

We open eyes.

Accountability Report 2021



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List of acronyms

AFES	Region Africa East South
AFWC	Region Africa West Central
A&A	Region Asia & Americas
CBID	Community-Based Inclusive Development
CBM	CBM Christoffel-Blindenmission Christian Blind Mission e.V.
CRPD	Convention on the Rights of Persons with Disabilities
DEI	Diversity, Equity and Inclusion
DZI	Deutsches Zentralinstitut für Soziale Fragen
IEH	Inclusive Eye Health
EU	European Union
GDPR	General Data Protection Regulation
HR	Human Resources
IDDC	International Disability and Development Consortium
IPCM	Inclusive Project Cycle Management
KPI	Key Performance Indicator
NGO	Non-Governmental Organization
NTD	Neglected Tropical Diseases
OHCHR	Office of the United Nations High Commissioner for Human Rights
OPD	Organisation of Persons with Disabilities
PQF	Programme Quality Framework
UN	United Nations
UNGA	United Nations General Assembly
UNICEF	United Nations Children's Fund
UNOPS	United Nation Office for Project Services
WHF	World Hearing Forum

Opening Statement

Our Vision and Mission remain the central pillars which guide our work, motivate our staff and ultimately help make the difference in the lives of those we seek to serve.

2021 enabled CBM to stabilise changes initiated in 2020. These changes brought about new learnings based on which we continue to adapt implementation.

Strengthening of our operating model has led to efficiency and effectiveness gains on project developments and overall programming. It has also fostered governance and accountability towards our donors, partners, and beneficiaries.

We have also made significant advances in the development of training programmes for our staff and partners. The LEADS programme was launched in 2021 and planning for the Programme Pathway took place. We also started the roll out of our new CBID Capacity Development & Training Programme, targeting partners, community representatives and staff.

To support the Accountable Now (AN) reporting process and strengthen involvement and sensitisation of staff on accountability, a steering panel was set up. The steering panel meets quarterly to discuss topics related to accountability and the AN reporting process. It also discusses proposed areas for improvement and actions.

In March 2022, CBM has decided to withdraw from Accountable Now membership.

Agility and accountability as an organisation remain fundamental themes in our work. The steering panel on accountability will continue its work and drive CBM's accountability agenda in the future.

We thank Accountable Now for the years of collaboration.

Respectfully,

Dr Rainer Brockhaus

CEO CBM, June 2022

Self-Assessment

For guidance on scoring, please refer to information provided below the table.

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J 2. How does your board oversee the adherence to policies, resource allocation, potential risks and processes for complaints and grievances?	4
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A. The Impact we achieve

A 1. What are your mission statement and your theory of change? Please provide a brief overview.

CBM's vision, mission statement and theory of change remain unchanged from the information provided in our 2019 Accountability Report.

Our vision is an inclusive world in which all people with disabilities enjoy their human rights and achieve their full potential. Our Mission Statement is: CBM is an international Christian development organisation, committed to improving the quality of life of persons with disabilities in the poorest countries of the world. Based on its 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.

CBM seeks transformative change leading to improved quality of life for people with disabilities living in poverty, their families, and their communities. CBM's theory of change seeks this change through three main outcomes:

- The reduction of avoidable impairment
- People with disabilities are empowered to exercise their rights
- The strengthening of inclusive, resilient, and equitable communities

A strategy and theory of change review process has been initiated by CBM's Leadership Team in 2021. The review process will take into consideration organisational changes and is expected to be finalised in early 2023.

A 2. What are your key strategic indicators for success and how do you involve your stakeholders in developing them?

KPIs for resource mobilisation are developed, based on interactions with donor groups, key stakeholders and CBM teams. These include information on income, number of donors, development of regular donations, development of income and potential income in selected target groups (e.g. private institutional donors and public institutional donors).

For programme work, CBM has developed 5-3-1 plans. These plans translate organisational strategies including country plans into concrete targets to be attained in 1, 3 and 5 years; effectively supporting alignment of our regional and country offices strategic priorities with our technical areas. These plans are developed with relevant stakeholders. For example, country plans, which feed into 5-3-1 plans are developed in consultation with partners and key in-country stakeholders.

Central functions' success is measurement based on effective and efficient closure of organisational projects, such as review of project management system and merger, for which concrete objectives and efficiency indicators are developed.

A 3. What progress has been achieved and difficulties encountered against these indicators over the reporting period?

CBM has made good progress on its KPIs for resource mobilisation. The COVID-19 pandemic brought about challenges and reduced the options to meet face-to-face as part of our fundraising activities. This led to changes in approaches and broadening of the donor basis for fundraising.

Achievements of 5-3-1 plans are regularly reviewed by Senior Management responsible for programme work. So far, no major/ critical deviations were identified.

Progress has also been made on KPIs for the central functions. Business central as global ERP-System as well as PowerBI as one reporting platform were successfully rolled-out to all offices harmonizing accounting and reporting structures and processes. CBM has also made good progress in defining system requirements for our project information system. To this end, various workshops were organised with representatives from all divisions and targeted partners.

A 4. Have there been significant events or changes in your organisation or your sector over the reporting period of relevance to governance and accountability?

Following the organisational changes described in our 2019 Accountability Report, CBM has focused on reviewing its 3-way working model. This has led to a more direct dialogue among Fundraising, Regional & Country Offices and Initiatives increasing efficiency and effectiveness of project developments and overall programming. This model fosters governance and accountability towards our donors, partners, and beneficiaries.

The COVID-19 period brought about challenges but also opportunities. CBM enacted actions to enable our projects to quickly adapt to the circumstances and partner needs. An example on how this was accomplished can be found in an article written by the CO India Country Director and published in the Christian Journal for Global Health ([click here](#)). During this period, we also took the opportunity to develop new fundraising approaches towards private donors.

In addition, CBM is exploring opportunities to diversify funding sources with a view to strengthen its sustainability, as well as to ensure increase flow of funding to our “disability inclusive development” projects and to deliver committed results to more beneficiaries as per our mission. This has led us to partner with organisations on consortia bids and to explore tender processes.

