We open eyes.

Accountability Report 2019
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<td>AFES</td>
<td>Region Africa East South</td>
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<td>AFWC</td>
<td>Region Africa West Central</td>
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<td>A&amp;S</td>
<td>Region Asia &amp; Americas</td>
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<tr>
<td>CBID</td>
<td>Community-Based Inclusive Development</td>
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<td>CBM</td>
<td>CBM Christoffel-Blindenmission Christian Blind Mission e.V.</td>
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<tr>
<td>COSP</td>
<td>Conference of State Parties</td>
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<td>CRPD</td>
<td>Convention on the Rights of Persons with Disabilities</td>
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<td>DZI</td>
<td>Deutsches Zentralinstitut für Soziale Fragen</td>
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<td>IEH</td>
<td>Inclusive Eye Health</td>
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<td>EU</td>
<td>European Union</td>
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<td>HR</td>
<td>Human Resources</td>
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<td>IATI</td>
<td>International Aid Transparency Initiative</td>
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<td>IDDC</td>
<td>International Disability and Development Consortium</td>
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<td>IPCM</td>
<td>Inclusive Project Cycle Management</td>
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<td>KPI</td>
<td>Key Performance Indicator</td>
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<td>KPO</td>
<td>Key Performance Objective</td>
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<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>PQF</td>
<td>Programme Quality Framework</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNDIS</td>
<td>United Nations Disability Inclusion Strategy</td>
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<td>UNGA</td>
<td>United Nations General Assembly</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>WHF</td>
<td>World Hearing Forum</td>
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2. Opening Statement

In April 2019, the CBM Strategy was strengthened through the approval of additional guidance material to support teams in the effective implementation of CBM’s Mission. At the same time, CBM decided to dissolve the Federation as of 01.01.2020 and continue with two separate, clearly focused organisations under the shared brand of CBM.

CBM Germany, the initial founder of CBM-International, will merge back into CBM-International. The Anglo-Saxon CBM members together with CBM Switzerland have formed, still in 2019, an independent federation under the name CBM Global Disability Inclusion.

While these developments prompt significant administrative and managerial challenges and new requirements to the setup of the individual entities, they also present a great opportunity to ensure more focused and efficient delivery of development and humanitarian work for both new entities through our partner organisations in the Global South. This is further supported by – in large majority – clearly distinctive countries of operations of CBM-International on the one side, and CBM Global Disability Inclusion on the other side. These changes allow different parts of CBM to focus on their priorities and areas of expertise, but to continue to collaborate closely and drawing on each other’s resources and expertise.

However, the ongoing transformation process that CBM embarked on in 2016 is thereby not losing momentum. Quite the contrary, it is further propelling the transformation process with even more clarity of focus, although now organised in two different entities, i.e. CBM-International and CBM Global. This is due to the fact that for achieving our mission, the initial rationale for the transformation process has not changed: we need to be truly and equally accountable to our donors and to the people and communities we serve. Consequently, our Strategy calls for “strengthened accountability and improving our efficiency” that allows “CBM to increase the quality and impact of our programmatic work” to achieve our mission of improving the quality of life of women, men, girls and boys with disabilities in the poorest communities of the world.

This means that accountability and effectiveness remain at the centre of CBM’s ongoing transformational process. As our top three (3) priorities, we have achieved to unanimously define a new organisational set up for CBM to allow for more focused and effective delivery of CBM’s mission (i); to clarify important aspects of CBMs strategy, in particular with regards to the effective collaboration of relevant CBM structures in programming at country level ensuring partners, country offices, technical advisors and fundraisers share in the decision making, oversight and accountability for our programmes (ii); to roll out CBM’s Programme Quality Framework and our new Partnership Principles to improve the quality of our programmatic work and provide a closer connection between beneficiaries and the organisation, as well as with our partner organisations and donors (iii).

With regards to the 3 main recommendations of Accountable Now based on our 2018 report, we are on course with our planned improvement actions for 2019 in line with our management response to Accountable Now from 11.12.2019. Concretely, by developing additional summaries of evaluations or emerging good practices / lessons learnt for the website to be added as they become available (i); further, by developing our website CBM.org to provide improved information on how to submit complaints, and ease access to it through the development of an online form (ii); as well, initial concepts for staff development have been identified that will be taken forward (iii).

Respectfully,

Dr Rainer Brockhaus
CEO CBM-International
November 2019
3. Self-Assessment

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

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<tr>
<th>Reporting Question</th>
<th>CBM self-assessment</th>
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<td>G 1. Are your annual budgets, policies (especially regarding complaints, governance, staffing/salaries and operations), evaluations, top executive remuneration and vital statistics about the organisation (including number of offices and number of staff/volunteers/partners) easily available on your website in languages accessible by your key stakeholders? Please provide links, highlight membership in initiatives such as IATI and outline offline efforts to promote transparency.</td>
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<td>G 2. What policies do you have in place to ensure a fair pay scale? Do you measure the gender pay gap in your organisation, and if so what is it? What are the salaries of the five most senior positions in the organisation, and what is the ratio between the top and bottom salaries? If this information cannot be provided or is confidential, please explain why.</td>
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your staff, volunteers, or partner organisations? Please provide an overview of the number and nature of complaints in the reporting period, how many of those were valid, and of those that were valid, how many were appropriately handled and resolved.

