CBM Report 2017

Accountable Now

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We are CBM

CBM is a Christian international development organisation, committed to improving the quality of life of people with disabilities in the poorest communities of the world irrespective of race, gender or religious belief.

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

CBM is a federation composed of 11 national member associations based in Australia, Canada, Germany, Ireland, Italy, Kenya, New Zealand, South Africa, Switzerland, the United Kingdom and the United States and an international office with a network of regional and country offices that work closely with our partners in Africa, Asia and Latin America.

Our approach

Disability-inclusive development (DID) is the framework of all our programme work and the key theme which drives our activities and the impact of our work. We believe that this is the most effective way to bring positive change to the lives of people with disabilities living in poverty and their communities. Through our DID approach, we address the barriers that hinder access and participation and actively seek to ensure the full participation of people with disabilities as empowered self-advocates in all development and emergency response processes.

Our work

With a global network of partners, CBM seeks to build and promote an inclusive world in which all persons with disabilities enjoy their human rights and achieve their full potential. Our work includes:

- Supporting comprehensive health care systems and services in eye health, ear and hearing care, community mental health and physical rehabilitation.
- Ensuring inclusive education for all, reaching the most marginalised.
- Building inclusive, resilient communities through community-based inclusive development.
- Implementing inclusive emergency response and disaster risk reduction.
- Strengthening international advocacy and alliances to realise the human rights of persons with disabilities and the promotion of DID.

1. Opening Statement

In October 2016, the CBM Federation Strategy 2021 was approved and with it, the redesign of our organisation. Nearly two years have passed and we find ourselves in the middle of a major transformation process – accountability being an integral part of it.

To achieve our mission, we need to be truly and equally accountable to our donors and to the people and communities we serve. Consequently, our Federation Strategy calls for "strengthened accountability and improving our efficiency" and it outlines "an organisational design that creates closer links between donors and beneficiaries, and which will allow CBM to increase the quality and impact of our programmatic work". The current public discussion around accountability in the NGO sector that was triggered by misconduct of NGO staff in certain organisations, underscores how crucial true accountability is to the credibility and sustainability of all our efforts.

By extension this means that we need to have a close look at accountability in the relationships with our implementing and alliance partners as a way of ensuring we keep the topic of accountability high on our internal agendas and in the minds of leadership and staff.

We have identified and are implementing various measures throughout our transformation agenda to further develop accountability and achieve our mission of improving the quality of life of women, men, girls and boys with disabilities in the poorest comunities of the world.

Examples of these are: the introduction of a new performance management system, a comprehensive review of end-to-end processes such as our partner assessment and reporting systems, the introduction of core standards for Disability Inclusive Development (DID), the roll-out of new dimensions in our whistle-blower system, the review of our internal audit function, the introduction of a new operating model for the CBM Federation and a strong effort to harmonise reporting and response systems across the CBM Federation. All of this has been made possible by the redesign of our governance and executive management setup as a federation.

Transformative change is a journey on which we need to take all stakeholders of CBM. It is thought-provoking and we constantly challenge ourselves to ensure that internal change leads to further improving the quality of life of persons with disabilities, rather than focussing on transformation for its own sake. Communication, accountability to staff, a true desire to shift power as well as resources and a relentless focus on being accountable to the recipients of our work and our donors are the guiding principles for our transformation, that will continue to drive transformative change in the lives of persons with disabilities by addressing systemic discrimination long into the future.

Respectfully,

Dr. Rainer Brockhaus
Chairman International Leadership Team - CBM International

August 2018

2. Identify a plan on how to close accountability gaps

Although CBM has various systems in place to prevent and handle unacceptable conduct, we are currently reviewing all systems according to a defined action plan in order to ensure the systems are effective and understood by all staff. We strive for a system where all forms of unacceptable conduct are efficiently dealt with. This includes not only sexual abuse but all forms of harassment and abuse of power, but also covers unethical behaviour, fraud and corruption. We are ensuring that our Code of Conduct is known and explained to all staff and that we have systems in place to verify that all staff worldwide have signed the Code. CBM has a Child Safeguarding Policy, but we are enlarging this document to include at-risk adults, which is another important target group for CBM. We will further promote this among our partners so that we have enhanced systems in place to safeguard all persons at risk (including persons with disabilities) - children and adults – against abuse, exploitation and neglect. CBM is strengthening these systems in the full partner life-cycle from initial selection, through capacity building and maturity, having excellent sample materials available which partners can adopt, translate and contextualise. CBM has various reporting mechanisms in place (including an anonymous channel) where staff, volunteers, and third parties can reach out and report misconduct and other concerns. We will be further promoting these reporting channels and enhance their usage and scope. We are reviewing recruitment procedures to ensure that potential staff are strictly screened and references consistently checked. We will put in place clear procedures to ensure that all forms of misconduct are known and understood during induction/refresher training. During the employee life-cycle, strict disciplinary measures are taken when breaches are reported. Should a member of staff ever be dismissed because of misconduct, we aim to put in place systems to ensure that any such person will not be rehired elsewhere in CBM. Our organisation has strengthened central incident reporting and the availability of an overview of historic cases to ensure we keep learning and are taking measures where needed. CBM has identified some areas where we may have gaps, e.g. clarity on victim support. We will be investing in additional training capacity as well as incident investigation capacity and knowledge in various language areas.

Further, we are working to strengthen our accountability mechanisms. Our intent is to make better use of the different participatory accountability frameworks and tools that will allow us to engage in a true dialogue with our stakeholders, let their feedback guide our decisions and practices, and thus help us to move more towards dynamic accountability.

Examples of what CBM plans to implement are:
- Strengthening our programme feedback system (please refer to answers E1 and J3)
- Introduction of keystone survey (planned for 2019)
- At a later stage, setting up of advisory panels of persons with disabilities or their representative organisations at project and/or country level to provide ongoing feedback on our partner work

3. Report on actions taken to address the panel's feedback on the previous accountability report

In their feedback on CBM's last interim report (reporting year 2016), the panel requested further information on ethical fundraising. Herewith we provide an update.

PR 6 Ethical fundraising and communication
Addressed

CBM gives a detailed response to this indicator, although the policy on the ethical and respectful use of pictures requested by the panel has not been shared in the report. Further, it is not clarified how many and what kind of complaints have been received by CBM altogether, with regard to their fundraising and communications activities.

Actions taken

CBM replaced the existing policy on ethical and respectful use of pictures with comprehensive "Child-safe story-gathering and communication guidelines" (see Annex A). Although these guidelines mention children specifically, they are applied as a general rule when reporting on clients of CBM programmes.

Complaints on communication and fundraising, are not registered consistently across all member associations. Some member associations have a formal procedure in place for handling complaints, e.g. CBM UK or CBM Australia. Read more about CBM UK's procedure here.

At CBM Australia they respond to all feedback in accordance with their External Complaints Standard. They respond to feedback through phone, mail and email channels. Within their guidelines, they have a maximum turnaround time of three working days for email responses. At the end of 2017, they also started compiling a weekly report called the Voice of Supporter Report, which details all feedback, both positive and negative, for each campaign and reports this back within the context of the financial response to each campaign.

The processes at CBM Germany are designed to make sure that all important complaints are answered immediately and the Marketing Director is informed.

With regard to the number of complaints on communication and fundraising contents:
CBM Canada, CBM Italy and CBM New Zealand report 0 complaints in 2017.
CBM Australia recorded 536 pieces of feedback about their campaigns where supporters expressed a concern about the frequency of mailings and telemarketing calls, their fundraising content or how they uphold their values.
CBM South Africa reported one serious fundraising complaint in 2017. It was dealt with via a telephonic meeting and by refunding donations.
CBM Ireland and CBM Switzerland have set up processes and systems to be able to report on complaints from 2018 onwards.

4.Self-assessment

CBM has taken the following approach to determine the ratings for the self-assessment: All contributors to this report were invited to fill in a survey and rate CBM individually on the two dimensions included in the self-assessment. The results of this poll were communicated to the management of CBM International. The executive management discussed the report and the self-assessment and agreed the final scores that are given below.

Overarching assessment

The scores are based on a scale from one to five - with 1 being defined as low/weak and 5 meaning high/strong.

Assessement criteria	CBM self-assessment	Comments / rationale
i. Convincing evidence that all key decisions taken in the organisation are based on sound knowledge of, and are responsive to, stakeholders.	4	Example: decision on priority countries involved all regional/country offices
ii. Evidence that key stakeholders are well identified, continuously included in relevant stages of work, and have shown good engagement and ownership.	3	Established process for stakeholder identification and engagement. Partnership principles were reviewed and strengthened.
iii. Overall evidence that the organisation has effective and responsible governance and management (i.e. is well-run).	4	New management and governance set up in place since late 2016. Evaluation after one year ('ILT Health Check') shows positive results.
iv. A sound plan for improving weak areas and clarity on objectives, resources and cross-organisational responsibilities for implementation.	4	A comprehensive plan is in place (see chapter 1), and implementation is closely monitored.

Cluster-level assessment

The scores are based on the following scale:

Red: The commitment is not addressed at all. There is no convincing plan in place to address the commitment in the near future. A convincing plan is in place, but has not been implemented within the planned time frame.

Amber: Some elements are in place to address the commitment. A convincing plan for how to address the commitment has been established; first steps have been taken to fulfil it; or policies, structures or processes have been developed.

Green: The commitment is fully addressed. Policies, structures and processes are in place. Evidence that these are having the intended effect in practice, is submitted. Continuous progress, ambitions and results are documented.

