transmitted helminths; washing of limbs to prevent secondary infection in Lymphatic filariasis.)
- Are there: clean water supplies available for personal hygiene and washing clothing; sanitation facilities for proper handling of human effluent; other environmental improvements such as collecting/composting animal waste?
- Are there opportunities to ensure that schools, universities & training centres have accessible, clean WASH facilities? (Lack of toilets is a key reason that girls and young women with disability especially are not in school and higher education.)
- Is there opportunity to create more pleasant environments in schools, AND in which children with disability are fully included? E.g. the 'Child Friendly Schools' approach[9] seeks to consider the whole environment in which a child lives and learns including their access to nutrition, WASH and a safe, pleasant school environment.
- Based on the 'Child Friendly Schools' approach, could the local community participate in improving the school environment? E.g. by planting trees and gardens, clearing debris and creating safe play & meeting areas accessible to all children?
- Based on the 'Child Friendly Schools' approach, is there opportunity to promote environmental learning in schools, connected with community gardens, orchards, tree-planting or livestock-keeping activities? Are these activities accessible and adapted to children with disability?
- Are there opportunities to include persons with disability in Climate Change Adaptation (CCA) with resilient livelihoods and other environmental programmes? This includes programmes working in migration and urbanisation due to environmental degradation and climate change.
  E.g. programmes in farming, gardening, fruit growing, livestock keeping, woodlot production, fish-farming; community programmes for coastal reclamation, wetland restoration, improved soil, water and other natural resource management; resettlement programmes, improved living conditions in 'low income settlements' etc.
- Poor energy sources for cooking, lighting and heating, such as indoor fires and kerosene-lanterns, are a significant cause of injury, illness and impairment, and cost.[10]
- Are persons with disability included in community education programmes with accessible information, about reducing risk, and accessing safe and environmentally-friendly energy sources?
  Further to the question above, are there opportunities to include persons with disability in energy security programmes for cooking, lighting and heating?
  E.g. improved wood-burning stoves, bottled methane gas or home methane production, solar or gravity lighting to replace harmful kerosene lanterns.

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[8] 'SAFE' represents Surgery, Antibiotic treatment, Face washing, Environmental improvement

[9] The Child Friendly Schools approach promotes learning in safe, healthy, holistic environments with focus on inclusiveness, gender sensitivity, tolerance, dignity, personal empowerment and wider factors such as access to WASH & adequate nutrition.

http://www.unicef.org/publications/files/Child_Friendly_Schools_Manual_EN_040809.pdf

[10] http://www.who.int/mediacentre/factsheets/fs292/en/

- Could training for programmes related to the environment be modified, with necessary adaptive or assistive technology available, to ensure participation of persons with disability? Are budget allocations available for this?
- Is there advocacy at all levels to ensure disability-inclusion principles are embedded in the funding and design guidelines for environmental programmes?
  E.g. government and donor funded programmes in WASH, CCA with resilient livelihoods, improved energy sources, forest & fisheries management.
- Are there indicators in mainstream environmental programmes, which work towards 10-15% of the participant target population being persons with disability?
- Do mainstream environmental programmes have specific targets and indicators relating to disability, gender and age within their design, monitoring and evaluation processes?
- Are persons with disability listed as a key vulnerable group and informants for research into developing the evidence base relating to the environment and climate change in community poverty alleviation?

Disability Activism, DPOs and Environmental Sustainability (Programme Opportunities)

- Are persons with disability able to exercise their right to be part of debate, advocacy and responsibility within their communities on environmental issues?
  E.g. for accessible WASH, Climate Change Adaptation initiatives with resilient livelihoods, access to improved energy sources, environmental protection and enhancement etc.
- Do persons with disability, through DPOs and Self Help Groups have the opportunity to be part of community training and forums on issues related to the environment?
  Is information available to them in accessible formats?
  If persons with disability are not engaged, what are the barriers and how can these be removed?
- Do women, men and children with disability have the opportunity to actively participate in consultations, design and implementation of programmes linked to the environment?
  E.g. for accessible WASH, CCA initiatives with resilient livelihoods, access to improved energy sources, environmental protection and improvement etc.
- Are women and men with disability aware of and have the opportunity to take up active roles in community management committees for environmental activities?
  E.g. committees for WASH, land use and management, forest conservation, flood mitigation etc.
- Are persons with disability aware of the 'Sustainable Development Goals' and their rights, responsibilities and opportunities in seeing them implemented?

Creating Networks and Alliances for Environmental Activities

- Who are the key actors your programme and local DPOs could engage with for Environmental Sustainability in DID activities?
- Are there social enterprise programmes or local embassies who may assist with 'environmental footprint' activities or ensuring persons with disability are included in environmental programmes?

- Are there key actors in government and NGO environmental protection, agricultural enhancement or energy schemes, who could ensure the inclusion of persons with disability?
- Are there child or youth-focused environmental programmes which could ensure the inclusion of young persons with disability in practical training activities in schools and communities?