



IMPACT REPORT 2019



Cover: River Blindness has left Mairige completely dependent on her great-niece, Wajir. She is a beautiful 10-year old girl with the sweetest heart, but she is at great risk, without help, children in Nigeria more than likely will end up with River Blindness too.

Below: Jack from the Highlands of Papua New Guinea, can't stop smiling. After years of blindness his spirit was truly broken, but after receiving sight-saving cataract surgery at an outreach clinic, he is so grateful to be able to start living again.



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A MESSAGE FROM OUR BOARD CHAIR

As I write this, our world is surrounded with uncertainty and fear. One thing we are certain of is that the people **cbm** serves around the globe need our help more than ever. Those who live in poverty with a disability are profoundly vulnerable to infectious diseases, and the support you provide will help many who face this reality.

2019 was a year of significant change at both governance and management levels. Our **cbm** international family has emerged from this organisational change still focused on a wide portfolio of programmes designed to have the greatest impact for people living with disabilities in the poorest countries of the world. We are confident that we have excellent people and plans in place to extend the impact of **cbm** New Zealand.

Our Board and leadership team are dedicated to using effective partners with impactful programmes - whether that is through transformative fistula surgery in Africa or enabling education and livelihood training for those living with a disability in Nepal and Papua New Guinea.

In 2020, we celebrate 30 years of a **cbm** office in New Zealand. Many of you have been journeying with us for that entire time and we are so grateful for your faithful contribution to the mission of **cbm**.

Thank you to all of our funders, supporters, staff and volunteers for your loyalty and commitment.

Susan Willis-Hirst
Board Chair
cbm New Zealand



Susan is pictured with 21-year old Elizabeth and her 8-month old son, Bright. Elizabeth was able to receive treatment for obstetric fistula at a **cbm** partnered hospital in Africa.

A MESSAGE FROM OUR CHIEF EXECUTIVE OFFICER

We are always incredibly grateful to our amazing supporters who give so faithfully. We know many people would otherwise be left behind. Thank you for your generosity.

It's been a year of great change at **cbm** New Zealand and a new **cbm** global federation is being birthed. We ended 2019 feeling positive as we began three new projects in Nigeria (obstetric fistula), Nepal (outreach medical camps and orthopaedic surgery) and Zimbabwe (disaster relief and preparedness). We have added emergency appeals (for Rohingya) and match appeals for our fistula work, both of which resonated with our supporters.

Our partnership with the New Zealand Aid Programme under the Ministry of Foreign Affairs and Trade, twinned with support from many individuals, allowed us to have greater impact on people's lives in Papua New Guinea, India, the Philippines, Bangladesh and Indonesia.

We also completed due diligence for reaccreditation with both MFAT and the Council for

International Development. As the landscape of disability inclusion changes, we find ourselves in demand to offer disability advisory services to other international development organisations so we can leverage our work, especially in the Pacific. This is an exciting development.

With covid-19 set to ravage the world in 2020, **cbm** will be challenged both here and globally. Yet we are well positioned to respond with protection and care. I am extremely grateful for the readiness and ongoing commitment of our generous supporters, board members, staff, and our volunteers.

Murray Sheard
Chief Executive Officer
cbm New Zealand



Murray is pictured with 3-year-old Adeoya who had surgery in Papua New Guinea for a severe squint causing one eye to look off to the side. Now Adeoya can finally see straight ahead.

SNAPSHOT OF THE CBM IMPACT IN 2019



Despite Diana's fears, her **cbm** funded surgery to treat her for obstetric fistula was a complete success. "I'm so happy and feel free after so many years" she said, wiping away tears of joy. Diana and her husband Benson could never have paid for the operation of such a high standard. It is thanks to supporters like you that Diana's life has been restored.

HOW THE CBM NZ FAMILY CHANGED THE WORLD IN 2019

As a valued **cbm** New Zealand supporter, your generosity has helped

496,324 people

to break the cycle of poverty and disability

WE REACHED

458,173 people

to prevent disabilities

WE SUPPORTED

21,591 people

with medical and rehabilitation services

WE EMPOWERED

8,188 people

through development programmes

WE ASSISTED

8,372 people/families

in emergency situations

YOUR SUPPORT HAS FUNDED

16 projects in **16** countries

working with **18** local partners



Jafor, a Rohingya refugee in Bangladesh, is hopeful for a brighter future now that 2-year old Asha is able to receive physiotherapy treatment for clubfoot at a **cbm** supported rehabilitation centre.

ACKNOWLEDGING OUR CBM NEW ZEALAND BOARD

cbm New Zealand is a Christian international development organisation committed to improving the quality of life of people with disabilities in the poorest places of the world.

cbm New Zealand is very grateful to its Board members who generously volunteer their time and expertise and act in a non-executive capacity. In 2019, we said thank you and goodbye to long-standing Board members Ross Abernethy and Wayne Hanna and welcomed the arrival of Veronia Houghton and Andrew Smith. This year we welcome Geraldine Crudge and John Bergin. Our Board undertakes continual reviews to ensure a balanced mix of skills, with diverse experience and leadership qualities. The relationship of our Board and Senior Management Team is one of cooperation and a shared commitment to the mission of **cbm**.

“I thank all of the members of the Board for the many volunteer hours spent in preparation, meetings, constructive conversations and clear directives this year. As we prepared for a new Strategy from 2020, with our eyes also on a longer horizon to 2030, the Board provided significant leadership with **cbm** New Zealand’s varied stakeholders. This will position **cbm** New Zealand well for the future as we continue to leverage our strong financial position and credibility in service of the people and partners we work alongside.” – Susan Willis-Hirst, Chair



SUSAN WILLIS-HIRST (CHAIR)

Susan joined the Board in 2014 and is currently Board Chair and Chair of the Strategic Marketing Committee and a member of the Personnel Committee. She holds a Bachelor of Commerce and a Masters in Marketplace Christianity from Regent College, Vancouver. Her career was forged in marketing for several multinational fast moving consumer goods companies both in New Zealand and the United Kingdom. Susan was fortunate to visit **cbm** projects in Africa in 2017 and was deeply impressed by the work of **cbm** and the impact that is being made in the lives of those with disabilities that are also living in poverty.