<table>
<thead>
<tr>
<th>Question</th>
<th>Score</th>
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<td>K 3. What is your accountability report’s scope of coverage? Are you reporting for the whole organisation or just the international secretariat? For secretariats of international federations, on which issues of accountability (or relating to Accountable Now’s 12 commitments) do your members report to you on, and with what frequency? Where there is no routine reporting, how do you use your coordinating functions to elevate attention to accountability issues throughout your federation?</td>
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The scores are based on the following scale:

1: No policies, procedures, or other documents are provided to explain the member’s approach. There is no improvement plan in place, or there is a plan but no actions have been taken yet.

2: Policies, procedures, or other documents explaining the member’s approach are provided, but no evidence or examples have been shared to show how these work in practice. A plan to address the commitment has been established and first steps have been taken to fulfil it.

3: In addition to policies, procedures, or other documents explaining the member’s approach, systematic evidence or examples have been provided to show how these work in practice. Results, progress, and ambitions for further improvement are documented.

4: The commitment is fully addressed and in addition to the above, there is evidence that the (approach to the) commitment has been fully embedded into the organisation’s practice.
A 1. What are your mission statement and your theory of change? Please provide a brief overview.

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

**CBM’s Mission Statement**

CBM is an international Christian development organisation, committed to improving the quality of life of persons with disabilities in the poorest countries of the world.

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

**CBM’s Theory of Change** (ref. Annex of *Federation Strategy 2023*)

CBM seeks transformative change leading to improved quality of life for people with disabilities living in poverty, their families, and their communities. Disability and poverty are inextricably linked and perpetuate each other, so we focus on the poorest communities in the world. CBM seeks this change through three main **outcomes**:

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

These three pathways are closely related, influencing, and promoting each other, contributing to the four **strategic objectives** of CBM:

- Strong voice and autonomy of people with disabilities
- Inclusive, resilient communities
- Inclusive and sustainable local and national systems and services
- Populations affected by natural and manmade disasters have access to inclusive humanitarian assistance and protection

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

CBM has developed Key Performance Indicators (KPIs) to measure objectives in programmes, but also in organizational finance, human resources, and internal processes.

Our objectives to **programmatic effectiveness** are:

- Monitoring and Evaluation undertaken to agreed standards and follow up action conducted.
- Project and Country Plan targets and indicators made SMART and aligned with the strategic goals.
- 3-way collaboration between regional structures (AFES, AFWC and ASAM) for practical implementation, initiatives (CBID and IEH) for technical guidance and resource mobilization for assuring availability of financial resources systematically adopted.
- Partnerships managed in keeping with CBM’s partnership principles and procedures.
- Projects implemented as per (budget) plan and are actively managed in case of deviations from plan.

Our objectives to **internal effectiveness** are:
• Non-Partner Expenses are managed according to budgets and authority levels.
• Cross-functional communication lived.
• Changes have resulted in financial efficiency gains on Non-Partner Expenses
• Every new employee receives an induction according to their relevant field and level.
• All entities have adhered to CBM’s performance management processes.

Our objectives to **quality, accountability, and compliance** are:

• CBM’s new Programme Quality Framework (PQF) is reflected in CBM’s core systems and programming on all levels.
• Instances of unacceptable conduct have been appropriately reported and investigated.
• Incidents flagged in CBM Feedback systems focusing on programme, finance and ethics have been resolved expeditiously.
• All entities have adhered to relevant internal procedures and regulations, and external statutory standards.
• Reports have been submitted to the required quality and on time.

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

Through a survey conducted with Regional Directors in AFES, AFWC and ASAM in May 2019 it was reported that overall, there is notable improvement in performance of teams with regards to quality, accountability, and collaboration with key internal stakeholders.

On the other hand, it was perceived that KPIs are overly process oriented and that the sheer number of KPIs, together with the overall volume of change, is bearing the risk of overwhelming teams and leading to lack of focus. Therefore, KPIs for 2020 have been more clearly marked as optional for team leaders to choose from when developing Key Performance Objectives (KPOs) for individual staff.

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

In 2019, CBM reviewed how we work together as a Federation, considering the roles and functions of the member associations and the international organisation. This process came to the following conclusions that have been approved by CBM’s governance bodies:

• CBM will implement changes at governance and management level to positively influence the results of our work.
• The evolution of our structure will organise our work more efficiently and allow different parts of the CBM Federation to focus on their priorities and areas of expertise.
• Two distinct implementation entities will each have responsibility for programming in a set of countries and with a specific technical focus.
• CBM Germany and CBM-International merge operationally on 1 January 2020.
• CBM Italy will work closely with the new (merged) CBM-International.
• CBM Germany (after the merger: CBM-International) is the sole member of CBM US and therefore fully responsible for the US entity.
• CBM Austria is a foundation under the leadership of CBM Germany (after the merger: CBM-International).
• The seven remaining CBM Member Associations (Australia, Ireland, Kenya, New Zealand, South Africa, Switzerland, UK) form a new Federation called ‘CBM Global Disability Inclusion’, which will integrate some elements from the current CBM-International.

