

A woman with short dark hair, wearing a camouflage t-shirt and a yellow patterned skirt, carries a young child on her back. The child is wrapped in a colorful patterned cloth. They are standing in a field of tall, dry, brown stalks, possibly a field of dead plants or a forest. The woman has a small white cross necklace. The child has their hand near their face.

Responding to a changing world

2025: Insights into
CBM's work

59.4 million people received medicines to prevent and treat neglected tropical diseases.



8.7 million

people received eye care services.



185,772

learners enrolled in school.



2025 in numbers

Behind these figures are people whose lives have been transformed for the better thanks to our donors and partners.

Thank you very much!

513,097

people took part in community-based inclusive development projects.



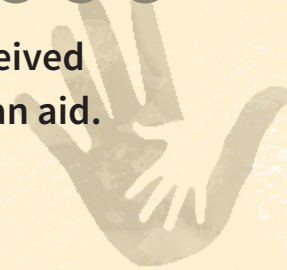
93,602

people were examined and treated for ear conditions.



815,000

people received humanitarian aid.



43,156

people with physical impairments received medical care.



Building resilience at times of crisis

Dear colleagues, partners, and supporters,

Thank you for your interest in CBM's work.

2025 was a challenging year for people around the world, who faced multiple, often overlapping crises, from the impact of climate change to ongoing conflicts. Persons with disabilities continue to be among the most vulnerable groups in these contexts. However, disability inclusion is at risk of being deprioritised at a time when budgets are being tightened globally.

CBM continues to work with donors, partners, communities and persons with disabilities to address these challenges.

By the end of 2025, CBM supported 385 projects with 224 partners across 35 countries. Underlying all these projects is a shared commitment to improving the quality of life of persons with disabilities in low- and middle-income countries. This includes developing inclusive, integrated, and equitable access to health services; implementing disability-inclusive humanitarian response efforts to support those affected by crises; and ensuring that persons with disabilities can participate meaningfully in their communities.

Meanwhile, we aim to ensure long-lasting impact through strategic partnerships, systems strengthening, collaboration with national and local governments, and working with existing local structures to build resilient communities that can withstand future shocks.

We will continue to strengthen our work and adapt as necessary, working towards an inclusive world in which all persons with disabilities enjoy their human rights and achieve their full potential. Thank you for trusting us and for your collaboration to address these challenges together.



Hans-Peter Lauffs
Hans-Peter Lauffs
Chief Operating Officer

Dr. Rainer Brockhaus
Dr. Rainer Brockhaus
Chief Executive Officer

Contents

In 2025, 69.8 million people received assistance through CBM-funded projects. Thanks to our supporters, we funded 385 projects¹ in 35 countries.

Download an accessible digital version of the report.



CBM's global reach

Our projects and partners in Africa, Asia, Europe and the Americas.

Page 6



8

More than 8.7 million people received eye care

Vision Impact Project: strengthening health systems in Kenya.

59.4 million people received medicines for neglected tropical diseases

Lymphatic filariasis: the other half of elimination.

10



12

43,156 people with physical impairments received treatment

Assistive devices: turning innovation into impact.

93,602 people were examined for ear conditions

Early intervention: expanding access to hearing care among children in Guatemala

14



16

815,000 people were reached by humanitarian assistance

Inclusive humanitarian action in times of global disruption.



20

513,097 people enrolled in community-based inclusive development projects

Working with communities: the key role of community workers.

14,371 people completed short-term technical skills, financial literacy or basic business training

Inclusive livelihood opportunities in Rwanda.

22



24

185,772 learners enrolled in school

Inclusive education: interview with our global advisor.

From page 26

- Around the world
- How we work
- Financial figures
- CBM as an organisation
- Outlook for 2026



CBM Christoffel-Blindenmission Christian Blind Mission e.V.
Stubenwald-Allee 5
64625 Bensheim, Germany
Phone: (06251) 131-131

Christian Blind Mission International, Inc.
PO Box 340, Wheaton, IL 60187-0340, USA
Federal Tax Identification Number: 36-2959883

E-Mail: contact@cbm.org
www.cbm.org

Association Registration Number
Local Court of Darmstadt, VR 20949

Berlin Office
Albrechtstraße 10 Hof, 10117 Berlin

Executive Management
Dr. Rainer Brockhaus
Hans-Peter Lauffs

Donation Account
IBAN: DE46 3702 0500 0000 0020 20
BIC: BFSWDE33XXX

Your donations make a difference.
This has been confirmed by the German Central Institute for Social Issues (DZI), an independent auditing body, every year since 1993.

All donations are tax-deductible.
CBM Christoffel-Blindenmission Christian Blind Mission e.V. is recognised as a charitable and benevolent organisation, most recently confirmed by the corporate tax notice issued by the Bensheim tax office on 5 September 2024 (Tax ID: 05 250 53397).



Images, from left: CBM/argum/Einberger, CBM (2), CBM/Hayduk, CBM, CBM/Inkunda Studio, CBM/Taintner, CBM/Jean Luc Habimana, CBM, Dirk Michael Deckbar
¹ This figure includes two international advocacy projects that are not featured in the world map.

CBM is an international Christian development organisation. It improves the quality of life of persons with disabilities in the world's poorest regions. Currently, CBM supports 385 projects in 35 countries.

CBM Austria
Nachreihengasse 10/5
1170 Vienna
Donor Service
Phone: (0043) 1393 0003
info@cbm.at

Responsible under press law:
Dr Rainer Brockhaus, Hans-Peter Lauffs
The CBM logo and brand are legally protected. Every donation to CBM helps improve the lives of persons with disabilities in the world's poorest regions. We use your donation for the purpose you specify – or where it is needed most. **CBM uses photos, videos and stories that have been directly researched in the programme countries.**

Information on data processing: CBM Christoffel-Blindenmission Christian Blind Mission e.V. (for address, see above – this is also where you can

contact our Data Protection Officer) processes the data you provide in the donation form/payment slip in accordance with § 6 No. 5 of the Church Data Protection Act (DSG-EKD) for the purpose of processing your donation. The use of your data and, where applicable, your interests for promotional purposes is based on § 6 No. 4 and No. 2 DSG-EKD. You may object to the future use of your data for promotional purposes at any time. For more information about your rights to access, rectification and complaint, please visit: <https://www.cbm.de/datenschutz> (in German).

Projects across the world

CBM works with partners across Africa, Asia, Europe and the Americas. This map shows the broad scope of our work at the end of 2025.

The Americas			
Country		No. projects	No. partners
1	Guatemala	18	10
2	Honduras	5	4
3	Mexico	1	1
4	Nicaragua	1	1
Total		25	16

Africa			
Country		No. projects	No. partners
16	Benin	4	2
17	Botswana	1	1
18	Burundi	2	1
19	Cameroon	19	8
20	Central African Rep.	2	1
21	DRC	22	10
22	Ethiopia	46	20
23	Kenya	30	21
24	Malawi	9	7
25	Niger	18	13

Asia, Europe and the Eastern Mediterranean			
Country		No. projects	No. partners
5	Bangladesh	1	1
6	India	17	13
7	Jordan	4	4
8	Lebanon	5	4
9	Myanmar	1	1
10	Nepal	1	1
11	Pakistan	17	13
12	Palestinian Territories	12	6
13	Sri Lanka	1	1
14	Syrian Arab Republic	1	1
15	Ukraine	5	3
Total		65	48

			No. projects	No. partners
Country				
26	Nigeria		33	20
27	Rwanda		9	4
28	Sierra Leone		5	3
29	South Africa		1	1
30	South Sudan		25	9
31	Tanzania		14	11
32	Togo		11	7
33	Uganda		20	10
34	Zambia		19	9
35	Zimbabwe		3	2
Total			293	160

Source: CBM project data, 31 December 2025



Faith's surgery after a school-based eye assessment through the VIP.



Image: CBM/argum/Einberger

Faith (9) enjoys a ball-catching exercise after being referred for cataract treatment through the VIP

Eye health in 2025

- 8,732,824 people received eye care.
- 485,094 eye operations were carried out, of which:
 - 393,315 were for cataracts
 - 9,231 were on children.
- 298,952 pairs of spectacles and visual aids were distributed.

Education and training in 2025

- 7,857 people completed further training in ophthalmology, for example as
 - an ophthalmologist,
 - an ophthalmic specialist,
 - an optician.



Strengthening health systems to deliver eye care

In Kenya, many people living with preventable vision loss have limited access to eye care, because services are often concentrated in larger towns and cities.

Working alongside the Ministry of Health, county governments and implementing partners since 2021, CBM has supported efforts to strengthen inclusive eye health systems across seven counties.