RAY COSTER

Ray joined the Board in 2015 because of his conviction that the heart of God is to care for the poor and needy. Ray serves on the International Programmes Committee and the Personal and Compensation Committee. Ray recently retired as a Presbyterian minister. He served as Moderator of the Presbyterian Church from 2012-2014 and continues ministry at the national level as a member of a number of Church Committees. Ray is the New Zealand representative on the World Council of Churches Central Committee.



ANDREW SMITH

Andrew joined the Board in 2019 and is also a member of the International Programmes Committee and the Personnel and Compensation Committee. Andrew has had a varied career, in hospital surgery, church pastoral work, private practice counselling, education counsellor and tertiary education administration. Before retiring at the end of 2017, Andrew was the Dean/CEO of Bethlehem Tertiary Institute in Tauranga.



LES STEPHENSON

Les joined the Board in 2016 and serves on the Audit and Finance Committee and the International Programmes Committee. Les has an MBA from Southern Cross University, Australia, and is a New Zealand chartered accountant. Les is the Director of Global Centre Audits for World Vision International. Prior to this Les worked for a number of NZ public companies in accounting and treasury roles. Les is also has an interest in governance and is a member of the NZ Institute of Company Directors.



JOHN BERGIN

John joined the Board in 2020 and brings a wealth of professional fundraising and communications experience. He is the Chief Executive of Fundraising Consultants Ltd and has worked with numerous charitable organisations in New Zealand and overseas. He is a member of the Fundraising Institute of NZ and also the American Association of Fundraising Professionals and is one of a small group of New Zealanders who have attained the internationally recognised CFRE fundraising qualification.



TONY MCLEAN

Tony joined the Board in 2015 and is the Chair of the International Programmes Committee and a member of the Strategic Marketing Committee. Tony has held a variety of roles within the formal disability support system of NZ for over two decades. e brings considerable experience in funding, project management, training, service delivery and evaluation, systems change and encouraging inclusive communities. Tony is a senior manager with ImagineBetter, a NGO focused on social change.



GERALDINE CRUDGE

Geraldine joined the Board in 2020 and is on the Personnel and Compensation Committee. Geraldine is a solicitor, and currently works in-house as an employment lawyer for a large public sector organisation. She has a Masters degree in International Development from the London School of Economics, and a passion for the poor and marginalised in the majority world. She has volunteered in New Zealand and London with various charities, and spent time volunteering in Thailand, India and Myanmar.

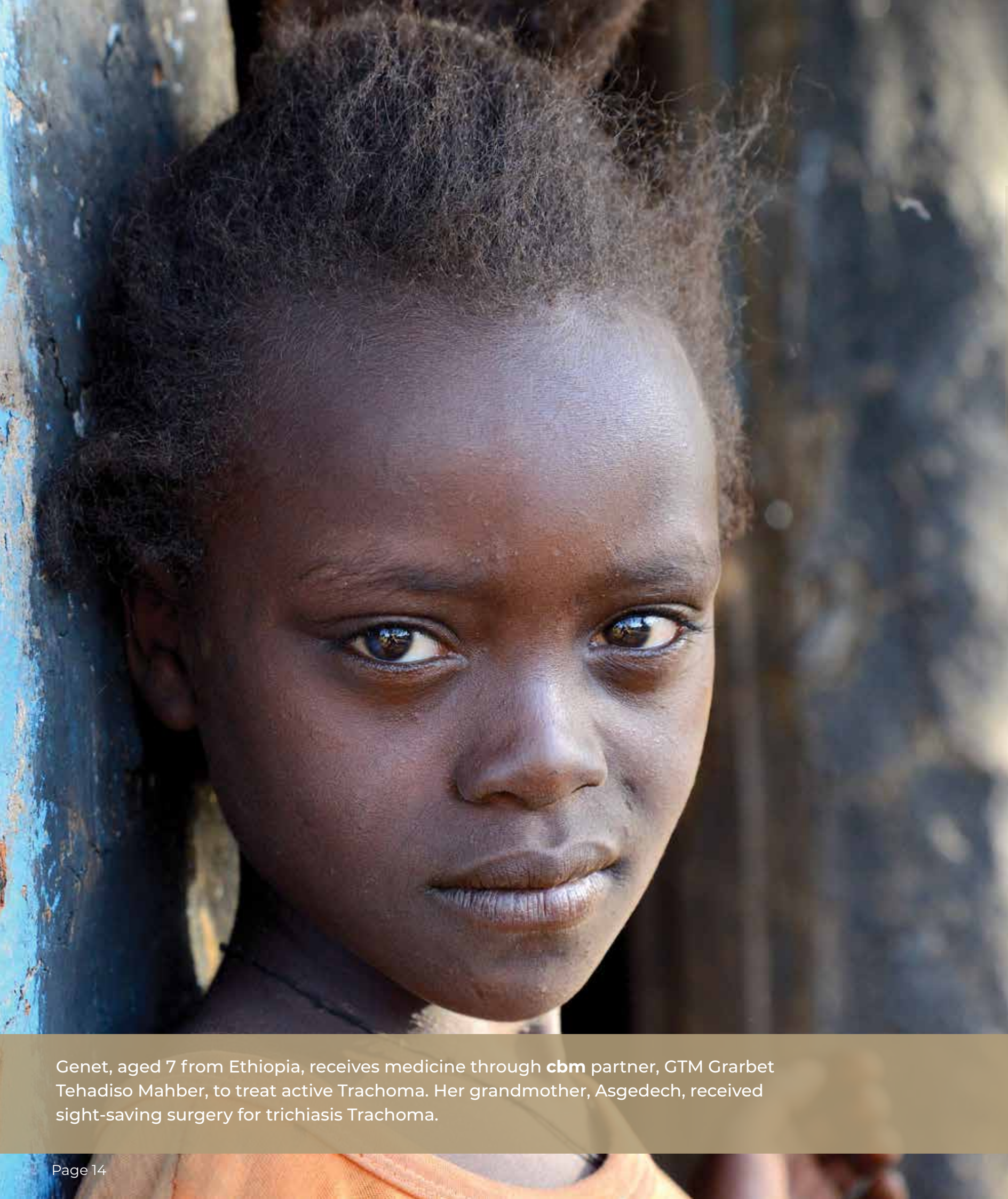


VERONIA HOUGHTON

Veronia is a chartered accountant and chartered member of the Institute of Directors. She is a self-employed business woman, a company director and financial officer for several private property development and investment companies and serves on local community not for profit boards. Veronia has also served in the NZ Police both as a front-line officer and forensic accountant.