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

Sustainability of our results is a guiding principle for CBM. This was underlying the development of the Programme Quality Framework, a set of principles that support programme staff to achieve lasting change through a strong commitment to quality work with a sustainability focus. All projects in CBM are regularly monitored and evaluated to document sustainability or challenges in achieving it.

CBM strongly focuses on community-based work and the support of local organisations, all with the goal of achieving lasting change for the target group. Further, partner organisations and their level of sustainability is reflected solidly during intermittent partner capacity assessments (tool available on request), and priority actions to support organizational development are included in the project plans supported by CBM.

One recent project evaluation from Sri Lanka, for example, confirmed that the project had strengthened the community to encourage local authorities to serve the most vulnerable groups through participatory planning processes. Municipal legislative bodies in the project area now have greater understanding of good governance, democratic decision making, and service delivery to include the most vulnerable groups. As a result, households headed by persons with disabilities and women are now able to demand that their rights are met and are represented in the advisory committees of the municipality.

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

CBM identifies and shares lessons learned in programming and implementation of Projects with external stakeholders in many ways. Most relevant examples as follows:

• Active engagement in expert fora, conferences, and professional networks such as Accountable Now and NGO councils with delivery of presentations or contribution to publications.
• Produce and share learnings from evaluations internally and externally through publication of evaluation summaries on CBM.org. Samples are:
  ➢ Article on success factors of eye health programmes in Asia, including poster
  ➢ Evaluation of a Community-Based Inclusive Development Project in Sri Lanka
  ➢ Meta Evaluation of 24 CBM Project Evaluations
• Dedicate time in team meetings or other internal events to discuss new insights and learnings and delineate concrete actions as required.
• Deliver webinars and peer exchange with Country/Regional Office staff on topics of relevance for programme quality, such as approaches to partnership management or competence in indicator development.
• Dedicate regular space for leaders and CEOs in the organization to inform staff on key developments in technical areas, general trends of importance to CBM, or any governance updates.

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

In line with our Theory of Change and the four strategic Objectives, CBM is putting particular focus on two key thematic areas to excel: Inclusive Eye Health (IEH) and Community-Based Inclusive Development (CBID).

To achieve excellence and thought leadership, CBM has concentrated available technical competence in these two technical initiatives. Further, through the so called three (3) way collaboration model at country level, technical initiatives have been empowered to veto projects that do not meet standards of technical excellence. With Disability-Inclusive Development as our foundation, we demonstrate excellence by:

• Championing and modelling disability-inclusive development to promote inclusion of people with disabilities in their communities and in all aspects of society.
• Accompanying partners in their monitoring, evaluation, and reporting.
• Delivering quality technical advice to ensure high-quality programmes.
• Investing in and building the capacity of organisations of persons with disabilities, governmental bodies, and civil society organisations.
• Acting as a catalyst in working with and connecting DPOs and partner organisations, governmental bodies, relevant national networks, and other local actors.
• Ensuring upward and downward accountability by creating linkages with regional and global development and humanitarian frameworks and advocacy priorities.

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

• CBM contributed at the 74th session of the United Nations General Assembly (UNGA 74) in 2019 where world leaders reviewed progress on the implementation of the 2030 Agenda for Sustainable Development and its 17 Goals. CBM, as one of the key coordinators of the Stakeholder Group of Persons with Disabilities, participated in UNGA 74.
  Result:
  Persons with disabilities were strongly represented throughout the week and the importance of securing their rights was affirmed in the opening speech of UN Secretary-General António Guterres.

• CBM attended the 12th session of the Conference of State Parties (COSP) to the Convention on the Rights of Persons with Disabilities (CRPD) from 11 to 13 June 2019 at UN Headquarters in New York. CBM representatives provided input into the development of the UN Disability Inclusion Strategy (UNDIS). The CBM delegation was actively involved in different activities and events as funders, co-sponsors, moderators, presenters, and facilitators. CBM also organised a workshop at the related Civil Society Forum.
  Result:
  The COSP saw the launch of the UN Disability Inclusion Strategy (UNDIS) that provides the
foundation for sustainable and transformative progress on disability inclusion through all pillars of the United Nations’ work.

• CBM attended the Fourth Asia-Pacific Community-Based Inclusive Development (CBID) Congress 2019 in Ulaanbaatar, Mongolia.
  Result:
  CBM recommendations to the congress have been documented in the official congress report, and overall outcomes have been outlined in the Ulaanbaatar Declaration.