Cluster	CBM self-assessment	Comments / rationale
Cluster A: Impact achieved	**Amber**	A meta evaluation of 24 evaluation reports from 2016/2017 shows some evidence for impact at individual and community level, but little impact at institutional level.
Cluster B: Stakeholder involvement	**Amber**	Working with local partner organisation helps to engage relevant stakeholders. CBM's partnership principles were reviewed and strengthened in 2017.
Cluster C: Organisational effectiveness	**Amber**	Effectiveness was increased by introducing three-way working methodology (see answer A4).

Cluster A: Impact achieved

A. The impact we achieve

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

Our Vision
Our vision is to see an inclusive world in which all people with disabilities enjoy their human rights and achieve their full potential.

Our Mission
We are committed to improving the quality of life of people with disabilities in the poorest countries of the world. 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.

Theory of Change
CBM seeks transformative change leading to improved quality of life for people with disabilities living in poverty, their families and their communities. Disability and poverty are inextricably linked and perpetuate each other, so we focus on the poorest communities in the world.
A visual representation of the Theory of Change (ToC) can be found in Annex B.
CBM seeks this change through three main outcomes:
- the reduction of avoidable impairment
- by ensuring people with disabilities are empowered to exercise their rights, and
- the strengthening of inclusive, resilient and equitable communities

These three pathways are closely related, influencing and promoting each other, together contributing to the key outcome of improved lives and reduced poverty.

Reduction of preventable impairment: particularly in the poorest communities, preventable impairment brings an enormous social and economic burden. This can be reduced through strengthening existing health and education systems, and increasing economic, political and social participation. By making effective and good quality services accessible to all, the whole community benefits. We believe in working throughout the life cycle, as investment in early intervention, promotion of safe behaviour, treatment and rehabilitation all contribute directly to reduced poverty and improved lives.
These outcomes are sustained by working with governments as it is they who have the ultimate duty towards their citizens. We are also increasing our focus on ensuring people with disabilities are included in disaster risk reduction and response to emergencies.

People with disabilities are empowered to exercise their rights: the disempowerment and discrimination experienced by people with disabilities is addressed partly through the strengthening of systems as described above, which provides support in two ways (the twin-track approach) - working towards mainstream services and interventions that are accessible to all, and supporting specialised services that meet specific needs of people with disabilities such as rehabilitation, assistive devices or pharmaceuticals. The outcome is that people with disabilities experience improved education, better health, mobility and function, and achieve not only increased income but greater economic power. But this alone will not bring about systemic change. People with disabilities, their families and communities benefit from realising their rights as enshrined in the United Nations Convention on Rights of Persons with Disabilities (UNCRPD). CBM works not only to raise awareness and to challenge discriminatory

attitudes at all levels, but also to give people the resources and skills to hold duty-bearers to account, address barriers and reduce prejudice, find a strengthened voice and participate more fully in economic, civil, political and social opportunities.

Inclusive, resilient and equitable communities: the realisation of the rights of people with disabilities relies on changes to the social, legislative and physical environment. These changes arise from reduced stigma and more inclusive attitudes on one side, and the promotion of inclusive physical and policy environments on the other. CBM seeks to strategically model accessible environments, whilst also challenging discrimination: in CBM's own institutional practise, with private supporters and donors, alliance partners, governments, partner organisations and organisations of people with disabilities (DPOs).

CBM's foundation principles and approaches

- Challenging attitudes and increasing participation and decision making by people with disabilities: the rights of people with disabilities are central to CBM's work, starting with the way that people with disabilities themselves perceive their roles and potential, and extending to attitudes and beliefs of families and communities, organisations, national governments and global institutions. Most of our work begins with raising awareness on the rights of people with disabilities and the barriers faced in accessing those rights, including growing the voice and representation of people with disabilities in all CBM supported initiatives.

- Partnership, networks and alliances: we recognise the different capacities that others bring to the table and therefore build alliances and networks in the local, national and global arenas of our work. Central to our approach is working through local partners because we believe they know their own environment best, and can bring about lasting change. Our role is to support this work with technical expertise and resources while seeking to influence and inspire action in others. This involves harnessing not only the resources of our generous advocates and supporters, but also governments and other stakeholders in field countries, donor governments, international NGOs, multi-lateral organisations, academic, and public and private sector partnerships, which allows us to leverage significantly greater change than CBM's resources alone allow.

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

Having redesigned our governance as a federation we have started a process to redesign our institutional key performance indicators accordingly.

The key strategic indicators for success are derived from CBM's Federation Strategy 2021 which was developed after extensive consultation with internal and external stakeholder groups, including partner organisations, staff and others, and approved in October 2016. Please refer to answer A4 for more information on CBM's Federation Strategy.
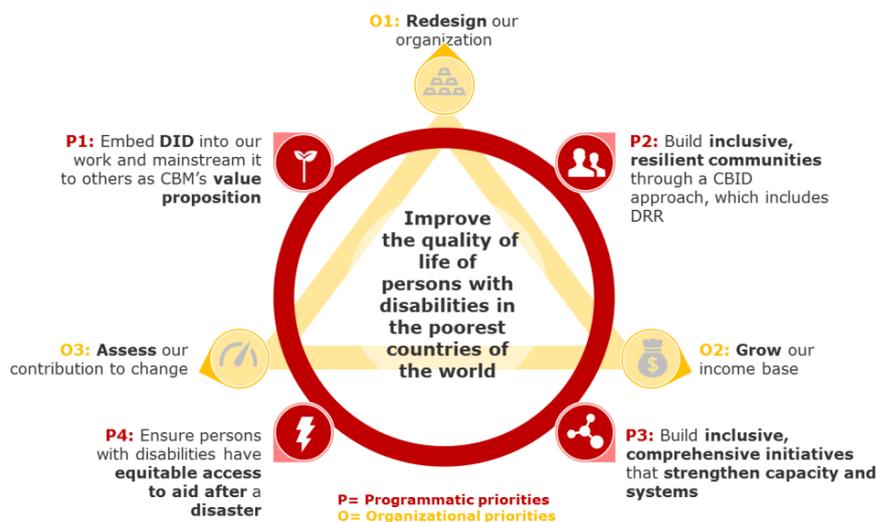
The seven strategic objectives were then used as a basis for describing the future state of CBM and for deriving the high-level indicators for transformation. Details can be found in our answer to question A3.

In 2017, the strategic objectives and future state description were broken down by each department into functional KPIs (for 2018). Below are some examples of the functional KPIs for 2018.

Programme KPIs
- Effectiveness of the three-way collaboration between country offices, technical experts and member associations
- Quality of programme and project work
- Project reporting delivery
- Budget implementation rate (percentage of approved project budget that was actually spent on project activities)
- Partner capacity assessment rate

KPIs in Finance
- Expeditious resolution of audit and critical issues - all audit and critical issues to be closed/addressed within 3 months of issue being raised
- Year-end financial reports delivered by partners on time

KPIs in Human Resources
- Systematic performance management process
- Efficiency in recruitment and induction
- Develop and implement a comprehensive induction programme for all countries by Q2 2018
- 100% of all new employees (global) get an induction plan and the plan is implemented

KPIs in the International Executive Office (IEO)
- Efficient and effective internal communication throughout the CBM Federation is ensured
- Media database services are provided and developed for the benefit of the CBM Federation
- IEO effectively supports the implementation of the CBM Federation Strategy and its transformation programme including CBM's accountability initiatives

This set of KPIs will be reviewed throughout 2018 to come up with a more solid set for 2019.

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

In 2017 CBM has made good progress in achieving the organisational objectives by establishing a formal transformation programme which allows the necessary changes to be driven in a coherent fashion. The transformation programme affects the whole CBM Federation and covers the dimensions of people, processes, systems, structure. It includes a robust programme governance architecture.

The following workstreams form part of the transformation programme:
- Operating model (please refer to answer A4)
- Federation development
- Brand review and development
- Contribution to change
- Process simplification and standards
- People, performance and culture
- Technology
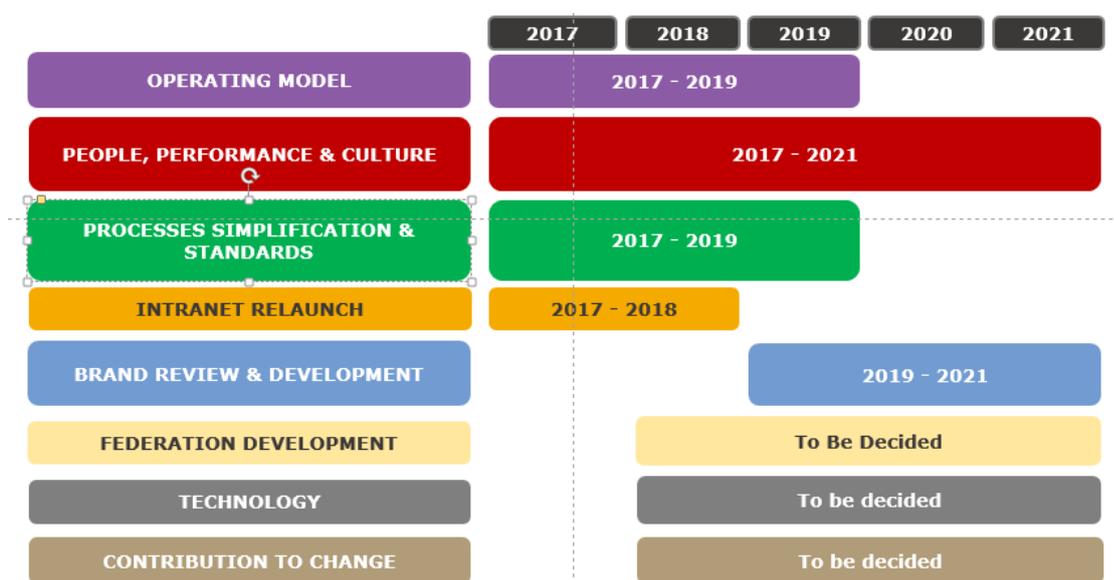
In 2017, we have seen good progress with regard to the redefinition of CBM's operating model (please refer to answer A4), as well as the simplification of programmatic processes and standards, and the introduction of a new performance management system.