WHERE WE WORK





Genet, aged 7 from Ethiopia, receives medicine through **cbm** partner, GTM Garbet Tehadiso Mahber, to treat active Trachoma. Her grandmother, Asgedech, received sight-saving surgery for trichiasis Trachoma.

OUR WORK PREVENTION

458,173 people reached to help prevent disabilities including:

169,919 people treated for River Blindness

106,367 people treated for Trachoma

166,798 people treated for other Neglected Tropical Diseases

15,089 people supported to prevent avoidable impairments

cbm New Zealand works with local **cbm** partners in Ethiopia, Nigeria and Uganda to prevent and treat avoidable causes of blindness such as river blindness, trachoma and other neglected tropical diseases. This is achieved by providing preventive medicine in partnership with pharmaceutical companies Pizer and Merc who donate medicines to the programme, performing surgeries, and by raising community awareness.

Trachoma is endemic in Ethiopia, with over 60% of the population (100 million) requiring treatment to prevent lifelong vision impairment or blindness.

cbm New Zealand and its local partner, GTM Garbet Tehadiso Mahber, Butajira work in remote areas of Ethiopia to provide access to surgery and antibiotics to treat and prevent the spread of this highly infectious disease, providing relief to people in local disadvantaged communities.

The project also provides wells for clean water supply, and community awareness and training on hygiene practices to improve overall health in the community. Through this SAFE strategy (Surgery, Antibiotics, Facial cleanliness and clean Environment), many more people can experience greater relief from pain and fear, so they can return to work or school and support their families.



Ophthalmic nurse and field worker, Gizachew Abebe checks Elfinesh (9) for signs of Trachoma. Watched by Kidist (12), Genet (7), grandmother Asgedech (55) and Wondwosan (10). All of the children are suffering from Trachoma.

Gizachew Abebe is an ophthalmic nurse and field worker from **cbm** partner GTM Grarbet Tehadiso Mahber, Butajira.

“Trachoma is very prevalent in this area here. It’s a disease of children, mothers and grandmothers and people don’t know much about it. Once a grandmother has active trachoma, she can easily transmit the disease through her hand or cloth to the grandchildren and they pass it on or back to her and so on. Everyone is at high risk here. In order to prevent and kill the bacteria, we go from home to home and examine all members in the community, supply oral doses annually of antibiotics”, explains Gizachew.

Gizachew looks in the eyes of Asgedech’s grandchildren. “All of them have active Trachoma and I will provide them with medicine. Asgedech will receive a small surgery in one of the local clinics as she has Trachoma Trichiasis (TT). We will reverse her eyelids, turning them outward, so when the lashes grow back they will no longer be able to scratch her eyeball causing pain and threatening to make her go blind.”



Lack of awareness coupled with poor hygiene, sanitation and limited access to clean water increases the risk of Trachoma infection. At the **cbm**-funded anti-trachoma club at a local school in the Amhara Region of Ethiopia, students use a washing station to keep their hands and faces clean to help prevent the spread of Trachoma.

OUR WORK

MEDICAL TREATMENT

21,591 people helped by medical treatment including:

3,916 people given life-changing surgeries

16,811 people supported with medical and rehabilitation services

864 health professionals trained

With your generous support, **cbm** funded programmes make sure that people with disabilities are included and can access life changing surgeries for cataract, obstetric fistula, contractures from burns, cleft palate and orthopaedic conditions such as club foot, unset fractures and bone infections as well as providing the medical and rehabilitation services they need. **cbm** New Zealand achieves this by providing training for health services and workers, and by partnering with governments to provide technical advice at a policy level.

Wherever possible, we also partner with national and local Disabled People's Organisations so that training, planning and delivery of health services can best meet the needs of people with disabilities and ensure a more sustainable programme for the future.

OBSTETRIC FISTULA SURGERY IN NIGERIA AND TANZANIA

At just 22 years old, Victoria lost five babies in five years to miscarriages and stillbirths. If that wasn't enough, after the traumatic birth of her fifth baby, she suffered from obstetric fistula, which occurs when the baby becomes stuck in the birth canal, tearing a hole and causing incontinence.

Thankfully Victoria was treated by a **cbm** partner in Tanzania. She feels very blessed to be rid of this debilitating condition and is grateful to **cbm** supporters. Globally, for every woman who receives treatment, at least 50 women go without.



Victoria, aged 22 from Tanzania, recovering from surgery for Obstetric Fistula. Looking to the future, Victoria says, "Once I am healed from fistula, I will be engaging in a small business, like selling tomatoes or selling fish, as there is a market close to my home."



For Steven in Papua New Guinea, blinding cataracts took everything from him - he had no hope for the future - he lost all his energy, and the joy of life disappeared. Most tragically, he had lost his family, and his family had lost him.

CATARACT SURGERY IN PAPUA NEW GUINEA

Steven is from a small village in the Highlands of Papua New Guinea. He lives a simple life in a hut with a thatched roof, and cooks over an open fire. His pit toilet is outside, down a path from the house. Steven has five children, now grown up that he provided for through subsistence farming – a vocation that he loves immensely. But six years ago, Steven's eyesight started to fade in both eyes with the cloudy lenses of cataracts.

Over the next year, Steven became completely blind. With no idea what was happening, he thought someone had put a curse on him. As his vision deteriorated, so too did his mental health.

