CBM 2012 Report

to

INGO Accountability Charter

Using GRI NGO Level C reporting template

Name of organization:

Filled in by:

Name: Markus Hesse

Position: Vice President Finance & Corporate Development

Email: markus.hesse@cbm.org

Phone: +49 6251 131380

Information on numbering: All sections in the boxes are taken directly from the original English version of the NGO Sector Supplement and the original reference numbers and page number appear in parenthesis.

The NGO Sector Supplement is available for free downloading at www.globalreporting.org

Table of Contents

1. Strategy and Analysis

1.1. Statement from the most senior decision-maker of the organisation about the relevance of sustainability to the organisation and its strategy.

CBM is an international Christian development organisation, committed to improving the quality of life of persons with disabilities particularly in low income countries and communities of the world. CBM also seeks to provide preventative and curative measures in order to assist communities at risk of conditions leading to disability. Together with a global network of partners CBM aims to promote inclusion of people with disabilities into mainstream development and to make comprehensive healthcare, education and rehabilitation services available and accessible to persons with disabilities in low income countries and communities. They are our target group and the focus of our work.

Based on our Christian values and over 100 years of professional expertise, CBM addresses poverty as a cause and a consequence of disability, and works in partnership to create a society for all.

Based on our core values we are committed to meet good practice standards in operational excellence, demonstrating accountability towards our target group, partners, donors, the public and peer organisations. Therefore we fully subscribe to and seek to comply with the International Non-Governmental Organisations (INGO) Accountability Charter. Our report for the year 2012 is our third according to the GRI standard and we appreciate the encouraging and informative feedback from the Independent Review Panel on last year's report.

Our successes for 2012
1. Stronger voice and participation from the field in CBM's governance and management:
   - further development of CBM Kenya, which was established as a CBM Member Association in 2011;
   - establishment of a new CBM Member Association in South Africa in 2012;
   - work begun on preparing CBM India for possible membership in 2014.
   These new CBM Member Associations in "traditional CBM programme countries" take part in the governance and senior decision making of CBM, and as such contribute with the voice from the field to our strategic direction and help to ensure that our decision making is better informed by the realities of our target group.
2. During the period 2007-2011 Peer Reviews of all CBM Member Associations took place. In 2011 an evaluation of the process was undertaken, with positive results in terms of sharing and learning good practices from one another, and also identifying weaknesses to be addressed. Based on the evaluation results, the next 5 year plan for the second round of Peer Reviews in all CBM Member Associations was developed and its implementation started in the second half of 2012.
3. In 2012 work started to develop the Global Programme Strategy, 2013-2018, which will incorporate all aspects of the CBM Family's work in International Programme Development with a focus on Disability Inclusive Development. The Global Programme Strategy is expected to be approved by the CBM International Board in 2013.
4. CBM has been active at country level in our programme countries in following up and monitoring the UN Convention of the Rights of Persons with Disabilities (UNCRPD) and at the UN level through our staff member

Diane Mulligan. She was appointed as the UK's elected member of the Expert Committee of the UNCRPD.

5. CBM has been active in advocating for "inequalities" and human rights" to be addressed in the post 2015 development agenda through its membership of the Beyond 2015 alliance and through the International Civil Society Centre (Berlin).

6. CBM saw a moderate growth in overall annual CBM Family income of approximate 5% in 2012.

Challenges and priorities on the way forward
The key ongoing challenges that CBM faces are:

1. Mobilisation of resources for our purpose. CBM saw little growth during the years 2007-2010, and since then we have observed a slow, modest increase. This increase, however, barely matches inflation.

2. Governance of an international federation of legally independent Member Associations remains challenging. Nevertheless, the fact that CBM has one common programme implemented by CBM International on behalf of Members remains a major asset.

As reported last year, in order to address the gaps already identified following the 2010 GRI report and Panel feedback, CBM has planned the following:

1. **International Finance Report including all CBM organisations**
   Each CBM organisation reports according to their national regulations. With the newly introduced International Finance Report we will be able to provide standard financial information across all CBM organisations. This year's report will therefore broaden the financial reporting and include all CBM Member Associations.
   Update 2012
   The CBM International Finance Report was successfully implemented in 2012. For the first time we were able to apply common definitions to income streams and main expenditures for 2011 figures in order to have a baseline from which to monitor future trends, ask questions and take appropriate action across the CBM Family. We see this as an important tool to improve decision making for efficiency and effectiveness in our work.

2. **International reporting on HR key information**
   HR data is included in a number of indicators in the GRI format. As previously stated, all CBM organisations are legally independent organisations. It is our objective to provide transparent information on the CBM Family globally. This implies the development of global standards and an alignment of HR processes.
   Update 2012
   The work on this has started in 2012 with some basic key HR indicators for CBM International Office and its Regional Offices. The number of ratios defined will be increasing and their quality improving. A global roll-out to the entire CBM Family can only take place once the HR reporting tool is finalised and proven as a concept. Thus, apart from headcount and full-time-equivalent reporting, there is not yet any other HR ratio which is collected on a CBM Family level.

3. Reporting on environmental stewardship

CBM has signed the declaration on "Creation Stewardship and Climate Change" in 2010 and has just started to work on the issues related to environmental sustainability and good stewardship of the environment. We acknowledge our environmental responsibility and we are developing tools, systems, and processes for the assessment of our environmental footprint leading to an environmental sustainability plan.

A number of initiatives have been started in order to address this area, which is new for CBM. The results will be the focus of our report in 2014, including baseline, activities and results in energy consumption and use of resources in offices, ways to minimise carbon consuming travel, and recycling and minimising waste. (quote from our GRI 2011 report)

Update 2012

It was decided to initiate a "Green office initiative" to make CBM more aware of environmental sustainability issues and improve CBM's carbon footprint. This initiative is scheduled to be piloted in 3 CBM offices in 2013 with the support of students from the University of Waikato in NZ.

Each of these three areas is important; at the same time it is essential that we maintain the purpose and vision of the CBM Family. Limited financial resources and human capacity necessitate that we set priorities and sequence our activities to focus on one of the three target areas of improvement each year over 3 years, while remaining opportunistic towards new initiatives.

We warmly invite other organisations to call on our knowledge and experience to make their work more inclusive for persons with disabilities; and we are very grateful for the opportunity to learn from other organisations with more experience in the areas of general development so that we can improve our accountability and work.

Allen Foster
President (January 2006 – July 2013)

2. Organisational Profile
2.1. Name of the Organisation

CBM Christoffel-Blindenmission Christian Blind Mission e.V.

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

Indicate how these activities relate to the organisation's mission and primary strategic goals (e.g., on poverty reduction, environment, human rights, etc.). The reporting organisation should indicate the nature of its role in providing these products and services and the degree to which it utilises outsourcing.

CBM is an **international Christian development** organisation, whose vision is one of an inclusive world in which all persons with disabilities enjoy their human rights and achieve their full potential. Our mission is to improve the quality of life of persons with disabilities, and those at risk of disability, in the poorest countries of the world. CBM also seeks to provide preventative and curative measures in order to assist communities at risk of conditions leading to disability. We strive to address poverty as a cause, and a consequence, of disability, and work in partnership with others to create an inclusive society for all.
With regard to **disability** we work with a variety of partners and rights based organisations to promote and implement **the UN Convention on the Rights of Persons with Disabilities** (UNCPRD); as an **inclusive development** organisation we work with our partners and other development agencies to include persons with disabilities in the **Millennium Development Goals**; and as a **Christian** organisation we strive to practice and promote to Christian organisations **inclusion of persons with disabilities** as a teaching of Jesus Christ.
The traditional focus of CBM's work is its cooperation with local partner organisations in 73 of the poorest countries in the world in which approximately 500 million persons with disabilities live. We support partners to **provide and improve access to health services that prevent and treat conditions that may lead to disability** for communities at risk. In addition, we support partners **to provide rehabilitation, education and livelihood services** for people with disabilities. As such we promote the implementation of the UNCRPD, including provision of services and support in emergency/disaster situations, and in a development context. In this process CBM cooperates with a variety of partners including churches, local secular NGOs, and governmental bodies.
CBM has increasingly recognised the importance of **tackling the societal barriers** that persons with disabilities face (inaccessible public services and infrastructure, lack of work, training and education opportunities, and the dominant culture of discrimination towards persons with disabilities). In 2007, CBM published its Disability and Development Policy which emphasises the importance of advocacy for inclusion, and pointed to a broader disability and development approach beyond provision of services.
In 2012, our department for International Advocacy and Alliances started with the implementation of its first strategy (available upon request) with the specific objective to ensure that the rights of persons with disabilities are included in development strategies, policies, programmes and research initiatives. In this process CBM cooperates with various UN agencies, the EU and other multi-lateral bodies, international Disabled People's Organisations (DPOs) and federations.
In 2012 CBM furthermore initiated the development of its Global Programme Strategy (2013 – 2018). The strategy will provide direction for our service

delivery, capacity development and advocacy work in our programme countries in a development and emergency context.

Overall CBM works with persons with disabilities, their families and communities; communities at risk of disability; DPOs, family associations and other grass roots disability support networks; service delivery partners in developing countries; NGO development stakeholders (states, regional organisations (EU), UN agencies, international organisations, government agencies, international non-governmental development organisations and researchers/research institutes); humanitarian stakeholders (governments and humanitarian agencies and networks); professional associations; and the general public with a specific focus on our 'donor' countries.

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

In 2012 as in the previous year, CBM had 11 Member Associations worldwide (Australia, Canada, Germany, Ireland, Italy, Kenya, New Zealand, South Africa, Switzerland, United Kingdom, USA). Each Member Association is an independent legal entity and has the primary (but not exclusive) task to raise funds and advocate for CBM's mandate within its country. To do this within the frame of CBM, a Member Association has to sign the CBM Charter, which is a Memorandum of Understanding that provides definition and understanding to steer the mode of operations of the legally independent entities that make up the CBM Family, as well as a CBM Trademarks Licensing Agreement which governs the use of the CBM brand. Member Associations, through the CBM Charter, commit themselves to fund a joint CBM Family programme, which is coordinated by CBM International. This point makes the "CBM Family" structure unique.

This joint programme of CBM is managed by an association under German law, Christoffel-Blindenmission Christian Blind Mission e. V. (referred to in this report as "CBM International"), owned by the Member Associations. Together the Member Associations and CBM International make up the "CBM Family".

CBM International is responsible for the formulation, planning, execution, and coordination of CBM's joint overseas programme work. It operates with regional branches in Latin America, Africa, and Asia. Regional Offices are typically branches of CBM International and have the primary task to develop regional strategies and plans for the countries in each region, network with partners and develop, implement and evaluate a portfolio of projects and programmes in the countries in the region.

This organisational structure enables CBM to speak in its programme countries with one voice and to implement worldwide standards in our programme work in an efficient manner.

CBM International's financial means are made available by the Member Associations. Therefore CBM International does generally not raise funds on its own.

CBM's governance and management structure is shown in the following infographic:

CBM Worldwide

Member Associations
Australia, Canada, Germany, Ireland, Italy, Kenya, New Zealand,
South Africa, Switzerland, UK, USA

International Governance & Leadership
Assembly of Members, CBM International Board,
International Executive Committee (IEC), Senior Leadership Team (SLT)

CBM International Office
Bensheim, Germany

CBM Brussels Office
European Union Liaison, International Advocacy & Alliance,
Emergency Response, Website Management

Regional Offices

South East Asia	East Africa	Latin America
Central Asia	Central Africa	
South Asia	Southern Africa	Eastern Mediterranean
	West Africa	

2.4. Location of organisation's headquarters.

Nibelungenstraße 124, 64625 Bensheim, Germany

2.5. Number of countries where the organisation operates. Please name any countries with major operations or that are specifically relevant to the sustainability issues covered in the report.

In the reporting period CBM was active with its programme work in 73 countries (99 in 2009). The reduction in countries is part of CBM's global programme strategy with the aim to ensure a better quality of work as well as a more meaningful engagement in each country.