A county-based approach

The Vision Impact Project (VIP) adopted a health systems strengthening approach across all levels of care. Health facilities were renovated and equipped, while community health promoters, nurses, and clinical officers received training to identify, manage, and refer eye conditions.

Counties adapted services to local needs. In Meru, outreach services brought surgery closer to communities, while in Kajiado, a specialist paediatric ophthalmologist provided care locally, reducing the need for travel to Nairobi. Schools became an important entry point for identifying children with vision problems and connecting them to care.

Community health promoters also played a key role by raising awareness, addressing misconceptions around eye conditions, and supporting people to access local services.

Project reach

- ✓ 5.8 million people reached with eye care services
- ✓ 18,077 cataract surgeries performed
- ✓ 648 primary- and secondary-level facilities equipped for service delivery
- ✓ 2,000 health workers trained on Peek technology
- ✓ 4,812 community health promoters trained on primary eye care

Sustainability through ownership

A key outcome of the project was the strengthening of health systems at primary, secondary and tertiary levels.

County Eye Health Coordinators are now embedded within County Health Management Teams, while eye health policies, strategic plans, and coordination structures have been developed across all seven counties. Counties have also begun allocating resources for eye health within their budgets, helping position eye care as part of long-term government health priorities.

Restoring hope through timely care

When three-year-old Liam injured his eye while playing, his mother, Ann, feared he might lose his sight. After initial treatment at a local health facility failed to resolve the problem, Liam was referred through the county health system and received specialist care at Sabatia Eye Hospital, supported through the Vision Impact Project.

Liam's journey reflects the experience of many families reached through the project, for whom timely access to eye care can make the difference between sight loss and a healthy future.

“The experience was difficult. Taking your first child to hospital and being told he needs an operation when you know you cannot afford it was very difficult.”

— Ann, Liam's mother



Image: CBM/Otinda

Lymphatic filariasis: care matters

For more than two decades, measurable progress has been made against lymphatic filariasis (LF). Since WHO’s global elimination programme began in 2000, 871 million people worldwide no longer require preventive medication, and 23 countries have now eliminated LF as a public health problem.

LF, commonly known as elephantiasis, is a mosquito-borne parasitic disease. It can cause debilitating conditions, including lymphoedema (severe and often permanent swelling of the limbs) and hydrocele (scrotal swelling). At least 36 million people are living with these conditions today.

Transmission of the disease is stopped through mass drug administration. But stopping transmission is only part of elimination. For those already living with lymphoedema or hydrocele, ongoing access to care remains essential.

Why care matters in LF elimination
Morbidity Management and Disability Prevention (MMDP) combines hydrocele surgery, lymphoedema care, self-care training, psychosocial support, stigma reduction and disability inclusion. While hydrocele can often be corrected through surgery, lymphoedema usually requires ongoing care. MMDP recognises that people living with LF-related conditions need not only treatment, but also the support to manage their health and participate fully in community life.

Access to treatment depends on building the capacity of local health staff and community health workers to provide care within existing primary health care

systems and referral pathways. Sustainable elimination requires sustainable care.

South Sudan: improving access to care and support
In South Sudan, CBM has been supporting the Ministry of Health’s National Neglected Tropical Diseases Programme to strengthen the MMDP approach since 2021. Starting with a policy framework and the training of surgeons, the programme has grown steadily.

Project results in 2025

- ✓ 190 men received surgery for hydrocele
- ✓ 165 people living with lymphoedema were treated and trained on self-care
- ✓ Surgical services and community-based care provided **across 3 states**

Building stronger health systems
A hydrocele surgery protocol is now part of South Sudan’s national surgical policy framework. Indicators such as number of people identified, people enrolled for care, and surgeries provided are integrated into the national health information system. Advocacy efforts for including lymphoedema care within primary health care services are continuing. This will help expand MMDP services to more counties and strengthen access to care as South Sudan moves towards eliminating LF.

Living with lymphoedema

In Wau County, Western Bahr-el-Ghazal State, Lily had been living with lymphoedema and suffering from painful swelling of the leg. A community health worker explained to Lily that she can receive care at her local health centre. Since then, she has regularly received treatment, together with others living with the same condition.

“People ask many questions when they see my leg, some say it is witchcraft.” — Lily, Wau County, South Sudan

Image: Shadi Michael



Neglected tropical diseases in 2025*

- 59,390,690** people received medication.
- 297,233** were trained in hygiene measures, the distribution of medication and preventive care.
- 7,529** surgeries were carried out to prevent blindness caused by trachoma.

* These figures are provisional and are partly based on estimates, as activities in some countries are still ongoing and no final data is available.

↑ Alice regained her mobility and livelihood following treatment and self-help support in the Democratic Republic of Congo.



Cynthia, an orthopaedic technologist, assembles and adjusts a prosthetic device at a rehabilitation workshop in Kenya.

Restoring mobility through innovation

For millions of people around the world, mobility assistive devices such as prostheses, orthoses, wheelchairs and crutches are essential for participating in everyday life. Yet access remains limited, particularly in low- and middle-income countries where rehabilitation services are often concentrated in urban areas.

Physical rehabilitation in 2025

43,156 people with physical impairments received medical care and treatment.

2,972 surgical procedures were performed to address physical impairments.

In addition, people with physical impairments received, among other things:

77,293 physical or occupational therapy treatment sessions

4,059 clubfoot treatment sessions and surgeries

4,736 orthotics and prosthetics

7,767 wheelchairs, tricycles, walking aids, crutches and other mobility aids



As demand continues to outpace supply, finding new ways to provide assistive devices more quickly and efficiently, particularly in rural areas, has become increasingly important. Recent advances in digital technology are creating new opportunities to address these challenges. By combining digital scanning, computer modelling and 3D printing, rehabilitation providers can produce lightweight, customised prosthetic devices tailored to the needs of each individual.

In Kenya and Uganda, CBM is applying these innovations within rehabilitation services to improve access to prosthetic and orthotic care, particularly for people living in underserved communities. The initiative is helping rehabilitation providers explore more efficient ways of delivering customised assistive products closer to where people live.

Integrating 3D printing into rehabilitation services
CBM and our partners Comprehensive Rehabilitation Services for People with Disabilities, Uganda and Naromoru Disabled Children's Home, Kenya have been supporting efforts to integrate 3D printing into prosthetic and orthotic services alongside established local production methods. Using digital scanners and specialised software, technicians can capture measurements, design devices digitally and produce customised prosthetic sockets and orthoses.

Building local capacity has been central to this work. In 2025, two orthopaedic technologists completed a 17-day intensive training programme on 3D prosthesis development and were equipped with scanners, laptops and digital modelling tools to begin integrating the technology into rehabilitation services.

Rehabilitation professionals have highlighted the accuracy of digital scanning and the potential for faster, more efficient production. Meanwhile, users describe the prostheses as lightweight, comfortable and easy to use.

Results in 2025

- ✓ **25** customised 3D-printed prostheses provided
- ✓ **455** people reached through awareness and outreach activities to promote 3D printing in prosthetic production

Looking ahead

3D printing is already demonstrating how innovation can help make assistive products more accessible and responsive to individual needs. Partnerships between rehabilitation providers, technology specialists and health institutions are helping to build the skills, infrastructure and evidence needed to scale this approach further.

As experience grows across Kenya and Uganda, CBM will continue supporting efforts to expand access to high-quality, affordable assistive products, helping more people to regain mobility and independence and participate in everyday life.

Turning innovation into impact

When Paul lost part of his left leg due to complications from diabetes, he worried about how he would continue working and supporting his family.

After being assessed at Naromoru Disabled Children's Home in Kenya, Paul received a 3D-printed prosthetic limb. With training and follow-up support, he regained confidence in walking and returning to daily life.

Today, Paul is once again able to walk independently and support his family. His experience highlights the potential of combining rehabilitation expertise with new technologies to improve access to mobility and independence.

Paul from Kiganjo, Kenya, using his 3D-printed transtibial prosthesis after rehabilitation support following the amputation of his left leg



Expanding access to early hearing care in Guatemala

Across Guatemala, government entities and community organisations have long recognised the importance of ear and hearing care, particularly for children, for whom early identification of hearing loss can make a profound difference to language development, learning and participation in everyday life.

The demand for these services continues to grow, and so does the commitment to meeting it. Since 2023, CBM has been part of these efforts, working with partner Fundación Sonrisas que Escuchan and supporting a broad coalition of government and health partners to strengthen early identification and access to ear and hearing care services for children and families across several regions of Guatemala.

Expanding access to hearing care

A major focus of the projects was helping more newborns and school-aged children access hearing care and support earlier in life.