As the strategy did not provide sufficient clarity on the four programmatic objectives P1 to P4, CBM started a process of strategy clarification in 2017 with the aim of fleshing out the programmatic priorities, how they complement and relate to one another, and how country plans and initiative plans will be instrumental in delivering these priorities.

The progress on the strategic priorities in 2017 can be summarised as follows:

Future State description	Progress achieved
1. We deliver high quality programmes, with greater reach, in fewer countries with strong relationships with partners and measurable results.	• Country planning is mandatory for all programme countries • Reduction of countries that CBM operates in from 59 in 2016 to 54 in 2017 (and further reductions planned for 2018) • Partnership principles reviewed • Programme quality framework developed in 2017, to be rolled out in 2018.

Future State description	Progress achieved
2. We are able to demonstrate our contribution to change.	CBM's programme reach: in 2017, CBM was active in 54 countries, supported 530 projects and worked with 376 partners who reached 9,181,297 people through CBM's core activities. This was achieved with the support of 1,014,148 active supporters/donors from 11 member associations (see Global Report of Activities in Annex C).
3. We are recognised by and inspire partners, supporters and others in the sector as the INGO that meaningfully works with DPOs and strengthens the voice of persons with disability and those at risk of impairment.	• Together with the International Disablity Alliance (IDA), an alliance that represents more than 1,100 DPOs worldwide, CBM developed in 2017 the toolkit 'How to make the Sustainable Development Goals inclusive` in 2017. This toolkit is an exploratory and interactive tool for DPOs on the monitoring mechanisms of SDG implementation. • In 2017, CBM introduced five DID standards (see answer C2). Referencing the Convention on the Rights of Persons with Disabilities (CRPD), the standards are used to promote our rights based approach.
4. We have implemented new governance and organisational structures to better deliver our programme.	CBM introduced a new operating model in the course of 2017 which includes revised structures, roles and responsibilities at country and regional levels, as well as a new way of collaborating at the country level. For more information, please refer to answer A4.
5. We have strong relationships and a good collaboration between member associations & CBM International based on mutual trust and accountability. This has resulted in alignment between funding, programme initiatives and country plans.	Three-way country collaboration (see answer A4) is CBM's new approach to implement programmes at the country level as a joint venture of country offices, member associations and technical experts.
6. CBM has greater and more diversified income which we use better.	In 2017, we see the following trends for CBM's income (as compared to 2016): • The total income across all member associations shows a slight increase by 7% to 148.5 million EUR. • The income from "institutional donors" accounts for 18% of all donations, a slight increase from 13% in 2016. • The amount of "general donations" has gone down by 6% from 2016 to 2017, but is the still main source of income for CBM (59% of total income falls in this category).
7. We have highly capable staff empowered by a clearly identifiable culture of learning. This culture is experienced by all staff across the CBM Federation.	CBM initiated a workstream on "People, Performance, Culture" as part of the ongoing transformation programme.
8. Our staff is more diverse with a greater proportion of persons with disabilities & from the Global South.	• CBM pursues an inclusive approach to human resources and has adopted an inclusion policy framework in 2017 (see Annex D and answer C2).

Future State description	Progress achieved
	• CBM promotes local staffing in line with its High Level Recruitment Guidelines (see Annex E and answer H1).
9. We have processes & systems that serve us better and help us to be more efficient and effective and to improve our accountability.	• CBM initiated a workstream on "Process Simplification and Standards" as part of the ongoing transformation programme. • CBM also plans to review and simplify the existing information technology, especially the software for enterprise resource management.

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

In October 2016, CBM adopted a new organisational strategy that was signed off by the whole CBM Federation. The Federation Strategy is designed to bring effective transformational change to the lives and communities of persons with disabilities living in poverty. With the support of our generous donors we focus our expertise and resources on working with partners to reduce avoidable impairments, empower persons with disabilities to exercise their rights and strengthen inclusive, resilient and equitable communities. CBM will work closely with persons with disabilities, partners and networks focussing on seven (programme) initiatives and three organisational priorities. To make CBM fit to deliver the programmatic priorities, CBM needs to transform itself as described in the organisational priorities.

As a consequence of this new strategic direction, CBM introduced a new governance and executive management system in October 2016 that comprises of three tiers: Supervisory Assembly (SA), International Leadership Team (ILT), Management Meeting (MM). This was a significant change based on our new Federation Strategy that impacted the whole organisation and its functioning. The rationale for this set-up was to include our member associations more systematically in the governance and executive management of the CBM International and to strengthen coherent end-to-end accountability from our donors through to the recipients/beneficiaries of our work.

The SA is the supreme authority of the organisation. It is constituted of one representative from each of CBM member association's governance board or comparable body. Thus, a structure allowing for effective coordination and alignment of all parts of the CBM Federation has been established at the highest level of the organisation.

The ILT is the executive management body for CBM International and the CBM Federation worldwide. It is responsible for the functioning of the CBM Federation and ensures smooth and quick decision making and a closer link between CBM member associations and CBM International. Members of the ILT are the national directors of the six largest CBM member associations, and the Chief Programme Officer and the Chief Operations Officer of CBM International. Together they constitute the new legally responsible Executive Management Body ("Vorstand") of CBM International e.V. In order to improve their own performance, the ILT embarked on a self-assessment process in 2017 together with an external facilitator. The results show that the work of the ILT is generally appreciated throughout the CBM Federation and the collaboration is seen as very positive by the internal stakeholders.

The MM is the operational decision making forum of CBM International. Compared to the more strategic ILT, the MM is oriented towards operational matters. It focuses on general processes and regulations that ensure coordinated execution of business matters in CBM International and topics that go beyond a single operational division of CBM

International. The MM consists of the Chair of the ILT, the Chief Programme Officer CBM International and the Chief Operating Officer CBM International. The Director of the International Executive Office of CBM International regularly participates in the meetings as an attendee.

In April 2017, the ILT approved a new operating model which moves more programmatic decision making to the country level, in close proximity to our partners and beneficiaries. The new model is built on a new field structure which invests in country offices that are central for delivering CBM's international work at country level and streamlined regional hub offices with core functions to support the country-level work.

This new operating model also introduces new ways of effective and complementary collaboration across the CBM Federation, especially among country offices, technical experts and member associations (three-way country collaboration). The exact roles and responsibilities of country offices and regional hub offices, the key positions required for this work and detailed reporting lines were defined along with key accountabilities. The transfer of current regional office functions to country offices will be progressive over the next 1-2 years. With the new operating model, CBM establishes clear roles and structures, creates geographical and programme focus and reach, and strengthens the connection between the supporters who give money to CBM and the recipients of the assistance. Ultimately, this model was introduced to ensure that CBM remains fit for purpose and achieves its mission in a rapidly changing global context.

B. Positive results are sustained

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

CBM has embarked on a process in 2017 to develop its partnership principles within the framework of its overall programme commitments. It is expected that these will be adopted by the organisation in 2018. They will aim at further strengthening CBM's partnership approach to build on a locally driven development agenda, to ensure solid local ownership of CBM-supported projects. This is further reinforced by the application of participatory approaches at various stages of CBM's inclusive project cycle management or in overarching programmatic processes such as country planning.

Another programme commitment is sustainability This is also built into CBM's partnership approach: capacity assessment of (prospective) partner organisations is tied to capacity development planning throughout the lifetime of a partnership with another organisation. This is mirrored by a sustainability dimension in the set of quality criteria, that have been adopted in 2017 to provide guidance in project planning and that can also be used for formal assessment of project plans submitted. Further, CBM has undergone efforts in 2017 to expand its understanding of sustainability by facilitating organisation wide webinars on the topic of responsible exit, that included exchanges with other organisations (OXFAM, WWF, TLM), and it is presently developing a guidance note for staff.

While it should be mentioned that CBM has been planning its projects along DAC standards (including sustainability) since at least 2005, recent efforts as outlined above represent a much more profound working out of the concept.

Overall, an indicator of success is CBM's ability to sustain project outcomes beyond the project cycle, although so far there have been no investments into systematic assessments. It is against this background that for 2019 CBM will explore opportunities for carrying out ex-post evaluations of selected projects that have been closed in past years, to further increase our accountability and generate learning for future programming. However, anecdotal evidence of success has been reported. For example,

eye care projects in Malawi, Mexico, Rwanda and Nepal supported the strategic planning by governments in the development of national eye health plans and have been able to thereby maximise government resources for sustainability. Further, in the case of the Nkhoma Eye Hospital in Malawi, a large majority of staff have been successfully transferred onto the payroll of the government to sustain the services offered.

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?

As part of CBM's partnership approach, capacity assessment of (prospective) partner organisations in all relevant organisational areas is tied to capacity development planning – as might be necessary when collaborating with another organisation. Areas include strategy, finance and operations, HR, governance or strategic planning, among others. However, it was noted in past years that the systematic application of capacity assessment for all (prospective) partner organisations was lacking. Consequently, CBM has revised its approach to project approval to make the implementation of capacity assessment a required precondition. Further, CBM aims to make it mandatory that action plans are signed off by partners and the local CBM office to ensure that identified capacity gaps are addressed.