Partner projects by continent

Continent	Number of partner projects
Africa	271
Asia	297
Latin America	133
Europe & Interregional	13

Partners by type

624 Partners

- **294** churches or other Christian organisations
- **258** other NGO type organisations
- **14** other (non-Christian) faith-based organisations
- **58** government agencies
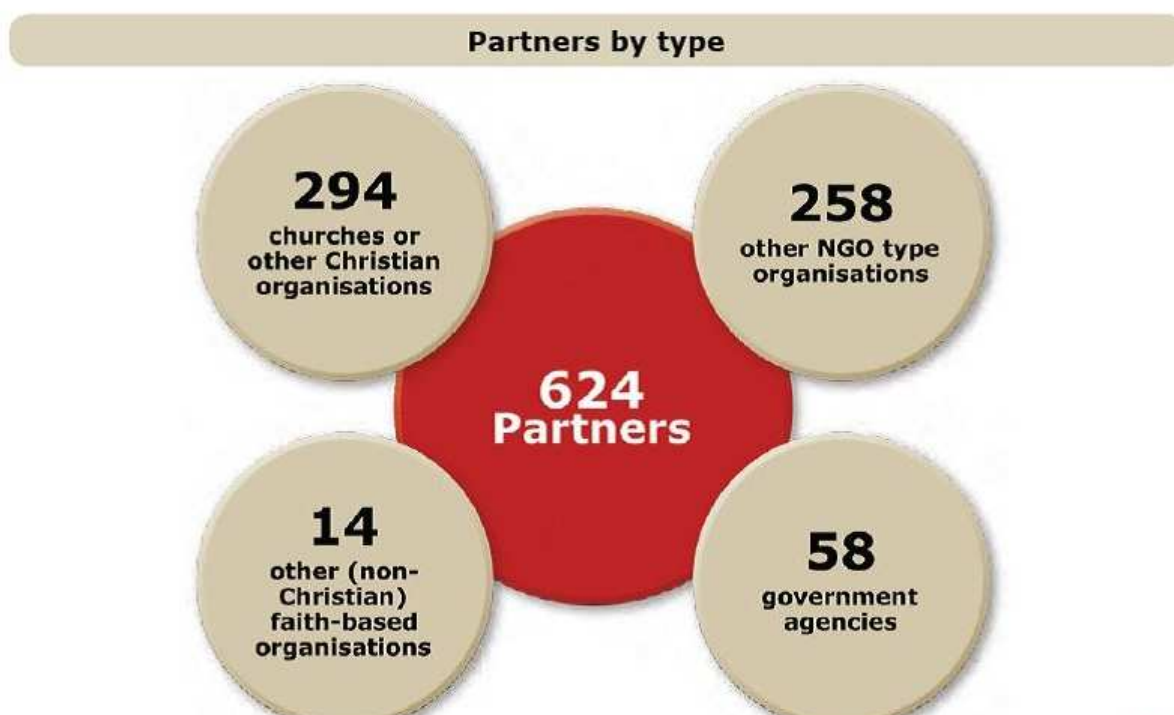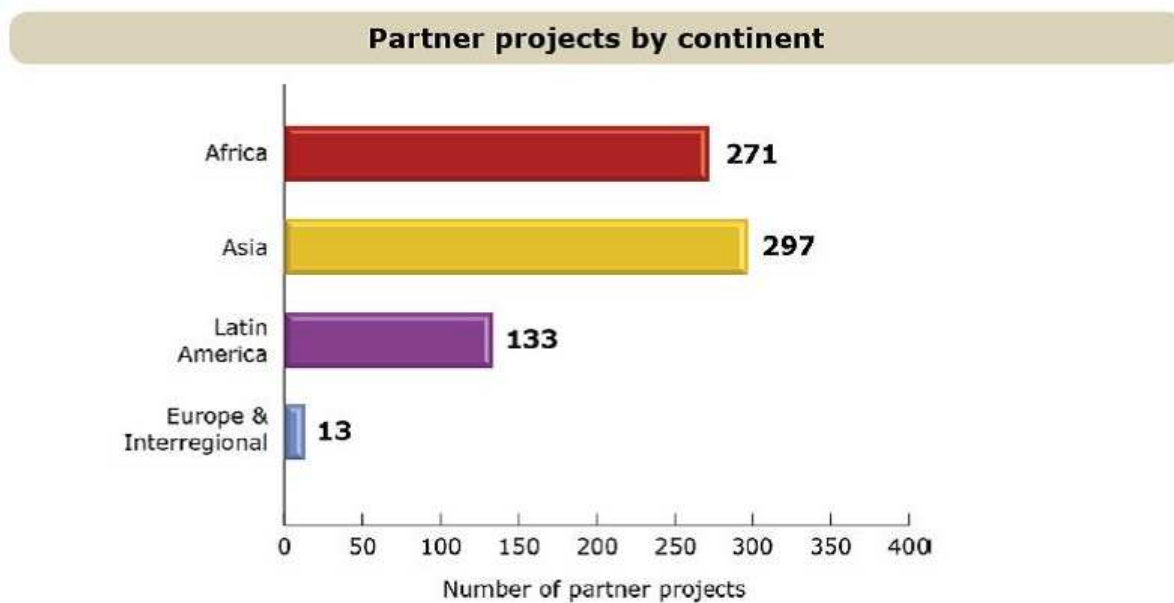
Further information on all the countries that CBM operates in and projects within each country can be found here.

2.6. Details and current status of not-for-profit registration.

CBM International is an Association registered under German law and is based in Bensheim, Germany. It exclusively follows non-profit and charitable purposes based on the Articles of Association by supporting and implementing projects. CBM International is a membership organisation (see 2.3).

2.7. Target audience and affected stakeholders. Please include a geographic breakdown.

Our target audience are persons with disability and those at risk of disability in the most disadvantaged societies (please see appendix A for detailed information

and geographic breakdown). This is reflected in the selection of countries in which we are working. It is also reflected in our approach to program and advocacy work through which we reach out to a maximum number of members of our target group in partnership with others.

We are accountable towards our target group, persons with disabilities as well as families and communities affected by disability, communities at risk of disability, our local, national, and international partner organisations, DPOs, staff and volunteers, but also towards individual and institutional donors, and supporters.

Within the CBM Family, CBM International has a particular accountability towards its Member Associations for the transparent and accurate planning and implementation of its programme work.

2.8. Scale of the reporting organisation including:

i. Number of members and/or supporters
ii. Number of volunteers
iii. Total income

2012 Key Messages
Thanks to over 850,000 active supporters through 11 Member Associations, CBM has been able to support 714 projects in 73 countries in Africa, Asia, Latin America, and the Middle East, reaching more than 31 million people (32 million in 2011), and providing a further 10 million treatments for non-blinding, disabling, neglected tropical diseases.

Income
In 2012 the CBM Family received total donations of 201.3m €, including 120.8m € cash donations and 80.5m € donations in kind.
In response to the INGO Accountability Charter's feedback on our previous GRI reports, CBM has developed an International Finance Report. While this report is now available, it needs to be stated that this is not a legal document. The information is indicative and does not show actual performance of any CBM Member Association in its national context. Each CBM Member Association should be consulted directly for specific information about its financial performance. All national annual reports are available on the respective websites of the Member Associations (links provided via www.cbm.org).
CBM cash income came from individual donors, governments, company and foundation fundings. Income from individual donors, including legacy income, represents 81% of CBM total cash income and ensures the organisation's independence from major funders.

Scale of programme work
CBM continued to implement its strategy to focus its work in fewer countries (from 99 in 2009 to 73 in 2012), and fewer projects (from 883 in 2009 to 714 in 2012); the reduction in countries and projects is part of CBM's global programme strategy to focus our engagements.
Empowerment is a key driver to achieve **inclusion** of persons with disabilities as equal members of their community; therefore CBM continued to emphasise and develop work in:
- Community Based Rehabilitation (**CBR**) projects (202 in 2012) as well as facilitating **peer groups** for persons with disabilities and their families (193,040 participants in 2012);

- **Education and Rehabilitation** projects (416 in 2012) reaching 688,561 persons;
- **Livelihood** projects (109 in 2012) reaching 118,010 persons;
- **Advocacy** to influence local or national policies on disability; 424 projects were involved in advocacy work at the national level and 469 projects were involved at the community level to create **awareness about the rights** of persons with disabilities.

In 2012 a total of **31,327,085** (32,407,598 in 2011) **patients and clients** received services from partners with CBM support.

A further **10,315,322** (3,731,141 in 2011) **treatments were given** to people to prevent or treat neglected tropical diseases (NTDs) such as lymphatic filariasis, schistosomiasis and soil transmitted helminths as part of CBM's onchocerciasis and trachoma control programmes. [1]

Of the 31,327,085 patients and clients in 2012 (2011 statistics between brackets):
- 688,561 (551,052) clients received **education or rehabilitation** services;
- 615,386 (573,947) people received medical services for **ear conditions**;
- 500,042 (564,085) people received medical services for **orthopaedic conditions;**
- 29,523,096 (30,718,514) people received medical services for **eye conditions** of which:
  - 15,676,639 (15,159,162) people were treated with **mectizan against onchocerciasis;**
  - 1,515,034 (2,931,355) people were treated with **azithromycin against trachoma;**
  - 12,331,423 (12,657,997) people received **other medical eye services**.

843,140 operations were performed including 796,729 eye operations, 14,397 ear operations, and 31,628 orthopaedic operations;

1,082,196 assistive devices were distributed (similar to 2011) including 855,123 spectacles, 66,559 low vision devices, 15,494 hearing aids, 107,189 orthopaedic appliances and 37,831 other devices.

More than 100,000 professionals were trained in 2012 (in particular 2,602 doctors, 4,806 nurses and 20,421 teachers) to develop human resource capacity with our partners **and enhance local and national capacity.**

---

[1] **Please note that:** Treatments (MDA) given for LF/SCH/STH are counted in number of treatments, not patients.

In 2011 we reported reaching 36m people, which included people receiving treatment to prevent and treat onchocerciasis or trachoma, and treatments provided for non-eye NTDs (LF/SCH/STH).

In 2012 we reached 31m people, including people receiving treatment to prevent and treat onchocerciasis or trachoma, and additional 10m treatments were given for non-eye NTDs, namely LF, SCH and STH.

Since 2012 we count treatments given for each of the NTDs - LF, SCH and STH separately because of their increasing significance and the fact that their treatment programmes are integrated with other interventions.

CBM Financial Key Figures 2012

Total Income 2012 CBM worldwide:	201.3 m €
Thereof Cash Donations:	120.8 m €
Thereof Donations in Kind:	80.5 m €
Total Expenditures:	192.7 m €
Out of these expenditures for programme:	148.3m € (77.1%)
Acquisition fundraising:	23.9m € (12.1%)
Administration and governance:	14.4m € (7.5%)
Strategic development and others:	6.1m € (3.2%)

Assets and liabilities for the entire organisation cannot be reported since CBM's Member Associations are all different legal entities and financial requirements are too different from each other. 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. The following information therefore pertains to funds made available to CBM International for CBM's joint programme work.

International Programme Expenditure 2012

Programme work by continent

- 11% Europe & Interregional
- 13% Latin America
- 44% Africa
- 29% Asia
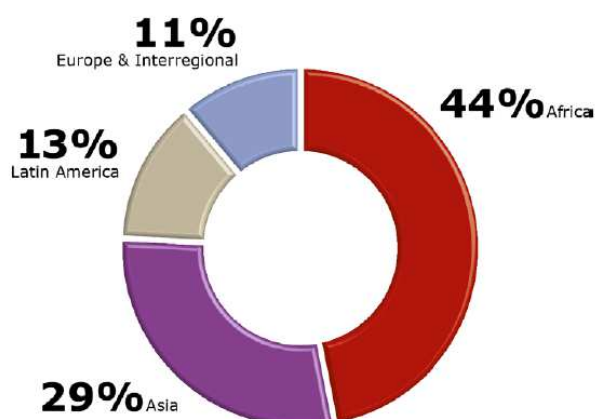
In 2012, involvement in **Latin America** decreased to 13% from 18% in 2011 as the earthquake emergency support in **Haiti** was replaced by more long term development work.

Programme expenditure by impairment type

- 41% Cross disability (CBR)
- 31% Vision
- 8% Hearing
- 10% Physical
- 4% Psychosocial & intellectual
- 6% Others
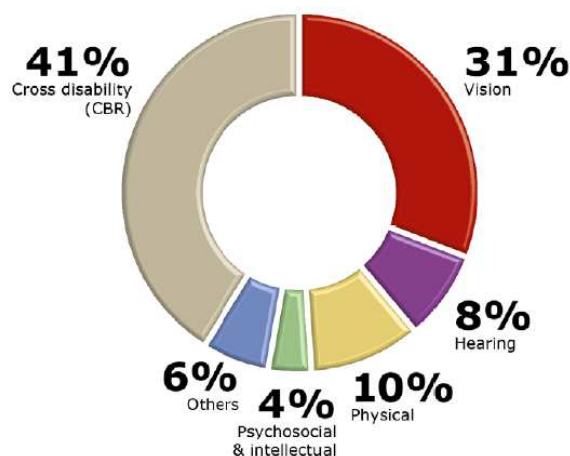
2.9. Significant changes during the reporting period regarding size, structure, or ownership.