• CBM co-hosted the 2019 IDDC General Assembly (GA). It featured keynote addresses and panel discussions with IDDC members, including a presentation from CBM on global partnerships. High-level representatives from government agencies, the UN system and academia were among the participants.
  Result:
  Strategy, agenda, and work plan of IDDC also in 2019 is influenced by CBM, co-shaping the global inclusive development agenda. inclusive development internationally.

• CBM led a working group and session on ‘A Just and Inclusive Society’ at the high-level Global Mental Health Ministerial Summit in Amsterdam,
  Result:
  The working group developed briefings and recommendations for the summit.

• CBM was a member of the forum’s steering committee and co-chair of one of four working groups at the first General Assembly of the World Hearing Forum (WHF)
  Result:
  Substantial progress achieved in preparing the 1st World Report on Hearing, envisaged for publication in 2020.

• CBM colleague Dr Sylvain El-Khoury was awarded a research fund for tropical ophthalmology in Rwanda at the annual Deutsche Ophthalmologische Gesellschaft (DOG) congress in Berlin.

• CBM colleague Dr Duerksen received the "Order of Merit of the Federal Republic of Germany" in recognition of his outstanding work in Paraguay for more than 25 years through Fundación Visión and CBM.

• Under the title: “Realising the rights of persons with disabilities: a photo exhibition to walk the talk”, CBM showcased their work before an EU audience. During the event, Heidi Hautala, Vice-President of the European Parliament, and Massimiliano Paolucci, Head of the World Bank Office to the EU, thanked CBM for showcasing some of the End the Cycle stories to put faces to the lived experience of many people with disabilities in the Global South.

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

Inclusion is a core value of CBM and underpins all our operations.

We ensure accessibility and inclusion of persons with disabilities based on a human-rights approach in all our operations. CBM has developed several new resources to help staff to be inclusive and protect human rights. They allow staff and partners to assess progress towards inclusion and develop and monitor action plans. All resources have been developed in a participatory manner,
including persons with disability, and partners – and include a variety of internal and external validation and review processes.

In 2019, CBM developed a Disability and Gender Analysis toolkit.

The toolkit was built on joint development and exchange with women and men with disabilities as well as partners organisations and organizations of persons with disabilities in Nepal, Niger and Bolivia.

Further, CBM’s Programme Quality Framework (PQF), that includes related principles on ‘Justice, Equality and Inclusion’ as well as ‘Gender Equality’, was shared with selected international and national partner organisations to ensure high level validation and feedback. Subsequently, it was formerly approved by leadership and roll out for progressive realization is systematically pursued in CBM.

The following policies and standards from previous years are still in place to guide our inclusiveness and human rights focus:

- CBMs Disability-Inclusive Development (DID) standards ensure a solid human rights foundation of our work and that voices of persons with disabilities are mainstreamed into our programmes.
- Our Accessibility policy promotes accessibility in line with the CRPD. CBM is committed to promoting equal access and participation of all women, men, girls and boys with disabilities in the countries in which we work.
- In terms of promoting women’s rights and gender equality, CBM abides by the relevant laws on gender equality and family friendly workplaces. The DID standards mentioned above also cover gender equality and promote the rights of women and girls with disabilities.

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

Safeguarding children and adults-at-risk is a core commitment of CBM staff and partners because we target children and adults with disabilities who have heightened vulnerability to abuse, neglect and exploitation. Approximately 80% of our global programmes serve children – most of whom are children with or at risk of disability.

Children with disabilities are three to four times more likely to be victims of violence than are their peers without disabilities. Adults with disabilities are at a 1,5 times higher risk of violence than non-disabled adults, and those with mental illnesses are particularly vulnerable. In view of this increased risk for children and adults with disabilities, adherence to our safeguarding policy is key.

In 2019, CBM rolled out a new Children and Adults-at-Risk Safeguarding Policy across the organisation. While acknowledging that safeguarding is everyone’s responsibility, the country directors drive implementation of the new Safeguarding Policy in their countries. CBM requires partner organisations to have their own child and vulnerable adults safeguarding policies and procedures in place.

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

Further, to ensure that any stakeholder of CBM work including communities and partners we work with can provide feedback and flag any negative impact of actions, a Feedback and Complaints Policy was developed in 2019, and accessibility of reporting channels were improved.

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

Environmental responsibility is one of the commitments in CBM’s newly launched programme quality framework. Through this commitment, CBM aims to

- assess, avoid and mitigate potential negative impacts of CBM’s operations on the environment; and
- pursue actions for strengthened environmental sustainability that positively impact on climate change, such as reduction of, or compensation for, our CO2 emissions.

On the intersection of disability-inclusion with environmental factors, CBM seeks to include people with disability in mainstream environmental programmes such as those working in climate change adaptation and resilient livelihoods; and the promotion of empowerment approaches in which people with disability join local environmental advocacy, e.g. membership of community forest preservation committees.

CBM continues to co-lead the Environmental Sustainability Working Group within the International Agency for Prevention of Blindness (IAPB), which is the key body for all INGOs working in eye health.