Another measure that CBM has taken, is to emphasise learning as a key element in CBM's monitoring, reporting, evaluation & learning system. The related process description from late 2017 suggests that annual learning and reflection activities should be a dedicated standard in project implementation. Furthermore, learning from mid-term reviews or final evaluations of country plans or other thematic topics should be documented and shared organisation wide through webinars. Examples from 2017 are the learnings from the mid-term reviews of India, Haiti and Indonesia.

On top of this, at the end of 2017, CBM commissioned a meta evaluation of project evaluation reports from 2016 and 2017. This was done to generate learnings and to better understand prevailing standards in evaluation at CBM. The results summarised in the report 'Synthesis of 24 Project Evaluations from a selection of 50 evaluation reports conducted in 2016 and 2017' were presented in a webinar to CBM staff and shared on the CBM intranet.
As a result of a webinar on responsible exit in late 2017, a guidance note was developed that recommends a 2-3 year time frame of forward planning for a partnership exit, underscoring our ongoing efforts last year to strengthen the sustainability dimension in our programme work (see answer B1).

An example of external sharing of lessons learned is the thematic evaluation of ten inclusive eye health projects. Findings have been shared with the German Ministry for Development Cooperation (BMZ) as well as with key networks or at conferences of particular relevance to CBM, such as the International Disability and Development Committee (IDDC), or at the global conference of the International Agency for the Prevention of Blindness (IAPB).

C. We lead by example

1. How does your organisation provide national and/or global leadership on your strategic priorities? What evidence is there that this leadership is recognised and welcomed by your peers and stakeholders, especially the affected populations?

CBM is a leading, globally recognised organisation in DID. We engage with several key stakeholders through partnership, are involved in a number of international development processes, and publish resources for the wider INGO community covering a wide range of disability inclusion topics in development activities.

CBM's cooperation with the United Nations
CBM has several official relations with different UN entities. For example, CBM has consultative status with the United Nations Economic and Social Council (UN-ECOSOC). Furthermore, CBM cooperates intensively with the World Health Organization (WHO), particularly in the areas of vision, hearing, rehabilitation, disability, mental health as well as neglected tropical diseases (NTDs). In 2017 CBM carried out an evaluation of this last partnership. The evaluation clearly indicated the added value for both CBM and WHO that the partnership offers.

The cooperation with WHO led to the following results in 2017:
- Ear and hearing care: the World Health Assembly (WHA) adopted a [new Resolution on Prevention of Deafness and Hearing Loss](#) (WHA 70.13) (22 years had passed since the latest one in 1995). CBM has been involved in the influencing and advocacy processes leading to this achievement.
- Community mental health: The [MiNDbank](#) database that CBM co-founded has become a standard go-to for mental health, rights, and disability advocates and researchers.
- WHO published the first set of [human rights training modules on legal capacity and mental capacity](#). CBM technical advisors ensured the trainings were CRPD-compliant.
- WHO launched its [toolkit for care and support of people affected by complications associated with Zika virus](#). CBM technical advisors were part of developing this.
- WHO launched [Rehabilitation 2030](#) which positions rehabilitation for all as a priority of WHO, as an essential component of Universal Health Coverage. CBM's technical advisors were involved in the process of developing this.

DID advocacy at global level
CBM actively engages in advocacy at different UN events, including: the [UN Statistical Commission](#) (annually in March), [Inter-agency Expert Group on SDG Indicators](#) (IAEG-SDGs) meetings (twice a year), [Commission on the Status of Women](#) (annually in March), [Inter-Agency Task Force on Financing for Development](#) (IATF) (annually) and the [Financing for Development Forum](#) (annually in April/May), [Conference of States Parties to the CRPD](#) (annually in June), [High-level Political Forum](#) (annually in July), [UN World Data Forum](#) (every two years), [opening of the UN General Assembly](#) (every September), and UNGA and ECOSOC events (throughout the year).
In addition, we are active in collaborative groups with UN agencies represented in the IDDC including: [United Nations Partnership on the Rights of Persons with Disabilities](#) (UNPRPD), [Inter-Agency Support Group for the CRPD](#) (IASG), Civil Society Coordination Mechanism for COSP (CSCM), and joint data efforts with UNICEF and ILO. Moreover, CBM is the lead focal point advocating for accessibility for persons with disabilities at UN.

Engagement with key stakeholders in the INGO sector
CBM is involved in both governance of and collaboration with the International Agency for Prevention of Blindness (IAPB). IAPB supports the WHO Global Action Plan for Eye Health, promotes best practice, encourages collaboration, and supports advocacy efforts.

CBM engages in the wider NGO community through participation in and support of the International Civil Society Centre (ICSC). ICSC brings together the leaders of many of the largest INGOs, supports engagement with external key stakeholders (UN, OECD, private sector), and identifies key trends in the sector.

Furthermore, we are members of, cooperate with and support the work of other bodies and networks including:
- WBU - World Blind Union (membership)
- IDA - International Disability Alliance (Memorandum of Understanding signed)
- IDDC - International Disability and Development Consortium (membership and active roles within the board and task groups)
- ICEVI - International Council for Education of People with Visual Impairment (membership)
- World Federation of the Deaf (membership)
- EENET – enabling education network (membership)
- Deafblind International (membership)
- Global Clubfoot Initiative (founding member)
- ISPO - International Society for Prothesis and Orthotics (membership)
- WWHearing – Worldwide Hearing Care and Services for Developing Countries (founding member)
- Gladnet (membership)
- Global Campaign for Education (membership)
- CHS - Core Humanitarian Standard (membership)
- EISF - European Interagency Security Forum (membership)
- Concord, the European NGO Confederation for Development and Relief NGOs (member)
- IASC Reference Group on Mental Health and Psychosocial Support

Some results of CBM's collaboration with other NGOs and development networks in 2017:
- CBM intensively supports BRIDGE CRPD-SDG, a training initiative jointly developed by IDA and IDDC to support DPOs and disability rights advocates to develop an inclusive and comprehensive CRPD perspective on development.
- Another resource for development practitioners developed by IDA and CBM is a toolkit to make the SDGs inclusive for persons with disabilities (officially launched in March 2018).
- CBM's contribution to the 2017 revision of the Age and Disability Capacity Programme (ADCAP) Minimum Standards, which aim to improve humanitarian actors' understanding of the needs and capacities of older people and people with disabilities. The reviewed standards were published as the 'Humanitarian Inclusion Standards'.
- The Stakeholder Group of Persons with Disabilities, IDA, and others including CBM compiled a report on the UN High-level Political Forum and the participation of DPOs in the Voluntary National Review process. The document entitled *Case Study on the Engagement of Organizations of Persons with Disabilities (DPOs) in Voluntary National Reviews* showcases the national-level DPO work carried out in different regions as well as best practices and challenges, and includes background information on persons with disabilities in each country. This case study features the volunteering countries of Argentina, Bangladesh, Denmark, El Salvador, Ethiopia, India, Indonesia, Italy, Kenya, Nigeria, Peru, Sweden, and Togo.

Other resources, guides and toolkits published by CBM in 2017:
- The launch of CBM's smartphone application HHot which provides step-by-step guidance on how to implement an inclusive emergency response.
- CBM provided an update to its DID toolkit, a practical guide to practicing and promoting disability inclusion in development.

Examples of the recognition CBM received in 2017:
- Our approach to inclusive eye health: CBM received (together with Sightsavers) the Champalimaud Award for our community based eye work.
- CBM was recognised for its excellent work on disability and accessibility awareness trainings to UN staff at the UN Headquarters by Imre Karbuczky, Director, Meetings and Publishing Division, Department for General Assembly and Conference Management, United Nations (6 June 2017).
- CBM spoke at the European Parliament, together with the Pacific Disability Forum, on disability rights in the EU's relations with African, Pacific and Caribbean countries.
- CBM celebrated its Golden Jubilee (50 years of work) in India.
- CBM received the Zero Project Innovation Award 2017 in India.

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

One of CBM's core values is inclusion. In practice this means the organisation takes proactive measures to ensure that our working environment and the work we implement through our partners are accessible to and inclusive of persons with disabilities.

This is achieved through the following:

1. An inclusive approach to human resources. CBM is striving to be a disability confident employer and takes its commitments to ensure this is put into practice seriously, through provision of reasonable accommodation for staff and potential future staff with disabilities. In February 2017, CBM introduced a policy framework on inclusion (see Annex D).

2. DID standards which align with the human rights-based approach ensuring the voices of persons with disabilities are heard.

CBM's DID standards:
- DPOs and persons with disabilities are engaged in every stage of our project cycle management (PCM) and advisory work.
- Non-discrimination is practiced and demonstrated in our programmes, policies and position papers.
- The voice, choice and autonomy of women, men, girls and boys with disabilities are respected in our programmes.
- Programmes demonstrate that measures have been taken to provide equal opportunities for women, men, girls & boys.
- All aspects of our programmes and operations are fully accessible, in line with the principles of universal design.

3. Accessibility policy which provides overall guidance to ensure accessibility is a core element of CBM operations e.g. in the workplace, through procurement, building of infrastructure etc.

In terms of promoting women's rights and gender equality, CBM abides by the relevant laws on gender equality and family friendly workplaces. The DID standards mentioned above also cover gender equality and promote the rights of women and girls with disabilities.

3. How do you minimise your organisation's negative impacts on your stakeholders, especially partners and affected populations?