In June 2011 the CBM International Assembly decided to grant all Member Associations the right to participate in the CBM International Board through a Board member with a required (defined) skill set. Following this decision the CBM International Board appointed 5 additional Directors effective January 1st, 2012 and 1 additional Director effective July 1st, 2012.

No other significant changes to the size, structure and ownership of CBM International occurred in 2012.

2.10. Awards received in the reporting period.

Nothing to report.

3. Report Parameters -Report Profile
3.1. Reporting period (e.g., fiscal/calendar year) for information provided.

Calendar year of 2012

3.2. Date of most recent previous report (if any).

1 October 2012

3.3. Reporting cycle (annual, biennial, etc.).

Annual

3.4. Contact point for questions regarding the report or its contents.

Markus Hesse, Vice President Finance & Strategy, markus.hesse@cbm.org

3.5. Process for defining report content.

Reporting cycle
Based on our positive experience in compiling the GRI 2011 report, we have followed the same process also for the 2012 report. The entire exercise is coordinated by our Strategy Unit.
- Cross-functional INGO team reviews the 2011 report and the feedback from the Independent Review Panel (January);
- Key findings are presented to the Senior Leadership Team (SLT) (February)
- SLT includes top priority issues within its business plan and strategy reviews (February);
- Cross-functional INGO team develops the 2012 report (March – August);

INGO Team
- Follows up on Report 2011
- Conducts departmental workshops on Panel feedback (upon request)
- Identifies key areas for improvement

Executive Management
- Prioritises areas for improvement
- Includes topics in business plan and strategy review
- Aligns with Members

- Lead by: Vice President Finance & Strategy

INGO Team
- Composes Report 2012
- Maps required data
- Compiles existing reports/documents
- Collects input from further stakeholders upon request
- Cross-checks facts

Following careful consideration of the Panel's feedback on our 2011 report, the SLT decided to include these topics into its Business Plans 2012 - 2014 as already described in more detail under Section 1.1 of this report:

1. Development and use of an **International Finance Reporting** including all CBM organisations of income and expenditures for CBM Family in order to improve financial accountability.
2. Improve **international reporting on HR key information**
3. Reporting on **environmental stewardship**

A further important 2013 business plan topic related to our accountability commitment is the initiation of a **whistleblower system** to manage complaints from CBM staff or partner staff about CBM or about partner organisations, with a particular focus on fraud & corruption, violation of child protection policies and situations of gross mismanagement.

Report dissemination and use
CBM Member Associations provide input and information required for the completion of the GRI report on a voluntary basis. It is sent to all CEOs of all CBM Members and their Chairs. It is made available to CBM staff via posting of the document on Sharepoint. Although the Panel feedback has not been posted in the same manner, the actions that SLT derives from the Panel's feedback and that are included in the SLT Business Plan are shared with the same stakeholders in a similar manner. CEOs of all CBM Member Associations and their Chairs receive an email notification with monthly updates on the SLT Business Plan. CBM staff can access the same via Sharepoint, the internal electronic information platform. The GRI report is furthermore posted under the 'Accountability' section of our website at http://www.cbm.org/Accountability-385020.php and as such available to the public.
At present CBM International does not systematically follow-up with readers to identify if and how they use the report. Spontaneous feedback from CBM International and Member Associations staff has generally been very positive, as it is considered an important tool in the further professionalisation of our work. We will therefore develop a plan to share findings from the 2012 report, Panel feedback on the report and any ensuing action plan more systematically.
Following is an example of how one of our stakeholder teams has acted upon the GRI report. Triggered by CBM's membership in the INGO Accountability Charter and its commitment to produce the annual GRI report, the CBM Regional Office

Eastern Mediterranean Region (EMR) in 2012 developed and piloted a self-assessment tool for partner organisations to facilitate assessing partner compliance with the INGO Accountability Standards, demonstrating inclusive practices, and identifying capacity development needs. Partners' self-assessment results are shared with the CBM Regional Office EMR team and based on the results an action plan to address capacity needs is jointly developed.

The purposes of the self-assessments are to ensure that:
- CBM and CBM`s investments meet international accountability standards;
- CBM partners can demonstrate adherence to international accountability standards and are attractive for international funders/donors;
- Gaps in meeting international accountability and accessibility standards are identified and addressed within an agreed timeframe and with clear roles and responsibilities;
- CBM and CBM supported projects are accessible and relevant to the needs of primary stakeholders/rights holders;
- Partners actively promote and practice inclusion and comprehensive accessibility and become advocates for the rights of persons with disabilities in their communities.

In 2013 a similar tool will be derived and developed as a standard to be used by all Regional Offices with partners. This will equally be based on compliance with international accountability standards.

3.6. Boundary of the report (e.g., countries, divisions, subsidiaries,

This report covers a variety of CBM International and Member Association activities. In most cases we include global data of all CBM entities (finance, fundraising, programme). In some areas of the GRI reporting framework (e.g. Human Resources) we don't have standardised data across all CBM entities due to different national regulations, or because of limited added value for internal use.

Statistics from programme work and reports regarding HR issues mainly refer to the work of CBM International and its partners, as CBM does not have global HR statistics for the entire CBM Family of members to the requested extent of the GRI indicators.

Where available we provide global figures. These statistics are clearly marked as such in the report. As mentioned in Section 1.1 above, the development of global HR statistics is the second priority which will be worked on in 2013.

The global financial information from our Member Associations compiled in the International Finance Report is indicative and does not show the actual performance of each single Member Association or CBM International. Therefore this report is not a legal document, and Member Associations or CBM International should be consulted directly for specific information. Income and expenditure figures are consolidated rather than aggregated.

3.7. State any specific limitations on the scope or boundary of the report.

Due to lack of availability of globally consistent data the questions on Human Resources and advocacy effectiveness of Member Associations are excluded from this report.

3.8. Basis for reporting on joint ventures, subsidiaries, leased facilities, outsourced operations, and other entities that can significantly affect comparability from period to period and/or between organisations.

The collaboration with local partner organisations in our programme countries is a key element of CBM's programme work. Networking and joint programmes with other organisations have the purpose to better serve our target group, reduce duplications, and work comprehensively. It is CBM's practice to work in partnership with other organisations, not to provide direct services. This principle does affect the comparability of our performance and does not allow us to provide global data including our partners' management standards (e.g. on training days of staff of 624 partners).

3.10. Explanation of the effect of any re-statements of information provided in earlier reports, and the reasons for such re-statement (e.g., mergers/acquisitions, change of base years/periods, nature of business, measurement methods).

None.

3.11. Significant changes from previous reporting periods in the scope, boundary, or measurement methods applied in the report.

None.

3.12. Table identifying the location of the Standard Disclosures in the report.

This report follows the format of GRI level C reporting template.

4. Governance, Commitments, and Engagement
4.1. Governance structure of the organisation, including committees under the highest governance body responsible for specific tasks, such as setting strategy or organisational oversight.

The CBM International governance has three levels:

Assembly
The Assembly is the body with the highest decision making authority and responsibility for the organisation. Its function is legislative. It decides on membership, Articles of Association, strategy, key identity and policy papers and annual audit and financial statements. The Assembly meets at least annually. The Assembly has formed a Board Nomination Committee whose main functions are to:
- identify suitable persons for the Board;
- when requested by the Board, identify suitable persons for the Management;
- encourage Member Associations in the development and improvement of good governance.

Supervisory Board
The CBM International Board has a supervisory function. It makes recommendations to the Assembly on membership, strategy and policies; it appoints, supervises and dismisses management; and approves the annual plan and budget for CBM International. The Board reports to the Assembly at least annually.

The Board has formed the following committees to support its recommendations and decisions. Terms of reference for each of the committees are available upon request.
- Audit & Finance
- Personnel & Compensation
- Overseas Programme
- Legal Affairs
- Fundraising & Communication
- International Executive Committee
- International Advocacy and Alliances (new since 2012)

Management
The so-called "**Vorstand**" as defined in section 26 of the German Civil Code is appointed by the Board, holds legal representation and carries legal liability. The "Vorstand" consists of the President and 2 Supervisory Board Members.
Day-to-day "**Executive Management**" responsibility is with the President, who is the Chief Executive Officer, and four Vice Presidents, all appointed by the Board. Together with 2 additional department heads (Directors), they form the Senior Leadership Team.

4.2. Indicate whether the Chair of the highest governance body is also an executive officer (and, if so, their function within the organisation's management and the reasons for this arrangement). Describe the division of responsibility 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 not an executive officer of CBM International.

These are the main functions of the international governance bodies and of management of CBM:

Body	Main Functions
Assembly	• Admit and dismiss Associations from CBM Family membership; • Change or amend Articles of Association; • Approve CBM 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 – see existing Articles.
International CBM 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 CBM international Policies
	• Develop 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

4.3. For organisations that have a unitary board structure, state the number of members of the and/or non-executive members highest governance body that are independent and/or non-executive members.

Assembly

Each Member Association of CBM has one Delegate on the CBM International Assembly. Delegates hold a four year term. Delegates will typically be 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 2012 the Assembly had 11 Delegates.

Board

In 2011 CBM International Assembly approved a number of changes to its governance structure. As a result the composition of the Supervisory Board was changed with effect January 1st, 2012.

In 2012 the Supervisory Board had 13 voting members, of which 3 were originally recruited outside of the CBM Family. No executive officers of CBM are voting members of the Supervisory Board. The President is an ex-officio member of the Supervisory Board and is not eligible to be Chair or Vice-Chair of the Board.

Appointment of Board members is now subject to the following:

● Board members are appointed based on their demonstrable competence in one of the core skill sets for the organisation. These are strategy, NGO governance and management, HR development, programme development, fundraising and marketing, financial skills, Christian mission theology, advocacy for inclusive development, legal skills;

● The composition of the Board should be based on the required skill sets with appropriate diversity;

● All Member Associations will have the right to participate in the Board through a Board member with a required skill set, identified and appointed through an agreed Board recruitment process;

● External people from outside the CBM Family may be recruited and nominated by the Board Nomination Committee (or Member Associations) for the Board, if persons with the required skill sets cannot be identified within the CBM Family;

● The normal term of office of Board members will be 4 years, renewable for 1 four year term. Terms will be staggered so that renewals do not all occur at the same time.

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

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

Employees

CBM employees in the CBM International Office, Regional Offices and in Member Associations can use several mechanisms to provide feedback or make recommendations to the CBM International Board and Assembly:

Every 2 years CBM conducts a global employee satisfaction survey, which is accompanied by a series of facilitated workshops in all offices of CBM, including Member Associations. The workshops aim at identifying strengths and areas for improvement in both the own department or office and of CBM Family as a whole. The results of the survey and areas for improvement for the CBM Family 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 own department/office are managed within the individual departments and offices.

The Human Resources department of CBM International coordinates the employee survey feedback process and follows up on progress in the CBM International Office, Regional Offices and Member Associations alike.

The staff council of the CBM International Office ("Mitarbeitervertretung") participates in all monthly SLT meetings and can make suggestions or raise issues which will be reported to the CBM International Board.

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 staff. One session is with the Senior Leadership Team present, and one session is with staff only. Relevant issues are brought forward to the SLT.

Furthermore, the SLT organises quarterly staff meetings, in which latest developments and information are shared, and the opportunity is given to ask questions, raise concerns, make suggestions. These are followed up by the SLT and relevant issues reported to the Board.

In conjunction with the annual Assembly meeting, CBM hosts a two-day workshop for members of the Assembly, member of all CBM entities' Boards, senior management from all CBM entities, and senior staff. Purpose of these workshops is to work on a joint understanding of topics relevant for CBM's strategy and mandate, as well as discussing new issues for the future development of the organisation. In 2012, the Assembly workshops covered the following topics: CBM's Christian Identity, CBM's Advocacy and Alliance Building, CBM's Governance.

Member Associations

All CBM Member Associations are directly represented on the CBM Assembly (one delegate per MA) and 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.

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, such as Peer Reviews with Member Associations and/or

Regional Offices or large programme evaluations (especially members of the Overseas Programme Committee of the CBM International Board).

4.14. List of stakeholder groups engaged by the organisation.

CBM works with multiple types of stakeholders. One of our key 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 WHO.
CBM is an active member of a number of advocacy networks:
- The International Disability and Development Consortium
- CONCORD
- Beyond 2015.

Furthermore, we cooperate with and support the work of other bodies and networks including:
- World Blind Union
- International Disability Alliance
- International Campaign for education of children with visual impairment.

We are in official relations with WHO and cooperate with WHO on disability and rehabilitation, prevention of blindness and deafness and community mental health.
We are also ECOSCO accredited and engage with the UN at the international level in advocacy.