CBM has also developed a submission to the High-Level Political Forum on Sustainable Development (HLPF) on ‘disability and climate change’.

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

CBM identifies different clusters of stakeholders during country- and project planning.

The process consists of a mapping of all relevant stakeholders together with the partner organizations. The level of the stakeholders' interest and influence on the success or failure of the planned project(s) is analysed, and strategies established to address any influence as required.

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

- Persons with disabilities and persons at risk of disability
  ➢ their families
  ➢ communities these persons live in
  ➢ volunteers in community programmes
  ➢ parent organisations
  ➢ Representative organisations of Persons with disabilities
- The population most affected by a crisis, including persons with disabilities and their families
- Partner organisations in programme countries and their staff
- Civil Society Organizations/Non-Governmental Organizations
- Authorities in programme countries
D 2. How do you ensure you reach out to those who are impacted or concerned by your work?

CBM pursues a do-no-harm approach, and transparently informs on channels for feedback or whistleblowing.

CBM uses a specific approach called inclusive project cycle management (iPCM) and works closely with partner organisations to ensure that persons with disabilities are involved through the whole cycle of a project.

Disability-Inclusive Development and accessibility/universal design are a principle to our work in order to ensure that barriers for persons with disabilities to receive and share information are overcome and that they are involved appropriately in the entire project cycle.

Further reach is being pursued through advocacy campaigns, as well as empowerment of local organisations and individuals.

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

CBM employs several strategies to coordinate with other actors.

- As standard CBM seeks formal interaction with Governments in technical committees and coordinating bodies to ensure relevance, coordination, and synergies of interventions.
- Country Offices and their representatives are actively engaged in INGO coordination councils in the countries were CBM is active.
- CBM as a principle works with partners and DPOs that offer specific sectoral insights, are rooted in the societies where we operate and have good knowledge of the geographical and social context of the project. A dedicated partnership commitment is part of CBM’s new Programme Quality Framework.
- Each project starts with a thorough stakeholder analysis. The result is a detailed map of actors in the area, of opportunities and barriers that the project must consider.
- Whenever feasible, CBM works with other international organisations and NGOs to maximise synergy and impact. In humanitarian work, CBM coordinates with partners through government and UN coordination mechanisms.

For example, CBM works in Cox’s Bazaar in the Rohingya Refugee camp together with UNICEF and a Bangladeshi NGO, applying the twin-track approach. That means, on the one hand CBM provides specific services to persons with disabilities, and on the other hand they advise the other organisations on how to make their education work inclusive of children with disabilities.

In Disaster Risk Reduction work, CBM supports organizations of persons with disabilities so that their members can actively contribute to the shaping of inclusive humanitarian practice and support UN
cluster organisations and national humanitarian actors with insights about the sectoral and geographical space from the viewpoints of persons with disabilities.

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

At organisational level, CBM is continuously seeking to strengthen a feedback culture. This is supported by formal feedback mechanisms in the context of CBM’s performance management system.

Further, CBM launched a new Programme Feedback and Complaints Policy in 2019. The main aspect of the policy revolves around the paradigm “the right to say and the duty to respond”. Our stakeholders have the right to give us feedback and voice their concerns. And CBM has the duty to listen and respond appropriately to any grievance that we may have caused. This includes feedback from our partners and from members of the communities which we serve, as all CBM staff are requested to routinely ask for feedback when interacting with partners and communities.

This Policy therefore is a key step to align with CBM’s commitment to accountability and quality in programming, as outlined in our Programme Quality Framework and our Partnership Principles. It will also enhance the preventive and responsive action of our Safeguarding Policy.

In terms of acknowledgement, while the overall effectiveness of CBMs feedback culture will be subject to formal review in due course, there is evidence of CBM being recognized in this regard, as other INGOs are approaching CBM for guidance and learning.

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

All our programmes are implemented through partner organisations. CBM has processes in place to ensure stakeholder engagement prior to and during all work on partnerships, projects and country planning. This applies to CBM’s work as well as the work of our partner organisations.

As example, CBM:

- Conducts stakeholder analyses as part of all project or country plan developments.
- Engages identified stakeholders in discussions and planning meetings to hear their views and ensure ownership of planned activities as appropriate and necessary for impact and sustainability of CBM work.
- Verifies stakeholder engagement during monitoring visits and during evaluations.
- Requests CBM staff to proactively remind partners and communities to use CBM feedback systems for complaints, suggestions for improvement.
- Requests partner as well as own staff to review the role and contribution of both CBM and the partner organisation during partnership reviews.
E 3. What are the main likes/dislikes you have received from key stakeholders? How, specifically, have you reacted to their feedback?

An important activity for CBM to learn on partner perceptions of CBM has been conducted in Q1 2019 validating the newly developed Programme Quality Framework (PQF) before formal approval.