In hospitals, hearing screening in neonatal units was strengthened, helping clinical teams identify hearing loss in newborns at the earliest opportunity. In schools, trained health workers supported existing school health systems to include hearing screening among learners. Mobile screening teams also extended audiology services into government childcare centres across multiple departments, bringing assessments closer to the communities they serve.

Building pathways for inclusion

Beyond hearing screening, the projects strengthened connections between communities, schools, hospitals and audiology centres, helping children and families move more easily from identification to care and ongoing support.

Four audiology centres provided hearing assessments, counselling, hearing aids and referrals for specialised treatment. Financial support also helped lower-income families access hearing aids and related services. Fundación Sonrisas que Escuchan also worked closely with education and disability stakeholders to strengthen inclusion for children with hearing loss.

Reach of the projects to date

- ✓ **10,914** newborns screened for hearing loss across four regions
- ✓ **Over 23,000** school children screened across four departments
- ✓ **1,058** health workers trained to support ear and hearing care services
- ✓ **4** audiology centres equipped and operational
- ✓ **1,200** young children screened through 28 government childcare centres
- ✓ Hearing aids subsidised by up to **75%** for lower-income families

What comes next

These collaborative relationships add to a foundation that government partners and communities in Guatemala have been building for years. Formal agreements with government entities including the social welfare office and Ministry of Education have helped embed ear and hearing care activities within existing systems and coordination structures.

CBM and partners will continue supporting efforts to reach more communities, expand the workforce trained in hearing care, and improve access for groups where need remains high.

Ear and hearing care in 2025

- 93,602** people were examined for ear conditions and treated where necessary.
- 27,252** hearing tests carried out
- 10,173** ear operations performed
- 2,074** hearing aids and hearing amplifiers distributed.

→
CBM partner Fundación Sonrisas que Escuchan screens infants and children for hearing loss in Guatemala.





Inclusive humanitarian action in times of global disruption

The year 2025 was marked by a multitude of overlapping global and regional crises that significantly influenced CBM's humanitarian work. Above all, the so-called "Humanitarian Reset" reshaped the humanitarian landscape in 2025.

The "Humanitarian Reset" affected not only funding but also humanitarian coordination structures and partnerships. CBM received clear feedback from many local partners that the sudden funding cuts affected their capacities, and worked to support those impacted.

A strong humanitarian focus in 2025 was put on the eastern region of the Democratic Republic of Congo (DRC), where escalating violence placed immense strain on local communities, partners, and the CBM country team. Despite temporary interruptions, CBM was able to adapt programmes quickly and responsibly, ensuring continuity of support. Our response included mental health and psychosocial support, targeted support for survivors of sexual and gender-based violence, and cash assistance to enable access to food and basic services. A strong emphasis was placed on disability inclusion, through the provision of assistive devices and the active involvement of organisations of persons with disabilities in humanitarian coordination.

With Russia's full-scale invasion of Ukraine coming into its fourth year in 2025, CBM deepened its humanitarian engagement. Through six active projects, CBM reached 16,359 people directly affected by the conflict. These programmes provide a wide range of support, including inclusive cash assistance, mental health and psychosocial services, assistive technologies, legal counselling, and rehabilitation.

The high volatility and impact of the ongoing armed conflict in the Middle East required highly adaptable project approaches, especially in the context of the Palestinian Territories and Lebanon. This included successfully addressing acute food insecurity through community kitchens, providing regular hot meals to crisis-affected families and enabling

livelihood opportunities for women and persons with disabilities. Furthermore, in Gaza, we started expanding our response around physical rehabilitation, psychosocial support and inclusive protection.

CBM also continued to work in "forgotten crises" that receive far less global attention — including in South Sudan and Nigeria. In Nigeria, CBM supported the launch of an education-focused recovery project in the North-East region supporting refugees from Niger and internally displaced persons. Furthermore, we started a programme funded by the German Federal Ministry for Economic Cooperation and Development with four local partners in the crisis-affected North-West of the country. The programme strengthens food security and livelihoods through market-based voucher assistance, while improving access to safe water and delivering integrated gender-based violence prevention as well as mental health and psychosocial support. In South Sudan, CBM is providing inclusive humanitarian support for refugees from Sudan, internally displaced persons, returnees and host communities, including WASH assistance in Renk County. Through two BMZ-funded projects, we are implementing recovery-oriented food security, livelihoods, WASH and peacebuilding interventions alongside disability-inclusive advocacy.

Beyond conflict and displacement-triggered crises, CBM responded to several humanitarian crises caused by environmental hazards and extreme weather events. Following the severe earthquake in Myanmar, we supported immediate relief through our international partner ZOA. In Kenya and Ethiopia, we focused on supporting communities affected by prolonged droughts, while in the DRC, India and Pakistan partners were able to respond to severe flooding.

↑ Fenan, a social worker with CBM's partner OSHO, at a distribution site in drought-hit Dire Woreda, Ethiopia.

Inclusive humanitarian action in 2025

- 815,000** people were reached by humanitarian assistance.
- 296,401** people received inclusive Cash-and-Voucher-Assistance (CVA), food or non-food items.
- 171,001** people received inclusive WASH services.
- 32,217** people received inclusive health care services.
- 25,702** sessions in mental health and/or psychosocial support services for people affected by humanitarian crises.



↑ Oclane took part in DIDRR training and set up a self-help group in his community in Zambia.



Disability-inclusive disaster risk reduction (DIDRR) in 2025

11,772 people took part in DIDRR training.

16 emergency or disaster policies or laws were influenced to be made disability-inclusive.

184 organisations of persons with disabilities were involved in implementing DIDRR activities.

Early action saves lives

‘Scale up early warning systems’ was one of eight calls to action listed in the outcome document of the Global Platform for Disaster Risk Reduction in Geneva in 2025, designed as a guide and rallying call to governments and stakeholders to accelerate the implementation of the Sendai Framework for Disaster Risk Reduction.

Early warning systems – formal and informal systems to share information about upcoming hazards – are based on a range of sources, from meteorological forecasts and long-term studies to traditional knowledge and insights. What starts with observation by scientists and communities needs to be translated into comprehensible, actionable information on how to prepare to prevent a hazard from becoming a disaster.

Persons with disabilities are disproportionately affected by disasters and are more likely to live under conditions leaving them exposed to climate-related hazards. Yet too often, early warning systems are not accessible or do not respond to their needs. For example:

- Information is shared in technical language or in inaccessible formats, and may rely on only one communication channel (e.g. text, or acoustic announcements).
- Information is provided by local authorities without considering aggravating risk factors for persons with disabilities (for example, reaction times might be slower for someone with reduced mobility or sensory impairments, so evacuation or other measures for those groups need to be initiated earlier).
- Socio-economic barriers prevent people from taking their own preventive and protective measures or from accessing information requiring specific technology (e.g. radio, TV, internet, smart phones).

CBM’s approach

CBM and our partners support grassroots structures to build inclusive early warning systems that integrate local insights and ensure warnings reach vulnerable people effectively. We aim to ensure meaningful participation of organisations of persons with disabilities at every stage, promoting truly inclusive disaster risk reduction.

Our approach strengthens multi-hazard risk communication through accessible, locally adapted formats that encompass diverse languages, needs and contexts. Our partners build capacity and improve coordination by training community focal points, local media facilitators, teachers and authorities, while also reinforcing official links between community mechanisms and authorities to enable a coherent and timely response.

Examples in Cameroon and Niger

A study commissioned by CBM identified major barriers facing persons with disabilities in flood and drought-prone areas of Niger and Cameroon, including a lack of disaggregated data, missing participation of persons with disabilities in disaster management processes and insufficient knowledge of inclusive communication tools. Our partners PROMHANDICAM and the Archdiocese of Garoua in Cameroon, and DEMI-E in Niger have worked to address these gaps. In Niger, this has included using smartphones to facilitate data collection and disseminate warning messages, while a disability-inclusive emergency preparedness plan has been established in the Mfoundi Division in Cameroon, the first of its kind in the country.

In both countries, organisations of persons with disabilities are now actively integrated into planning and response processes. Awareness and preparedness have increased through multi-channel communication, including radio, mobile messaging, visual signage, and community meetings. New or updated contingency plans have helped align community-level mechanisms to national disaster management systems.

Working with communities

Community Based Inclusive Development (CBID) is a way of working that ensures persons with disabilities are respected and included in their communities on an equal basis in all areas of life.

The CBID approach aims to build inclusive communities from the ground up. This means that community workers – who work alongside persons with disabilities and their families to understand their needs – play an essential role.

The work of community workers is planned and systematic; their contributions often include both paid and unpaid efforts, based on trust and commitment.

This can include visiting families and shaping practical community support and care arrangements, accompanying persons with disabilities to administrative or medical appointments, or facilitating referrals to essential services. By addressing barriers and maintaining close relationships, they enable participation in community life and help ensure programmes are co-designed, responsive, locally owned, and sustainable.