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 People Organisations) in programme countries
5. Parent organisations
6. Human Rights networks
7. Women's Groups
8. Child Right Organisations
9. Organisations of Persons living with HIV/AIDS
10. Churches and Christian organisations in programme countries
11. Implementing partners (schools, hospitals, rehabilitation centres, etc.)
12. Governments in focus countries (Ministry of Health, Education, Development)
13. Partner/alliance organisations (International + Regional NGOs, Associations of NGOs)
14. Governments in Member Association Countries
15. UN related organisations (e.g. World Health Organisation, World Bank)
16. DPOs in Member Association Countries
17. Churches and Christian organisations in Member Association countries
18. Private Sector (e.g. Merck, Zeiss)
19. Suppliers of CBM offices and projects
20. Universities for research projects (e.g. University of London, Nairobi)
21. Individual donors through Member Associations
22. Institutional donors through Member Associations
23. Member Associations (represented by Assembly delegates, Board members, CEOs as members of International Executive Committee)
24. Expatriate co-workers seconded to partners

25. Staff of implementation partners
26. Staff members in Regional and Country Coordination Offices
27. Staff members of the International Office in Bensheim and Brussels
28. Staff members in Member Associations
29. Volunteers in Member Associations
30. National authorities for registration and regulations
31. Audit firms (local, national and international)
32. Banks

4.15. Basis for identification and selection of stakeholders with whom to engage.

CBM International typically does not implement its own projects, but generally delivers its programmes in collaboration with partner organisations.
CBM engages in partnerships to implement activities, whether services, capacity development including HR training, or advocacy work. CBM selects the organisations it works with based on strict partnership criteria. CBM supports the development of the capacity of our partners in the areas in which we have the necessary technical and professional expertise. Working in partnership with local organisations in our programme countries allows us to contribute to establishing the comprehensive range of services and opportunities required to make a significant and long-term impact on the quality of life of persons with disabilities. Partnerships can be short-term or long-term. They are documented by a Partnership Framework Memorandum and in case of financial support, a Project Contract.
CBM's strategy implementation process includes a systematic identification of partnership opportunities.
The Regional Director of each Regional Office is responsible for recommending new partnerships to the President and the Vice President Programme Development for their approval. Regional Offices will apply the following "checklist" to new partnership requests and opportunities, with the purpose of filtering out those requests for collaboration and support which are not relevant for a Regional Office and/or which do not meet our partnership criteria:

1. Communication of CBM policy, standards and criteria of success
2. Legality, legal bodies, reporting
3. Credibility, standing, networking
4. Partner and project organisational activity structure and governance
5. Administration, finance, PR
6. Adherence to CBM beliefs, values and mandate
7. Quality and accessibility of services
8. Adherence to CBM's disability and development policy

These overall partner selection criteria are published on our website at http://www.cbm.org/Partner-selection-criteria-252484.php .
The final decision if CBM engages in a partnership with a specific organisation is subject to a detailed partner assessment process. The partner assessment process has been developed in the context of the ISO certification of our Regional Office in Bangalore and can be shared upon request. The exact details applied in the assessment tool may differ from region to region, as the focus of CBM's work in each region will differ. The key emphasis of the work in our regions is published under the relevant pages on our website and can serve as a first orientation to other organisations interested in a partnership with CBM.

A key part of CBMs 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.

The second part of the reporting framework includes the Performance Indicators. The indicators included in the Reporting Template have been selected from six of the thematic areas.

Program Effectiveness
1. NGO1 - Processes for involvement of affected stakeholder groups in the design, implementation, monitoring and evaluation of policies and programs.

Based on the value of "inclusion" which is one of the 6 CBM core values, CBM is striving for full inclusion and participation of persons with disabilities at all levels of its activities. We are convinced that this approach will improve the quality of our work as well as the credibility of CBM. While we recognise that the implementation of an inclusive and participatory approach requires an on-going commitment, major steps in that direction have been taken:

-   A CBM-wide training scheme on inclusive development continues to be rolled out. This initiative reaches out to many CBM partner organisations as well as to CBM's staff. It has already shown significant results in terms of the knowledge of CBM staff and partners regarding the practice of participatory approaches. To sustain the benefits of that initiative, a new Senior Advisor for Inclusive Development has been recruited in 2012 and a core group of inclusive development trainer of trainers has been formed.

-   An increasing number of CBM regional strategies is based on consultative procedures that provide a central place for persons with disabilities and their representative organisations to shape those strategies, as well as their implementation and evaluation.

-   In the process of drafting a new CBM global programme strategy, partner organisations and persons with disabilities themselves were actively involved in the relevant consultation processes, through an online survey and participation of persons with disabilities in the strategy planning workshop. The strategy itself calls for the strengthening of partnerships with organisations of and for persons with disabilities such as Disabled People's Organisations, Parent Groups, and Self Help Groups. Initiatives in the area of advocacy on the rights of persons with disabilities are now an integral part of CBM's global programme approach.

-   CBM Member Associations in our programme countries such as Kenya and South Africa help to bring in systematically views from the "field level" into the highest decision-making bodies of the overall organisation.

2. NGO2 - Mechanisms for feedback and complaints in relation to programs and policies and for determining actions to take in response to breaches of policies.

In 2012 CBM International took a number of decisions to further develop its feedback and complaints mechanisms at different levels. The concepts outlined below were initiated within the reporting period and will be further developed in 2013 for their launch and gradual roll-out.

The following concepts were developed in a participatory manner:

Programme Work
A plan was initiated to develop and initiate in 2013 a 2-level complaints mechanism:
- Level 1: Beneficiary/community complaints to partners;
- Level 2: Partner complaints to CBM

Human Resources
A plan was initiated to develop and introduce in 2013 a Dispute Resolution Process (DRP), which defines the minimum standard applicable to all staff of CBM International. It is the objective of the DRP to ease a given situation, build trust and comfort to encourage a person to report a case. At the same time, CBM International needs to ensure that the generic process allows managing all of those cases with utmost confidentiality. The staff council at the CBM International Office provides an avenue for staff to present their internal disputes for resolution. Most of our Regional and Country Offices do not have such a mechanism in place, hence the importance to set a standard and provide a mechanism also to their staff.

Whistleblower process
As already mentioned in our 2011 GRI report, CBM International is working on the introduction of a global Whistleblower process which can be used by anybody internally or externally, who witnesses a significant misconduct of CBM staff or bodies. Complaints will be investigated at the highest level by Internal Audit and Executive Management.
Relevant reports will be provided annually to the relevant CBM International Board Committee. Significant cases/findings will be reported immediately, confidentiality reasons permitting.

3. NGO3 - System for program monitoring, evaluation and learning, (including measuring program effectiveness and impact) resulting changes to programs, and how they are communicated.

In 2012 a monitoring framework was designed which is based on three core elements:
a. A qualitative system, referred to as Monitoring and Learning system (**M&L System**) which will measure the impact of our work and that of our partners on **Disability Inclusive Development**.
b. A **software based (NAVision) system** which ensures that input (budget) is compared with output (objectives, results, activities). It follows the PCM/log frame methodology and provides the possibility to follow-up and report on agreed objectives, results and activities which are individually agreed with supported partner organisations. This is referred to as **Project Progress Report.**

c. To support partners in their planning processes so called **Reference Plans** will be developed which will provide guidelines and standards to formulate meaningful indicators for the log frames/Project Progress reporting. These Reference Plans will be developed for each area of technical expertise of CBM (e.g. medical eye care, community mental health, ear and hearing care, etc.)

Data out of these systems will be aggregated (regional, country level and per work area/topic) and feed into a **Programme Management Information System**. Information/data will be compared to set Key Indicators of Success and variations will provide a baseline for changes and adaptations on global planning level but also on individual programme and project level (self-evaluation). The above mentioned **Project Progress Report** provides the possibility to receive partner/project report on a quarterly basis, which offers the opportunity to change programme directions (objectives, results, activities) during the implementation phase in a consultative process between CBM and its supported partners.

Some further details about each of these components:

a. M&L System
In 2012 the expert group (pls refer to CBM's GRI report 2011) completed its work and designed a partner oriented system which provides a method and tools to collect and capture changes in the context of Disability Inclusive Development. It captures **CHANGE** at different levels of CBM's partners' work (individual, community/society, and organisational) and allows the **ASSESSMENT** of the findings against CBM's vision towards an inclusive society. In other words it measures the contribution of the supported project/programme towards disability inclusion.

The levels where **CHANGE** will take place **(domain of change)** have been identified as follows:
- Changes in the life of an **individual** which means the experienced changes by a person with disability or individuals in her/his family.
- Changes in **community/society** related to the inclusion of persons with disabilities.
- Changes in **organisations/institutions** which means changes in policies, organisational/institutional practices and/or programmes of (partner) organisations/institutions.
- Changes in **participation and empowerment** of persons with disabilities as a cross cutting domain (on all three above levels).

To capture the changes on these levels eight indicators **(Inclusion Indicators)** have been formulated:
1. Gained sense of **self-worth** (individual level)
2. Increased **sense of autonomy** (individual level)
3. Increased level of **involvement** (individual)
4. Increased **shared experience** (individual)
5. Increased **understanding of the rights** and responsibilities of persons with disabilities (community/society level)
6. Increased **access** to **opportunities and programmes** (community/society level)
7. Increased **inclusive policies and practices** (organisational level internal)

8. Developing **formal linkages** with other organisations/institutions/departments in order to promote disability inclusion (organisational level/external – advocacy potential)

Changes in participation and empowerment of person with disabilities will have no own indicator but information will be drawn from the above set of indicators (such as "increased involvement" etc.).

In order to understand the qualitative nature, a set of **descriptions** (or **descriptors**) is provided, which accompanies each of the 8 indicators. Descriptors 'describe' changes around each area (= changes in context of disability inclusion) and will guide the data collection process.

With the Inclusion Indicators a **data collection approach and tool box** has been developed. It contains:

- An **interview approach** and tools (questionnaire, collation and documentation of data, training material):
  - Tool for interviewing individual persons with disabilities (users/clients);
  - Questionnaire tool for interviewing community/society representatives;
  - Questionnaire tool for interviewing partner organisations;
- **Low cost software** 1.0 version (a user interface and a database) to record the data. The software solution is for the use of partners, and allows easy access to data for CBM.

The design of this M&L System was done in a participatory manner. The expert group developed and trialed the system with four CBM partners who were involved in the entire design process in 2012. The results of these trials were encouraging as data were useful for the partners' self-assessment and their aggregation also for CBM to measure the effect of supported activities towards inclusion.

Based on this trial a pilot roll-out plan has been drafted to test this system in a representative cross section (work area as well as all regions) of CBM's programme portfolio. 26 partner programmes were selected for the pilot roll-out out in 2013 up to end of 2014. Based on the results and experiences gathered during the implementation of the pilot, necessary changes/amendments and a decision in regard to a global roll-out will be made.

b. Project Progress Report & c. Reference Plans

Project Cycle Management and the use of logframes for programme planning were introduced by CBM to its partners since 2006. However, our reporting formats did not yet fully support this logic, making it challenging for partners to clearly report on the agreed objectives, results and indicators. In 2012 the standard software used by CBM for project administration (NAVision) was amended to allow for a logframe to be integrated, uploaded and linked up with the cost/budget plan into the NAVision system. With that the opportunity is provided to have a coherant logical and inter-annual reporting on expenses and achievements on results/activities (output indicators) based on the logframe **and** cost plan (connection of input and output).

This allows comparing information available at CBM and the partner project throughout the year. The narrative part which reports on the achievement/status of the agreed indicators is short as opposed to the long narrative bi-annual project reports which we currently collect.

In 2012 the Eastern Mediterranean Regional Office piloted the use of the Project Progress Report system. It became obvious that there is a challenge with the

quality and measurability of indicators as they are formulated by partners. Therefore the sytem will be supported by **Reference Plans**. A reference plan is a guide which will help in the planning process to formulate relevant indicators. It follows the "log frame" logic and can be considered as a **standard plan** for core working areas within CBM's technical expertise (such as Community Based Rehabilitation, medical eye care, inclusive education, etc.) That said, it is not a blue print for a project plan but will allow the selection of indicators relevant to the implementation context of the partner, programme orproject. In 2013 and 2014 reference plans for CBM's key mandates will be completed.

In 2013 the Project Progress Report pilot will be extended to selected key partners (familiar with PCM) in all regions.

It goes without saying that the different pilots and tests in 2012 and 2013 were/will be accompanied by an extensive coaching and capacity building process for participating programmes and relevant staff within the organisation.

Programme Management Information System (PMIS)

Aggregated data out of the above described monitoring initiatives shall be fed into the **PMIS.**

PMIS is the over-arching frame, providing information to management and the CBM Family on CBM's programme performance for decision making, learning and change. Collected data will be compared with agreed key indicators of strategic success, analysed and interpreted for further decision making, amendments, changes in strategies/direction and learning. PMIS had been introduced in 2012 with data which are presently collected at CBM (such as annual working statistics of projects, budget and budget implementation figures as well as different narrative reports). However, the above described components of a comprehensive monitoring system (a. – c.) will improve the data sources with more relevant and verifiable information.

