Table of Contents

CEO statement on how accountability shapes strategic decisions ...........1
Evidence .........................................................................................................................2
Gender and Diversity (NGO4 & LA13) .................................................................5
Advocacy (NGO5) .......................................................................................................6
Global Talent Management (LA12) .........................................................................6
CEO statement on how accountability shapes strategic decisions

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

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

Based on our core values we are committed to meet good practice standards in operational excellence, demonstrating accountability towards our target group, partners, donors, and the public and peer organisations. Therefore, we fully subscribe to and seek to comply with the International Non-Governmental Organisations (INGO) Accountability Charter.

We appreciate the encouraging and informative feedback from the Independent Review Panel on last year’s full report. Our report for the year 2014 is our first Interim Report. Please contact Hella Diehm (hella.diehm@cbm.org) with any remarks or recommendations you may have.

Accountability continues to be in the focus of CBM and in 2014, we centered our work on the following topics:

- The Policy for the Prevention of Corruption and Fraud in CBMeV’s activities and operations was developed and approved by the CBMeV Board in November 2013, which came into force in 2014.
- Contributing further to above issue, an Anti-Corruption Training Software has been bought.
- Implementation of Red Flag System: A critical project list is updated quarterly and discussed in Executive Management Team (EMT) meetings, risk assessments are carried out and a Risk Impact Table (Internal Audit Unit) has been developed.
- Continuous work on Dispute Resolution Process (DRP), its roll out takes place in 2015
- Continuous work on internal qualitative Monitoring, Evaluation, and Learning Instruments to strengthen gender and disability sensitivity
- Registration statuses of all Regional Offices and Country Coordination Offices are reviewed

Even though the Interim Report provides only a small glimpse of our work in 2014 we hope we are able to demonstrate CBM’s progress in effectiveness and efficiency in the field of transparency and accountability.

Dave McComiskey

President
Evidence

The Panel encourages CBM to provide more evidence that described procedures and policies actually work in practice (e.g. how feedback from stakeholders, partners or staff has positively shaped decision making or if staff training has been successful so far).

Actions taken

Feedback from stakeholders: We have three feedback systems, the (1) Red Flag System, (2) the Dispute Resolution Process (please refer to the CEO Statement above), and (3) the Programme Feedback for Partners. To improve CBM’s programme work and to develop transparent and trustful partnerships CBM has developed a system in 2014, which is published on the CBM website along with a position paper. It 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 Programme Development Feedback Manager. The respective position paper defines the role and responsibilities of the Feedback Manager, the role of respective units handling complaints and the process/protocol applied. Two cases can be reported in this year. Case 1 was on a financial matter, which was aligned with an internal audit, however, accusations were unsustainable. Case 2 was a donor complaint on a partner, which was followed up by the respective Regional Office (RO). It resulted in a recommendation to Member Associations to involve ROs accordingly.

Referring to the CBM Policy for the Prevention of Corruption and Fraud listed in the CEO Statement above, the Executive Management Team (EMT) explains what is expected from each employee in relation to anti-corruption. CBM has bought a respective software as it was felt necessary to sensitize staff about personal responsibility on anti-corruption. It was felt crucial to provide staff with a deeper understanding of the intricacies of corruption to act responsibly when faced with corruptive vulnerable situations. The E-learning training programme (industry standard) on preventing corruption will be launched in 2015 for 500 CBM employees worldwide.

Case study on capacity building/staff training – we have chosen a case study of a partner in Cameroon to provide an example of rendered measures and how it has changed programme action/implementation: The partner cluster derives from the evaluation of CBM’s Partner Capacity Development Project (PCDP), a major initiative with a budget of about EUR 550,000 in 2014. The initiative focused on main development partners in the regions of South East Asia, Central East Asia, South Asia, Central Africa, East Africa, and West Africa. It did strive to develop partners’ capacities in two main themes, programme and governance. The programme component entails Inclusive Project Cycle Management, which covers Disability Inclusive Development and Gender and Development. The governance component focuses on financial management and the support in the development of child protection policies in line with CBM’s child safeguarding standards as they are defined in CBM’s child protection policy.
During the Evaluation field visit to Cameroon the following examples of different types of capacity development activities facilitated by CBM with Socio-Economic Empowerment of Persons with Disabilities (SEEDP) cluster partners since 2011 were documented. These examples provide an indication of what staff learned through workshops and the other capacity development support facilitated by CBM. It includes information about how staff applied what they had learned and some of the changes that are being achieved as a result of their efforts.

The information contained in the Table below is also based on feedback from individuals and sub-partners who have benefited from capacity development support. Initially this was provided by CBM, but increasingly people are participating in capacity development activities facilitated by members of the SEEPD team. Often this has been in the form of a workshop. But people also reported on the value of what they learned at meetings about Disability Inclusion related matters and via one to one advice and mentoring on specific topics. Over time this combined effort is leading to some important changes that are resulting in positive outcomes for People with a disability in Bamenda.