Steven describes growing paranoia. "I sent my wife away," he said because he was convinced that she was being unfaithful and wanted to poison him so she could have his ancestral land. No longer able to work, his children had to stop school to contribute to the household. Blindness took a severe toll on the whole family. Anger forced his family away and he found himself alone. The darkness took everything from him - he had no hope for the future - he lost all his energy, and the joy of life disappeared. Most tragically, he had lost his family, and his family had lost him.

Thankfully, **cbm** field staff visited his remote village and brought good news that his sight could be restored with a surgical procedure. Cautious but quietly hopeful, Steven asked a couple of neighbours to help him take the four-hour journey to the Goroka Eye Unit. The **cbm** eye care team was able to restore his vision and he was able to see for the first time in years. Overjoyed, Steven says "I have been born into a new world."

Now, Steven has his strength back. He has reconnected with his family, and with that, his happiness has also returned. Coming home to the village, he saw two of his grandchildren for the first time and was full of joy.

Steven has fresh eagerness to live in this 'new world'.

"I cannot thank the doctor and the staff at the eye clinic enough - I have a life again!"

Regaining his vision has changed everything for Steven. He is determined to make sure his grandchildren have opportunities that his children did not. The benefit does not stop with him but flows into a renewed energy for his family and the broader community.

ORTHOPAEDIC SURGERY AND REHABILITATION IN NEPAL

In Nepal, steep terrain and remote villages mean that children with physical disabilities often cannot attend school, leaving them dependent at home in isolation and unable to achieve their full potential. Most rural villagers are unaware that limb deformities such as clubfoot and misaligned fractures can be completely restored with access to surgery and medical intervention. Unfortunately, such health services are limited in rural areas.

Since the government of Nepal is not resourced to provide specific orthopaedic care for children in district hospitals, **cbm** is working together with the leading hospital for paediatric orthopaedic service in Kathmandu – the 'HRDC' – to ensure better access to physical and rehabilitation services for these remote communities. HRDC provides an irreplaceable service and has received national and international awards for their phenomenal contribution.

Hospital staff travel to remote communities and set-up outreach medical clinics. Where possible the surgical care is provided on-site so that parents don't have to use their minimal wages to pay for travel costs to the capital. The camps also allow for the transfer of basic surgical skills to local doctors and health workers in a supportive environment. For more complex cases, children are referred to the main hospital in Kathmandu for a full service from orthopaedic surgeons, counsellors, physiotherapists and prosthetic technicians. After receiving corrective surgeries, therapy and assistive devices, the children return home so they can thrive and participate in community life just like any other child.

“Our community outreach programs continue to grow and the volume of work output on all fronts has reached new records. Although this is rewarding news demonstrating the extreme popularity of HRDC services, the ever-increasing workload is placing heavy financial burdens. It is always a great privilege to be able to express my sincere thanks to each and every one of you who has contributed to the HRDC.” - Dr Ashok Kumar Banskota

Dinesh, pictured right, was **cbm's** 2019 Representative Child. Thanks to regular gifts from generous **cbm** Child Sponsors, Dinesh received specialist medical treatment at the **cbm**-funded HRDC hospital in Nepal. Because of this, Dinesh's future is brighter. He can now play with his friends and attend school.

Dinesh, aged 8, lives in Nepal and before his yearlong treatment, he was unable to walk, unable to attend school. He was desperately wounded in body and spirit. Now, thanks the support of generous **cbm** Child Sponsors, he smiles all the time. He walks and plays with his friends. He is receiving an education.





While visiting Nepal, **cbm** New Zealand CEO Murray Sheard, met Anita.



Chhatra is receiving treatment at HRDC and is expected to make a full recovery.

ORTHOPAEDIC SURGERY AND REHABILITATION IN NEPAL

Anita is 14 years old and lives with her parents and older brother and sister on the east side of the Kathmandu valley. She was born with misaligned bones in her foot and leg. Anita was sent to a local hospital but after some treatment, it was obvious she needed more specialist help, including to relieve pain.

A few years ago her parents were told about HRDC. When Anita came to HRDC, she was able to have surgery to straighten her leg and ease pain. She will not however be able to walk unassisted, so through HRDC, she was able to source a leg brace made at the hospital, and a wheelchair.

Anita says that due to her surgeries, she did not get a chance to go to school for two years, so she fell behind. Yet she is such a keen learner that she asked her brother and sister for their school books and she studied those herself!

Her mother and father approached the school that her siblings went to but she was told that, because she has a disability, she would not be able to go there. It was not accessible and they thought other children might pick on her and they could not be responsible for her. In fact, life would be difficult at most schools in the area as they are not accessible. It would be hard for Anita to get into classrooms and to have materials she can use.

Then last year, Anita was able to start school at Guhyeshwory Secondary School which, thanks to **cbm**, has become a model accessible school, with ramps, teacher education and learning materials. Anita has learned fluent English (which she is very modest about) and is very happy to be catching up with all her studies.

ORTHOPAEDIC SURGERY AND REHABILITATION IN NEPAL

Chhatra lives with his parents and younger brother in Ramechhap district in Nepal. He is a grade 4 student and loves to go to school. One year ago he climbed a tree to get some fruit on his way home from school. He fell from the tree and broke his right leg. He was scared that his parents would scold him for the accident so he did not tell them about his leg.

After a few days of suffering in silence, Chhatra awoke to extreme pain in his right leg. Tearfully, he told his parents about falling from the tree and they took him to a local clinic. He was referred to a hospital at Dhulikhel for further treatment, but when his father brought him to the hospital, his heart sank - the treatment cost was too much. He simply did not have that amount of money.

Chhatra's father searched for other hospitals where his son could be treated and he found out about HRDC. Now, Chhatra is receiving treatment at HRDC and is expected to make a full recovery, after needing a bone transplant.



Theo, aged 3 from Rwanda. In the poorest places, child blindness is a matter of life and death. Through the generosity of **cbm** supporters, the Kabgayi Eye Clinic is able to operate on little children like Theo giving them the miracle of sight.