Main likes (non-exhaustive) from our global and national partner organisations are as follows:

• “A clear, concise and action-oriented document, leading CBM in the right direction towards achieving consistent quality, increased effectiveness and greater impact.”
• “Very good standards and it is great to see this as an institutional commitment of CBM across all its work.”
• “A very comprehensive and reflective [framework] of all the needs and principals around inclusive development and disability rights.”
• “If you manage to implement all these principles, CBM will be even more of a model NGO than it is today.”

Main dislikes (non-exhaustive) are as follows:

• In terms of effectiveness CBM should ensure ‘evidence for practice.’
• Clearly separate external and internal purposes. Be mindful that process does not rule purpose.
• CBM should have an international team in charge for monitoring the effective implementation of this framework, to evaluate the progress of its implementation.
• How to make such accountability framework an enjoyable organizational development and learning, not a burden (…) needs a creative approach and incentive for partners who diligently work on improving their system (e.g. recognition, appreciation etc.).
• To enhance ownership and participation of CBM partners consider learning teams which consists of representatives of CBM national partners in each country office.

As a reaction to the feedback, CBM has increased efforts to approach partnership work in a sustainable and mutually beneficial way, as documented in CBM’s newly developed partnership principles. Further, a concrete Guidance Note for CBM staff was developed in 2019 on how to put Partnership Principles into Action.

With regards to the specific dislikes as reported in 2017, CBM has in revised its approach to Project Planning, aligning the process to the principles of the new Programme Quality Framework (PQF). Most importantly, findings from Partner Capacity Assessments and identified organizational development (OD) needs of our Partner Organizations are firmly tied into requirements for Project planning, approval and reporting. Thereby, priority OD needs for sustainable project outcomes are supported by CBM and followed through during project implementation. Further, related questions are made part of the revised template for seeking internal project approval in CBM.

As well, CBM has strengthened focus in project planning and reporting on aspects related to overall application of learnings from the last, or the ongoing, project cycle. Further, learning is strongly featuring in all existing or new Initiative plans of CBM.

Please also refer to J3.
E 4. How do you know that people and partners you worked with have gained capacities, means, self-esteem or institutional strengths that last beyond your immediate intervention? (You may skip this question if you have addressed it in your response to B 1.)

Please see B 1 for the answer to this question.

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

Through programme work and technical expertise CBM gathers evidence regarding the root causes for disability and poverty to allow us to effectively address our Mission as CBM. This also feeds into our prioritization of actions for our advocacy work. In this context, three questions are key:

- Is CBM really needed to push a specific issue forward? Is there no other stakeholder that is powerful enough to push it in the direction we want to see it moving?
- Do we find an approach to solve a specific problem in CBM’s programme work / technical expertise? Beside classical political requirements like „budgeting“, „participation“, „mandatory regulations“ or „databases“ we should be able to give examples of promising successful programmes apart from providing the means of implementation.
- Are there relevant decision-making processes that we have an opportunity to influence as CBM, alone or with partners?

Our current advocacy framework is primary set by:

- The 2030 agenda for sustainable development
- The UN convention on the rights of people with disabilities (CRPD)
- The Charta of action on inclusive humanitarian aid
- The IASC Guidelines for inclusion of persons with disabilities in humanitarian action
- The Sendai Framework for Disaster Risk Reduction SfDRR
- CBM’s Strategy

Given that, we currently work on the following topics proactively:

- Inclusive implementation of the 2030 agenda for sustainable development
- Implementation of the CRPD in the field of development cooperation
- Inclusive Humanitarian Aid
- Inclusive health
- Inclusive education
- Inclusive livelihood
F 2. How do you ensure that the people you work for support your advocacy work and value the changes achieved by this advocacy?

CBM’s programmes are implemented by local partner organisations, and people with disabilities are regularly involved to ensure that our political work is in line with their needs.

With our advocacy work, we aim to give people with disabilities in the Global South a voice to influence relevant political decision making processes in the home countries of our Member Associations. For this, we regularly invite representatives to talk to decision makers. However, it is the core competency of CBM’s advocacy team to know which decision making processes can be approached, and how. Success depends on the cooperation between CBM’s advocacy team and representatives of people with disabilities living in CBM’s partner countries.

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

Information on our annual budget, total number of countries we operate and our partners can be found on our website cbm.org in the "our work in numbers" section. This page is updated annually.

Statistics about the organisation including number of offices are available on the website, under "CBM worldwide". Number of staff and of partners vary over time and are not included on the website.

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

With the update of the Code of Conduct in 2019, CBM provided posters with key compliance messages to all offices.

CBM was not member of IATI in 2019 yet, but membership has been obtained in early 2020.

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

CBM has got an externally governed salary system in place. CBM differentiates between 6 pay scales with 4 different seniority steps, which are equal to the “AVR” salary structure of the protestant church in Germany. Each position is evaluated against this salary system. Each holder of a position
of the same pay scale and seniority level receives the same salary, irrespective of their sex. This system avoids gender pay gaps.