B. Positive results are sustained

B 1. What have you done to ensure sustainability of your work beyond the project cycle, as per commitment 4? Is there evidence of success?

Process wise ‘sustainability’ of our programme work is well address. Our processes build in opportunities to reflect, together with our partners, on sustainability and exit considerations at both the project and partnership level.

The Partnership process includes guidance on partner sustainability, capacity development and exit. The internal project approval process fosters reflection on partner capacity and development at the pre-approval stage. In addition, the project design form includes a section to reflect on sustainability of project aims and outcomes and specifically asks for planning responsible exit. CBM standard reporting templates include targeted questions on sustainability.

Our COs and RHs organise partner meetings to enable exchange and connections between partners. Our offices also facilitate linkages with other organisations. For example, our East Africa Regional Hub, has made several successful contributions to partner sustainability through:

- Facilitation of linkage between partners and Ministry of Health for additional resources, including grants, secondment of fully trained government staff.
- Enrolment for eligibility to national health insurance arrangement plan
- Facilitation to start Income generation- satellite clinics, premier services, sale of assistive devices, production and sale of eye drops, linkages with medical suppliers

We have also increased focus on peer learning for enhanced understanding of sustainability requirements in our partner and project work, and to share learnings within CBM from our work with

partners. For example, online peer-learning sessions were organised on partnership, Do no harm principle and CBM's work and key process requirements & experience from implementation. Main learnings shared in the partnership online sessions were documented in learning papers.

We also assess outcomes and impact beyond project implementation to feed into our work. An ex-post evaluation has been conducted with BMZ funding for four inclusive child eye health projects. The purpose of the evaluation was to assess results, outcomes and impact of the project and to recommend promising (new) approaches to advance ophthalmic services in the global south. An online session was organised to share learnings within the organisation.

In 2021, CBM also published the report 'Resilience: Stories of Collaboration and Progress', which focuses on the very real impact that CBM has made in the last year, despite the challenges of COVID-19, to carry on its battle against NTDs and to ensure greater sustainability and autonomy in the countries in which we work ([click here](#)).

See examples provided in B2 and C5, as well as in our 2020 Interim Accountability Report ([click here](#)).

B 2. What lessons have been learned in this period? How have the lessons been transparently shared among internal and external stakeholders? How do you plan to use these lessons to improve your work in the future?

CBM is constantly sharing good practices and lessons learned so that CBM and other organisations benefit from the knowledge and can deliver better results to beneficiaries. CBM engages and participates in expert fora, conferences, and professional networks. We produce, share and discuss learnings internally and externally through reports (and publications), events/online sessions to discuss new insights and learnings, and publishing of evaluation summaries on CBM.org. These channels are also used to discuss & delineate concrete actions as required.

The 2019 external synthesis evaluation of 11 Mid Term Reviews of CBM Country Plans ([click here](#)) identified potential for improvement of CBM's country planning process. A management response was since developed together with the Leadership Team. Important adjustments have since been implemented in the areas of processes, capacity building, empowerment, and learning.

CBM launched a Good Practice Documentation from Rohingya Response in Bangladesh ([click here](#)) with an aim to provide a replicable example to be used by other humanitarian health actors to implement integrated health and rehabilitation services which are inclusive and accessible for all persons. Information is available on our website and is used in our work. In 2021, The CBID Initiative also developed two studies on the impact of the pandemic and CBM's response: Locked Down, Not Locked Out and Feeling the Pulse.

Other examples of documented learnings, how they have been shared with stakeholders and how they are feeding into our work, can be found under A4 and C5.

C. We lead by example

C 1. How does your organisation demonstrate excellence on your strategic priorities?

Our advisory teams work together with teams and partners to ensure, on the one hand, inclusive practice is strengthened across all our programmes and, on the other hand, promotion of inclusive practice to international networks and alliances, other organisations and to ministries of health.

The 3-way working model brings together Fundraising, Regional & Country Offices, and Initiatives to support our programme work. Our operating model is reflected in our project, partnership, monitoring, and evaluation processes to ensure that technical advisors work together with our Country Offices and partners to provide quality technical advice during project development, throughout monitoring & evaluation. In addition, technical guidance is available to support staff and partners. For example, an Inclusive Education Training Guide was launched in 2021 to assist with the training of staff within CBM and its partners ([click here](#)).

CBM contributes to the knowledge base through publications in peer-reviewed journals and other publications, as well as support of research. For example, in 2021 the article 'Technology enabled primary eye health care Pakistan' was published in Community eye health journal. In addition, the research partnership between CBM partner Kilimanjaro Christian Medical Centre (KCMC) in Moshi, Tanzania and the International Centre for Eye Health (ICEH), funded by CBM and Seeing is Believing, led to the results of the trial being published in Lancet Global Health in 2021 ([click here](#)).

Through partnerships with universities, namely the University of Cape Town (UCT) and the London School of Hygiene and Tropical Medicine, research, specialist training and diverse training is supported in programme countries. In addition, in January 2021, CBM signed a Memorandum of Understanding with the International Ophthalmological Fellowship Foundation (IOFF) to support their Sub-Speciality Fellowship Programme. Other examples can be found on our website ([click here](#)).

C 2. What evidence is there that your expertise is recognised and welcomed by your peers, partners and other stakeholders?

Recognitions of CBM's expertise is reflected at global and local level.

For example, at the global level:

- CBM is co-chairing the CBID Task Group and the Inclusive Education Task Group of the International Disability and Development Consortium (IDDC).
- UNICEF requested the CBID Initiative for input into the disability inclusion strategy it is currently developing.
- UNOPS requested the CBID Initiative for input into a publication they are developing on 'Inclusive and climate-resilient infrastructure'.
- CBM's inclusive eye health initiative staff hold leadership positions in global advocacy networks such as the IAPB and the NTD NGO Network and German Network against NTDs.

For example, at local level:

- CBM Cameroon is a focal point for disability inclusion in the United Nations Country team working group on inclusion.
- Through our partnership with the University of Cape Town (UCT) the CBID Initiative is coordinating the research agenda for the OHCHR Initiative Community 2030.
- CBM is member of few NTD Elimination Committees in DRC, Uganda and South Sudan and gives input/advise in national eye care plans.
- CBM in India is part of a core group led by the Indian Government and the University of Melbourne to develop a national competency-based training programme for field workers in Community Based Inclusive Development.
- CBM has been selected by the United Nations (UN) to undertake a comprehensive assessment on the UN's level of disability inclusion in their systems in Zimbabwe.