In 2017, a programme quality framework was developed to ensure CBM's programmes meet our internal DID standards defined in 2017 (see answer C2) and at the same time

are fully compliant with the standards set by Accountable Now and the Core Humanitarian Standard (CHS). The framework is designed to ensure that CBM's work, through its partners, is aligned with human rights and equality. These standards provide a practical guidance on how to develop and implement programmes that ensure accountability and ensure human rights of those we work with (e.g. safeguarding children and adults at risk and ensuring the dignity of persons with disabilities is upheld in all our activities). The programme quality framework will be finalised and introduced to the organisation in the second half of 2018.

4. How do you demonstrate responsible stewardship for the environment?

CBM is committed to actions which will promote the good health of our planet. As detailed in its interim report for 2016, CBM is currently undergoing a major transformation process under its Federation Strategy 2021. Part of this process is a re-working of its approaches to ensure 'environmental sustainability' is holistically built into all of CBM's programme work.

Within this process, CBM is developing an environmental policy and also a programme quality framework, which includes a standard for 'Environmental Responsibility'. Application of the policy and standard will be aimed at:
- assessing, avoiding and mitigating potential negative impacts on the environment; and
- pursuing actions for strengthened environmental sustainability that positively impact on climate change, such as reduction of, or compensation for, our CO_2 emissions.

The new approaches will include targets and monitoring/reporting frameworks.

As also detailed in the 2016 Interim Report, CBM has made the decision to put calculation of its carbon footprint on hold for the time being. This is in order to focus our resources into development of the planned new approaches, including gaining clear buy-in from relevant stakeholders, both within CBM and in our partner organisations. Carbon footprint reporting at an agreed level will be resumed at an appropriate point, but as an integrated component of CBM's new approaches, rather than as a stand-alone activity, as was previously the case.

Building on earlier environmental consultations with self-help groups of persons with disabilities, CBM continues to develop approaches relating to the intersection of 'disability-inclusive development' with environmental factors. These approaches seek to improve inclusion and quality of life of people with a disability, using a rights-based approach. This includes the right of people with disability to be included into mainstream environmental programmes such as those working in climate change adaptation and resilient livelihoods; and also the promotion of empowerment approaches which see people with disability join local environmental advocacy, e.g. membership of community forest preservation committees or the like.

During 2017, CBM released an important resource called 'Environmental Sustainability and Inclusion in Health and other Development Programs'. The resource was developed in consultation with CBM supported programmes in both Cambodia and India. Additionally, an Australian based environmental specialist who formerly worked in climate programmes with CARE Australia provided significant advice and input, particularly relating to energy, water, building design and waste management.

This resource was so well received in the wider eye health sector, that CBM was invited to propose and lead the formation of an Environmental Sustainability Working Group within the International Agency for Prevention of Blindness (IAPB), which is the key body for all INGOs working in eye health. This working group is now fully operational, with a range of activities underway including production of environmental guidelines for the eye health sector, creation of a platform for IAPB members to share relevant case studies

and a research project looking at ways to reduce the carbon footprint of cataract and other surgeries.

Cluster B: Stakeholder involvement

D. Key stakeholders are identified with great care

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

During project initiation, stakeholders are identified using a stakeholder analysis (formats and guides for this are available to all CBM staff). This helps to identify and assess the role and significance of key people, groups of people, or institutions who are likely to play a role in the project, who might be affected by the project, who have a vested interest in the activity, and/or who may have an influence on the successful outcome of the project. For humanitarian action, the stakeholder analysis looks at identification of the most affected populations, humanitarian actors (INGO – NGOs, state), development actors who are involved in humanitarian action but whose core focus is not humanitarian action, and the humanitarian coordination mechanism as a whole (with specific agencies taking the lead in various sectors of humanitarian action). A thorough understanding of how humanitarian action is organised within CBM's core countries of focus helps engage with these stakeholders prior to a crisis in order to be prepared for effective response. During workshops, focus groups, interviews etc. key questions are asked such as: 'who will be affected by the project?'; and 'who has influence on the success or failure of the project?'. Key steps in a stakeholder analysis are to: identify stakeholders, determine their level of interest and influence, prioritise stakeholders, and establish strategies for their involvement in the project.

This will enable our partners and CBM to assess who will be affected by the work, and who needs to be consulted, involved and informed about decisions and results. The main stakeholders will be further engaged in the development of projects/programmes.

Key stakeholders of CBM are the same as listed in previous reports and include:

Target groups
- persons with disabilities and persons at risk of disability;
- their families;
- communities these persons live in;
- volunteers in community programmes;
- parent organisations; and
- the population most affected by a crisis, including persons with disabilities and their families

Partner organisations in programme countries and their staff
- schools, hospitals, rehabilitation centres, etc;
- DPOs;
- Christian and other faith based organisations;
- churches; and
- mainstream development and humanitarian organisations (food security, WASH, Education, Protection)

CSOs/NGOs
- women's groups;
- human rights groups and networks;
- child rights organisations; and
- organisations of persons living with HIV/AIDS

Authorities in programme countries
- Governments/government agencies in focus countries (ministries of health, education, development, social welfare, disaster risk management)
- National authorities for registration and regulations

Member Associations and their partners
- Representatives and staff of member associations
- Governments (e.g. ministries/agencies for economic cooperation/development)
- DPOs/CSOs/NGOs
- Churches and Christian organisations
- Partner/alliance organisations (NGOs/INGOs)
- Individual amd institutional donors

United Nations
- UN system organisations (e.g. WHO, World Bank)
- UN humanitarian organisations, in particular members of the Inter-Agency Standing Committee (UNOCHA, UNHCR, UNICEF etc) and UN cluster leads

CBM staff
- expatriate co-workers seconded to partners;
- staff members in regional hub office and country offices;
- staff members of CBM International's offices in Bensheim, Germany and Brussels, Belgium and other locations;
- staff members and volunteers in member associations

Others
- Universities and research institutes (e.g. London School of Hygiene & Tropical Medicine)
- Private sector organisations (e.g. MSD - Merck Sharp & Dome, Zeiss)
- Suppliers of CBM offices and projects
- Consultancies (for audits, evaluations etc.)
- Audit firms (local, national and international)
- Banks

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

There are various mechanisms for involvement and reaching out to those concerned, using various channels. This includes regular meetings and/or remote communication as well as distribution of CBM and project related information in an appropriate and accessible format (learning papers, reports, evaluation summaries and posters).

CBM works closely with partner organisations to ensure that they reach out to the targeted population through involvement in situation analysis (including rapid assessments after crisis), project planning workshops, regular monitoring visits, feedback mechanisms etc. This also includes ongoing capacity development in DID and accessibility/universal design in order to ensure that barriers for persons with disabilities are overcome and that these persons are included as much as possible in the entire PCM (we have a specific approach called iPCM – inclusive project cycle management). Further reach is being addressed via advocacy campaigns, as well as empowerment of local organisations and individuals.

The affected population is involved in the process of needs assessment, identification of most affected members of communities, monitoring of aid provided through key informants interviews, focus group discussions and beneficiary feedback surveys. Towards the end of 2017, CBM piloted real time evaluation for the first time as a way of

ensuring that all concerned stakeholders provide vital inputs on how the implementation is progressing and more importantly of ensuring what needs to be changed/corrected in a rapidly evolving context. The findings of this exercise were shared through a reflection workshop with all the stakeholders and the key recommendations and immediate action points were agreed upon in a participatory manner. This experience and learning will be shared internally within CBM in 2018 in order to make real time evaluation a standard operational procedure for all large scale humanitarian responses.

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?

A key part of CBM's development work is advocacy at the local, national, and international level. For this work CBM places particular importance on the promotion of the voice and participation of persons with disabilities, and because of this we work closely with DPOs at each level and link them up with government actors, other service providers and coordination bodies.

CBM and its partners coordinate its humanitarian assistance through established government and UN coordination mechanisms within the countries of operations. This allows CBM's assistance to be effective, avoid duplication and wastage of scarce resources and to create synergies with others operating in the same areas, thereby ensuring complementarity. CBM supports DPOs in strengthening their understanding of the humanitarian system, its charter, principles and standards so that persons with disabilities actively contribute in the shaping of inclusive humanitarian assistance. Subsequently DPOs support various UN cluster member organisations, including national humanitarian actors, with trainings and technical support so that the same agencies can include persons with disabilities in their work and can benefit from the capacities and knowledge of persons with disabilities.

E. We listen to, involve and empower stakeholders

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?

At an organisational level, CBM has engaged in the [Core Humanitarian Standard](#) (CHS) self-assessment process since June 2017. The process is led by independent consultants who have interviewed key people, ranging from CBM's humanitarian partners to allies, UN agencies and government agencies. The process has also involved conducting focused group discussions with affected populations in five different countries. Sampling various opinions from diverse stakeholder groups allows CBM to take stock of its strengths, areas for improvement and opportunities. As part of CBM's commitment to continuously improve and provide evidence for higher and improved compliance with CHS, this self-assessment has provided an excellent opportunity for stakeholders to provide honest feedback. The findings of the CHS self-assessment were shared within the organisation at different levels from April to June 2018. An improvement plan will be put together to address areas of improvement and this plan will be executed and monitored by the Emergency Response Unit. While this is the first time that CBM participates in the self-assessment process, CBM International has been a CHS member since 2012 (when joining People in Aid at that time).