A community worker's perspective

Rita worked with CBM's partner Churches Action in Relief and Development (CARD) on a disability-inclusive disaster risk reduction project in Malawi.

Why did you decide to be a community worker?

When this project came up, it was an opportunity to learn about the disability community, to learn about the different experiences of persons with disabilities. Plus, I'm one of them, so I thought, why not learn about this? It's about my own life as well.

I have had a physical disability in my hand and leg since I was about three years old. This makes it easier to relate to the people I'm working with. If someone says what they need, you get that because you've been through it.

What challenges do you face?

Sometimes there are issues within the group which we have to help resolve. Sometimes discrepancies arise between those who have disabilities and those who don't. You have to be there as a mediator. You have to be fast because sometimes if you leave an issue in the community, it escalates over time.

What benefits have you seen in the community from this project?

We've seen a lot of openness, as far as working with persons with disabilities is concerned. And we've seen persons with disabilities realising that they have some form of skill to live by. They are now passionate about what they can do for themselves and some of them have a sense of independence. Often, they think: I've been looking down on myself, but I'm really going to be able to do this.



↑ Rita (right) with Soflina, who has a hearing impairment, in a community garden set up as part of the project.



← Safa (left), a member of an OPD and Abir (right), a community volunteer. Both work with CBM's partner the King Hussein Foundation in Jordan.

CBID in 2025

513,097 people enrolled in CBID projects.

4,353 people in communities were trained in therapeutic support, rehabilitation or personal assistance.

9,725 people were members of parent-to-parent, peer support or self-help groups



← Angelique and Christine, two business mentors working with VSLA members.
Image: CBM/Jean Luc Habimana

NUDOR's VSLA approach doesn't just promote a savings culture; it also enables members to improve their economic resilience and independence. NUDOR's business mentors supported members to access training tailored to their needs and interests, develop business plans and set up bank accounts. They also contributed to a social (emergency) fund to help members of the group at times of crisis.

Project reach
Among the **14,469** people who took part:

- ✓ **60.5%** reported increased incomes.
- ✓ **65%** invested in income-generating activities.
- ✓ **73%** are actively saving and borrowing
- ✓ **1,989** have taken on leadership roles within their communities
- ✓ **202** young people, primarily with disabilities, took part in vocational training
- ✓ **87%** of these young people moved into self-employment or waged employment, and **13%** into internships

Leaving a lasting imprint
To ensure long-term impact, NUDOR trains government-funded parasocial workers on disability inclusion and collaborates with them to link persons with disabilities to government support schemes. VSLA members are encouraged to pay for community health insurance after one year, while those who have accessed microfinance institutions continue saving after the project finishes.

“I was isolated... My life was very bad”

Jacqueline, 23, has a physical impairment and before joining a VSLA two years ago, lacked confidence and struggled to be accepted by her peers.

She took part in hairdressing training, received support to develop a business plan and took out several loans from the VSLA to set up a hair salon. After only four months, her salon is thriving. She's opened a formal bank account and is saving regularly to expand her business activities.

“Before the VSLA and setting up this business, I was staying at home to support my parents. I was isolated... My life was very bad,” Jacqueline says. “Today, after joining the VSLA, with the support from CBM and NUDOR, I know that even if I have a disability, I am capable, I can learn like others. I can be competitive among other businessmen and women.”

↓ Jacqueline outside her hair salon.



The business mentors encourage members to diversify their income streams to build their economic resilience, while the savings culture supports independence and reduces discrimination, helping to ensure that persons with disabilities remain active members of their communities and families.

Building inclusive livelihood opportunities in Rwanda

In Rwanda, persons with disabilities are among the most vulnerable, financially excluded groups. They are more likely to be unemployed and less likely to access financial services, due to multiple barriers including inaccessible work environments, lack of access to training and stigma.

Livelihoods in 2025

- 1,209** people completed long-term vocational/professional training
- 14,371** people completed short-term technical skills, financial literacy or basic business training
- 9,161** people obtained employment.



The Dukore Twigire project, implemented by CBM's partner the National Union of Disability Organisations in Rwanda (NUDOR), aimed to address these barriers through inclusive village savings and loan associations (VSLAs), supported by other measures to build economic independence and reduce stigma long-term. The project reached nearly 15,000 people in four districts.

NUDOR's VSLA approach

The project established 525 VSLAs, made up mostly of persons with disabilities and their family members, enabling members to save regularly, access loans, and invest in income-generating activities.

“Stigma is the most common barrier”

Our Global Inclusive Education Advisor, Maha Khochen-Bagshaw, reflects on the global context for inclusive education and the barriers still faced by learners with disabilities and their families.



↑ Maha with Steve, a student at PROMHANDICAM school in Cameroon.

What challenges do schools in CBM’s partner countries face in becoming more inclusive?

Schools face so many challenges. Stigma is one of the barriers they report the most often; they might also be working with insufficient human resources, missing teaching materials or an inaccessible physical environment.

The attitudes of educators can also be a barrier. Sometimes teachers think it’s too difficult, or that because they only have two or three learners with disabilities, they are the minority and that they have a lot of other students to focus on.

If a child doesn’t go to school, what impact does it have on them?

The proportion of persons with disabilities who have poor literacy and numeracy skills remains unacceptably high. If we fail to address this, the result will be an even wider gap between those who are educated and those who are not, leaving children with disabilities among the poorest of the poor.

When a child doesn’t receive a proper education, that has implications on their employability, and on their social and economic independence. Children

with disabilities who don’t go to school can be isolated and have less opportunity to socially interact with others. Add to this the stigma that parents perceive. The attitudes of the community can either empower or disempower persons with disabilities.

What can we do to address this stigma?

Awareness raising and information are key. One thing that can empower children with disabilities and their families is sensitising all stakeholders in education (students, parents, teachers, decision makers) on the social model of disability.

When children, and persons with disabilities generally, understand that the problem does not lie with them, but with the external environmental, institutional and attitudinal barriers, it can shift their perspective from seeing disability as something situated within themselves to recognising the external barriers that disable them. This shift in thinking and understanding can be very empowering.

What role do you see CBM and its partners playing in shaping inclusive education over the next few years?

Inclusive education is a priority for us, and collaboration with partners will be essential to advance this commitment. We recognise that our partners often face similar challenges and we can learn from our work across our portfolio. Enrolment in education, for example, is a common issue.

It’s important to forge relationships with other organisations and collaborate to take an ecosystem approach, so that learners remain in education. Inclusion is not only about what happens in schools, but also about the relationships between schools, families, caregivers, and communities, and the wider systems within which they operate.

Inclusive education in 2025

185,772 learners enrolled in school.

6,916 learners received targeted support.

3,663 educators were trained.



↑ Betselot (12) is a student at the German Church School in Ethiopia, an inclusive school supported by CBM.



Image: CBM

Sharing innovation across varied contexts

The programme development and implementation (PDI) function at CBM ensures programmes are strategically designed, effectively implemented, and compliant with donor and organisational standards. In December 2025, PDI hosted CBM's first Global Learning Forum (GLF), together with the HR department and inclusive health team. The event was designed to strengthen programme development through staff learning, peer engagement and healthy competition.

The initiative built a platform for staff to share experiences, showcase innovations, and inspire one another to continuously improve programme quality. The inaugural GLF was a four hour live online session attended by around 120 staff members from around the world. It provided a unique opportunity for programme teams to present lessons learned from their work, exchange insights, and strengthen collective knowledge.

A competitive learning process

To secure a place at the GLF, staff teams across countries were invited to submit video pitches highlighting the lessons learned from their programme work. All staff were then given the opportunity to vote for their favourite submissions.

From this process, three staff teams emerged as finalists: Ethiopia, Eastern Mediterranean Programmes (EMP), and Nigeria. Each finalist presented their

programme learnings during the event, offering diverse perspectives on how CBM's work is being implemented in different contexts. After each presentation, participants voted live; Nigeria ultimately secured the top spot, narrowly edging out Ethiopia and EMP.

Driving continuous improvement

The first Global Learning Forum created a space to not only celebrate staff achievements but also spark new ideas and drive continuous improvement in programme development and implementation. More than a single event, the forum represents a learning journey led by our PDI function, which connects staff across geographies, encourages innovation, and strengthens our collective impact. The stories shared illustrate how ingenuity in response to local contexts is shaping the future of CBM's work globally.