4. NGO4 - Measures to integrate gender and diversity into program design and implementation, and the monitoring evaluation, and learning cycle.

The key mandate of CBM is to improve the quality of life of persons with disabilities in the poorest countries in the world through a Disability Inclusive Development approach; CBM aims to promote gender equity within its disability inclusive development work. To strengthen its overall work on 'Gender and Disability' CBM has employed a Technical Advisor for Child Protection and Gender in 2012 (initially prioritising Child Protection) and plans to develop a global position paper on 'Gender and Disability' to ensure that Gender is an integral part of CBM's work on Disability Inclusive Development. To strengthen the capacity of our staff and partner organisations CBM has developed training materials and conducted regional trainings on aspects of 'gender and disability'. This increases CBM staff and partners' skills to base the overall project planning, implementation, monitoring and learning cycle on a sound understanding and analysis of the gender and disability aspects of their work. CBM is aware that all aspects of its development work affect men and women with and without disabilities differently. In order to better understand how our work impacts men and women with and without disabilities differently, CBM is striving to improve its internal qualitative and quantitative Monitoring, Evaluation and Learning Instruments and its data analysis to become more Gender and Disability sensitive. CBM is keeping in mind that women and girls with disabilities are amongst the most vulnerable members of any society as they are often faced

with double discrimination, based on their gender and their disability. Thus, CBM and its partners aim to:

- ensure that women and girls with and without disabilities are able to access essential services;
- promote greater active participation of women and girls with and without disabilities in all their programs; and
- enable them and their families to have the power to make meaningful choices and changes in their lives.

Our work in 2012 resulted in the following gender disaggregated data:

Working with women and girls (female)			
	Total male & female 2012	% female 2012	% female 2011
Vision			
Patients	29,523,096	52%	49%
Surgeries	796,729	49%	52%
Hearing			
Patients	615,386	52%	50%
Surgeries	14,397	49%	51%
Physical Impairment			
Patients	500,042	47%	47%
Surgeries	31,628	43%	47%
CBR			
Clients	533,816	46%	45%
Community Mental Health			
Clients	82,526	43%	45%
Interventions	258,396	49%	48%
Livelihood			
Vocational Training	50,476	44%	44%
Employment	67,534	44%	48%

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

People with disabilities are central to all advocacy processes. Issues are identified by Disabled People's Organisations and their members with the CBM International Advocacy and Alliances department (IAA). This is achieved through an on-going involvement of DPOs in the advocacy planning processes within the department. For example, when invited to contribute policy positions to consultations (UN, EU, national EN), CBM makes sure that its contributions are based on inputs from Disabled People's Organisations in developing countries.

This is achieved through reaching out to CBM partner organisations in developing countries to ask them to help us draft inputs. Although we try to pursue that approach whenever possible, we are recognising that frequently there is too little time to do it properly, as we are often bound by tight deadlines to submit positions. A regular feature of the work is also to bring persons with disabilities to attend major international conferences (e.g. many examples in 2012 in the context of the formulation of the post MDG agenda). Also, IAA puts a high emphasis on recruiting persons with disabilities, as this enables persons with disabilities to speak for themselves.

All processes are accessible and inclusive to the requirements of a full range of impairment groups. Communication of our work adheres to the highest standard of accessibility, from website content, to online conferencing and publication of materials. For example, our website was audited for accessibility and is now fully operational for people with visual impairments. All PDF documents on our website are accessible for screen readers. Our public awareness campaigns are developed with people with disabilities and are context-specific to reach the widest possible audience. Guidelines on the use of language have been developed. They will help to communicate respectfully when communicating about disability to a wide range of audiences.

6. NGO6 - Processes to take into account and coordinate with the activities of other actors.

To deliver our mission for our target group as described above, CBM works with local partner organisations in our programme countries. CBM encourages the development or partner programme plans in a participatory manner, inviting all relevant stakeholders to the planning process. CBM may not always support the entirety of a partner programme, which means that other actors can come in to facilitate the implementation of the programme in its entirety. CBM's internal approval process is geared towards approval of an entire partner programme, rather than only those results and activities that CBM may decide to provide the resources for.

Another important stakeholder group for our work consists of international development and policy actors, whom we aim to convince that **we cannot make poverty history unless we all address disability.**

Internationally CBM works in alliance with United Nations (UN) agencies, the World Health Organisation (WHO), INGO Accountability Charter, NGOs, DPOs and persons with disabilities to develop networks and programmes that include persons with disabilities.

We aim to influence these organisations in different ways, such as:
- Provision of resources, both financial and expert human resources;
- Participation in their governance and/or executive management where possible and suitable;
- Being active members in membership bodies.

Following are some examples (non-exhaustive list) of such international alliances and collaborations where we aim to put disability issues prominently on the agenda:
- CBM, the WHO and the International Agency for the Prevention of Blindness (IAPB) were founding members of 'VISION 2020: the Right to Sight, a programme to eliminate avoidable blindness by the year 2020.
- CBM also supports 'WWHearing', an international initiative for the provision of affordable hearing aids in low income countries.

- Since 2002, CBM has had 'roster consultative' status with ECOSOC (Economic and Social Council of the United Nations), who will periodically ask for input on a given development theme.
- CBM works closely with IDA (International Disability Alliance) in global advocacy for inclusive development.
- CBM's Director for International Advocacy and Alliances is currently Chair of the Board of IDDC (International Disability and Development Consortium). CBM works together with IDDC partners to promote inclusive development at the European Union (EU) and the UN. CBM also works together with IDDC partners to promote Community Based Rehabilitation (CBR) globally.
- Through CBMs unit for Faith and Inclusive Development, CBM wants to ally with the global Christian community in our quest for inclusion of persons with disability in all aspects of society. EDAN (Ecumenical Disability Advocates Network) provides a ready-made platform. Our main aim in collaboration with EDAN is to influence the training of future leaders in churches by encouraging all their theological institutions to teach a biblical theology of inclusion.
- CBM is an international member of the World Blind Union (WBU), with our CBM EU Advocacy Manager elected in 2012 to the WBU's executive committee. In particular we collaborate with the WBU in supporting their advocacy for the rights of blind and partially sighted persons globally. With support from CBM, WBU recruited Victor Cordeiro in 2012 to lead the WBU's engagement in advocacy on the [UN Convention on the Rights of Persons with Disabilities](#).
- CBM is one of the strong supporters of ICEVI (International Council for the Education of People with Visual Impairment) and both organisations share the common objective of reaching out to children with visual impairment who are currently unreached. CBM is also an International Partner Member of ICEVI and contributes to its policies and programmes. CBM is actively engaged in the Global Campaign on Education for All Children with Visual Impairment (EFA-VI) being implemented by ICEVI acting in partnership with the [World Blind Union](#) (WBU).

Economic
7. NGO7 - Resource allocation.

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 Regional Offices (RO) and ends with the allocation of individual projects (or even project results/activities or individual items) to each Member Association (MA).

Coordinated by International Offices
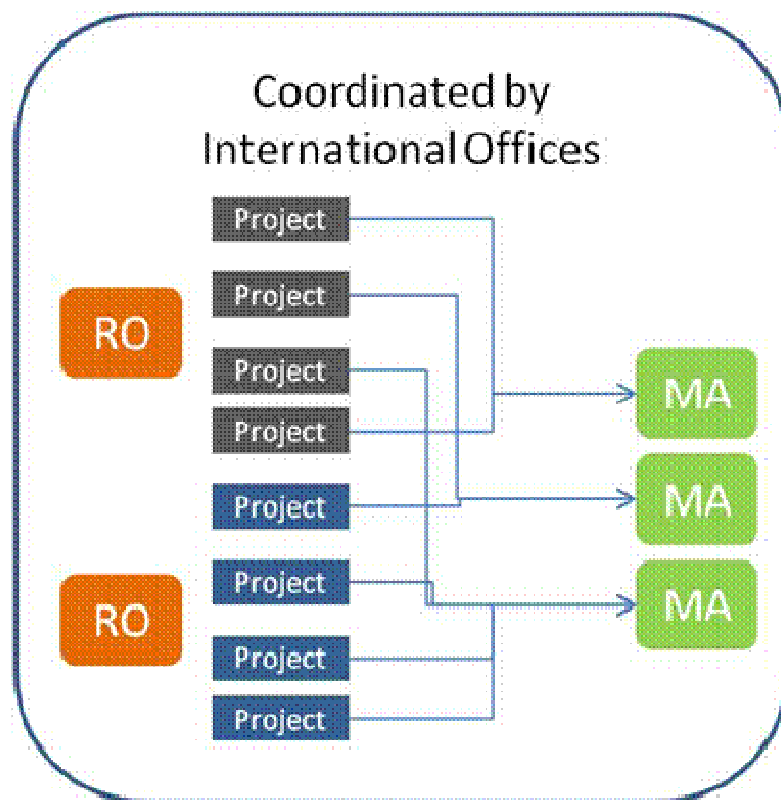
All projects are planned in a standardized results oriented methodology (PCM). The expected results and activities can be allocated to individual Member Associations or even individual donors very precisely. This allocation is the basis for the monitoring of funds and achievements during the year. As far as the implementation is concerned, CBM follows its Accounting Policy which is available upon request.

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 at 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 overheads

The expenses for international services and governance are considered overhead costs. The calculation of these costs is based on a business plan which is recommended by the Senior Leadership Team to the CBM International Board. This 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 overhead cost is based on the Member Association's average programme contribution over the last three years.

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) and follows international standards which are documented in our Accounting Policy (available upon request).

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

1. Finance staff in Regional Offices /Country Coordination offices monitor projects and check financial reports according to CBM international standards.
2. The Controlling Unit at the CBM International Office checks 1st level controls, develops CBM's standards and builds capacity. The team also analyses cross regional data and expenditures of the International Office. Findings of the Internal Audit are followed by the Controlling team.
3. Our Internal Audit checks partner projects as well as CBM offices and looks at the compliance with CBM's financial standards and polices.
4. Partner projects above 20,000 EUR annual budget, and budgets for Regional Offices and Country Coordination Offices are audited by a local (external) audit firm which is contracted by the International Office according to the audit standard. Small partner projects (below 20,000 EUR p.a.) are audited by the respective Regional Office.
5. The International Office work is audited by an external audit firm. Focus of this audit is the financial reporting including CBM's overseas programme work through the International Office and its operational expenditures. It includes checks on the controlling processes, standards and project samples of the 4 other control levels.

In addition to the audit process the partners provide a standardized 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 control levels 1 and 2 described above.

The accounting of CBM International is conducted in accordance with German regulations under commercial law. The audit is performed according to §317 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. In 2012 the audit was conducted by Curacon GmbH Wirtschaftsprüfungsgesellschaft, Darmstadt.

In 2012 CBM started to develop an industry standard whistleblower system and an anti-corruption measure called the "Red Flag system". Both are planned for roll-out in 2013.

8. NGO8 - Sources of funding by category and five largest donors and monetary value of their contribution.

As in previous years, CBM in 2012 received the majority of its cash funding from individual donors (in EUR 82.890.852), followed by Government Funding (in EUR 16.726.745), and income from legacies (in EUR 14.440.386). Income from Companies and Foundations and Others account for EUR 6.444.416.

CBM income by source 2012

3% Others

12% Legacies

14% Government funding

2% Companies & foundations

69% Individual donations
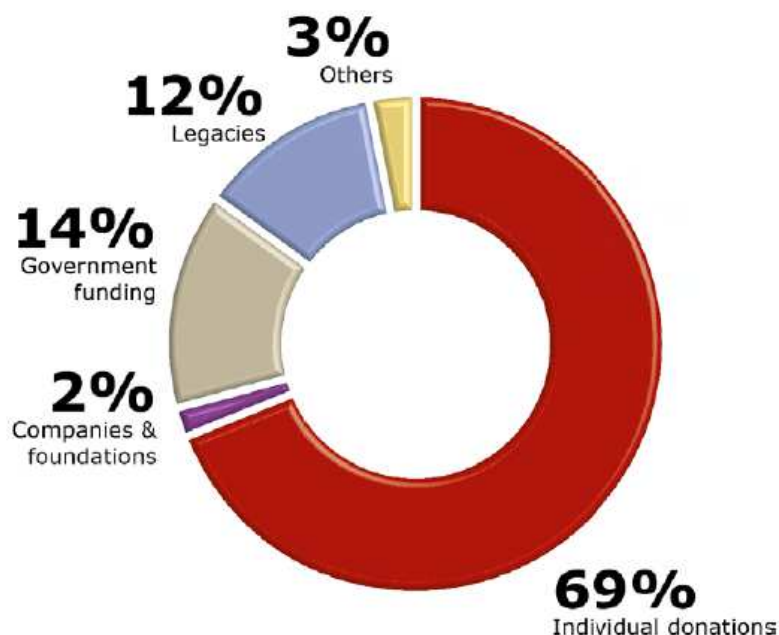
In 2012, CBM work was supported by more than **850,000 individual donors** around the world. **Government funding** is a growing income stream (7% in 2009, 14% in 2012).