The salaries of the five most senior positions in the organisation in 2019 were 150k, 120k, 114k, 105k and 104k Euro, respectively. CBM has a ratio of 3:1 between the top and bottom salaries. These salaries of the five senior management positions are outside of the AVR, as they are above the highest level of our salary system.

However, these salaries also use an independent scale that sets the salaries of management. This scale uses three different levels to determine the salary of the manager regardless of their sex.

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

CBM is covered and governed by the General Data Protection Regulation of the European Union. All respective data protection laws are implemented in CBM and monitored by an internal as well as an external data protection officer.

All staff have signed a particular data protection and confidentiality agreement, which is kept with their digital personnel records. CBM has a framework IT collective agreement, signed by senior management and the staff council, governing all IT processes and systems. Data protection trainings have been provided and the IT department has installed specific filters against potential loss of individual data. Any data protection breach is followed through and penalised.

The human resources department resides in an office area which is locked whenever no one is in the room. All personnel files are kept in lockable cupboards only accessible to employees in the HR department. All data in the Human Resource Information System is protected with individualised access rights.

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

CBM’s privacy policy is presented to website visitors in a pop-up box together with information about cookies. It explains what information is collected, what it is used for, accountability measures, and directs visitors to further information about how to update or remove contact information.

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

In 2019, CBM finances its operations through contributions of the Member Associations. CBM does not centrally collect information on all donors of all Member Associations. However, the biggest contributor of donations to CBM in 2019 was CBM Germany, and their largest donors were:

1. German Federal Ministry for Economic Cooperation and Development (BMZ): 5,0 m€
2. Endfund (USA): 2,0 m€
3. European Union: 1,4 m€
4. Lions Club: 0,9 m€
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H 1. Provide evidence that recruitment and employment is fair and transparent.

CBM recruitment processes follow the equality law (Allgemeines Gleichstellungsgesetz), the Code of Conduct, the Safeguarding Policy and the Inclusion Policy. These guidelines ensure a fair and transparent recruitment.

CBM uses a dedicated HR software (Rexx) to ensure secure processing of applications and all related communication. The software automatically ensures adherence to data protection requirements.

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

CBM staff are encouraged to participate in trainings for their professional development on a regular basis. To support this, budgets are provided. Further, free online trainings are available spanning a wide range of topics from management to administration and technical areas.

A more comprehensive staff development system for longer term career development had been developed, but implementation had to be put on hold in the reporting period due to internal developments. CBM will pursue this further in due course.

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

Sexual harassment, abuse, exploitation and other unacceptable conduct is addressed in our Code of Conduct. For more details, please refer to C4.

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

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

Our Safety and Security trainings include self-defence and by-stander involvement for women and for vulnerable people, incl. travellers with a disability. Experienced female travellers or travellers with a disability share their own experiences with others during the trainings.
I 1. How do you acquire resources in line with your values and globally-accepted standards and without compromising your independence?

CBM Germany is holder of seal of approval of the German national regulatory body for accountability in acquisition of donations (DZI Spendensiegel).

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

DZI is part of the International Committee on Fundraising Organisations (ICFO).

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

CBM continued with the organisational transformation in 2019. Several high-level work packages and transformation workstreams pushed the new Strategy implementation ahead. A regular implementation and transformation report was shared with senior and executive management by all workstream leads.

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

If a country office wants to re-allocate funds, they initiate the reallocation and get approval according to the authority structure. If funds are shifted from one project to another, they need the approval from the funding organization. The funding organization then indicates from which reallocation pledge the funds should be taken. Every change is recorded. Monitoring of the transfer to an appropriate alternative use and utilization of funds takes place on a quarterly basis and is discussed at senior management level.

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

CBM minimises the risk of corruption, bribery or misuse of funds by limiting the amount of funds ‘not needed’ being held by partners, through regular monitoring visits and review of reports of partners that are deemed to be high risk from the partner assessment, and an escalation of matters related to fraud and corruption that have been identified to senior management.

When controls fail, we perform a thorough assessment of why controls failed and put in place corrective measures for example through a partner assessment, an investigation etc.
Financial controls include the segregation of roles, such as ‘four eyes’ principle. CBM also keeps staff appraised on key policies and procedures and their role in maintaining the same, for example procurement guidelines. Finance manuals are regularly updated and meet the minimum thresholds of best practices and generally accepted accounting principles (GAAPs).

In 2019, relevant situations included the delayed submission of reports, especially by projects using legally contracted designated funding. CBM promoted closer collaboration with partners to identify causes of delays and support resolution of the same.

Further, there were changes in key staff at partner level that had the potential to affect smooth running of operations. CBM institutionalised grant management procedures at partner level to help staff deal with the effects of staff turnover.

Non-compliance with statutory obligations were another risk, that was met with follow-up during monitoring visits to ensure obligations are met consistently.

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

Until 31.12.2019 CBM was governed by the Assembly of appointed representatives of its members as the supreme authority of the Association. Secondly, governance was effected by the board of directors composed of two executive directors (employees of CBM-International) and up to six directors of CBM member associations.