Nigeria: digital transformation for Neglected Tropical Diseases (NTDs) monitoring

The Nigeria team showcased their transition from paper-based to digital data collection for Neglected Tropical Diseases. This included adopting digital tools like Kobo Toolbox and Power BI, piloting the tools with hands on training and mentorship, ensuring uptake through physical presence of staff, safe-

guarding data security with GDPR-compliant servers, and customising tools for reporting nationally and to the World Health Organization. They also emphasised the importance of revisiting initial assumptions, addressing gaps in digital literacy and device access, and planning for AI-powered analytics in 2026. This demonstrated how digital transformation can strengthen accountability and decision making.



Surayya in Nigeria received the 600 millionth dose against NTDs administered by CBM with our partners.

Eastern Mediterranean Programme: flexibility and adaptive programming

In the Eastern Mediterranean, adaptive approaches enabled effective humanitarian and development interventions in Gaza, Lebanon, the West Bank, and Jordan. Key methodologies included building flexible partnerships in Gaza to deliver inclusive aid, rapidly adjusting interventions in Lebanon to meet the evolving needs of displaced people, combining humanitarian aid with systems strengthening in the West Bank, and advancing disability-inclusive laws in Jordan. Their experience showed that flexibility, strong local partnerships and policy engagement are critical in fragile contexts.



Image: CBM/ASDC



A community kitchen in Gaza provides nutritious meals to those in need.



Image: CBM

Ethiopia: building a paediatric eye unit

The Ethiopia team shared their experience constructing and operationalising a paediatric eye unit at Alert Hospital in Addis Ababa. Their learnings included ensuring operational readiness with funding for supplies and specialised ophthalmologist training, designing an accessible, child-friendly facility with Braille signage and colour contrasts, and fostering strong stakeholder engagement by involving senior officials. These strategies demonstrated how structured planning and inclusive design can deliver sustainable impact.



Oumer, who had cataract surgery on both eyes, outside the newly constructed paediatric unit at Alert Hospital.

Strengthening strategic humanitarian priorities

In a rapidly changing and increasingly constrained humanitarian landscape, CBM continued to strengthen its strategic approach in 2025. Building on operational experience across multiple crisis contexts, we focused on deepening quality, improving coherence, and reinforcing our contribution to system-wide change — with a strong emphasis on disability-inclusion.

A central area of progress was within CBM's work on **Humanitarian Preparedness and Anticipatory Action**. CBM expanded its anticipatory action portfolio to three new contexts — Bangladesh, Kenya, and Cameroon — thereby strengthening its ability to act ahead of predictable crises. The work in Cameroon is particularly strategic, as it is closely linked with German partners under the WAHAFA initiative led by Welthungerhilfe. In an ongoing Anticipatory Action project in Guatemala, the first Inclusive Anticipatory Action Protocols on Municipal level were completed in 2025. CBM was also involved in the 13th Global Dialogue Platform on Anticipatory Humanitarian Action in Berlin as well as the Global DRR Platform 2025 in Geneva.

CBM advanced its work at the **nexus of humanitarian, development and peace efforts**. A key milestone was the approval of the first Nexus “Chapeau” initiative in the Democratic Republic of Congo, which brings together humanitarian and development funding streams under a shared strategic framework with joint outcomes. This reflects a broader organisational effort to overcome silos and ensure more sustainable impact across programmes. In parallel, CBM strengthened its engagement in external dialogue and learning processes on the Nexus, contributing its experience from inclusive programming.

Another important focus area was **Mental Health and Psychosocial Support (MHPSS)**. In 2025, CBM developed an internal MHPSS framework, providing guidance for more systematic and coherent integration of psychosocial support across its work. This included embedding MHPSS components more consistently in sectoral interventions — for example within physical rehabilitation programmes in conflict settings such as Gaza. Beyond mainstreaming, CBM also invested in dedicated programming, including a new three-year, €1.5 million MHPSS programme in Guatemala and Honduras.

Strengthening disability inclusion within the wider humanitarian system remained a defining priority, particularly through the **Leave No One Behind (LNOB) initiative**, implemented in partnership with Humanity & Inclusion, which marked its tenth year in 2025. CBM continued to strengthen both the capacity and the role of organisations of persons with disabilities (OPDs) within the humanitarian system. In countries such as Cameroon, Niger, and Nigeria, this included targeted capacity-building and small-grants mechanisms enabling OPDs to actively engage in coordination, advocacy, and decision-making processes. These efforts were complemented by broader system-strengthening measures including training of humanitarian actors and contributing to global research, such as a joint CBM-UN OCHA study on disability inclusion in Country-Based Pooled Funds.

Finally, CBM reinforced its commitment to quality and accountability through its second full **CHS Self-Assessment (2024–2025)**. Assessing performance against all nine Core Humanitarian Standard commitments, the process confirmed strong foundations in partnership and accountability while also informing a new organisation-wide improvement plan. This provides a clear roadmap for further strengthening inclusive, high-quality humanitarian action.

Overall, CBM's strategic progress in 2025 reflects a deliberate shift from solely delivering programmes towards shaping how our humanitarian action is designed and implemented — ensuring that it becomes better prepared, more connected, and inclusive.

↓ Yehor (15), displaced by war, at an education activity in Kyiv with his mother and an OPD staff member



Food and non-food kits distributed in Kinshasa through CBM's inclusive emergency response.

Advocating for change

In 2025, CBM continued its close collaboration with organisations representing persons with disabilities to promote inclusive practices, ensure equal access to vital services, and strengthen the protection of persons with disabilities from human rights violations.



Global Disability Summit 2025

More than 4,700 participants from around the world gathered in Berlin in April 2025 for the third Global Disability Summit, which marked a unique opportunity to promote inclusive development, celebrate achievements and mobilise action.

CBM's involvement included a dedicated booth, several events, high-level bilateral meetings, and the Silent Tears photo exhibition which gave voice to women with disabilities who are survivors of gender-based violence. We played an important role in:

- ✓ The new Global Disability Inclusion Report and its launch
- ✓ The Disability Reference Group's event on the critical role of financing for inclusive humanitarian response
- ✓ A side event on establishing an International Parliamentary Network for Disability Inclusive Development to strengthen collaboration among lawmakers, co-hosted with the International Disability Alliance (IDA)
- ✓ An event exploring how inclusive political systems can advance the rights of persons with disabilities, co-hosted with the Konrad Adenauer Foundation, the Higher Council for the Rights of Persons with Disabilities in Jordan, and the Namibian Federation of the Visually Impaired.

Additionally, we presented the Inclusive Participation Toolbox as a practical tool for stakeholders in international cooperation to ensure meaningful participation of persons with disabilities in all phases of their work.

CBM submitted joint commitments with Sightsavers International and the International Disability Alliance (IDA) in areas such as the engagement of organisations of persons with disabilities (OPDs), health, education, livelihoods, and advocacy. We also supported OPD representatives to participate in the summit and share their perspectives.



Historic resolution at the World Health Assembly

CBM helped achieve a significant milestone for eye, ear and hearing care when the World Health Assembly (WHA) adopted Resolution 78.7: "Primary prevention and integrated care for sensory impairments, including vision impairment and hearing loss, across the life course."

The process was initiated in 2022 and led by Slovakia and supporting WHO Member States. CBM offered technical and operational support, including co-hosting the 2024 WHA side event "Let's advance Ear and Hearing Care for all: Towards a new WHA Resolution" with the International Federation of Otorhinolaryngology Societies (IFOS) and International Society of Audiology (ISA). In 2025, a follow up WHA side event, co-hosted with the International Agency for the Prevention of Blindness (IAPB), endorsed the inclusion of vision impairment within the broader sensory health agenda.

CBM will continue supporting the resolution's rollout across countries where we work, ensuring quality, accessible, and inclusive services can reach everyone who needs them.

Disability inclusion in the Crimes Against Humanity Treaty

Persons with disabilities are particularly exposed to human rights violations in conflict-driven crises. However, the current draft of the Convention on the Prevention and Punishment of Crimes against Humanity (CAH) neither explicitly recognises disability as grounds for persecution nor ensures inclusive access to justice. CBM has therefore strengthened its advocacy on disability inclusion in the CAH process and established an advocacy group with other INGOs and OPDs. The group developed a policy brief calling for the legal recognition of disability as prohibited grounds for persecution, and the alignment of the new treaty with the CRPD, including by ensuring accessibility and reasonable accommodation for victims, witnesses and survivors with disabilities. Our advocacy efforts also included bilateral meetings with UN Permanent Missions from Germany, Finland, Italy and New Zealand, and a webinar with international legal experts, policy makers, and OPDs.

This work is closely linked to CBM's efforts to strengthen OPD partners in conflict driven contexts and to build their capacities on international humanitarian law. It is also an example of our commitment to ensure that global advocacy is grounded in lived experience.





Image: CBM/Jamsyd Masud

↑ Monsoon floods ravaged large parts of Pakistan in 2022. CBM was part of the emergency response in collaboration with the Sindh Institute of Ophthalmology and Visual Sciences, Hyderabad, and the Health Department, Government of Sindh.