At an operational level, CBM's feedback mechanisms such as beneficiary satisfaction studies, focus group discussions, monitoring visits, evaluation exercises and SWOT analyses (Strengths, Weaknesses, Opportunities, Threats) are in place to capture

opinions of partners, local governments, DPOs and members of crisis affected communities. Revision of programme design and improvement of processes or implementation plans with recommendations of evaluations are based on respective feedback from the stakeholders. These are documented in either standard operating procedures (SOPs) or learning documents.

CBM has a [feedback system](#) in place. Since 2014, CBM has a programme feedback system for external stakeholders in general and for CBM partner organisations in particular, to improve CBM's programme work and to develop transparent and trustful partnerships. The programme feedback system is focused on encouraging feedback on the quality and efficiency of CBM's programme work by sending an email to feedbackprogramme@cbm.org. The feedback is followed up by the Feedback Manager who contacts the respective units under investigation and they work together on problem resolution according to the process/protocol (including time frame). Since 2015, a regional feedback system also runs for the South Asia Region (SAR).

Feedback received via these channels is recorded and monitored (please refer to answer J3 for details). CBM also hosts a [whistle-blower system](#) on their website (please see answer J3).

With regards to "listening and action upon what you heard" CBM also intends to commission a keystone review later in 2018/early 2019 as a basis to gather independent feedback.

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

All our programmes in the field are conducted with independent partner organisations. In general, the involvement of local partner organisations can be seen as an indicator of high-level engagement. CBM aims to include stakeholders in its strategic management processes and project cycle. This is done by
- conducting stakeholder analysis as part of any project or country plan development and evidenced in related papers and reports,
- engaging those identified stakeholders in discussions and meetings, conducting focus groups with various groups of people to get their opinion and evidenced in documents and meeting notes at our country offices, and
- verifying this engagement during monitoring visits and during evaluations – evidenced in related visit and evaluation reports.

All concerned CBM entities receive recommendations on how to improve this stakeholder engagement and are asked to take action accordingly – evidenced in management responses or in action plans and their monitoring.

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

Likes

Key stakeholders including partner organisations and local governments have been very appreciative of CBM's very strong commitment to the partnership approach as a way of sustaining the development investments and ensuring the first responders are supported to deliver in times of a crisis.

Another big 'like' is our strong efforts to strengthen the capacities of DPOs so that persons with disabilities actively draw on their capacities, skills and knowledge to contribute to effective inclusive assistance. They are also appreciative that our engagement bridges the gap between development and humanitarian assistance in major disaster situations.

Dislikes

The lack of systematic investment in organisation development (particularly our national partners including DPOs) to equip them with right structures, processes, systems and HR to effectively engage in humanitarian response, was identified here.

The lack of systemic learning frameworks to capture important evidence for change has also been a continuous dislike from the stakeholders.

For the dislikes/weaknesses, the organisation has embarked on an institutional change process that looks critically on the following issues:

- if "the structure is fit for purpose" and if not, how to re-structure it – **work in progress for CBM;**
- if systems are in place to allow effective programme engagement – programme commitments, standards and standard operating procedure plus mode of delivery for these to be institutionalised – **work in progress for CBM;** and
- definition of strategies for core mandate areas to bring clarity and structure within the organisation to deliver on its overall mandate i.e. the Humanitarian Initiative.

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?

CBM knows about these items through its comprehensive system of monitoring, reporting and evaluation and the review of partner assessments. In addition to individual project evaluations that would answer questions on changes for people and partners we work with, we also conduct synthesis evaluations through which we gain insight into overall effects/outcomes of our partners' work.

As CBM does not conduct any ex-post evaluations, it is difficult to judge the lasting effects. The reason these are not carried out is most often a lack of resources as CBM staff and partner staff need to focus on ongoing activities and on achieving results within active projects. However, several country offices establish networks between exited and new CBM partners for exchange of experiences, mutual learning and support and are able to get insights into longer lasting effects in this way. These are not captured in a systematic way, however this does show we have mechanisms to collect good practices and lessons learnt.

F. Our advocacy work addresses the root causes of problems

1. How do you identify and gather evidence regarding the root causes of the problems you address?

In 2017, CBM endorsed a new set of federation-wide advocacy objectives. These are to guide our advocacy work for the years to come. There are at least two elements in these objectives that will help us to better identify the root causes of the problems we address in our advocacy work:

1. We will place a stronger emphasis on advocacy at the national level. That focus will bring our advocacy closer to the level where our partners work, where action and implementation really takes place, in short, where a difference to the lived experience of persons with disabilities can be made. Internationally agreed frameworks and conventions will serve as guide in that work, but are not an end in itself.
   We engage and co-lead coordination mechanisms to connect the global advocacy efforts (2030 Agenda and CRPD) with regional and national advocacy (e.g.

Stakeholder Group of Persons with Disabilities on the 2030 Agenda for data, follow-up and review of SDGs and financing for development). We connect with national DPOs via accessible online webinars, in regional forums, at national meetings, and global conferences. We have carried out trainings on 2030 Agenda with CRPD, and this is another mechanism to connect with country level advocates, partners, and CBM offices. In addition, the BRIDGE CRPD-SDG training programme (see answer C1) also connects with regional and national DPO leaders. Within CBM, we connect with country level programmes via Yammer, email groups, and social media.

2. A focus on data disaggregated by disability: through advocacy, we will ensure that an increased number of countries collects data disaggregated by disability. This will help to devise better policies at the national level to address the "real" challenges persons with disabilities are often facing. In most places, we are lacking such data-based evidence today.
One concrete example of our strengthened work on data disaggregation, is the Leave No One Behind Project that CBM has been an active supporter of since 2016. This project, run under the umbrella of the International Civil Society Centre, aims at pioneering collaborative approaches across civil society, in order to identify through data collection who is really left behind and why. While the project is currently in its first phase, it has real potential to improve the evidence basis for advocacy in project countries.

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

Our advocacy, and our programmatic work in general, pursues a partnership approach. Through that approach, we attempt to
- contextualize our advocacy tasks,
- ensure that they are informed by the views of the disability movement and based on expertise and evidence, and,
- identify allies to support similar goals.

By following such collaborative approaches, we make sure that our demands are supported beyond the CBM Federation. One of the most visible expressions of that approach is our partnership with the International Disability Alliance (IDA), the global voice of persons with disabilities including its members at national and regional level with whom we seek to support their messages.

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

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 affected populations? Please provide links, highlight membership in initiatives such as IATI and outline offline efforts to promote transparency.

Complaints and feedback mechanisms:
The CBM website has a section on 'Accountability and Reporting' which provides information and access to various accountability and reporting mechanisms including our whistle-blower system, the previous Accountable Now reports (since 2010), as well as other feedback mechanisms.

Governance at CBM:
Information about the International Leadership Team (ILT) and the Supervisory Assembly can be accessed from the following two pages:
http://www.cbm.org/International-Leadership-Team-ILT--494680.php
http://www.cbm.org/Supervisory-Board-397455.php

Information on our annual budget, total number of countries we operate in and our partners:
This section is updated annually once our Report of Activities is published and can be found here: https://www.cbm.org/CBM-in-numbers-310903.php.

Advocacy alliances:
CBM works closely with many civil society organisations and other DPOs to advocate for the inclusion of persons with disabilities. Information on CBM's membership in advocacy alliances can be found here: https://www.cbm.org/i/Default_377139.php

Additionally, CBM's global intranet hosts various documentation and publications on internal and external evaluations, operations, country and project portfolios, audits, best practices and lessons learned, CBM office addresses around the world, and other vital statistics.

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 International has one pay scale system in place for all staff based in Germany. CBM applies the official Church pay scale (AVR). This pay scale comprises of 13 different grades with 4 levels of experience (seniority) in each grade. This system compares to other commonly used and public German tariff systems. Within CBM International in Germany only grades 8-12 are applied. Based on the respective job descriptions, all functions are evaluated, and a specific grade is assigned to the function. Regardless the gender of the job incumbent, the salary is paid according to the relative worth of the position. Each grade has clearly defined monthly gross salaries with variations according to the experience level. All salaries are negotiated by Church tariff partners once a year and any salary increases concluded in that process have to be adopted by all organisations who are linked to the Church.
Since 2016, the CBM International field organisation (regional- and country offices) is introducing/applying the job grading and evaluation system of Birches Group. This ensures comparable job evaluations across the world in all of CBM's offices. The Birches grades are then benchmarked against the local market data provided by Birches every two years for each country CBM operates in. The approach clearly follows a similar logic as the system applied in Germany. Therefore, a gender pay gap should not exist.
The average salary of the five top positions in CBM International is 119,000 EUR. The average salary of the bottom five positions in CBM is 41,000 EUR. The ratio between the top and the bottom salary therefore is approximately: 3:1.

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

As a statutory requirement, CBM International has engaged a certified external data protection expert who frequently advises and audits CBM in all matters of data protection. Beside European and German data protection laws, CBM is also subject to the Church data protection law which has very tight regulations. CBM implements all requirements coming from the General Data Protection Regulation (GDPR) (Regulation

(EU) 2016/679). The Vice President of Human Resources acts as internal data protection officer in cooperation and alignment with the external expert.

The following processes/measures are in place:
- The human resources (HR) department resides in an office area which is locked whenever no one is in the room.
- All personnel files are kept in lockable cupboards only accessible to employees in the HR department.
- All data in the HRIS (Human Resource Information System) is protected with individualised access rights.
- Upon employment contract signature, all CBM staff is confirming to have read and understood the IT guidelines.
- All staff are asked to sign a separate confidentiality agreement which is filed in the individual personnel records.
- With all external service providers, processing individual/personal data on behalf of CBM, non-disclosure/data protection contracts are signed, and its implementation checked by CBM onsite where possible/feasible.
- In 2016, CBM put in place a framework IT collective agreement, signed by senior management and the staff council, governing all IT processes and systems in its appendices.