- CBM Ethiopia received an official recognition letter from the Ministry of Labor and Social Affairs (MoLSA) in Ethiopia. This is an act of appreciation for CBM's contribution to the development of the 2nd UN CRPD Report for Ethiopia, as well as for our leading role in the Disability INGOs Network (DINGO).

C 3. How does your organisation practice being inclusive and protecting human rights, including promoting women's rights and gender equality, in accordance with commitments 1-2?

Inclusion is a core value of CBM and underpins all our operations. The Programme Quality Framework ([click here](#)) spells out CBM's approach to its external commitments, including human rights, women's rights & gender equality.

Our Code of Conduct ([click here](#)) states CBM's commitment and define conduct which is ethical, legal, and consistent with the organisation's values, mission and professional standards. This Code outlines and gives general guidelines to all CBM employees for conducting themselves in a manner that upholds and maintains CBM's Core Values and Mission Statement.

For example, AFES has a comprehensive staff onboarding package that ensures that a new staff undergoes a coordinated onboarding process. In addition, the region prepares and coordinates annual capacity building plan to ensure that learnings into processes and systems are conducted as close to the work as possible. In Cameroon and Sierra Leone, security and safeguarding are integral parts of induction training for all new staff and continual refresher trainings are organised for staff and partners. In DRC, all partners have been trained on the Safeguarding policy. Organizations have also signed on to the policy.

As part of our strategy review, a DEI (disability, equity, inclusion) working group has been set up to feed into the process.

To strengthen staff skills CBM has over the past two years developed two key programmes: LEADS targeted at managers and the Programme Management Pathway, which is a learning programme primarily for project leads, i.e. having complete responsibility for projects and/or programmes. In addition, the CBID capacity development programme also provides opportunities to staff and partners to strengthen their capacities and skills in these areas.

See also examples in C4 and D2.

C 4. How do you minimise your organisation's negative impacts on your stakeholders, especially partners and the people you work for? How does your organisation protect those most susceptible to harassment, abuse, exploitation, or any other type of unacceptable conduct?

CBM has a Safeguarding Policy and a Code of Conduct. Feedback systems (including a whistleblowing system) are in place ([click here](#)). In addition, we have a safeguarding manager and safeguarding focal points in all regions to ensure adequate support to staff and partners.

CBM requires that all staff and representatives (contractors, consultants, visitors, goodwill ambassadors, etc.) understand, sign and adhere to the Children and Adults-at-Risk Safeguarding Policy. CBM also has a Code of Conduct ([click here](#)) that stipulates acceptable and unacceptable behaviour of employees and third parties. Each employee has signed the Code of Conduct.

Our partner assessment includes questions on safeguarding policies and procedures, and actions arising from the partner assessment are included in an action plan, which needs to be implemented

throughout the partnership with CBM. CBM requires partner organisations to have their own child and vulnerable adults safeguarding policies and procedures in place. In the absence of relevant policies and procedures, CBM supports their development.

For example, our Asia & Americas (A&A) Hub has very strong safeguarding policy for children and vulnerable adults which partners must comply with. The policy is available in multiple languages. The region has 7 staff, some based in the region, fully dedicated to security & safeguarding. All COs and desks must have a security and a safeguarding focal person. These are fundamentals that ensure our dedicated attention for this subject. The A&A Regional Hub stimulates that (large) partners also appoint such focal persons. Partners such as ASOPIECAD in Nicaragua or FUNDAL in Guatemala have strong feedback mechanisms in place due to interventions supported by CBM through safeguarding assessments. Safeguarding and security is part of the induction plan for all stakeholders (volunteers, employees, providers, etc) as well as refresher trainings.

In 2021, an online peer-learning session was organised on partnership, Do no harm principle and CBM's work and key process requirements & experience from implementation (see also D2). In addition, a video on CBM's feedback mechanisms has been developed and shared with the whole organisation to sensitise staff.

C 5. How do you demonstrate responsible stewardship for the environment?

The CBM Policy on Environmental Responsibility was agreed in 2021 and a process for its implementation was developed. In 2021 CBM offset carbon emissions for the first time. Guidance on activities supportive of environmental sustainability was also developed.

CBM also promotes responsible environmental stewardship in its project work through dedicated scrutiny of environmental impact and mitigation measures in the Project Design Form. CBM looks at climate change from a broader perspective and how it impacts the life of persons with disabilities.

For example, CBM conducted a study on Disability inclusive Climate Change Adaptation (DiCCA) to further strengthen the evidence base and the understanding of the impact of climate change on persons with disabilities. The study will be used to better adapt CBM programs towards a changing climate and to ensure that persons with disabilities will be equally involved in all relevant climate change adaptation measures and policy processes. As an international recognition to our work, CBM Vietnam received the prestigious Zero Foundation Award for its innovative approach to mitigating the dangers of natural disasters for people with disabilities.

D. Key stakeholders are identified with great care

D 1. Please list your key stakeholders. What process do you use to identify them?

Key stakeholders of CBM remain unchanged compared to previous years and principally consist of persons with disabilities and their representing bodies, as well as governments and relevant service provider. These include:

- Persons with disabilities and persons at risk of disability: their families, communities these persons live in, volunteers in community programmes, parent organisations, representative organisations of Persons with disabilities,
- The population most affected by a crisis, including persons with disabilities and their families
- Partner organisations in programme countries and their staff

- Civil Society Organizations/Non-Governmental Organizations
- Authorities in programme countries
- CBM Organizations, their partners and donors
- United Nations System Organizations
- CBM staff
- Universities and research institutes
- Private sector organisations

A stakeholder mapping and analysis is conducted ahead of Country and project planning processes. Partners are selected through identified criteria that takes into consideration partners' existing capacities, including technical expertise, project management abilities, and financial management expertise.