Climate change adaptation

Climate change adaptation is becoming increasingly important for CBM because climate crises are already reshaping the environments in which persons with disabilities live, learn, work and seek care.

CBM's Strategy 2030 identifies climate crises and disasters related to extreme weather events as part of the wider uncertainties affecting our work. It recognises that persons with disabilities are among those who are affected most when such pressures intensify. Across many of the contexts where we and our partners work, changing rainfall patterns, droughts, floods, and environmental stress are affecting daily life, as well as public systems and local economies. These changes create a strong need for practical, inclusive measures that help people cope with and adjust to changing conditions.

For CBM, this makes climate adaptation a cross-cutting issue. It shapes whether health services remain available and accessible during heat, flooding and storms and the disease outbreaks that may follow; whether communities can prepare inclusively for shocks; whether livelihoods and food security can withstand such disruption; whether children with

disabilities can continue learning; and whether disaster risk reduction can prevent climate-related risks from becoming humanitarian crises.

Climate change affects health directly through malnutrition, injury, infectious diseases, changing disease prevalence and transmission patterns and interruptions of access to treatment, rehabilitation and other essential services. It can cause displacement, changing the social fabric of communities and requiring services to adapt to mobile, resettled or camp-based populations; it also increases the likelihood and intensity of emergencies, making inclusive humanitarian preparedness, response and recovery more important. CBM's disability-inclusive crisis modifiers, integrated into project planning, enable the provision of rapid support at times of crisis, including continuity of community health services and access to treatment in changing contexts.

Our work with our partners already reflects this broader understanding of climate change adaptation. Community-based approaches strengthen local participation, ensure that persons with disabilities and their representative organisations are involved in planning, and support practical resilience measures at local level. This may include inclusive early warning systems, local preparedness, resilient livelihoods, food security, continuity of essential services and more inclusive adaptation planning.

Climate change adaptation matters to CBM because it is fundamentally about building resilience in ways that are inclusive. It goes beyond stand-alone disaster response and concerns whether communities, services and support systems can continue to function under stress without persons with disabilities being pushed further to the margins. CBM's added value lies in linking disability inclusion with practical, locally rooted responses that connect different sectors and strengthen resilience over time.



Image: CBM/Happuc

↑ Aimée and Koffi live in an area of Togo badly affected by drought. As part of a project implemented by CBM's partner Inades Formation Togo, Koffi has taken part in training, which he hopes will improve the yield of his crops.

Climate change adaptation in practice

- ✓ In Pakistan, persons with disabilities and OPDs are included in disaster risk management structures, improving their access to early warning systems at district and village levels.
- ✓ In Bangladesh, community-based preparedness efforts include raising plinths and providing rescue equipment to local task forces, with persons with disabilities actively participating to strengthen inclusive response capacity. Such locally-led measures reduce flood impacts, improve preparedness and ensure that early action systems are accessible and representative of diverse community needs.

Putting localisation into practice: CBM's partnership approach

Across the humanitarian and development sector, localisation has moved from an aspirational concept to a clear operational and political priority.



↑ Mara, an ophthalmic nurse and community worker from CBM partner Tandala Hospital in the Democratic Republic of Congo, examining a child's eye during an outreach visit.

Global commitments such as the Grand Bargain, along with increasing emphasis from institutional donors including the European Union and the German Federal Foreign Office, underline a shared expectation: humanitarian and development action must be led as closely as possible by those most affected and by organisations rooted in local contexts. This shift has become increasingly significant during the past two years due to significant funding cuts and growing resource constraints.

Long before localisation became a global priority, CBM embedded locally led partnerships at the heart of its approach, making localisation a defining feature of how we work.

Local partnerships as the foundation of CBM's approach

Rather than implementing directly at scale, CBM works primarily through a portfolio of local and

national partners. These include small community based organisations, organisations of persons with disabilities (OPDs), women-led organisations, faith-based actors and established national NGOs, local government entities or medical institutions. This diversity reflects CBM's commitment to inclusive, locally-led humanitarian and long-term development programmes.

CBM understands partnership as a relationship of equals, in which partners are strategic actors rather than delivery channels. Partnerships are designed to achieve programme outcomes, while strengthening organisational capacity and long-term sustainability, with capacity strengthening, joint learning and shared responsibility embedded from the outset.

This approach is guided by CBM's Partnership Principles and closely aligned with the CBM Partner Portfolio Framework, which emphasises local leadership

and meaningful participation, long-term systems strengthening, equity, inclusion, and accountability, quality, transparency, and compliance, as well as crisis-sensitive and conflict-sensitive partnership conduct. These principles provide a common framework for collaboration and support equitable partnerships that address power imbalances and move beyond traditional donor-recipient relationships.

Accountability and partner capacity strengthening

To ensure that partnerships are both accountable and enabling, CBM applies a structured internal partner assessment process grounded in disability-rights and localisation. This process is not designed only to understand the partner's capacity, but as a mechanism for shared reflection and to inform jointly agreed development plans.

In 2025, we revised the process to better reflect the diversity of our partners and introduce a "step-by-step" approach for OPDs, lowering entry barriers while maintaining responsible oversight. This enables emerging disability-led organisations to work with CBM funding through flexible arrangements that evolve as capacity grows.

We also use external standards to critically reflect on our own practice. Feedback from partners through our second Core Humanitarian Standard (CHS) Self Assessment in 2024/2025 showed a generally strong and collaborative partnership approach. Partners valued the clarity of agreements and participatory methodologies.

↓ Dania (right) from CBM's partner the King Hussein Foundation speaking to Osama, a disability rights activist in Jordan.



Local leadership in crisis contexts and system-level change

In crisis contexts, localisation is essential and, in many cases, the only option to deliver life-saving assistance. Local partners are often first responders and the only actors with sustained access to conflict-affected communities. Recognising this, CBM prioritises support for partners' safety and security capacity, including risk analysis, and safeguarding systems. From the onset of project planning, risks are jointly assessed with local partners, and mitigation measures—including necessary investments—are agreed together.

Our commitment to localisation extends beyond individual partnerships to include targeted investments in locally led coordination and leadership. In Northeast Nigeria, for example, CBM recently facilitated Humanitarian Needs and Response Plan (HNRP) workshops, enabling national NGOs, OPDs, and government actors to lead food security planning, evidence-based targeting, and inclusive coordination. These workshops reinforced the role of local actors as decision-makers rather than mere implementers.

For CBM, localisation is an operational commitment embedded in partnerships, systems, and everyday ways of working to ensure humanitarian, health and development action is inclusive, effective, and locally led.

Against the trend

Despite a generally challenging fundraising environment in Germany in 2025, CBM increased its income from donations and bequests. At the same time, expenditure on fundraising and administration declined.

CBM’s total income declined by €3.6 million to €338.5 million in 2025 (previous year: €342.1 million). The main reason was a reduction in in-kind donations from the Mectizan Donation Program (MDP) by €18.2 million. In contrast, income from donations and bequests increased by €9.5 million. The line item “Turnover” comprises income from rentals as well as from taxable commercial business activities.

In the non-profit segment, a surplus of €19.2 million was generated (previous year: €6.8 million). Surpluses from taxable commercial activities (sponsorship income and foundation services) amounted to €0.1 million (previous year: €0.1 million), while asset management contributed €1.5 million (previous year: €0.3 million). Overall, this results in a total

Profit and loss statement by contribution to result (in €k)*

	31.12.2025	31.12.2024
Cash and in-kind donations	296,410	310,884
of which: Cash donations	82,158	77,152
Donations from other organisations	19,682	21,028
Donations in kind	194,570	212,703
Legacies and bequests	23,171	17,491
Court fines	172	141
Endowments from public donors	18,720	19,383
Unspent funds from the financial year (balance of income and expenditure)	-1,687	-6,951
1a. Donations and endowments	336,787	340,947
1b. Turnover	73	73
2a. Other operating income	1,635	1,088
Total income	338,495	342,109
3. Project support	247,807	264,501
4. Personnel expenses	33,873	32,756
5. Depreciation	726	818
6. Other operating expenses	36,484	37,728
Total expenses	318,890	335,803
7. Financial result	1,143	866
8. Taxes on income and earnings	7	20
Result after tax/annual result	20,740	7,151

* All figures rounded commercially.