A whistle-blower system and other feedback mechanisms are put in place to enable internal and external input on any kind of misconduct or data protection breaches (please refer to answer J3).

4. Who are the five largest single donors and monetary value of their contribution? Where names of 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 International's financial means are made available by the member associations as CBM International does not raise funds on its own. The contribution to CBM's work through CBM International for the five largest member associations (2016 figures) is as follows:

CBM-Germany	EUR 37.5m
CBM-Australia	EUR 11.2m
CBM-Switzerland	EUR 7.6m
CBM-UK	EUR 4.4m
CBM-Italy	EUR 4.3m

Within our member associations, the five largest donors are:
1. Merck: donation in kind - Mectizan tablets
2. Department of Foreign Affairs and Trade, Australia (DFAT)
3. Bundesministerium für Wirtschaftliche Zusammenarbeit und Entwicklung, Germany (BMZ)
4. Standard Charterd Bank (SCB)
5. European Union (EU)

As each member association is a legal entity in its own right, we do not hold substantive information on private individual donors. Information on anonymous contributions is kept within the respective member association receiving that donation.

Cluster C: Organisational effectiveness

H. Staff and volunteers are enabled to do their best

1. Provide evidence that recruitment, employment and staff development is fair, transparent and in line with your values.

We ensure that our recruitment process is transparent and fair towards our employees (internal candidates):

- For any vacancy, we will first advertise the role internally for a period of 10 days. At the end of this 10 day period, we will review the internal candidates shortlist. If any internal candidate is suitable, then the candidate will be invited for an interview and assessed. If an internal candidate is successful, we will offer the role to the individual and we will not publish the role externally.
- If internal candidates apply after the 10 days, and the role is already published externally, we will then evaluate all candidates (internal and external candidates) at the same time. However, following the interview process, if there is nothing to choose between an internal and external candidate, we will prioritise the application of the internal candidate.
- The process described above ensures that our employees are given the opportunity of progressing/developing in the organisation.

We ensure that our recruitment process is aligned with our values:

- Our CBM core values are fully part of our recruitment process. Our values are checked during the interview process against some competency and value-based questions to make sure that the candidates are fully aware of them before joining. Once the candidate is selected and joins the organisation, he/she will have to sign the following main policies alongside the employment contract:
  - Code of Conduct
  - Christian Identity Paper
  - Child Safeguarding Policy
  - CBM Policy Preventing Corruption and Fraud
  - Safety and Security Policy
  - IT Guidelines

- Our values will be further introduced in more detail during the induction process. CBM also fully complies with the German anti-discriminatory law (AGG - Allgemeines Gleichstellungsgesetz) for which all staff based in Germany receives a training.
- Additionally, our 'inclusion' value is present at every stage of the recruitment process: from the advertisement where we encourage people with disability to apply for our roles, to the interview itself where we accommodate the candidate's specific needs. CBM also agreed in our inclusion framework that in the event that two candidates have equal skills, we would prioritise the candidate with a disability.
- For international assignments, CBM's High Level Recruitment Guidelines and recruitment processes also ensure that priority will be given to local candidates in the countries we are operating – an expatriate will be chosen only if the country situation doesn't allow the employment of a local person, or if none suitable exist. A local candidate would not be chosen if this recruitment would put a national employee or other members of the local team at risk, in danger, or subject to coercion, or if political or ethnic circumstances require the appointment of an impartial outsider. The High Level Recruitment Guidelines were approved by ILT in July 2016 and can be found as Annex E to this report.

2. What are you doing to invest in staff development and ensure a safe working environment for everybody, including one free of sexual harassment? What indicators demonstrate your progress? What are your plans to improve?

CBM International Office has a dedicated Health, Safety & Security Unit, staffed with two full-time positions and with access to a substantial budget – tasked with looking after staff health, safety & security. This unit focusses on training and awareness building to ensure staff remain safe within the realm of their work. Each CBM regional office, and incrementally also country offices, have a dedicated security focal person. The unit's annual analysis & outlook reports assess all incidents, vulnerabilities and insecurity trends relevant for NGO staff and implements required improvements.

Staff that go on business travels can request a pre-departure travel briefing where coaching takes place to ensure they are well prepared. Staff can also borrow dedicated travel equipment (including personal safety items – alarms, strobe lights, communication equipment and first aid kits) for the duration of their journey. During the briefing, contextualised risks and vulnerabilities are openly discussed and staff are coached to ensure they are aware of correct behaviour and mitigation options to remain safe.

CBM's Code of Conduct, which is available to all staff on CBM's intranet, is very explicit about a zero-tolerance towards any type of behaviour that could jeopardize staff safety and security while at work or on business travel. A 24/7/365 crisis hotline is available for all staff to report incidents and receive immediate support. CBM's crisis management teams – at CBM International Office and regional/country office level – are trained through simulation exercises to handle crises. These often include elements of contextualised, unsafe situations/behaviour including sexual harassment scenarios. CBM staff also have access to a 24/7/365 telephone and email hotline where travellers in need can access counselling and psycho-social support services in various languages.

In all of CBM's traveller security training, which is a requirement for all business travellers, a dedicated topic on female security and the risks of (sexual) assault – for females and males – is included. This involves situational awareness, risk assessment and recognising potential threats. We openly discuss suitable, preventative measures for travellers to stay out of trouble. Where all other options have been exhausted and a confrontation is unavoidable, we teach participants effective self-defence and protection techniques. Since 2017 we include a female speaker in our in-house security course who has personal experience of traveling and living in a high-risk environment. We have recently included a session from an in-house psychologist in our traveller security training to discuss stress and pressure and adequate mitigation measures for aid workers.

Dedicated written resources on the subject are available for CBM global staff on the CBM intranet. We see annually increasing numbers of training participation, and growing numbers of pre-departure security briefings. The number of incidents has gone down for four consecutive years. CBM is in the process of implementing and enforcing Minimum Operational Security Standards (MOSS) for all CBM offices in the field to ensure that office-based staff and travellers to these fields can always count on finding a MOSS in place that is suitable for the current level of risk.

Since insecurity including terrorist attacks in public places, has increased, we have added a new element to our security training – surviving an active shooter attack. It teaches people to act swiftly – run, hide and tell – to try to survive a situation where a shooter has entered a building with the aim of inflicting maximum casualties. Uniquely for CBM, we have incorporated an element of disability inclusion in this training where colleagues do not only look after their own safety but also seek to help colleagues with a disability to escape.

I. Resources are handled effectively for the public good

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

CBM International's Articles of Association (see Annex F) is the guiding document which defines the relationship with the federation's member associations and the modus operandi for resource acquisition and allocation of funds (Article 4 – Financial Resources of the Organisation). The funds for project work and operational costs are agreed on an annual basis and committed to by each member association, together with an annual flat-rate, proportionate to their respective voting rights. Each member association has strong guidelines and processes for fundraising.

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

CBM has made extensive organisational and management changes to drive the delivery of its Federation Strategy 2021. A transformation agenda has been drafted and vigorously managed and monitored for progress against targets and delivery outcomes aligned with strategic objectives. Monthly and quarterly activity and financial reports are provided to the senior and executive management (through the MM and ILT). In 2017 the ILT met once a month to monitor progress.

In terms of resource reallocation, mechanisms are in place which enable the reporting of project funds which are no longer needed for the originally planned purpose, and the subsequent reallocation to an appropriate project. Monitoring of the transfer and utilisation of funds takes place on a quarterly basis and discussed at senior management level.

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.

CBM has several mechanisms in place to prevent corruption and fraud. A policy to prevent corruption and fraud (see Annex G) in all activities and operations is supported by a whistle-blower system that also allows anonymous reporting of cases (see answer J3). An e-learning on prevention of corruption and fraud has also been rolled out and 427 staff around the world have completed this training.

In addition, CBM conducts internal audit field level checks and has a standing operating procedure (SOP) for red flag incident reporting. We have a certified fraud investigator in the internal audit team. In 2017 we also hired two regional compliance managers based in Africa who perform compliance reviews and on occasion also support the internal audit team in on site audit.

In 2017 a total of 70 red flag incidents were treated, of which 14 incidents were newly reported during the year and 56 were carried over from 2016. 24 reported incidents could be removed from the red flag list after the issues had been clarified. A total of 46 incidents remained by 31 December 2017.

No cases of corruption in the red flag system or the whistle-blower system were reported in 2017. The main focus of fraudulent activities reported from prior years was in Africa where four cases had been handled by the end of 2017 compared to Asia (three cases) and Latin America (one case). No new cases related to fraudulent activities were reported in 2017.

In terms of misappropriation/embezzlement, the main focus was on projects in Africa where 18 cases had been handled by the end of 2017 compared to Asia (one case) and Latin America (two cases). In 2017, two new cases related to misappropriation/ embezzlement were reported. The main cause is unclear records and ineligible costs.

The resolution of red flag incidents significantly increased in 2017 due to the fact that the organisational structures were improved (employment of two new compliance managers in Africa and a new Director of Programmes at the International Office). In particular, the assignment of the Senior Advisor for Programme Development to manage and resolve critical projects lead to the resolution of many complex incidents (for instance in CBM's country office in Tanzania, and at two large programmes in East and West Africa). Stringent measures and follow-ups have been implemented under his leadership to closely support and monitor the resolution process. A sound, resolution oriented cooperation of many different stakeholders supported the resolution process as well. For another incident in DRC the resolution process was accelerated due to the fact that a new finance manager as well as a new country representative have been employed in the country office. The cooperation of the many different stakeholders involved resulted in different effective measures, e.g. detailed review of the accounting in preparation of a comprehensive external audit to be conducted in 2018. This issue in DRC should finally be resolved in 2018.