CATARACT SURGERY IN RWANDA

The Kabgayi Eye Unit (KEU) is located in Muhanga District in the Southern Province of Rwanda. Run by the Catholic Diocese, KEU works in partnership with **cbm** and the Rwandan Ministry of Health, who has recognised KEU as a referral centre for ophthalmology in Rwanda.

KEU performs about 6,000 surgeries every year and patients are referred by different health centres and hospitals from the whole country - an estimated 80% of all eye surgeries in Rwanda are performed by the Kabgayi ophthalmologists.

KEU is focused on reaching the poor, and welcomes patients from all over the country as well as neighbouring countries such as Democratic Republic of Congo (DRC), Uganda and Burundi. They also conduct surgical outreach clinics all over Rwanda to serve the poorest people in hard to reach places.

cbm and KEU are working together turning blindness into sight by providing consultations, eye surgeries, paediatric ophthalmology, microsurgeries, low vision and optical workshops, eye equipment and consumables, human resource development, training of local ophthalmologists, capacity building to help other eye units in Rwanda, construction of a new paediatric unit and the production of local eye drops.

Cataract remains the major cause for blindness (56%) and severe visual impairment (33%) in Rwanda.

KEU is the only eye centre in Rwanda to perform microsurgeries. With **cbm** support, KEU has set up a well-equipped unit for eye cancer to treat patients from Rwanda and neighbouring countries. The unit has initiated chemotherapy for retinoblastoma children since March 2012.

There is a shortage of ophthalmologists in Rwanda but through the generosity of **cbm** supporters, a local doctor, Dr David Ngabo, has started a four-year training programme to become an ophthalmologist. Growing up an orphan, Dr Ngabo was driven to



become a doctor to bless the community that raised him. It was his own neighbour who inspired his desire to be an eye surgeon. There were simply not enough ophthalmologists in the country and he saw the need for vital eye surgeons. Dr Ngabo began work in the KEU straight out of medical school. He contributes to all kinds of medical work – except eye surgery. That remains his dream: to qualify as an eye surgeon to help save the sight of more patients like Obed.

OUR WORK EDUCATION AND LIVELIHOODS

8,188 people empowered through development programmes:

1,222 children supported to access education

5,576 families supported to earn an income

1,390 people from disability organisations supported

People with disabilities have a right to, and deserve, the same opportunities to participate in and benefit from development activities as others in their communities. **cbm** New Zealand partners with local organisations to build equal societies and provide much needed opportunities for people with disabilities.

cbm New Zealand's support in Zimbabwe, India, Indonesia, Philippines, Fiji, Tonga, Samoa and Papua New Guinea opens the door for people with disabilities to gain an education, open a business, earn a living, make friends and be part of their community.

Around the globe over 30 million children with disabilities are missing out on education, and many more have dropped out or are receiving poor quality education. These children are among the most marginalised in their communities. In Papua New Guinea where an estimated 90% of children with disabilities are not in school, **cbm** New Zealand is working with our partners to transition traditional, segregated school systems to inclusive education. Through providing educational material and assistive technology and teaching mainstream teachers on strategies for educating children with differing needs, we are improving access to better quality education.

In rural India, **cbm** New Zealand is equipping people with disabilities with skills, materials and networks to generate sustainable income from organic farming. Farmers with disabilities now have confidence to join farming organisations and are taking key decision-making roles.

Funding from the New Zealand Aid Programme of the Ministry of Foreign Affairs and Trade allows **cbm** New Zealand to multiply support from individual supporters for inclusive education and inclusive livelihoods in Papua New Guinea and India.



Since Emaculate, aged 3 from Kenya, received her cataract surgery, her mum and dad say she has completely changed. She is now full of smiles and plays actively with her brothers and sisters.



cbm New Zealand International Programmes Director Linabel Hadlee has fun with the children at a **cbm** partner Inclusive Education Resource Centre in Papua New Guinea.



Clency wants to become a human rights lawyer - her determination and character will ensure that she will achieve her dreams so she can produce law and policy that promotes the rights of people with disabilities, just like her.

EDUCATION AND LIVELIHOODS IN PAPUA NEW GUINEA

Clency has big dreams. At 21-years-old, she is studying political science at a university in the Highlands of Papua New Guinea (PNG). With a soft calm voice and a broad smile on her face, Clency told **cbm** of her plans to attend law school in Port Moresby and become a human rights lawyer. Her vision is to support students with disabilities in PNG, by producing law and policy that promote their human rights.

“I am very optimistic, and I believe I have a future in law, I will make it happen”.

Clency is blind. Her vision started to deteriorate when she was 9 years old, and within two years she was no longer able to read. Thankfully, her parents had heard about **cbm's** local partner in PNG, who identify children early, and put supports in place so they are prepared at school. The community workers linked Clency with specialised services which changed the direction of her life. But even so, Clency recalls that the teachers at her mainstream school didn't know how to teach maths and science to students with visual impairment. Determined, Clency taught herself these subjects with the support from **cbm** partners after school.

This sums up Clency; one can feel a real sense of determination from her. She is not going to let anything stand in her way. Unfortunately, Clency's story is not common enough in PNG.

PNG is a low-income country, ranked 154 out of 188 countries on the UN's Human Development Index. An estimated 90% of children with moderate and severe disabilities in PNG are left out of school. Exclusion from school severely limits the potential of children with disabilities and their families.

Inclusive education removes barriers and equips children with disabilities with the knowledge, confidence and practical communication skills to attain their aspirations. And importantly, it breaks down negative attitudes that surround disability, so they are seen as valuable members of any community.

cbm New Zealand, through its local partners, works with mainstream schools to ensure they are trained and have the resources needed to provide effective inclusive education for children with disabilities.

In 2019, **cbm** New Zealand supported 1,222 children with disabilities to access education in PNG.

Clency is a testament to the importance of **cbm's** work in PNG. She is thankful that this support is continuing at university as well. The lecturers are now very supportive of her and are using inclusive techniques. Clency's determination and character will ensure that she will achieve her dreams!