For example, in AFES stakeholders' analysis is conducted during Country Planning (CP) process, which takes place every 4 to 5 years. Building on the stakeholder mapping, an analysis is conducted of key stakeholders relevant to realising and promoting disability inclusive development. The mapping feeds into recommendations on which relationships CBM Country Offices should continue, lessen or pursue and what the areas of collaboration could entail.

In terms of funding, we work with institutional and private donors. We continuously monitor the fundraising landscape and identify relevant opportunities for our work. Additional information can be found under G4.

D 2. How do you ensure you reach out to those who are impacted or concerned by your work?

CBM follows a participatory community-based approach which includes the involvement of and feedback from community members starting from the planning stage. CBM adheres to the Do-No-Harm Principles and elaborates together with its COs, partners, and beneficiaries how potential negative effects of CBM's work can be avoided or minimized. This is done in each phase of the project management cycle. In this context, inhouse- trainings on Do-no-harm have been provided to CBM staff and a Guidance Sheet on Conflict Sensitive Do No Harm Programming has been drafted. A sound feedback mechanism is in place so that people impacted or concerned can reach out to the respective CO and local partners.

Additionally, CBM's Code of Conduct ensures equal treatment and non-discrimination on the basis of race, gender, age, religion, sexuality, culture or disability. As disability is not a gender-neutral experience, CBM has developed a Disability and Gender Analysis Toolkit (DGA) to uphold CBM's commitment to disability and gender equality. The components of the DGA are designed to be adapted and used to suit a variety of purposes: Individual self-assessment for staff and partners, the organizational assessment, and the program/project assessment to analyze disability and gender equality across the project cycle. Moreover, CBM is developed in 2019 a Training Program (see C3) which includes a module on gender. All these enable CBM to implement projects for addressing the specific needs of women with disabilities.

CBM has feedback mechanisms in place. In the framework of a consortia project involving four partners, inclusive feedback and complaint systems will be established (in five countries), the accessibility of which is to be analysed and improved throughout the project. The findings of this activity will contribute to the development of general recommendations for action for other humanitarian aid and disaster risk reduction actors.

D 3. How, specifically, do you maximise coordination with others operating in the same sectoral and geographic space with special reference to national and local actors?

CBM actively participates in national, provincial, or local partner coordination mechanisms wherever they are applicable to maximise coordination.

CBM as a principle works with partners that offer specific sectoral insights, are rooted in the societies where we operate and have good knowledge of the geographical and social context of the project. This enables us to ensure that actions are coordinated with local networks.

CBM coordinates interactions with Governments, partners, and other relevant stakeholders to ensure relevance, coordination and synergies between interventions. CBM Country Offices are actively engaged in various national forums and/or support the participation of partners on the same.

For example, in Nigeria, CBM is part of the national NGO coordinating body for partners working on NTD elimination. In the DRC, CBM participates in quarterly meetings with NGO and donor partners supporting NTD elimination. CBM is active in the Coordination of Humanitarian INGOs (CHINGO) in Cameroon and in clusters and working groups like cash, access among others. CBM DRC is a member of Forumongu which is the coordination of international NGOs in DRC, as well as an active member of the DRC health and protection clusters. In Sierra Leone, there are specific districts covered by CBM intervention and other geographical areas are covered by sister organisations (e.g. Sightsavers, HKI, etc). This helps to avoid duplication of intervention by organisation in the same areas where others could remain uncovered.

E. We listen to, involve and empower stakeholders

E 1. What avenues do you provide your stakeholders to provide feedback to you? What evidence demonstrates that key stakeholder groups acknowledge your organisation is good at listening and acting upon what you heard?

CBM is continuously seeking to strengthen a feedback culture within the organisation and towards our partners. This is supported by formal feedback mechanisms to enable partners and all those impacted by our work to provide direct feedback to CBM. We also seek to strengthen our feedback culture via our regular programme work and within the context of CBM's performance management system.

CBM has three main reporting mechanisms available to everyone: a safeguarding process, a whistleblower system as well as a feedback and complaints mechanism. A programme and feedback policy is also available. Information of feedback mechanisms and policy are available on our website ([click here](#)).

Feedback from partners and from members of the communities are routinely sought. During our budget process and start of new projects information about the feedback systems is made available in English, French and Spanish. CBM staff is requested to share this information with partners. In addition, CBM staff engages with partners and communities through various channels, such as partner/project visits and partner annual meetings, and feedback is sought and provided in these various occasions.

Country plans and project reviews are conducted to assess impact and gather feedback. Learnings are built into the organisation. For example, our CBID Capacity Development and Training Programme has a systematic feedback process. In the face-to-face trainings, participants are giving

feedback via a form, in the online training, a short feedback questionnaire is completed by participants after each module. We use the results to improve and adjust the training.

See also E2 for examples on how COs engage with partners to seek their feedback and engagement throughout our interventions. Further information about our policies and approach is provided in C4. D2 provides an example on how we work towards improving our feedback systems.

E 2. What evidence confirms a high level of stakeholder engagement in your activities and decisions from beginning to end?

Our programme work is generally implemented by partner organisations. CBM processes in place foresee stakeholder engagement prior to and during all work on partnerships, projects and country planning. Stakeholder analyses are conducted as part of all project or country plan developments.

Stakeholders are engaged in discussions and planning meetings to hear their views and ensure ownership of planned activities. Stakeholder engagement is verified during monitoring visits and evaluations. Partner and staff are requested to review the role and contribution of both CBM and the partner organisation during partnership review.

For example, in the implementation of NTD projects in countries like South Sudan, Nigeria, and DRC, CBM supports governmental partners in applying the community based Directly Observed Treatment strategy for mass drug administration. Communities are involved in all decision making related to the implementation. Community leaders (traditional, church, administrative leaders, etc.) are engaged and play a key role in the sensitization and mobilization of community members. Community health workers who support public health campaigns for NTDs are typically chosen from the communities they belong, thereby increasing the trust of the community in the campaign. By developing contextually appropriate IEC/BCC (Information Education Communication/ Behaviour Change Communication) material, CBM raises awareness about the NTD campaigns in culturally sensitive ways that engender trust and increase participation of community members in activities that contribute to their health outcomes.