Expenditures in €k**

	31.12.2025	31.12.2024
Project support	247,807	264,501
Other programmatic expenses	34,564	33,737
Programme work expenses	282,371	298,238
Fundraising	27,743	29,710
Administration	8,213	6,970
Fundraising & administration expenses	35,956	36,680
Business operations and asset management	508	640
Total expenses	318,834	335,558

Balance sheet – Assets in €k

	31.12.2025	31.12.2024
Intangible assets	0	0
Tangible assets	2,103	2,045
Financial assets	30,172	20,319
Sum of fixed assets	32,276	22,365
Receivables and other assets	4,798	5,985
Petty cash and cash at bank	61,343	47,731
Sum of current assets	66,141	53,715
	98,416	76,080

Balance sheet – Liabilities and equity in €k

	31.12.2025	31.12.2024
Reserves	54,049	47,546
Annual result	20,740	7,151
Sum of equity	74,789	54,697
Donations not yet utilised	14,602	12,915
Provisions	5,149	4,094
Liabilities	3,877	4,375
	98,416	76,080

** Expense structure according to DZI classification. All figures are commercially rounded.

annual surplus of €20.7 million (previous year: €7.2 million). This surplus will be allocated to reserves.

Program expenditure and DZI ratio

Expenditure on statutory programme activities in the non-profit segment decreased by €15.9 million to €282.4 million (previous year: €298.2 million). This was primarily due to the decline in in-kind donations from the MDP (€18.2 million).

Fundraising and administrative expenses were reduced by €0.7 million. This decrease is mainly attributable to the discontinuation of support payments to CBM in Austria. The DZI ratio (fundraising and administrative expenses relative to total expenditure, including programme activities) stands at 11.3%.

Liquidity and financial position

CBM’s liquidity and financial position are appropriate for the organisation’s purposes. The ability to meet financial obligations was ensured at all times throughout 2025.

Dependent foundations

CBM manages three legally dependent foundations (Ernst Christoffel Foundation, Ernst Scheschonk Foundation, and Abbas and Margarete Shah Mohammadi Foundation) with total foundation capital of €15.5 million. In 2025, approximately €0.4 million was transferred from these foundations to CBM for statutory purposes.

The capital base of the Ernst Christoffel Foundation increased by €0.9 million to €14.4 million due to additional endowments. Within this foundation, 21 sub-funds exist with a total volume of €4.2 million.

Salaries and compensation

Total compensation for the Executive Management (including gross annual salary, company car, and additional pension benefits) amounts to €189,000 and €185,000 respectively. Members of the Supervisory Board were reimbursed €2,000 for meeting attendance (travel and accommodation expenses).

Gross salary ranges are structured as outlined in the table “Salary Levels”. Employees covered by collective agreements receive a 13th monthly salary.

Tariff-based salary levels (Germany)				
Gross annual salaries in €k				
	Lower range	Ø	Upper range	
Management Level ¹	95	111	132	
Team Leader	73	85	102	
Officers/Specialists	32	65	98	

¹Heads and Directors

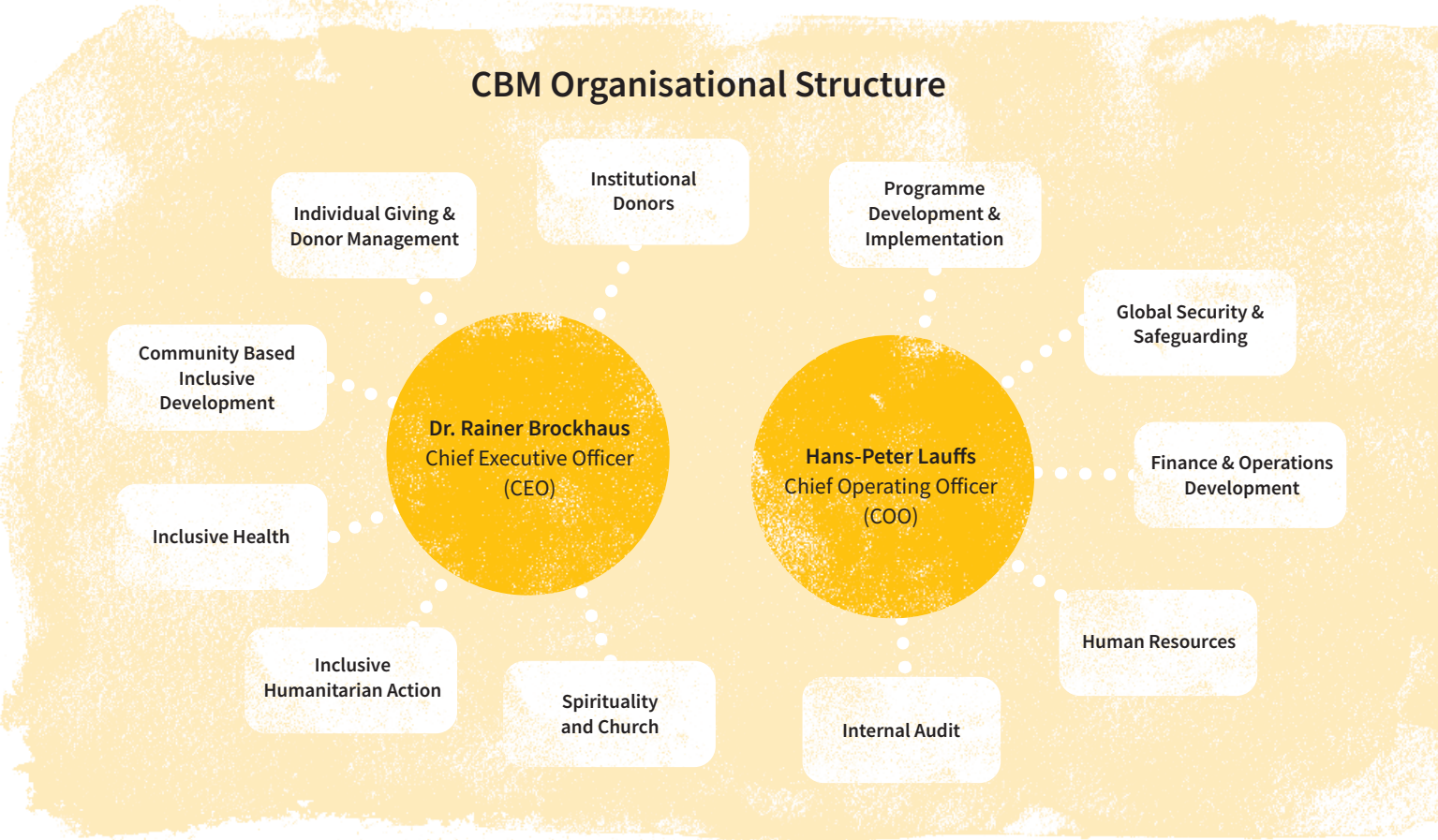
The annual financial statements as of 31 December 2025 were prepared in accordance with the German Commercial Code (HGB) and the Institute of Public Auditors in Germany’s guidance on accounting for associations. CBM reports as a large corporation and is exempt from corporate income tax due to its exclusively and directly charitable purposes. Only its commercial business activities are subject to taxation.

The 2025 financial statements were audited by PwC and received an unqualified audit opinion on May 13, 2025. The organisation is subject to mandatory auditing under its statutes.

CBM Christoffel-Blindenmission Christian Blind Mission e.V.


Dr. Rainer Brockhaus
Chief Executive Officer


Hans-Peter Lauffs
Chief Operating Officer



CBM as an organisation

CBM is led by two members of Executive Management: the Chief Executive Officer and the Chief Operating Officer. As of 1 January 2026, a total of six and five organisational units respectively are assigned to their divisions (see chart).

Supervisory bodies

The association has 60 individual members who support CBM’s mission through their voluntary work within the organisation’s governing bodies and meet at least once a year at the General Assembly. Among other responsibilities, the General Assembly oversees fundamental matters, grants discharge to the Executive Management and elects the voluntary Supervisory Board.

CBM is a member of Diakonie Hessen. This affiliation grants the Protestant Church in Hessen and Nassau (EKHN) the right to appoint a representative to the Supervisory Board. Accordingly, the Supervisory Board consists of six to nine members elected by the General Assembly, plus one EKHN representative, as stipulated in the statutes.

The Supervisory Board appoints the full-time Executive Management and oversees their activities. The responsibilities of the Supervisory Board include, among other things, approving the annual financial statements and adopting decisions on the investment guidelines proposed by the Executive Management, as well as on strategic planning and the annual budget.

The Executive Management lead day-to-day operations. Certain transactions—such as real estate dealings, loans, and high-risk business activities—require prior approval from the Supervisory Board.

Related non-profit organisations

CBM Christoffel-Blindenmission Christian Blind Mission e.V. is the sole member of Christian Blind Mission International (CBM USA) and Christian Blind Mission Ending Tropical Diseases (CBM ETD) in the United States. Through CBM USA, funds are raised from institutional donors and private contributors in the U.S. Through CBM ETD, CBM receives substantial in-kind donations of medicines for combating neglected tropical diseases.