However, CBM agreed on a new structure of international programme work with the other member associations in 2019, and the general assemblies of CBM Germany and CBM-International agreed at the end of 2019 to merge. The merger will become effective in the course of 2020.

From 01.01.2020 the new governance structure and bodies of the Association CBM-International, as outlined in the revised Statutes, consists of:

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

The Assembly of Members is the highest body of the association. It is composed of persons elected by the Member Appointment Committee. At the end of 2019 corporative members of CBM-International left the organization and the 9 members of the Supervisory Board of CBM Germany became members of CBM-International. The approximately 60 personal members of CBM Germany will become members of CBM-International as the merger becomes effective. Amongst others, the Assembly of Members

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

The Supervisory Board consists of 6-9 members, one person should have own experience of disability. Members are elected secretly on individual terms of 4 years by the General Meeting. Two times re-election permissible. The Supervisory Board is responsible, among others, for
• the appointment or recall of members of the Executive Board,
• the submission of a proposal to the Assembly of Members relating to the discharge of the Executive Board.

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

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

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

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

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

CBM offers complaints and feedback entry points available for different purposes. They include mechanisms where incidents of unacceptable conduct or abuse can be reported.

• Programme Feedback and Complaints Mechanism
• Whistle-blower System
• Safeguarding Incident Reporting System

All reporting entry points are available for external and internal persons affected by CBM’s work, including partner organisations and target group/community on CBM’s website https://www.cbm.org/about-cbm/reporting-channels-and-safeguarding/.

In 2019 CBM received 3 major complaints in the Programme Feedback and Complaints Mechanism at CBM-International and on 30th January closed one case carried over from 2018. All cases were valid, handled with an investigation and closed appropriately.

• The first case, entered via the feedback mailbox, was followed up from 10th February to 23rd February, which was mainly about programmatic issues.
• The second case, also entered via the feedback mailbox, was handled from 2nd March to 1st July and dealt with a programmatic issue and a grievance regarding staff non-compliance with CBM standards.
• The third case was received by regular mail and ran from 14th June to 9th September 2019. This was a complex case that incorporated suspected elements of fraud, alleged issues of staff conduct and programmatic failure.
All cases were valid, handled with an investigation and closed appropriately.
Furthermore, three complaints were registered for the South Asia Region (SAR) feedback service. These cases were investigated in May, April and June. All cases dealt with alleged fraud and could be closed appropriately.

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

All policies and processes related to external complaints are also valid and available to internal complaints. Additionally, the human resources department of CBM has a dispute resolution process in place for internal complaints. The dispute resolution process offers the opportunity to CBM employees to raise their concerns in case of any dispute. This process is a minimum standard applicable to all staff of CBM.

It is the objective of the dispute resolution process to ease the situation, build trust and comfort to encourage the staff member to report the case. At the same time CBM ensures that the process allows managing all cases with utmost discretion.

Cases at levels below the International HR department are not recorded organisation wide but require escalation until successful resolution. In 2019, there was no complaint that required escalation to the International HR department. As well, there was no internal complaint filed at the CBM office in Germany.

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

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

CBM strongly encourages project participants to raise informal comments and concerns about our work with our staff or partner organisations as quickly as possible. All CBM staff are expected to actively encourage feedback and complaints and log it on behalf of any stakeholder from the community, our target groups, the staff of our partner organisation or from any Disabled Peoples’ Organisation (DPO) or other (international) organisation in the countries where we work.

Any feedback that constitutes a suspicion or evidence of a safeguarding or criminal incident will be reported and investigated through our specific procedures.
K 1. How is the governing body and management held accountable for fulfilling their strategic promises including on accountability?

The executive management, in cooperation with line management and staff, set key performance objectives (KPOs) that are closely aligned to strategic and institutional objectives. Performance and these KPOs are discussed with staff two times a year. Managers are expected to support staff in fulfilling their KPOs, which will in turn contribute to fulfilling CBM’s strategic objectives.

Management receives regular reports on performance while the governing bodies receive quarterly performance reports which measure performance versus budget. We have a strong internal control compliance process in addition to an effective internal audit function. We adopt a performance management process for all staff which aligns staff KPOs to institutional priorities.

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

Several communication channels are in place to report to and seek feedback from staff, e.g. staff meetings, monthly executive management webinars, a monthly global newsletter

Accountability is a regular topic in staff webinars and in the organisation wide distributed newsletter.

Staff from different areas of expertise are involved in production of the annual accountability report. They contribute according to their field of expertise. Both the annual accountability report and the Panel’s feedback is shared and discussed with staff.

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

This report covers activities of CBM-International (officially registered as CBM Christoffel-Blindenmission Christian Blind Mission e.V). CBM-International consists of offices in Bensheim and Berlin/Germany, Brussels/Belgium, New York/USA as well as of regional and country offices.

Activities of these offices are part and parcel of the Accountability Report, as well as the delivery of programmes through partners.