Effectively January 1 2018, the Regional Finance Manager position has a dual reporting line, with a solid line to the Finance Director in the International Office and a dotted line to the Regional (Hub) Director. This change was primarily motivated by the need to strengthen finance systems and financial controls in the international organisation.

J. Governance processes maximise accountability

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

The Assembly of Members is the supreme authority of the Association. It was established in October 2016 and decides on fundamental topics for the CBM Federation (please refer to answer A4). A list of current representatives is published on CBM's website.

The Articles of Association state: 'Every Member appoints and sends one Representative, who acts on its behalf, to the Assembly of Members. The appointment of the Representative by each Member should be based on their proven skills regarding the core competencies of the Association. A diversification regarding gender, ethnic groups and nationalities should be strived for. The Representative should belong to the Member´s Governance Board or comparable body.'

A representative is appointed for a period of three years, the office term may only be extended once for up to three years more.

The representatives are volunteers and as a matter of principle are only entitled to the reimbursement of their demonstrable expenses and disbursements.

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

The Supervisory Assembly (SA) establishes a standing committee for audit, risk and finance.

The SA approves the annual budget based on a recommendation by the International Leadership Team, as well as the financial statements (including the auditor's report) and the management report of the Executive Management.

The Supervisory Assembly receives summary reports on incidents such as child safeguarding, complaints, whistle blower reports and red flag reports etc. The SA requires a regular update on key risks that CBM faces combined with an assessment of its impact and likelihood. Based on this, the SA would like to know which mitigation measures will be implemented.

3. What processes and mechanisms does your organisation have in place to handle complaints (internal and external)? Please provide an overview of the number and nature of complaints in the reporting period, the proportion of complaints that were resolved, and whether the resolution was satisfactory to the complainant.

CBM has two major systems in place to handle complaints:
- Programme feedback service
- Whistle-blower system

The **feedback service** is explained in the feedback/complaint handling position paper available in English, French and Spanish on the CBM website in the section on 'Accountability and Reporting'. Please refer also to answer E1.

In 2017, ten cases were registered for the central programme feedback service at CBM International: six complaints of which two also contained positive feedback, two letters of thanks and appreciation, and two requests for support which were forwarded.

Furthermore, ten cases could be registered for the South Asia Region (SAR) feedback service: three complaints, four thank you letters and three positive partner feedbacks. All complaints at central or regional level in SAR were resolved satisfactorily by communication and/or partner visits.

CBM provides a **whistle-blower system** where information on corruption and fraud can be reported in an anonymous manner. The system is accessible to employees, partners, volunteers, suppliers, and others on CBM's website.

In 2017 a total number of 2,032 hits was counted on the website of the whistle-blower system (BKMS ® System). A total of two cases were reported through the whistle-blower system. None of these cases were related to fraud. All cases reported through the whistle-blower system have been solved in 2017.

In 2018, it is planned to further align the central programme feedback service at CBM International with other feedback mechanisms run by member associations that also have a programmatic focus. Furthermore, there are plans to commission a keystone review later in 2018/early 2019.

K. Leadership is dedicated to fulfilling the 12 Commitments

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

The ILT has developed a Charter which states the ILT's commitment to working collaboratively through 10 core statements. It is the ILT's commitment to exercise their leadership to contribute to CBM's vision of an inclusive world. The statements against which the ILT will be held accountable towards its management and staff are:

1. Sustain increasing trust through disclosure, expressing vulnerability, respect and honesty – surface how we feel as well as what we think.
2. Focus on the important issues, not just the urgent.
3. Say "no" or "not yet" to something good in order to say "yes" to something better.
4. Seek, provide and act on feedback, name unproductive behaviours.
5. Encourage, challenge and hold each other accountable, resisting old patterns.
6. Give each other the benefit of the doubt and ask, "how can we support you?".
7. Set clear goals, plan and pace wisely to get the right things done at the right time.
8. Place decision making and execution with the right people at the right level.
9. Ensure comprehensive end-to-end accountability to persons with disabilities and donors.
10. Prepare well, participate constructively and maintain momentum between meetings to ensure effectiveness, efficiency and collaboration.

Every year the governing body and management set key performance objectives (KPOs) for the year which are aligned to strategic and institutional objectives. Performance and these KPOs are measured and compared, and discussed at the end of each year. Management receives monthly reports on performance while the governing bodies receive quarterly performance reports which measure performance versus budget. We have a strong internal control compliance process in addition to an effective internal audit function. We adopt a performance management process for all staff which aligns staff KPOs to institutional priorities and KPIs.

Our member associations report annually to both supporters and external compliance bodies (both government and within the charitable sector, e.g. Deutsches Zentralinstitut für soziale Fragen in Germany and ZEWO in Switzerland).

During 2017 CBM continued to strengthen its management and administration, by seeking ways to improve the financial reporting process for partners, to reduce complexity in the annual budgeting process and to document processes in a standardised manner. This was all done with a view to reduce risk, ensure compliance and increase accountability.

Feedback mechanisms are in place through which staff, partners or donors can report issues or give positive feedback anonymously (using the whistle-blower system) or using dedicated email addresses for a partner complaint and a dispute resolution system.

Furthermore, dialogue with partners at regional level continues to take place and CBM continuously seeks a close and balanced relationship with partners, and in particular with persons with disabilities living in poverty.

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

Several communication channels are in place to report to and seek feedback from staff, e.g. staff meetings, employee surveys, monthly executive management webinars, a monthly global newsletter, which reflects our commitment to transparency and accountability to our staff. The employee survey takes place every two years and is followed by departmental feedback sessions to ensure that major issues that are raised are dealt with and improved.

3. What is your accountability report's scope of coverage? (i.e. are you reporting for the whole organisation or just the international secretariat?) What authority or influence do you have over national entities and how, specifically, are you using it to ensure compliance with the accountability commitments and to drive the overall accountability agenda?

This report covers activities of CBM International which is officially registered as CBM Christoffel-Blindenmission Christian Blind Mission e.V and which is member of Accountable Now. CBM International consists of offices in Bensheim/Germany and Brussels/Belgium, as well as of regional and country offices. Activities of these offices are part and parcel of the Accountability Report 2017, as well as the delivery of programmes through partners.
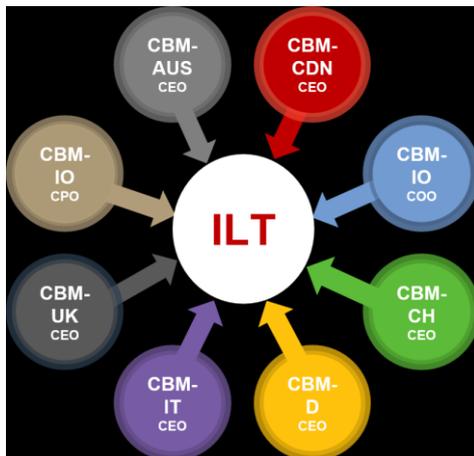
CBM is a federation of legally autonomous member associations (MAs). Although MA activities are not included in this report, accountability is seen as an important issue for the whole federation that requires a common approach. The issue is regularly on the agenda of the International Leadership Team, the new legally responsible Executive Management Body ("Vorstand") of CBM International where the six largest MAs are represented by their CEOs. The ILT regularly receives reports by the internal audit team, and takes time to discuss accountability issues as they arise.

List of Annexes

List of Abbreviations

AGG	German Anti-discriminatory law
AVR	Allgemeines Verwaltungsrecht
BMZ	German Ministry for Development Cooperation
CEO	Chief Executive Officer
CHS	Core Humanitarian Standard
CRPD	Convention on the Rights of Persons with Disabilities
CSO	Civil Society Organization
DAC	Development Assistance Committee
DFAT	Department of Foreign Affairs and Trade, Australia
DID	Disability-Inclusive Development
DPO	Disabled people's organization
EENET	enabling education network
EISF	European Interagency Security Forum
GDPR	General Data Protection Regulation
HQ	Headquarter
IAPB	International Agency for Prevention of Blindness
ICEVI	International Council for Education of People with Visual Impairment
ICSC	International Civil Society Centre
IDA	International Disability Alliance
IDDC	International Disability and Development Committee
IEO	International Executive Office
ILT	International Leadership Team
INGO	International Non-Governmental Development
IO	International Office
ISPO	International Society for Prosthetics and Orthotics
KPI	Key Performance Indicator
KPO	Key Performance Objective
MA	Member Association
MM	Management Meeting
MOSS	Minimum Operational Security Standards
NGO	Non-governmental Organization
NTD	Neglected tropical diseases
OECD	Organization for Economic Co-operation and Development
PCM	Project Cycle Management
Q	Quarter
SA	Supervisory Assembly
SAR	South Asia Region
SCB	Standard Chartered Bank
SDG	Sustainable Development Goals
SOP	Standing Operating Procedure
SWOT	Strengths, Weakness, Opportunities, Threats
ToC	Theory of Change
UN	United Nation
UNCRPD	United Nations Convention on rights of Persons with Disabilities
UN-ECOSOC	United Nations Economic and Social Council
WBU	World Blind Union
WHO	World Health Organization
WWHearing	Worldwide Hearing Care and Services for Developing Countries
ZEWO	Schweizerische Zertifizierungsstelle für gemeinnützige Spenden sammelnde Organisationen