In India, our country office has quarterly meetings with partners. Feedback to and from partner is sought at the meeting. In 2021, CBM DRC held two annual reviews involving partners with the participation of four national programs and the participation of the Minister in charge of People with Disabilities. The participation of government representatives is a sign that programs are taken into account and aligned with the country's needs. An institutional strengthening project for the Ministry in charge of People with Disabilities was subsequently initiated in line with the national need.

E 3. What are the main likes/dislikes you have received from key stakeholders? How, specifically, have you reacted to their feedback?

Two examples of feedback received and CBM's response to it are provided below.

In AFES, partners appreciate CBM's partnership approach and the relationship between CBM staff and partner staff. Partners feel like an equal partner, not the donor recipient relationships. Other stakeholders are also appreciating of CBM's disability inclusive approach and appreciate the nature of programmes. However, several partners have noted that CBM pushes too much on budget utilisation rather than quality of delivery. In addition, there are too much reporting requirements.

CBM has changed its budgeting process and forecasting to enable better planning and use of resources. This is expected to reduce pressure on yearly budget utilisation. CBM implemented a new ERP system in 2021 and is in the process of implantation of new IT-Systems and processes for programs work. This is expected to make reporting more efficient.

In addition, persons with disabilities feel they are under-represented in the staffing of the country team. In the last recruitment processes, emphasis has been laid on this.

In 2021, CBM DRC organized two reviews with partners. These reviews were an opportunity to ask for feedback from partners. On the one hand, partners appreciate existence of continuous communication frameworks, improvement in the time required to process requests and in the availability of resources for implementation, existence of an advisory support mechanism and close monitoring (finance and programme). On the other hand, partners identified increased advocacy and continue capacity building efforts as areas for improvement.

Guidance on partnership was strengthened in 2021 to underline the possible avenues and sources of funding to support partner's capacity development. In addition, there is an increasing focus on follow-up and monitoring of partner action plans (developed after partner assessments are conducted).

During meetings with stakeholders, persons with disabilities feel they are under-represented in the staffing on partner projects. Hence, it is planned to continue to encourage partners to practice inclusion in their recruitment processes

E 4. How do you know that people and partners you worked with have gained capacities, means, self-esteem or institutional strengths that last beyond your immediate intervention? (You may skip this question if you have addressed it in your response to B 1.)

At partner level, CBM's partnership process prescribes the development of an action plan after a partner assessment is conducted, based on defined criteria. An explicit partner development pathway, and capacity development requirements, are also included. The aim is to jointly agree with the partner on any areas that require capacity strengthening. To enable better planning of resources and targeted response to capacity needs, non-earmarked funds are now available at country offices level and a 5-year funding framework is provided.

At project level, depending on identified needs, project interventions contribute to strengthening local capacities and systems. This includes, but is not limited to, strengthening of local networks, capacity development, training and technical support.

Another example includes the launch of the CBID Initiative Innovation Fund. This initiative provides a safe space for peer reflection, sharing of learning and documentation of good practices and lessons learned. The theme for 2021, Innovations in community support enhancing the participation of people with disabilities in family and community life. More information about the Fund can be found [here](#).

See also B1. Concrete examples were provided in our 2020 Interim Accountability Report ([click here](#)).

F. Our advocacy work addresses the root causes of problems

F 1. How do you identify and gather evidence regarding the root causes of the problems you address and use this to support your advocacy positions?

CBM conducts work at country and international level. The process used by CBM to assess root causes varies according to work being implemented.

For strategic planning exercises, a context analysis, including policy framework, is conducted ahead of any planning processes, and partners & relevant stakeholders are regularly consulted.

The principle of participation and community involvement in project development (iPCM), including advocacy activities, supports our evidence base in programming, and guides our work with partners. Partners determine the needs of the communities and for new projects situation analysis are conducted. The root causes of development issues are worked out in a participatory manner, using methods such as problem trees. Development of project ideas includes consultation with communities and stakeholders. Technical expertise is provided during project design and throughout implementation, when needed. Findings of evaluations and, in some cases, outcomes of feasibility studies, are incorporated into project design.

In 2021, The CBID Initiative also developed two studies on the impact of the pandemic and CBM's response: Locked Down, Not Locked Out and Feeling the Pulse. This document looks at how the global pandemic impacted the most vulnerable segments of society while focusing on the solutions CBM implemented to mitigate the fall-out. A summary of key learning from these experiences across the world is also included.

In additional, a longitudinal study was conducted in 2020-2021 in collaboration with the University of Cape Town, to provide a baseline against which CBM's CBID work can be evaluated. Learnings will feed into our work.

Concrete examples have also been provided in our 2020 Accountability Interim Report ([click here](#)).

F 2. How do you ensure that the people you work for support your advocacy work and value the changes achieved by this advocacy?

CBM conducts and supports advocacy activities at country and international level using different approaches.

At programme country level, CBM supports partners' advocacy activities and, in some cases, CBM implements its own activities. Support is provided through funding, training or technical expertise.

The CBID training also includes modules on localised advocacy strategies. The aim is to strengthen capacities for advocacy, and ultimately enhancing of advocacy activities supporting the rights of people with disabilities in line with the CRPD.

At the international level and in donor countries, CBM implements its own advocacy activities and facilitates opportunities for representatives of people with disabilities from the Global South to participate in decision making processes.

Examples on how partners are involved in the process are provided in our 2020 Accountability Interim Report ([click here](#)).

G. We are transparent, invite dialogue and protect stakeholder's safety

G 1. Are your annual budgets, policies (especially regarding complaints, governance, staffing/salaries and operations), evaluations, top executive remuneration and vital statistics about the organisation (including number of offices and number of staff/volunteers/partners) easily available on your website in languages accessible by your key stakeholders? Please provide links, highlight membership in initiatives such as IATI and outline offline efforts to promote transparency.

Information on our annual budget, total number of countries we operate and our partners can be found on our website cbm.org in the ["our work in numbers"](#) section. Statistics about the organisation including number of offices are available on the website, under ["CBM worldwide"](#). Number of staff and of partners vary over time and are not included on the website.