<table>
<thead>
<tr>
<th>Participant learning</th>
<th>Action by participant</th>
<th>Effect of action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ophthalmologist</strong></td>
<td>Role modelling and reinforcing suitable behaviour to assist staff to learn how to interact with people with disabilities</td>
<td>Increase in the number of People with a disability who attend hospital. People with a disability reporting that they now feel respected and included</td>
</tr>
<tr>
<td><strong>DPOs leaders</strong></td>
<td>DPOs encouraged to work within the SEEPD programme to jointly advocate with local government to promote the rights of People with a disability</td>
<td>Local government has introduced changes leading to People with a disability being more included eg. children having better access to education</td>
</tr>
<tr>
<td><strong>Education Advisor</strong></td>
<td>The coeducational, bilingual secondary school where she worked purchased low tech versions of these new technologies</td>
<td>Children with disabilities can be more independent learners</td>
</tr>
<tr>
<td><strong>Teachers</strong></td>
<td>Teachers supported the employment of two sign language teachers</td>
<td>Students without learning difficulties are also learning sign language and using it to interact with their peers</td>
</tr>
<tr>
<td>Principal has learned about the importance of facilitating parents to understand Disability Inclusion</td>
<td>PTAs are exposed to the work that is being done in the school to enhance Disability Inclusion</td>
<td>Student enrolment has increased as more children with a disability are enrolled</td>
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<tr>
<td>SEEDP partners learnt about the value of collective advocacy with government departments</td>
<td>Partners advocated with authorities to enable children with a disability to sit exams on a more equal basis to other students</td>
<td>Braille version of exam papers produced. All children with a disability given 25% more time to complete exam. ‘It was a milestone to get the Board to start thinking about disability inclusion’.</td>
</tr>
<tr>
<td>SEEPD partners learned strategies to enhance sustainability</td>
<td>Increased networking with other partners to influence change in Government policies</td>
<td>National Government keen to pilot Disability Inclusion in selected schools has invited SEEPD partners to participate</td>
</tr>
<tr>
<td>SEEPD partners learned strategies to improve access by People with a disability to information</td>
<td>Partners encouraged radio stations to provide more accessible information to People with a disability</td>
<td>New programme now produces audio and braille versions that DPOs share with members. Three radio stations give SEEDP partners free airtime.</td>
</tr>
</tbody>
</table>
Gender and Diversity (NGO4 & LA13)
The Panel supports CBM in investing further in evidence building on the intersectionality of gender and disability with other aspects of diversity. It would be interesting to know if CBM has got a specific policy in place and if they set any guidelines or targets that can be verified objectively in this regard. The Panel furthermore encourages setting targets for improved diversity within CBM’s governance and management in the next report.

Actions taken
NGO 4
While working towards its core mandate of Disability Inclusive Development CBM has worked on several levels to build further evidence on the intersectionality of gender and disability in 2014, since the promotion of gender equality is essential for CBM to achieving its mandate.

Thus CBM has continued to strengthen its technical ability to promote gender equality within its disability inclusive development work by further strengthening the capacities of the Global Disability and Development Community of Practice in understanding how Gender and Disability strongly intersect and cannot be address separately.

CBM has made considerable investments in 2014 in improving its internal qualitative Monitoring, Evaluation, and Learning Instruments in becoming gender and disability sensitive. However, the lack of previous detailed quantitative data, as well as, the lack of detailed global data on Gender and Disability prevent the application of detailed numeric indicators so far. Yet, with current monitoring systems becoming more gender and disability sensitive, CBM will be able to build further data out of which measurable indicators can be developed in the coming years.

In the absence of a specific Global Gender Policy, CBM has worked on developing and refining its programmatic approach to Gender and Disability in a Position Paper, which is currently being drafted. In this learning process several sub-offices and partners of CBM have been supported to draft lower level Gender Policies for their Regions. This is anticipated to contribute to the wider organisational learning and refining of the future Gender policy development process. Due to CBM currently undergoing major structural and programmatic shifts it is thought to be more sensible for the Gender Policy development process to commence once major shifts are concluded. In the meantime, the focus remains on continued learning and evolving of the promotion of Gender Equality for women, girls, men and boys with disabilities on programmatic level.

LA13
For the time being, there is no explicit overall policy or guideline on diversity or inclusive HR in place although it is embedded in most HR core processes such as recruitment. So far, a new internship programme was put in place that requires 50 percent of interns to have a disability. Targets for diversity will only be set after the new CBM Family Strategy is finalised by 2016.
**Advocacy (NGO5)**

The report provides convincing information with regard to including affected stakeholders in the policy formulation process through “self-advocacy” and ensuring that CBM’s messages are meaningfully based on the positions of the disability movement. However, information on a process for corrective adjustment of advocacy positions or exiting a campaign where necessary is missing and the Panel looks forward to more information.

*Actions taken*

The International Advocacy and Alliances (IAA) department is about to establish a permanent feedback mechanism which will allow to give feedback on a continuous basis, on all aspects of our work including our campaigns and messaging. In case of major issues coming through that "new" channel of communication, the IAA team – and ultimately through its Director of department - will be directly responsible for making adjustments or stopping certain activities. The direct nature of communication (feedback being specifically on IAA work coming directly to the IAA team) helps to take those corrective actions. This being said, the vast majority of CBM public campaigns is conducted under the full responsibility of its Member Associations. So, it is not within the remit of the International Office or IAA to create, adjust or terminate those initiatives.

**Global Talent Management (LA12)**

Although numbers have increased from 2012, the Panel would be interested to know if and how CBM plans to further improve the percentages for performance review (64%) and objective setting (77%) at the International Office and Regional and Country Offices. Moreover, the Panel looks forward to progress in regard to the described Competency Model which will help to identify structured development needs.

*Actions taken*

In the past year, CBM worked on streamlining the performance appraisal process and basing it firmly on the Competency Model. Job descriptions now include 8-12 competencies required for the specific position. The performance appraisal forms were redesigned to include a set of generic competencies for all employees and line managers. As the forms also became more user-friendly, accessible, easier and quicker to fill, CBM expects the implementation rate to go up further in the long-term. The forms are piloted in the International Office and some Regional Offices in the 2015 appraisal cycle.

In individual cases, Individual Development Dialogues that are also based on the Competency Model took place. CBM plans to introduce the Individual Development Dialogue as a tool in 2015.

For initial selection of new expatriate employees, the CBM Assessment Center is now fully designed to observe selected competencies from the competency model.