OUR WORK HUMANITARIAN EMERGENCIES

8,372 people/families prepared or assisted in emergency situations including:

3,708 people prepared to cope with natural disasters

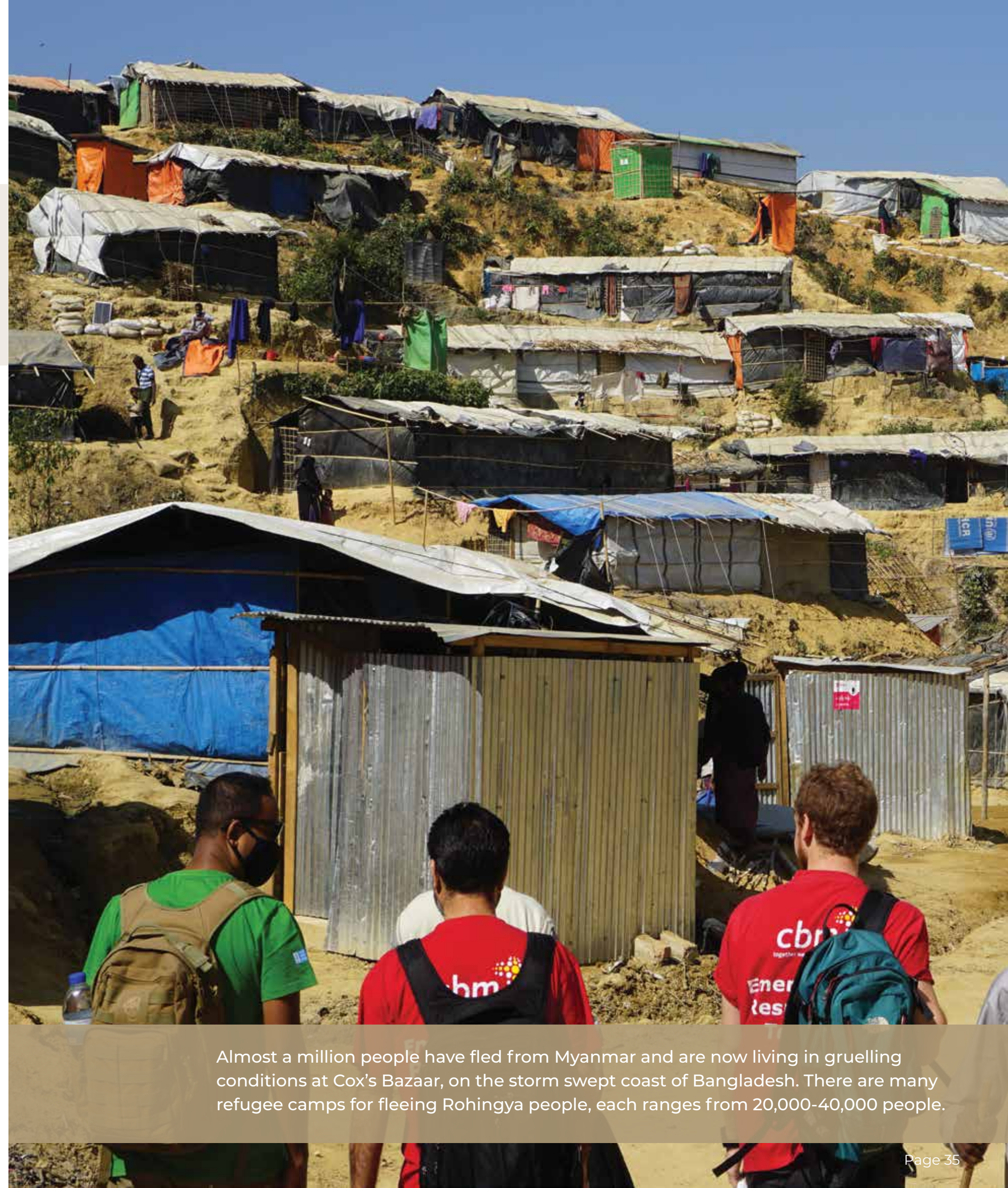
4,664 families reached during humanitarian emergencies

cbm New Zealand engages in inclusive humanitarian responses worldwide, supporting local partners and organisations of people with disabilities to prepare and respond to emergencies. People with disabilities are often left behind in humanitarian crises - **cbm** aims to build resilient communities and provide disability-specific essential items to victims of disasters. **cbm** humanitarian programmes aim to provide a wide range of support such as food, livelihoods, health and rehabilitation services, including distribution of assistive devices lost as a result of disasters. We also work with mainstream humanitarian organisations to promote and implement inclusive relief and recovery operations.

For instance, the demand for basic health, rehabilitation and mental health services for Rohingya communities displaced to Bangladesh has been extremely high. Many of the refugee community arrived in Cox's Bazar after sustaining injuries from traumatic events. Over the last two years, **cbm** has been working with local partner CDD to provide primary health services, psychosocial counselling, and an inclusive, safe space for children to play.

cbm and CDD set up a health centre in the refugee camp with a medical doctor, paramedic, nurse, occupational therapist, physiotherapist, audiometry technician and refractionist. Mobile health services and home-based rehabilitation teams were also set up to reach people with disabilities who were unable to leave their shelters. In addition, **cbm** worked with mainstream organisations to encourage all humanitarian responders to have strategies to reach persons with disabilities.

Contributions from generous **cbm** supporters for the Rohingya crisis were matched dollar-for-dollar by the New Zealand Aid Programme of the Ministry of Foreign Affairs and Trade. This enabled the overall response to be scaled up in coordination with the **cbm** Federation.



Almost a million people have fled from Myanmar and are now living in gruelling conditions at Cox's Bazaar, on the storm swept coast of Bangladesh. There are many refugee camps for fleeing Rohingya people, each ranges from 20,000-40,000 people.



While visiting Bangladesh, **cbm** NZ Programmes Officer M. Imran reconnected with Rohingya refugee Saleha, who had stepped on a landmine when fleeing Myanmar and lost both her legs from the knee down.