Institutional Income (Government Funding) is a growing income stream for CBM worldwide, and especially income from legacies contributed to a higher percentage portion towards the overall annual cash income of EUR 120.502.398. CBM has a low dependency on specific large individual donors which is why the listing of our 5 largest donors is not of high relevance.

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

Significant locations of operation outside Germany are Regional Offices and Country Coordination Offices.

While most Regional Directors are expatriates, heads of country offices can be nationals or expatriates, depending on need, recommendations from the Regional Directors and decisions by the Executive Management. For Country Coordinator positions, preference will be given to national hires. If a matching candidate cannot be hired from the local community, the International Office takes over recruitment and hiring upon request of the Regional Office. For further details, the table under indicator 12 gives an overview of ratio between expatriate and local employees for each of CBM's regions in 2012.

In 2012 out of 9 Regional Directors, two were national staff members. This was the case in the India Regional Office and the Eastern Mediterranean Regional Office (which is located in Bensheim with a German Director). Out of 17 Country Coordination Offices 7 were headed by an expatriate country coordinator. These are Democratic Republic of the Congo (DRC), Haiti, Indonesia, Malawi, Nigeria, Papua-New Guinea and Zambia. All other Country Coordination Offices were led by a national staff member.

It is important to consider that "expatriate" does not necessarily mean that the person is from Europe, North America or any other so called developed country.

An expatriate hire can also come from another country in the region or on the continent. Overall, any candidate recruited based on the posting of an international position and who is not from the country of assignment, will be granted an 'expatriate' contract.

In general CBM promotes local recruitment. This practice is, however, not yet captured in a written policy document.

Environmental
10. EN16 - Total direct and indirect greenhouse gas emissions by weight.

CBM is committed to improving the quality of life of people with disabilities in the poorest communities of the world; and climate change and environmental degradation impact the most vulnerable poor nations, communities and families. The world's poorest people, including those with disabilities, who make up 20% of this group, are facing reduced access to clean water, adequate nutrition, fertile soils and growing conditions for agriculture and livestock. In line with our vision and mission CBM is determined to be part of global efforts aimed at improving and protecting the environment and seeking to reduce climate change, including the lowering of carbon emissions.

Based on the feedback received from the Expert Panel of the INGO Accountability Charter, CBM has developed in close collaboration with the Waikato Management School the tools and processes to establish a carbon footprint report following the principles of the Green House Gas Protocol (GHGP).

The collaboration enabled us to report on our carbon footprint one year ahead of our commitment.

At the moment the report is focused on CBM International and will further be rolled out within the next year across all CBM offices.

CBM International			
	2011 **CO$_2$-e (metric tonnes)**	**2012** **CO$_2$-e (metric tonnes)**	**%** **change**
Scope 1 emissions[2]	**0.0000**	**0.0000**	**0%**
Scope 2 emissions[3]	**0.0000**	**0.0000**	**0%**
Scope 3 emissions[4]	**310.6587**	**393.8845**	**27%**
Business Travel	60.9398	83.7645	37%
Heating Oil	11.1784	11.1784	0%
Mains Natural Gas	8.6573	9.0849	5%
Office paper	1.2368	1.2368	0%
Staff commuting	175.3575	213.5375	22%
Waste	4.0480	4.3400	7%
Water	0.2349	0.2709	15%
Purchased Electricity	49.0061	65.9397	35%
Total emissions	**310.6587**	**393.8845**	

The total direct emissions are 0 for CBM International Office.
We saw an increase in total indirect emissions from 310.6584 tons in 2011 to 393.8845 tons in 2012. The following explains this increase:
- Business travel increased due to increased assessment of Regional Offices to facilitate the development of the CBM Global Program Strategy.
- The increase in heating oil usage due the extended winter experienced which increased heating requirements.
- Waste, water, electricity, and staff commuting are attributable to increase in staff members.

11. EN18 - Initiatives to reduce greenhouse gas emissions and reductions achieved.

The following initiatives were taken in 2012 in order to manage **CO2 Reduction:**

Air travel
CBM International advocates the use of video-conferencing technology (via 'Elluminate') where a face-to-face meeting is not strictly necessary to reduce air travel within the CBM family.

---

[2] All direct GHG emissions
[3] Indirect GHG emissions from consumption of purchased electricity, heat or steam
[4] Other indirect emissions, such as the extraction and production of purchased materials and fuels, transport-related activities in vehicles not owned or controlled by the reporting entity, electricity-related activities (e.g. T&D losses) not covered in Scope 2, outsourced activities, waste disposal, etc.

Paper
CBM International Office encourages staff to utilise online filing tools along with utilising a double sided printing practice.
Recycle
CBM International Office utilises a strict recycling practice to encourage staff to purchase recyclable material where possible as well as having onsite recycling bins.
Electricity
CBM International Office will be moving in 2015 to a new building which will increase energy efficiency to reduce carbon emissions. CBM encourages staff to reduce electricity usage by de-lamping and utilising energy efficient office equipment.
Water
CBM encourages staff to reduce water usage as well as utilise low flow taps.
Heat Oil
CBM has automatic door systems to reduce heating usage.

⇨ The carbon report 2012 sets the baseline for CBM on reduction of emissions. Therefore at this point in time we can't provide any data on the developments as a consequence of these initiatives. However, we'll continue to monitor and will include these developments in future reports.

Labor
12. LA1 - Total workforce, including volunteers, by employment type, employment contract, and region.

The tables below display the total workforce of CBM by office/entity, employment type (expatriate or local), and employment contract (fixed-term and part-time employment). Short-term contracts of a few weeks or months are not considered.

For better readability, the data is split in two tables encompassing the following:
1. CBM International staff in the International Office (in various locations and including global advisors that are not physically based in or assigned to a single Office) and the Regional Offices (including CBM staff in country offices). Note: The two Regional Offices we had in India ("Asia South South" and "Asia South North") were merged into one in the course of 2012. The statistics reported for 2012 still differentiate between the two offices. Data for the two offices will be combined as of 2013.
2. CBM staff in Member Associations.

The first table for CBM International always first indicates the total workforce for each office, and then distinguishes between expatriate and locally employed staff where relevant. For better comparison, the figures for 2011 are included in both tables. An analysis of the presented data is provided below the tables.
As CBM International does not systematically engage with **volunteers** on a large scale, the single instances where volunteers are engaged are not explicitly reported.

CBM International and related offices

CBM International Locations of Operation	Total Number of Staff 2011	Total Number of Staff 2012	Thereof staff with fixed-term contract	Thereof staff with part-time employ-ment
International Office (in various locations)	87	94	21	29
Africa Central (AFC)	27	35	9	0
AFC Expatriate Staff	10	9	9	0
AFC Local Staff	17	26	n/a	0
Africa East (AFE)	50	46	16	2
AFE Expatriate Staff	18	11	11	1
AFE Local Staff	32	34	5	1
Africa South (AFS)	16	19	11	1
AFS Expatriate Staff	10	8	8	0
AFS Local Staff	6	11	3	1
Africa West (AFW)	50	56	13	1
AFW Expatriate Staff	12	11	11	0
AFW Local Staff	38	45	2	1
Asia Central (ASC)	28	30	3	2
ASC Expatriate Staff	3	3	3	0
ASC Local Staff	25	27	n/a	2
Asia South East (ASE)	29	35	8	0
ASE Expatriate Staff	6	8	8	0
ASE Local Staff	23	27	n/a	0
Asia South (ASI)	22	23	0	1
ASI Expatriate Staff	1	0	0	0
ASI Local Staff	21	23	n/a	1
Asia North (ASN)	26	25	2	1
ASN Expatriate Staff	3	1	1	0
ASN Local Staff	23	24	1	1
East. Mediterranean (EMR)	13	13	4	2
EMR Expatriate Staff	0	0	0	0
EMR Local Staff	13	13	4	2
Latin America (LAR)	25	69	7	2
LAR Expatriate Staff	5	12	5	0
LAR Local Staff	20	57	2	2
	2011	2012		
Total CBM International	**373**	**445**		
Expatriate Staff	**68**	**63**		
Local Staff	**305**	**381**		

As the table above shows, the number of staff in CBM International has increased compared to 2011 in 8 out of 11 offices/regions. It has decreased in 2 out of 11 offices, and it has remained stable in 1 region. The stark rise of head count in Latin American region is due to the inclusion of all staff of the Haiti country office in the regular CBM International head count as of 2012. It was counted separately as emergency staff before 2012 and due to the fact of being short-

term assignments, this data was not included in our 2011 report. As of 2012 the temporary emergency activity in Haiti has transitioned into regular development work and a regular country office with regular contract staff has been established.

Another development that is obvious from the tables is the slight decrease of expatriate staff and the parallel rise in locally employed staff in the regions. This statement holds true for all four regions of Sub-Saharan Africa, and for South Asia. Central Asia has seen a rise in the number of expatriates and South East Asia has stagnated while the number of locally employed staff has risen in most of these regions. The Regional Office for Eastern Mediterranean Region is situated in Bensheim due to security reasons and hence has no employees with expatriate status.

Employment Contract

Most employees in the International Office have open-ended contracts, only 21 persons have fixed-term contracts. In the branch offices, all expatriate employees have fixed-term contracts. Contract details for locally employed staff are not fully available at the International Office, only for some staff that receive a top-up from the International Office. Hence, the figures in the respective line for local staff in regional and country offices are not complete, but only cover those colleagues with fixed-term contracts receiving a top-up.

We promised earlier that data for locally employed staff would be available as of 2012, but the implementation of the worldwide HR database is unfortunately delayed. We expect that the required data will be available for staff contracted in the regions for the 2013 report.

Type of Employment

According to the Panel's recommendation, we have in this year's report included the figures on part-time employment. The International Office is the only office that has a significant number of part-time employees. Regional and Country Offices typically have very few (only 1 or 2) part-time employees. Africa Central and South East Asia are the two offices without any part-time employees.

CBM Member Associations

Member Associations	Total Number of Staff 2011	Total Number of Staff 2012	Volunteers 2012
CBM Australia	94	94	99
CBM Canada	51	54	52
CBM Germany	150	149	3
CBM Ireland	8	9	0
CBM Italy	10	14	0
CBM Kenya	0	0	0
CBM New Zealand	10	10	14
CBM South Africa	0	0	0
CBM Switzerland	14	14	0
CBM UK	25	24	1
CBM USA	9	7	0
	2011	2012	
Total Member Associations	**371**	**375**	

The above table shows the workforce of Member Associations within CBM Family. The numbers remain stable in Australia, New Zealand and Switzerland. Increases in workforce are shown in Canada, Italy and Ireland, decreases in Germany, UK, and USA. CBM Kenya and CBM South Africa are the youngest Member Associations. Their National Directors are the Regional Directors of East Africa and Southern Africa respectively, who are employees of CBM International. Both new Member Associations did not employ own staff yet in 2012.
As Member Associations are independent from CBM International, information on contract details for their staff cannot be provided in this overview.

In sum, the total head count for CBM Family is 820 persons as of 31 December 2012, compared to 744 in 2011.

13. LA10 - Average hours of training per year per employee by employee category.

The average number of training days in 2012 per employee across CBM International is **2.4 days** which translates into circa **19 hours per employee**. The figures we provide in this year's report give a more complete picture as we are now able to include the International Office, all Regional and Country Offices in our statistics. Last year's report only showed the International Office figures. At the same time we are not able to differentiate between different employee categories as this is not reflected in the way in which we collect the data at the moment. What we do know is that on average in all offices, 60 percent of staff have participated in at least one training in 2012. Trainings counted include external trainings, internal trainings such as leadership trainings, safety & security trainings and similar activities.

14. LA12 - Percentage of employees receiving regular performance and career development reviews.

A system for performance appraisal together with objective setting is in place in the International Office and the Regional Offices including Country Offices. The quota of employees having received a formal performance appraisal is reported to the International Office. The system was also introduced in the Member Associations, but their results are not systematically reported to CBM International.
For the International Office in Bensheim and the Regional and Country Offices, the 2012 implementation rate for performance review is 52,8 percent.
Career development is one section in the performance appraisal but at present is limited to the identification of individual training needs. Apart from that we have no separate systematic career development tool. A Competency Model for all positions is being developed and will be the basis for structured career development in CBM International. The model will define the required competencies for a position and will thus help to identify the development needs and potential in a more structured manner.