All CBM Policies are published online on CBM.org in English, and many of them also in French and Spanish. Key information is translated into local languages by the country offices and made available to partner organisations.

CBM is continuously reviewing its website to improve navigation.

G 2. What policies do you have in place to ensure a fair pay scale? Do you measure the gender pay gap in your organisation, and if so, what is it? What are the salaries of the five most senior positions in the organisation, and what is the ratio between the top and bottom salaries? If this information cannot be provided or is confidential, please explain why.

CBM Compensation Framework states that: "Fair remuneration is based on competencies, performance and behaviour. It is not influenced by race, religion, age, disability or gender. In practice, this means: All positions worldwide are classified into a comparable salary structure according to objective criteria."

CBM has got an externally governed salary system in place. CBM differentiates between 6 pay scales with 4 different seniority steps, which are equal to the "AVR" salary structure of the protestant church in Germany. Each position is evaluated against this salary system. CBM currently does not measure the gender pay gap.

The salaries of the five most senior positions in the organisation in 2021 were 139K, 138K, 119K, 108K and 108K. The ration for CBM staff based in Bensheim between the top and bottom salary is 4:1.

G 3. How do you ensure privacy rights and protect personal data?

CBM introduced Salesforce as CRM Tool for all donor data and interaction, embedding industry-standard data privacy and security measures including a multi-factor authentication access.

CBM has a Code of Conduct and general policies on the protection of personal data. A data protection policy based on the EU-General Data Protection Regulation (GDPR) is in place and is strictly adhered to by all staff which ensures i.e. the lawfulness, fairness, and transparency in the processing, personal data is processed lawfully, fairly and in a transparent manner and collected only for specified, the purpose limitation and data minimization, the accuracy of personal data, storage limitation, the integrity and confidentiality as well as accountability of CBM.

Data protection trainings have been provided and the IT department has installed specific filters against potential loss of individual data. Any data protection breach is followed through and penalised.

CBM has an appointed Data Protection Officer and all CBM staff must attend a training on GDPR, data protection in NGO programming, integrating data security in our day-to-day information management practices, as well as on tools and checklists. In addition, data protection training is undertaken for projects involving identification of vulnerable groups for assistance.

Non-disclosure and data protection contracts are signed with all external service providers processing personal data on behalf of CBM. CBM checks on their implementation onsite where possible.

G 4. Who are the five largest single donors and what is the monetary value of their contribution? Where private individual donors cannot be named due to requested anonymity, please explain what safeguards are in place to ensure that anonymous contributions do not have unfair influence on organisational activities.

CBM applies a systematic approach to funding a project/programme, irrespective of funding sources (public, private, or individual). All projects are developed and approved through a Programmatic Project Approval (PPA) process engaging the key stakeholders and following the 3 Way Working Model and the Authority Matrix. This ensures that project objectives are aligned with CBM's mission, values, and results framework.

CBM largest institutional donors in 2021 are as follows:

Donor	Contribution in €
BMZ	6.394.784
End Fund	2.126.274
SDL/RTL (Spenden)	1.553.060
Crown Agents (NTD)	1.495.870
Sight Savers (NTD)	1.425.176
EU	1.131.518

H. Staff and volunteers are enabled to do their best

H 1. Provide evidence that recruitment and employment is fair and transparent.

CBM recruitment processes follow the equality law (Allgemeines Gleichstellungsgesetz), the Code of Conduct, the Safeguarding Policy and the Inclusion Policy. These guidelines ensure a fair and transparent recruitment. Job positions are advertised internally and in various external websites.

As a reference organisation for disability inclusive development, CBM places a special focus on the employment of people with disabilities. In addition to the mentioned standards and policies the basis for recruiting people with disabilities is the CBM Inclusion Policy Framework and the CBM High Level Recruitment Principles: the recruitment of a diverse and skilled workforce in line with the organization's strategic priorities is a key principle for CBM. Among others this is implemented in concrete terms through the following measures:

- All job ads are posted on “myability.jobs”, the largest job portal for people with disabilities in Germany
- All job advertisements contain the phrase: "We would like to further promote diversity in our teams and therefore welcome applications from people of different ethnic and social backgrounds, religions and world views, different ages and genders, and especially from people with disabilities".
- People with disability are put directly on the short list.
- We offer every candidate comprehensive accessibility (e.g. sign language interpreters etc.).
- Interview panels are composed diverse in terms of gender/ethnics/disability.
- CBM set-up a permanent working group to constantly improve recruitment processes.

H 2. What are you doing to invest in staff development? What indicators demonstrate your progress? What are your plans to improve?

Individual training and development measures are discussed and documented as part of the annual goal-setting meetings that are obligatory for all CBM employees. The implementation is managed by the employee and monitored by the HR Business Partner. Budgets are available to support planned measures.

Development programmes for specific target groups are offered as needed. Currently, for example, CBM Leads - a 2-year leadership training programme - is mandatory for all line-managers globally; and a curriculum for all programme managers worldwide was developed in 2021 and launched in 2022 (Programme Managers Pathway). In addition, free online trainings are available spanning a wide range of topics from management to administration and technical areas.

The total investment in staff development across CBM it is approximately 0,7%.

H 3. How does your organisation ensure a safe working environment for everybody, including one free of sexual harassment, abuse, exploitation, or any other unacceptable conduct? What indicators demonstrate your progress? What are your plans to improve?

Sexual harassment, abuse, exploitation and other unacceptable conduct is addressed in our Code of Conduct. See also C3 and C4.

Security Focal Persons or Country and Regional directors resolve minor health, safety & security incidents in dialogue with the local Security Management Team. When needed, they involve the Global Health, Safety and Security Unit located in Bensheim. They can call upon the Crisis Management Team, comprising of staff with various skills in crisis resolution. This team gets training every year.

In complex cases a team is formed with representatives from the Internal Audit, Finance, Programmes, Safeguarding Unit and Global Health, Safety and Security Units to investigate and resolve situations. In certain cases, where on the ground research and investigation is needed, external companies are contracted to investigate. The CBM hotline is currently outsourced to the leading global emergency assistance provider *International SOS*. They have security, medical and psychological staff on call 24/7/365. When a situation requires CBM input, International SOS has access to a CBM telephone number that links to the CBM Security Officer on duty, day and night.