HUMANITARIAN EMERGENCIES IN BANGLADESH

Saleha had run for her life from the marauding squads in Myanmar that were burning houses – with people in them! – and shooting families as they fled. She had left everything. She did not know what lay ahead, but she knew she would be killed if she did not get across the border into Bangladesh.

The border was close, just across a field... but that field was littered with land mines. She was almost safe, just a few steps away, and then her legs were torn apart as a landmine exploded under her foot.

Surely, this was the end for Saleha. But no. Safe across the border, some of her fellow Rohingya refugees heard the explosion. They ran back, risking death and grave injury to themselves and carried her gently across the border, placed her in a rickshaw and rushed her to help.

This was a daring rescue and it's thanks to people like you that she received vital medical care and rehabilitation and today she is a new person.

On a recent trip to the refugee camps in Bangladesh, **cbm** NZ programmes officer, M. Imran, actually managed to find Saleha which is challenging in a refugee camp where the inhabitants move around a lot. Imran spent a few hours with her, talking to her and watching her stand and even take a few steps.

Refugees have less access to essential services due to barriers such as language and legal status. And refugees with disabilities have less access than all. **cbm** ensures they are not left unprotected.



Grateful recipients show off their new prostheses after being fitted by **cbm** field partner, the Yakkum Emergency Response Unit in Indonesia. **96 assistive devices like wheelchairs, walking frames, crutches, white canes, hearing aids, glasses, prostheses and educational toys were distributed.** **cbm** also ran training for staff from other organisations on how to include people with disabilities in their response activities.



A **cbm** local partner constructed accessible toilets and shower facilities in communities used as temporary settlements in Indonesia. **Accessible toilets and water points were constructed to serve over 900 people living nearby. 240 mattresses were provided to people with physical disabilities who had fled their homes.**



Alif feared he would be left behind in the evacuation, but his family helped him to safety. He was then supported by **cbm's** emergency response partner and received crutches and ongoing physiotherapy treatment for the first time in his life.

HUMANITARIAN EMERGENCIES IN INDONESIA

In September 2018, Palu on the island of Sulawesi, Indonesia was devastated by a 7.4 earthquake, tsunami, mass liquefaction and mudslides. **cbm** responded by reaching out to people with disabilities who are too often left behind in emergencies. One of the lucky survivors was 10-year-old Alif.

Paralysis in Alif's legs began when he was a baby. At five months of age his mother noticed that his legs were not moving as other children did. She patiently cared for him, teaching him how to stand and eventually walk with crutches.

On the night of the terrifying earthquake and tsunami, Alif was standing in the house combing his hair, when suddenly there was an explosion of noise and the house shook violently, thrusting powerfully in every direction and throwing him to the ground. As the earthquake intensified, panicking, everyone ran outside, leaving Alif behind.

"I was so afraid I couldn't cry. My body trembled and I couldn't say a word."

With the house still shaking and heart pounding, Alif crawled out with all his might, dragging his legs and feet behind him. Outside with his family, Alif looked down and was surprised to see he'd taken the skin off his feet – he had felt no pain as he'd struggled to get out. Suddenly people started screaming, 'Big waves are coming!'

In an instant, Alif found himself on his mother's back and onto a scooter driven by his brother. They drove many kilometres on congested and broken roads to find safety. Repeatedly they nearly fell from the scooter as they passed road damage and accidents along the way as a mass of people fled. Finally they reached the safety of an evacuation boarding house and Alif gradually began to feel calm again and was able to talk again for the first time.

Evacuating during a disaster is a terrifying situation to be in, particularly for children and adults who have difficulty walking, or can not see, hear or understand what is happening.

Whilst that night will be forever fixed in Alif's mind, there is another day that he will always remember – the day he was given a pair of crutches by a **cbm** field partner. Alif's eyes widened and shone with excitement as he was handed a shiny new pair of crutches and he started physiotherapy treatment for the first time in his life.

Thanks to supporters like you **cbm** New Zealand was able to reach 2,025 children and adults in the disaster response - grateful people whose lives will forever be enriched because of the care shown to them. Over 800 people were referred to local social and health service providers for follow up.

OUR WORK

ADVOCACY AND INFLUENCE

Traditional superstition and stigma mean that persons with disabilities often experience exclusion, abuse and neglect. To achieve a more disability-inclusive world, it is important to change attitudes and beliefs as well as physical environments, systems and policies. **cbm** New Zealand advocacy work plays an important role in helping to achieve this.

cbm New Zealand undertakes advocacy and influence work alongside, and in solidarity with, people with disabilities. We are committed to our policy and advocacy priorities being informed by the priorities of the disability movement. We do this by building and maintaining relationships with disability-inclusive development partners and representative organisations at local, national and international levels. We also work in partnership with other development organisations to help them effectively include people with disabilities in their policies and programs, achieving even broader impact than we can achieve on our own.

Our advocacy is evidence-based, drawing on lessons, examples and evidence from our programme work and latest research. In New Zealand, our advocacy work links us with key decision-makers in parliament and the development sector. Around the world, all of our projects include advocacy components. This ranges from supporting self-advocacy by people with disabilities and local Organisations of Persons with Disabilities to **cbm** Country and Regional office staff advocating to their governments and other decision-makers. Organisations of Persons with Disabilities are mobilised to hold government actors to account, by lobbying for accessible services, and applying for subsidies, grants and assistive devices. People with disabilities are supported to share their lived experience to inform policy and practice.

In 2019, through our advocacy work, we engaged with **18 partners** reaching at least **37 different organisations**, with our disability message impacting governments, institutions, social welfare and civil society organisations across **16 countries**.



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cbm NZ Programmes Officer Karen Jack sits with Physiotherapist Shashi Shakhar as he meets with a farmer who has weak legs from polio to discuss an individual rehabilitation plan.

ORGANIC FARMING IN RURAL INDIA

For the last eight years, **cbm** New Zealand and local partners in rural Uttar Pradesh, India have supported 3,569 farmers including 639 people with disabilities to earn a living through organic farming. This disability-inclusive livelihood programme based on agriculture and value addition, provides skills training, and provides linkages to the market. Branded produce created by these farmers is now under certification and has been recognised for its organic content. Farmers have received regular training in all aspects of organic practices including creating manure through vermi-composting, creating poly houses, processing spices and harvesting honey.