15. LA13 - Composition of governance bodies and breakdown of employees per category according to gender, age group, minority group membership, and other indicators of diversity.

Before going into detail, it needs to be stated that the composition of the CBM International workforce can only be analysed with some limitation. The personal details are available for all employees of the International Office, the expatriate employees in Regional and Country Offices as well as expatriates seconded to partners. The workforce analysis is not available for all locally contracted staff in the Regional and Country Offices of CBM International, because their contracts are administered locally. The management of all staff in the web-based HR management system and therewith the availability of their personal data is being delayed for several reasons.

The table below illustrates the distribution of CBM International Office and expatriate workforce according to gender, nationality, age, and disability (shown as persons with disabilities (PwD) in the table) as an additional indicator for diversity. The workforce is categorised according to Governance Level, Senior Management, Middle Management, 1st Line Management and Administrators. A detailed description of what the table shows follows below the same.

Level	Gender		Nationality		Age Breakdown			PwD
Governance Level	Female	Male	in Percent		< 30	30 - 50	50 +	
(CBM Assembly)			American	9%				
	18%	82%	Australian	9%	n/a	n/a	n/a	9%
Number of members: 11			British	9%				
			Canadian	9%				
			German	9%				
			Irish	9%				
			Italian	0%				
			Kenyan	9%				
			New Zealandean	9%				
			South African	9%				
			Swiss	9%				
Governance Level	Female	Male	Nationality in Percent		< 30	30 - 50	50 +	
(Board of CBM International)								
	43%	57%	British	14%	0%	7%	93%	7%
Number of members: 14			Canadian	14%				
			German	14%				
			American	7%				
			Australian	7%				
			French	7%				
			Irish	7%				
			Italian	7%				
			New Zealandean	7%				
			Philippine	7%				
Senior Management Level	Female	Male	Nationality in Percent		< 30	30 - 50	50 +	PwD
(Senior Leadership Team, Deputy VPs, and Regional Directors)	36%	64%	German	48%	0%	50%	50%	0%
			British	14%				
Number of staff: 21			Irish	10%				
			Canadian	5%				
			French	5%				
			Indian	5%				
			Kenyan	5%				
			Belgian	5%				
			Colombian	5%				
Middle Management	Female	Male	Nationality in Percent		< 30	30 - 50	50 +	PwD
(Unit Heads in International Office, Country Coordinators in the regions)	62%	38%	German	31%	0%	69%	31%	8%
			British	23%				
			Italian	15%				
			Dutch	8%				
Number of staff: 13			French	8%				
			Malaysian	8%				
			Swiss	8%				
1st Line Management	Female	Male	Nationality in Percent		< 30	30 - 50	50 +	PwD
(staff with 1st Line Management function in the International Office, expatriate co-workers in the regions managing projects)	37%	63%	German	79%	0%	63%	37%	5%
			British	11%				
			Belgian	5%				
			Dutch	5%				
Number of staff: 19								
Administrators	Female	Male	Nationality in Percent		< 30	30 - 50	50 +	PwD
(staff without line management responsibility in the International Office)	61%	39%	German	57%	3%	57%	40%	7%
			British	10%				
			Dutch	6%				
Number of staff: 112			Italian	4%				
			French	4%				
			Belgian	3%				
			Canadian	3%				
			American	2%				
			Camerounian	2%				
			Ghanaian	1%				
			Indian	1%				
			Irish	1%				
			Kenyan	1%				
			Luxembourgian	1%				
			Malian	1%				
			Mexican	1%				
			Nigerien	1%				
			Paraguayan	1%				
			South African	1%				
			Spanish	1%				

It needs to be noted that persons at **governance level** (Assembly and Board) are volunteers, and not CBM contracted staff.

The **Senior Management Level** contains the President and the four Vice Presidents, their Deputies, the Directors for International Alliances and Advocacy, and for Knowledge, Learning and Training, as well as the Regional Directors.

The **Middle Management Level** includes the Unit Heads within the International Office. Also included are the Country Coordinators in the regions.

The **1st Line Management Level** comprises all staff of the lowest management level that line manage at least one direct report in the International Office. Furthermore, it includes all expatriate employees that have a managing role with one of our project partners, for example a hospital manager or a CEO in a project. While the projects they manage can be of considerable size, they still fall within the 1st Line Management category as the people they manage are technically outside CBM structures.

In contrast to what the GRI report suggests as categories, specialists are counted in the category of **Administrators**, and not in the 1st Line Management category, unless of course they do have a line management function. The category of administrators hence comprises all staff without any direct line management responsibility in the International Office or in the Regional Offices as well as persons with a coordinating or advisory role/specialist function.

Gender

The table shows a gender imbalance in three out of five scrutinised levels. The question is only in which direction – male or female – the pendulum swings. The categories of 1st Line Management, Middle Management, Senior Management and Governance level show an imbalance in favour of the male side with a ratio of roughly 60 to 40. The administrators' level, in contrast, with a ratio of 40 to 60 has a female majority.

Nationality

In terms of size the Administrators category is the biggest group and hence also shows the highest degree of diversity with nationalities from Europe, North America, South America and Africa. German nationality, though, accounts for 57 per cent out of 20 different nationalities in that category, followed by the British with 10 percent. All other nationalities range between 1 and 6 percent.

All other categories higher up in the hierarchy are dominated by European nationalities, German and British being in the lead.

At Governance level, one person from Asia participates in the Supervisory Board. In 2012 two persons from Africa (Kenya and South Africa) joined the Assembly as Delegates.

Age

Persons below 30 are absent from all categories but the Administrators level. The age group 30 – 50 is most dominating from Administrators to Middle Management level (60 to 70 percent). The balance between 30 – 50 and 50 + is almost even in the Senior Management level. The Governance level however is almost exclusively above 50 with only one exception.

Disability

The percentage of persons with disabilities in all levels except Senior Management ranges between 5 and 7 percent. The Senior Management level can show no person with disability. Efforts made to date to recruit a person with a

disability into the Senior Leadership Team have unfortunately not yet been successful.

Society
16. SO1 - Nature, scope, and effectiveness of any programs and practices that assess and manage the impacts of operations on communities, including entering, operating and exiting.

Research and evidence for practice
After a comprehensive consultation process, the Knowledge, Learning and Training (KLT) department has finalised the research and evidence for practice strategy/framework as a guideline for CBM in terms of why, on what and how CBM engages in research and evidence generation. Furthermore, the framework addresses the area of translating research-based evidence into practice and fostering learning processes.

The framework also highlights the principles for CBM's engagement in research where participatory approaches, involvement, empowerment (of our target group), and strengthening of local research capacities are key.

Six out of 27 priorities in terms of evidence gaps have been prioritised:
1. (Disability) Inclusive Development – indicators and good practice
2. Costs of exclusion: What kind of economic implications does exclusion (of persons with disabilities) have?
3. Capacity Development and Empowerment of DPOs – what kind of measures are relevant and sustainable?
4. Evidence for interventions, outcomes and "impact" of supported programmes (including "end-user" perspective)
5. Inclusive education and/or blended education? What works where?
6. Barriers for persons with disabilities to decent work/livelihood security

In 2012 CBM supported the following main research projects:
- Development of a parent training model for children with long term disability in rural Bangladesh (2011-2013)
- Development of a participatory model to evaluation in Community Based Rehabilitation (2012-2015)
- Malnutrition and Disability Research in Turkana County (2012-2013)
- Planning for sustainability in the national eye health system in Tanzania (2012-2014)

Furthermore CBM widely shared the final reports from the "Evaluation of post-earthquake physical rehabilitation response in Haiti" which informed on our work in Haiti and the wider emergency response strategy for CBM. It also highlights the impact and effectiveness of the response activities (in conjunction with other stakeholders) on our target group while coordination between all stakeholders and effective involvement of local organisations is stressed.

Every year, CBM provides data on the development of the performance of its programme work. 5 year trends in the numbers of people reached through our programme work are published here on our website.

Currently, CBM's programme work is based on the project cycle management approach (PCM) which promotes a participatory development, implementation, monitoring and evaluation of projects with partners, target groups, communities and other stakeholders (listed in Section 4.14).

The situational assessment includes an analysis of the root causes and effect of exclusion of persons with disability from access to specific and mainstream services and participation in society.

The project planning incorporates indicators of success (results based) and an agreement on how to measure the success. Our objective is to develop indicators that capture change which can be applied for our interventions/activities on individual, country, regional, continental, or global scale.

We recognise that we have to demonstrate CBM's contribution to changes in the lives of persons with disabilities in low income countries in order to be accountable to our target groups and donors. In 2011, CBM has started the development of a new system for monitoring and learning that will enable the assessment of occurring changes. A more detailed description of the developments that took place in 2012 related to this Monitoring and Learning System are presented in Section 3. NGO3 above.

It is a widespread assumption that there is an interrelation between poverty and disability (disability leading to poverty and poverty leading to disability), and it seems very logical that medical or rehabilitation interventions, for example, or inclusive school programmes, contribute to positive changes in the lives of persons with disabilities as well as in their families and communities. However, there is a scarcity of research-based evidence verifying these assumptions robustly.

We do project evaluations and the implementation of the respective results/recommendations are with the regional offices/partners. We are keen to learn from positive and potential negative effects of interventions which is part of our PCM approach. Community engagement and ownership is crucial for this. In 2013 we will review our approach to evaluation/(self)assessment and learning with the help of external consultants to improve our related structures and processes.

17. SO3 - Percentage of employees trained in organisation's anti-corruption policies and procedures.

In 2011, all anti-corruption policies, procedures, and measures of CBM were under the revision of a strategic project which was expected to finalize its work in the reporting year 2012. The project will continue into 2013 and its work includes a comprehensive concept for financial accountability through:
- Policies and standards;
- Training and capacity development;
- 5 layers of financial controls;
- Whistleblower tools.

In the reporting period, the revision of CBM's accounting policy and standard on the "Red Flag" system and financial reporting have been finalised. Still under revision in 2013 are the anti corruption policy and whistleblower policy. All documents are available upon request.

In 2012 one in-house training was conducted (2-full days) on "Fraud detection and prevention in international projects" where a total of 21 people from the CBM Family attended. Eleven people from CBM International Finance and Programme Development departments participated and three additional colleagues attended an external seminar on the same topic. New training initiatives on CBM specific financial controls to address fraud are planned for 2013 and 2014.

Product Responsibility
18. PR6 - Programs for adherence to laws, standards, and voluntary codes related to ethical fundraising and marketing communications, including advertising, promotion, and sponsorship.

CBM International has developed a number guidelines (all available upon request) relevant to internal and external communications, in particular:
- CBM child protection policy and code of conduct - 2005
- Donor ethical charter - 2006
- CBM guidelines to work with companies - 2007
- CBM brand guidelines – 2008
- Use of CBM materials by CBM Fundraising partners - 2008
- CBM language & image guidelines – 2012
- How to use CBM logo with our partners – 2012
- Copyrights guidelines for CBM International publications – January 2012
- CBM client consent form when taking pictures in the field – updated 2013
- Recommended marketing vendor contract template – February 2013
- How to take a good picture – January 2013
- Photography style guidelines – February 2013

These guidelines ensure that what we say in our communication and marketing documents matches with CBM's core values "we communicate honestly & respectfully" and "we practise & promote inclusion".
CBM International does not have systematic "guideline monitoring" mechanisms in place. Indeed, it might not be feasible to check every single appeal, leaflet or campaign produced by CBM entities around the world.

Nevertheless the following can be noted:
- Members Associations have to abide by the rules and regulations applicable in their countries.
- CBM Member Association Heads of Fundraising & Marketing meet every month through internet conferencing to mutually review successes & failures. Ethical fundraising or other matters related to Brand Management are regularly discussed.
- CBM took the decision in 2012 to hire a Marketing Director (planned for 2013) with the task to ensure brand coherence and adherence to standards across the CBM Family.

Currently breaches of standards or any similar issues are to be reported to the Vice-President Fundraising & Communications. Over the last few years, typically two or three issues a year were reported involving non authorised usage of CBM materials by external bodies to the CBM Family.
Nationally, CBM Member Associations adhere to and abide by national ethical fundraising & marketing standards, a process which CBM International strongly encourages.
In 2012, no specific changes are to be noted as compared to the CBM GRI 2011 report. Details of Member Association regulatory bodies and codes of conduct are available in the 2011 GRI report and upon request.
A few donor complaints monitoring examples of Member Associations are given here. Other examples can be provided upon request:

CBM UK – Supporter Complaints
Complaints from supporters fall into a number of different categories. All are subject to fast action, with an attempt at resolution, to try at all costs to retain the supporter.