Until 30 November 2025, Dr. Peter Schießl represented CBM in the Boards of CBM USA and CBM ETD. As of 1 December 2025, Hans-Peter Lauffs assumed these roles.

CBM is the founder of the CBM Foundation, based in Bensheim, Germany. It appoints the members of the Foundation's Advisory Board, which in turn appoints and supervises the Foundation's Executive Management. The Advisory Board consists of Dr. Peter Schießl (until December 31, 2025), Hans-Peter Lauffs (since January 1, 2026), and Dr. Rainer Brockhaus. The independent foundation pursues the same statutory objectives as CBM. The CBM Foundation owns the property at Stubenwald-Allee 5 in Bensheim and leases it to CBM. The Foundation's funds are used via CBM to support projects.

CBM is also the founder of Christoffel Blindenmission Österreich – Gemeinnützige Stiftung (CBM Austria – Charitable Foundation). It appoints the members of the foundation's supervisory body, which in turn appoints and oversees the foundation's Executive Management. The supervisory body includes Dr. Rainer Brockhaus, Dr. Peter Schießl (until December 31, 2025), and Hans-Peter Lauffs (since January 1, 2026). The foundation pursues the

*644 employees worldwide
of whom 281 are based in Germany.*

same objectives as CBM and is supported by CBM. Its long-term goal is to establish a donor base in Austria and thereby mobilise additional project funding.

In Italy, Kenya, Australia, New Zealand, Ireland, the United Kingdom, and Switzerland, several organisations operate under the names "CBM," "Christoffel-Blindenmission," or "Christian Blind Mission." These organisations are not linked to CBM through a shared governance structure. However, they may provide funding for CBM's project work.

Fundraising

In 2025, CBM used a variety of fundraising channels to retain and acquire donors. These included direct mail, digital marketing, direct response TV, online events, and telephone outreach. Some of these activities were outsourced to external service providers.

Post remains the most cost-effective means of informing donors about CBM's work. In selected mailings, CBM includes small tokens—such as pens or postcards—to attract and retain donors. While these items represent only a very small share of overall costs, they significantly increase donation levels.

External partners—such as printing companies, mailing service providers, photographers, and others—supported the production of materials for CBM's fundraising channels.

CBM governing bodies



Transparency is the foundation of your trust

Our supporters trust that we use their donations effectively. We show clearly how every euro is spent. At the same time, we evaluate the impact of our projects on persons with disabilities.

Careful management of project expenditure

At CBM, no single individual decides on expenditures alone. Approval limits for expenses are defined according to amount and area of responsibility. For example, project budgets are jointly approved by a responsible person in the programme region and an independent expert.

The overall budget is reviewed and adopted by the Supervisory Board based on a proposal from the Executive Management. CBM's annual financial statements are audited by an independent auditing firm. For projects co-financed with the German Federal Ministry for Economic Cooperation and Development (BMZ) and the European Union, CBM is also subject to oversight by these donors.

Through our participation in various national and international initiatives, CBM is committed to transparent communication and to adhering to guidelines that protect children and other vulnerable groups. Detailed information on our policies can be found at: www.cbm.org/transparency

Monitoring impact in our projects

CBM uses standardised monitoring and evaluation processes to track the impact of its projects. The goal is to learn from results, improve project work, and strengthen the strategic orientation of country portfolios. Binding procedures—such as the requirement for projects to report twice a year—can be adapted in specific cases to meet individual programme or project needs.

Anonymous whistleblowing system

Since 2014, CBM has operated an anonymous whistleblowing system. It allows individuals to report violations of legal regulations and internal policies, such as cases of corruption or abuse.



Reports received are handled by CBM's internal audit team, and external legal advisors are involved where necessary. If members of Executive Management are affected, internal audit reports directly to the Supervisory Board. Since the system was introduced, between five and thirteen cases have been reported each year. Some of these proved unfounded, while others were serious. In certain cases, CBM has consequently parted ways with staff members.



Image: CBM

Outlook for 2026

The current global political situation is more unpredictable than ever, which is likely to make both project work and fundraising more challenging. Despite these uncertainties, CBM remains committed to its strategies and objectives.

The concepts developed for eye health and community-based inclusive development (CBID) will continue to be implemented consistently. In line with the adopted strategy, existing local support systems are being given greater consideration in the design of CBID projects. In addition, CBM aims to play a more active role than in the past in shaping the development of these support systems through close collaboration with local organisations representing and supporting persons with disabilities. In response to the growing number of crises, CBM is also expanding its humanitarian assistance activities.

Planned project expenditure

For 2026, the following financial targets have been adopted: donation income (excluding in-kind donations) of €96.7 million, co-financing of €21.5 million, project funding through cash transfers to partners of €64.4 million, and a DZI ratio for fundraising and administration of 11.8%.

The plan approved by the Supervisory Board anticipates an overall annual deficit of €1.5 million. This projection is based on the assumption that no short-term disruptive developments will occur during the planning period. The deficit primarily arises from the non-profit segment and is intended to increase the allocation of funds to programme work. Key planning figures for the non-profit segment include:

- In-kind donations from the Mectizan Donation Program (MDP), which do not affect results, are expected to amount to approximately €200 million.
- Excluding these in-kind donations, donation income and grants are projected at €135.3 million, with expenses planned at €138.7 million.
- €98.8 million is allocated to programme work (excluding in-kind donations), and €39.9 million to fundraising and administration.

Financial plan 2026 in €k ¹		
	Actuals 31.12.2025	Projected 31.12.2026
1a. Donations and endowments	336,787	335,860
1b. Turnover	73	50
2a. Other operating income	1,635	750
Total income	338,495	336,660
3. Programme expenditure	247,807	264,389
4. Personnel expenses	33,873	35,085
5. Depreciation and amortisation	726	974
6. Other operating expenses	36,484	38,229
Total expenditure	318,890	338,677
7. Financial result	1,143	500
8. Income tax	7	0
Annual result	20,740	-1,516

¹ All figures are commercially rounded.

For the purpose-related operations and taxable commercial activities, surpluses of €0.1 million each are projected, while asset management is expected to generate a surplus of €0.5 million.

Fundraising development

In the private donations market, the main strategic priorities remain the expansion of cross-media fundraising—that is, the integration of different communication channels—and donor retention. Both are intended to stabilise the donor database and reduce fundraising costs.

Two cross-media campaigns were successfully implemented in 2025. Retention measures such as conversion mailings and telephone outreach increased the number of regular donors by 2%, from 114,920 to 117,251. Nevertheless, a large share of donation income continues to come from approximately 500,000 active repeat donors who respond primarily to print mailings. In the coming years, strategic development will focus on legacy giving and major donor segments. A new customer relationship management system, whose concep-

tual phase began in 2025, is also expected to support fundraising goals, for example through affinity analysis and enhanced personalisation of donation offerings.

In institutional fundraising, CBM aims to further expand funding volumes with its established donors in Germany, particularly the Federal Ministry for Economic Cooperation and Development (BMZ) and the Federal Foreign Office. Funding from the European Union, especially through the humanitarian aid financing mechanism ECHO, will also remain within the target range.

Internationalisation and diversification efforts will continue. This includes leveraging opportunities with private institutional donors as well as strengthening strategic cooperations. These efforts are expected to enable more efficient and effective access to new donor markets.



Image: CBM/Hayduk

"Having the retinopathy programme is a relief for us parents of premature babies. You don't know it exists until you need it."

Lesvia, left with her mother Alma and her son Thiago, who was born prematurely at 32 weeks. Thiago received treatment through the CBM-supported Retinopathy of Prematurity Programme in Guatemala, implemented by the National Unit of Ophthalmology.

Supervisory Board (voluntary)

Prof. Dr. Anna Svea Fischer

University Lecturer, Munich
(Chair of the Supervisory Board)

Markus Bohni

CEO of an investment holding company,
Berg am Irchel (Switzerland)
(Deputy Chair of the Supervisory Board)

Dr. Kirsten Girnth

Lawyer, Frankfurt
(Deputy Chair of the Supervisory Board)

Roland Bien

Degree in Business Administration, Tax advisor,
Viersen

Angelika Jacobi

Consultant for nonprofit organisations, Cologne

Dr. Helga Rau

Degree in Nutritional Science, Africa Advisor at EKH
(retired), Frankfurt

Claus Duncker

Director of the German Institute for the Blind (retired),
Marburg

Dr. Rainhard Koch

Microbiologist (retired), Kleinmachnow

Klaus Wittkuhn

Human resources development consultant
(Managing Director), Wachtberg

PD Dr. Christian Wolfram

Ophthalmologist and public health physician, Hamburg