When the project commenced, people with disabilities from the 84 villages were reluctant to come out from their homes, nervous that community members would discriminate against them because of their disability. But with time, confidence grew as Organisations of Persons with Disabilities were established, and people with disabilities were empowered to take up leadership roles. They quickly became agents of change and decision makers in inclusive groups that have both persons with and without disabilities. Producer groups and farmers interest groups were established enabling farmers to pool their resources to access larger market opportunities. Ownership of these businesses and the responsibility for decision-making remains with the farmers. Inclusive farming groups make applications for microfinance loans, and apply to government schemes for subsidies. **cbm** partners have been advocating through a number of events in which senior government ministry officials are frequently invited.



After joining **cbm** organic farming project in Uttar Pradesh India, Rina who was born with weakness down the right side of her body, became a member of her local Organisation of Persons with Disabilities and took part in rehabilitation activities.

- 83** Organisations of Persons with Disabilities were established representing **589** people with disabilities
- 193** applications were submitted to the local government for personal grants to start goat farming
- 83** people with disabilities supported to register for government health insurance schemes and subsidies
- 63** people with disabilities supported to receive mobility devices from government sources
- 8** farmers with disabilities were elected onto the Board of Directors for farming cooperatives for key decisions, representing 36% of the key decision makers

The farmers with disabilities have become economically independent and achievements and impacts have been shared with government offices and media. This is a living testament to the impact people with disabilities can have when they mobilise themselves for mutual support, and realise their rights and needs. One of the greatest accomplishments has been the adoption by the government under its various skill development programmes and the availability of loans from different national banks.

WHO IS CBM?

CHRISTIAN BLIND MISSION



OUR VISION

cbm envisions an inclusive world in which all persons with disabilities enjoy their human rights and achieve their full potential.



OUR MISSION

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 an inclusive society for all.



OUR VALUES

- Christian** - We aspire to follow the teachings of Jesus Christ
- International** - We are an international organisation
- Professional** - We aim for quality in what we do
- Integrity** - We are good stewards of our resources
- Communication** - We communicate honestly and respectfully
- Inclusion** - We practice and promote inclusion

ENGAGING WITH OUR SUPPORTERS - MIRACLES DAY

One of the highlights of our year is always Miracles Day. It was truly humbling to see New Zealanders, right around the country gave over 413 Miracles on the day, with a total of over 800 Miracles generously given that week. Each Miracle represented one cataract surgery.

Our 2019 Miracles Day campaign, run in partnership with Radio Rhema and Shine TV, saw three radio stations, Life FM, Rhema and Star, and Shine TV relay the amazing stories of sight-saving surgeries and the impact of **cbm** New Zealand's eye-health work in Papua New Guinea, Kenya and Rwanda.

We'd like to thank everyone who makes Miracles Day such a success each year. We truly value our partnership with Radio Rhema and Shine TV.

SUPPORTER EVENT - HOSTED BY THE KELLIHER TRUST

In October, a special Supporter Event was held at the Kelliher Trust in Auckland. Attendees included current **cbm** supporters, **cbm** Board Members and staff, ophthalmologists, surgeons, doctors, and our special guest, Dr Geoffrey Wabulembo, **cbm** Ophthalmologist. Dr Wabulembo shared how he and his surgical team turn blindness into sight for people living in the remote Highlands of Papua New Guinea. Over the course of the evening, attendees were able to personally speak with Dr Geoffrey regarding the exciting transformations being provided by **cbm** New Zealand Cataract Surgical Outreach Clinics. They were also given an opportunity to partner with Dr Geoffrey so more people in Papua New Guinea could receive the miracle of sight.



Miracles Day Volunteers and Staff celebrating each milestone. Over 800 Miracles were generously donated in total that week.



"The outreach clinics provide resources and bring experienced personnel to places where the clients actually are, and this is critical." - Dr Geoffrey Wabulembo



Staff outside our **cbm** New Zealand office, 112B Bush Road, Albany, Auckland, NZ.
Back L-R: Natalie, Hermie, Robyn, Murray, Maria, Ash.
Front L-R: Trudi, Karen, Linabel, Judi, Imran, Naomi.



We love seeing our volunteers each week, they are a valued part of our family. We also love to celebrate with them. Pictured is Terry (left) and Jenny (right), who spend many hours on the phone to our supporters and writing birthday cards.



OUR PEOPLE

At **cbm** New Zealand, we are blessed to have a wonderful team of staff and volunteers who dedicate their talents and skills to serving people with disabilities living in poverty around the world.

LIVING OUR VALUES

Having a values-based culture is our highest people priority, with our values – inclusive, integrity, international, professional, Christian, communication – driving the way we work, our behaviours and our interactions both internally and externally.

Staff members also come together to live out our values through staff gatherings and in weekly devotional reflection.

We are also blessed with a small but dedicated team of volunteers who help with weekly administrative duties and thank you calling to **cbm** supporters. We love seeing them each week and they are a valued part of our family.

GOVERNING BODIES

cbm New Zealand is a Member Association of CBM Global.

cbm New Zealand is a registered charity with the New Zealand Government, CC26154. All Board members act in a voluntary, non-executive capacity and participate in externally managed performance reviews.

cbm New Zealand is accredited by the New Zealand Ministry of Foreign Affairs and Trade (MFAT), which is responsible for managing the New Zealand Aid Programme. To maintain accreditation, **cbm** New Zealand's systems, policies and processes are rigorously reviewed by the the New Zealand Aid Programme.

cbm New Zealand is a signatory to the New Zealand Council for International Development (CID) Code of Conduct, which is a voluntary, self-regulatory sector code of good practice. As a signatory, we are committed and fully adhere to the CID Code of Conduct, conducting our work with transparency, accountability and integrity. **cbm** New Zealand also adheres to the CID Fundraising Charter. **cbm** New Zealand CEO Murray Sheard is on the Board of CID.



cbm New Zealand

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