- **Regular complaints by letter, email or telephone.**
  Letter: When the daily post is opened, all complaints are placed in a dedicated tray for response within 2 days.
  Email: Complaints normally arrive via the 'info' address. These are forwarded to the appropriate person on the day of receipt. They can also be received via CBM UK's regional offices in Edinburgh, Belfast and Cardiff. These offices forward them to the Cambridge office for action.
  Telephone: Calls are directed to the Supporter Care team. The team will listen, take action if necessary, and apologise. Every effort will be made to empathise with the complainant and retain support for CBM. It is recognised that all calls cannot be resolved in this way. If the supporter cannot be satisfied, the call is forwarded to a member of senior management. Often this is enough for the supporter to feel that the complaint is being well handled and taken seriously. The key is to listen as most supporters will just want an opportunity to offload, after which it is much easier to agree a way forward.
- **Complaints from acquisition mailings**
  Complaints about the receipt of a cold letter will normally take the form of 'why are you mailing me?' or 'where did you get my name from?' In the first case, it is important to explain about the need to make CBM's work more widely known and the need to increase support. In the latter case, the caller should be asked for the code on the letter received so that they can be advised of the source of the data. It is up to the supporter to contact any third party data supplier about the use of personal data. It may also be worth advising details of the Mailing Preference Service and/or the Bereavement Register, if appropriate.
- **Complaints via the Mailing Preference Service**
  These will be received with a pro-forma to complete and should be passed to the Direct Mail Manager. The vast majority of complaints will come from a past supporter who has forgotten their connection with CBM and that they supplied personal data originally; or from an acquisition mailing, where data has come from a purchased list. The form should be completed with the appropriate response and returned within 7 days.
- **Regular mailing returns**
  [Primarily 'Gone Away', 'Deceased', 'No Further Communication'.] These should be placed in the appropriate boxes for action. The strength of the message will vary with these returns. Normally no response is sent, unless there is a clear question/complaint or a response is requested by the writer.

CBM Canada - Donor Complaints System
Donor complaints come in via mail, phone or email.
- Mail complaints flow through Donor Services and are responded to, either through special letter or phone call, depending on the nature of the complaint. CBM Canada has a digital file of over 100 special letters/paragraphs to respond to specific queries and complaints. If a complaint or query needs researching and original writing, the request is submitted to the researcher/writer in the Creative Services Department.
- Phone complaints go straight to the tele-relations team, for immediate dialogue. The phone team answers whatever complaints they can. If they need further info, those phone calls are forwarded to another member of staff who has the appropriate info.

- Email complaints come in through Telerelations and are responded to by either by email or phone call, depending on the nature of the complaint. If a complaint or query needs researching and original writing, the request is submitted to the researcher/writer in the Creative Services Department.

One of the most common complaints is around too much mail. CBM Canada has a bullet point script for the telerelations team to follow, whereby they listen carefully to the donor's complaint. They affirm the donor's feelings. They explain the reasons behind the current communication plan and then offer a reduced communication plan. The phone team has regular success turning a negative phone call into a positive one, where their donors feel heard and understood. CBM Canada has started to capture these inbound donor complaints in their system in a coded form that we can count and analyse.

CBM Switzerland - Complaint System
- Every week a staff meeting takes place where they share and discuss certain problems or donor complaints.
- The policy is to treat complaining donors friendly and also to try solving the case within 24-48 hours:
  - On the phone: By staying calm and friendly, thanking her/him for feedback and trying to solve the problem at once, for ex. adjusting the mailing-frequency (most complaints are about too many mailings);
  - By passing on the phone call to a senior level or phoning, writing back by a senior staff member if necessary;
  - By educating staff in workshops and coaching staff on the job;
  - Every complaint, the problem and their reaction is being documented in a database.

Additional Indicators
Indicator 19: EC2 - Financial implications and other risks and opportunities for the organisation's activities due to climate change

Taking on board the feedback of the INGO Accountability Charter Review Panel on our 2011 report, CBM has further built its capacity during 2012 to assess and factor in the implications of climate change and other environmental issues on its mandate and work.

Environmental Stewardship Advisory Working Group
During 2012 CBM established its 'Environmental Stewardship Advisory Working Group', with an initial planning meeting held in October. The group's coordinator is based in Australia with membership from Thailand, India, Bangladesh, Niger and Mexico.

The working group has two key priority areas:
Under priority 1 concerning CBM's Environmental Footprint:
- A 'Green Office' project has been established with a position paper 'Minimising CBM's Environmental Footprint' being passed in principle by CBM's Senior Leadership Team in July, 2012, with a qualification on timelines for implementation.
- The 'Green Office' project will pilot its work in 2013 at CBM offices in Germany, Belgium, and Thailand in alignment with CBM Australia.

Under priority 2 concerning advocacy and programming around the links between disability and climate change and other environmental issues:

- CBM was present at Rio+20 with a person with a disability presenting at an important side meeting, together with other advocacy teams.
- An advocacy and information paper on 'Disability, sustainable development and climate change' has been prepared. http://www.cbm.org/Search-262088.php?q=sustainable+development
- CBM has provided feedback to 'climate fund' guidelines in Australia and also to post 2015 papers around sustainable development.
- The main planning for CBM's work in this area will take place during 2013. This will include consultations in Asia, Africa and Latin America.
- CBM will seek to estimate the financial implications of climate change on its work, and develop a strategy around this.

Indicator 20: LA04 - Percentage of employees covered by collective bargaining Agreements

The total number of staff in 2012 for CBM International including the International Office in Bensheim and all regions was 445 as per 31 December 2012. Out of these, 37.5 %, that is 167 persons, are covered by the collective bargaining agreement 'AVR' of the "Diakonisches Werk" (the outreach ministry of the Lutheran Church of Germany). In CBM's regional and country offices staff contracted locally are typically not covered by a collective bargaining agreement. These branch offices do have salary scales that are verified against the salary scales common on the national labour markets.

## Indicator 21: LA14 - Ratio of basic salary of men to women by employee category

At present it is felt that CBM's pay structures do not contain or encourage gender bias. CBM is a member of the "Diakonisches Werk" (the outreach ministry of the Lutheran Church of Germany) and therefore adheres to the guidelines for labor contracts for entities (AVR). The value of each position is determined through an AVR grade; hence the basic salary for female and male staff members in each job category is exactly the same.

Appendix A - 2.7. Target audience and affected stakeholders. Please include a geographic breakdown.

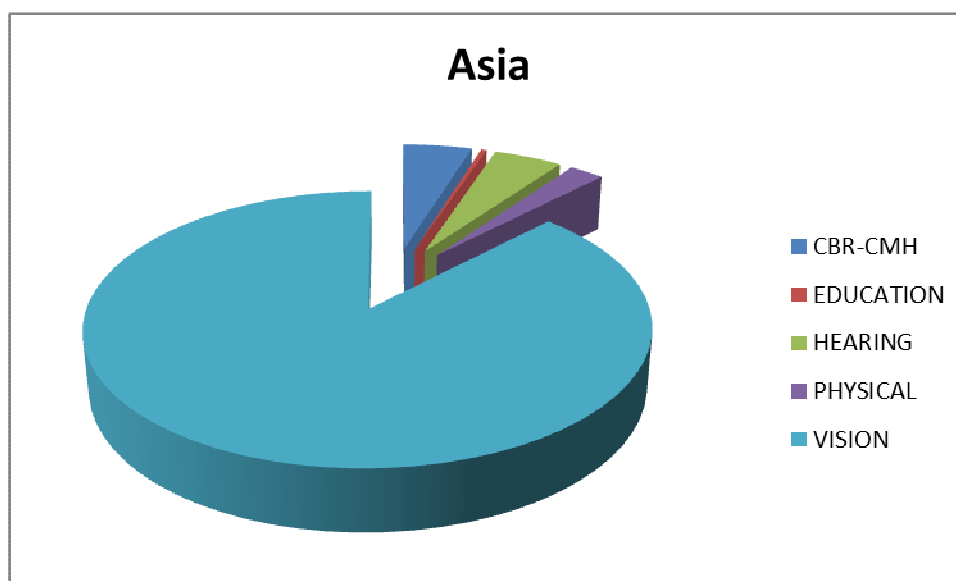Below is a geographical breakdown according to impairment and continent/region:

	CBR (Community Based Rehabilitation)	EDUCATION	HEARING	PHYSICAL	VISION
Africa	265,112	24,961	97,057	296,594	18,746,182

Total persons calculated
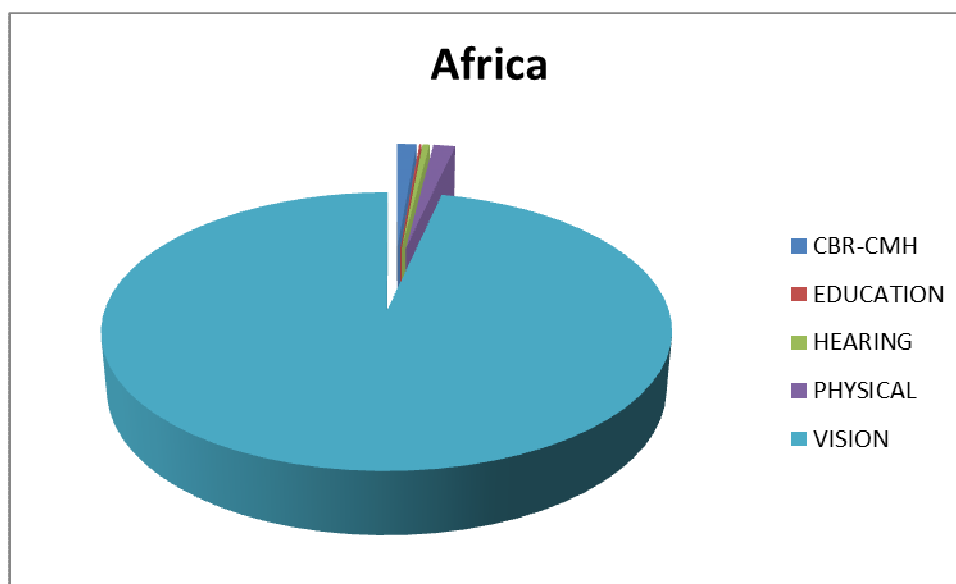
	CBR	EDUCATION	HEARING	PHYSICAL	VISION
Asia	314,546	25,239	311,685	156,887	5,772,369

Total persons calculated

	CBR	EDUCATION	HEARING	PHYSICAL	VISION
Eastern Mediterranean Region	11,724	13,682	14,705	35,803	698,550

Total persons calculated

Eastern Mediterranean Region
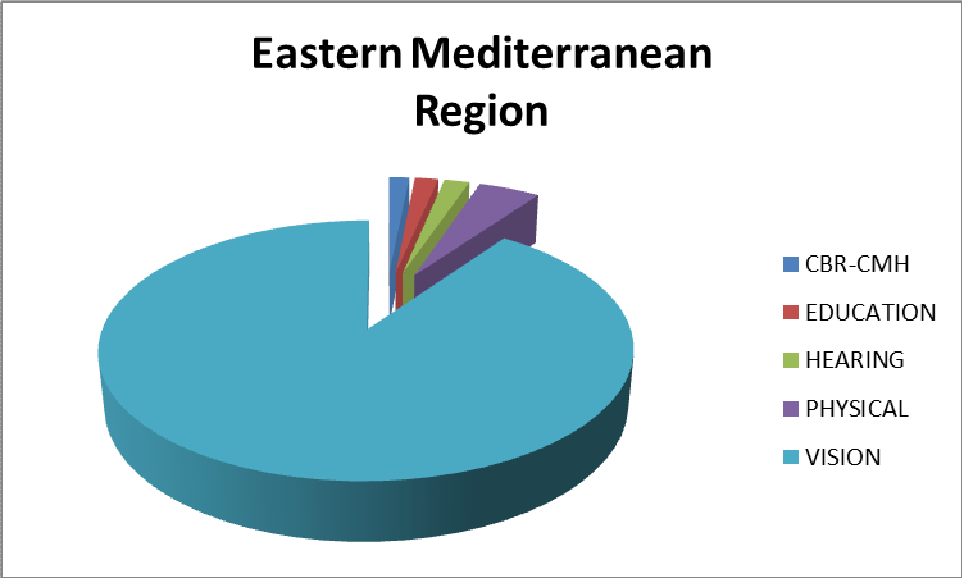
	CBR	EDUCATION	HEARING	PHYSICAL	VISION
Latin America Region	24,960	8,337	191,939	10,758	4,305,995

Total persons calculated

Latin America Region