Our Safety and Security trainings include self-defence and by-stander involvement for women and for vulnerable people, including travellers with a disability. Experienced female travellers or travellers with a disability share their own experiences with others during the trainings.

I. Resources are handled effectively for the public good

I 1. How do you acquire resources in line with your values and globally-accepted standards and without compromising your independence?

CBM is a holder of seal of approval of the German national regulatory body for accountability in acquisition of donations (DZI Spendensiegel). The organisations which hold this seal of approval pro-actively commit to complying with the DZI's Standards, in particular the results-oriented, economical and effective use of funds, an informative and verified financial statement, the clear, truthful, open and objective use of advertising and public relations, effective structures of management and supervision, as well as transparency towards the general public. Compliance with these standards is regularly assessed by the DZI, also incorporating further applicable sources of information into its decision.

In addition to the individual donations, CBM acquires resources from public and private institutional donors. In general, this acquisition process involves transparent and competitive bidding and compliance with globally accepted standards. The major institutional donors which CBM is applying for funding for, do publish their requirements, objectives, and project value on their websites and in publicly available application documents.

However, the donor requirements have no influence on CBM's core principles and mission. CBM selects funding opportunities which are aligned with its mission and values, and where there are mutual interests on common priorities, a rigorous application of the 3way-working model and internal standards such as checklists for Go/No-go decisions serve as a basis.

The decision to apply for funding follows an objective and transparent process, and the project approval process, which has to be completed before submitting a project proposal to an institutional donor, ensures all stakeholders of the 3 Way Working Model are in alignment of the project objectives with CBM's strategic priorities such as initiative's plan/strategy, regional plan, and country plan.

I 2. How is progress continually monitored against strategic objectives, and resources re-allocated to optimise impact?

The 5-3-1 plans are regularly monitored and progress is continuously discussed in the Senior Management Team of Communication & Programs; and country plans are monitored throughout the year. Potential adjustments and the need of re-allocating resources are reflected within the annual budgeting and the quarterly forecasting process.

CBM has mechanisms in place to report and reallocate project funds that are no longer needed for the original purpose. Managers monitor the funds for their projects and budgets. Partner organisations are required to report changes to the approved project plan on a quarterly basis.

Corporate functions, such as finance & operations, report to management monthly.

I 3. How do you minimise the risk of corruption, bribery or misuse of funds? Which financial controls do you have in place? What do you do when controls fail? Describe relevant situations that occurred in this reporting period. What are your plans to improve?

A partner assessment is conducted with all new partners and with existing partners every three years. The assessment includes governance and financial controls. A project contract is signed with

all partners. The contract outlines responsibilities on handling of finances, transfers of funds and legal compliance.

Projects undergo financial audits by local auditors, based on the size of the project and/or donor requirements. Field compliance conducts regular partner audits, both randomly and in case of suspicions. In case of severe misconduct CBM has the right to terminate the contract with the partner immediately.

The Quick Process Reference Guide MEAL, describes process and timelines for project reporting. Detailed quarterly financial reporting via standard project progress report and complemented by semi-annual narrative reports and quarterly indicator tracking is required. Audited annual Year-End-Closing Reports are also required.

Global monthly submission rate reports are issued, triggering regular follow up at Country Offices/Regional Hubs. This has contributed to increased compliance with CBM's reporting process. This has also improved situations where report submission was delayed. Furthermore, CBM promotes closer collaboration with partners to identify causes of delays and support resolution of the same.

Quarterly forecasting limits the amount of funds 'not needed' held at the partner. This is supported by regular monitoring visits and review of reports from partners. Large amounts of funding at the partner and not needed are returned to the COs. In the case of smaller amounts, partners can propose investments that are aligned with the objective of the project.

For CBM finance staff, finance manuals are regularly updated and meet the minimum thresholds of best practices and generally accepted accounting principles (GAAPs).

J. Resources are handled effectively for the public good

J 1. What is your governance structure and what policies/practices guide replacing and recruiting new trustees/board members?

CBM's governance structure and bodies of Association are outlined in the Statutes and consists of:

- the Assembly of Members,
- the Member Appointment Committee,
- the Supervisory Board, and
- the Executive Board.

The Assembly of Members is the highest body of the association. It is composed of persons elected by the Member Appointment Committee. CBM has 61 individual personal members. These support CBM through their voluntary work in the (minimum) yearly general meeting, in the Supervisory Board and in the committees of the Supervisory Board. Amongst others, the Assembly of Members

- elects new members to the association through a committee of 7, comprising of 3 Supervisory Board members and 4 other association members,
- accepts the Annual Financial statements,
- discharges the Executive and Supervisory board,
- elects or recalls on good grounds members of the Supervisory board,
- passes resolution for the amendment of statutes of the association.

The Supervisory Board consists of 6 to 9 members, one person should have own experience of disability. Members are elected secretly on individual terms of 4 years by the General Meeting. Two times re-election permissible. Supervisory Board nominates full-time Chief Executive Officers and monitors their work. Supervisory Board approves strategic plans, annual budget, annual financial

statements and investment guidelines proposed by the Chief Executive Officers. The Supervisory Board is also responsible for the appointment or recall of members of the Executive Board; as well as the submission of a proposal to the Assembly of Members relating to the discharge of the Executive Board.

Chief Executive Officers manage the daily business. Land deals, loans and transactions with a particularly high risk must be approved in advance by Supervisory Board.

Key regulations regarding the appointment of members to the Supervisory Board are that a person cannot be elected who, to the association or another organisation that bears the name of CBM, maintains employment or paid business relationship. As well, family members of employees are not electable.

J 2. How does your board oversee the adherence to policies, resource allocation, potential risks and processes for complaints and grievances?

The Supervisory Board established a standing committee for audit, risk and finance. The Supervisory Board approves the annual budget based on a recommendation by the Executive Management, as well as the financial statements (including the auditor's report) and the management report.

Budgets, forecasts, auditors report on year end statement, a risk register on organisational risks and the report of internal audit on findings, critical issues and whistleblowing is annually updated and discussed with finance and audit committee of the supervisory board.

Significant risks and complaints from externals (beneficiaries, partners etc.) are handled via the whistle-blower process and reported along internal audit findings in an annual audit report.

The Supervisory Board receives summary reports on incidents such as child safeguarding, complaints, whistle-blower reports and red flag reports. They receive a regular update on key risks that CBM faces combined with an assessment of its impact and likelihood and the planned mitigation measures.

J 3. What processes and mechanisms does your organisation have in place to handle external complaints including those relating to unacceptable conduct of your staff, volunteers, or partner organisations? Please provide an overview of the number and nature of complaints in the reporting period, how many of those were valid, and of those that were valid, how many were appropriately handled and resolved.

CBM has two main channels through which reports are received from internal and external sources namely the Whistleblowing System and the Programme Feedback form. Critical Issues are reported mainly internally for project monitoring purposes. However, they are sometimes also like complaints and investigated independently either by internal audit or by the CBM compliance team.

In 2021, CBM received a total of 18 reports via those channels. 8 Whistle-blower reports, 2 feedback reports and 8 Critical Issue reports.

Of the 18 reports received in 2021, only 14 were investigated as 4 reports were duplicates. The 14 investigated cases can be summarized on the below table:

Valid	Partially valid	Not valid	Still open	On hold
3	1	3	5	2

The reports investigated are broken down as follows:

Whistle-blower cases:

- 01 case in the category Fraud/Embezzlement/Theft related to a CBM partner organisation is on hold due to ongoing local police investigations.
- 01 case in the category of Bribery & Corruption could be proven of fraud at partner level. CBM Country Office involvement could not be proven. CBM decided to end the partnership with this partner.
- 01 case reported 4x duplicate in different categories related to violation of internal regulations and harassment was investigated by an independent investigation team. The allegations could be not proven except the disrespectful communication by the country director where disciplinary action was taken subsequently.
- 01 case on Safeguarding/Abuse/Sexual Harassment is still under investigation by an independent investigation team. There is no proof of sexual harassment or safeguarding. The allegations related to leadership style and HR procedures are still under investigation.

Feedback Cases:

- 02 reports from the feedback channel related to a CBM partner organisation have been investigated and followed up. The complaints were related to project staff not being paid by the partner organisation.

Critical Issues:

- 01 case in the category Fraud/Embezzlement/Theft related to a CBM partner organisation is on hold due to ongoing local police investigations – duplicates with the WB case.
- 01 case related to fraud on partner level was closed after the investigation showed no CBM funds had been lost due malpractice.
- 01 case related to Bribery & Corruption was closed as investigation results did not prove the allegations.
- 01 case related to favouring and unethical procurement procedures could not yet been finalised due to travel restrictions for the internal audit team.
- 01 case related to inconsistent fund reporting by partner organisation is still ongoing.
- 01 case related to Bribery & Corruption was investigated and closed as allegations could not be proven.
- 01 case related to unjustified cash payments for a project by CBM staff is still open as a labour court case with the CBM employee is still ongoing.
- 01 case of fraud at partner level was investigated and is still in the finalisation phase.

J 4. How are internal complaints handled? Please provide an overview of the number and nature of complaints in the reporting period, how many of those were valid, and of those that were valid, how many were appropriately handled and resolved.

See J2 and J3.

J 5. How do you take decisions about the need for confidentiality and protecting the anonymity of those involved?

CBM understands that confidentiality is an essential consideration in a feedback or complaints process. The identity of anyone who provides a complaint to CBM is kept confidential and known only to an investigation team, which has been trained to handle feedback. Their personal details are securely filed and only accessible to the feedback team. The details of the complaint will only be shared on a need to know basis. Through the whistle-blowing system complainants can remain anonymous.

Prior to an investigation, terms of reference as the basis of undertaking an investigation. The terms of reference (ToR) are only known to the investigating team and the head of Internal Audit unit. Throughout the investigation, there is no mention of whistle-blower nor specific details of the case shared with the investigate, this assures protection of whistle-blower. All investigations are carried out within applicable data protection laws. The final investigation report is issued with limited circulation to only key decision makers within CBM who are mandated to receive this nature of reports.

Any feedback that constitutes a suspicion or evidence of a safeguarding or criminal incident will be reported and investigated through our specific procedures.

K. Leadership is dedicated to fulfilling the 12 commitments

K 1. How is the governing body and management held accountable for fulfilling their strategic promises including on accountability?

The CBM Supervisory Board, elected by the General Assembly, agrees on annual targets together with the Executive Board. The Executive Board reports to the Supervisory Board on a quarterly basis and provides an annual report to the General Assembly, as a basis for the formal discharge laid down in the Articles of Association.

Objectives are identified for every staff. Performance is regularly monitored and formally reviewed once a year. There is a 180° feedback for all line managers, in Germany a 360° feedback, both including self-assessment. The three-sixty will be rolled out worldwide in 2023.

K 2. What steps have you taken to ensure that staff are included in discussing progress toward commitments to organisational accountability?

The Accountable Now steering panel was created to support the development of the Accountability Report. The steering panel includes one representative from each Regional Hub and initiative i.e. technical areas. This enables us to involve colleagues across the organisation

Regular coffee talks and webinars with CEOs are organised. Attendance by all staff is voluntary. In these sessions, updates from the leadership team are provided. Sufficient time for questions and answers is available.

Several working groups on selected topics, such as DEI (disability, equity, inclusion) and HR Development program, have been set up. The groups involve representatives from different teams to define CBM's approach to DEI, as well as to the training of staff. The latter has resulted in the development of two training programmes: LEADS and the Programme management pathway.

K 3. What is your accountability report's scope of coverage? Are you reporting for the whole organisation or just the international secretariat? For secretariats of international federations, on which issues of accountability (or relating to Accountable Now's 12 commitments) do your members report to you on, and with what frequency? Where there is no routine reporting, how do you use your coordinating functions to elevate attention to accountability issues throughout your federation?

The 2021 Accountability Report cover the activities of CBM Christoffel-Blindenmission Christian Blind Mission e.V. as whole organisation, including all Country Offices and Regional Hubs.