



# IMPACT REPORT 2021

cbm New Zealand



Cover: 10-year-old Kabiru wants to be just like his Daddy... except for being blind. River Blindness has left his father, Masu, completely dependent on his young son who leads him around their village in Nigeria with a stick.

Below: Daka, from the Highlands of Papua New Guinea, can't stop smiling. After receiving sight-saving cataract surgery at a **cbm**-funded outreach clinic, she says that this is one of the greatest gifts she has ever received in her life!



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cbm aspires to follow the teachings and example of Jesus as stated in Luke 10:27 in His command:

“You shall love the Lord your God with all your heart and with all your soul and with all your strength and with all your mind, and love your neighbour as yourself.”



## A MESSAGE FROM CBM'S BOARD CHAIR

I give thanks to God for his continued provision during these challenging times.

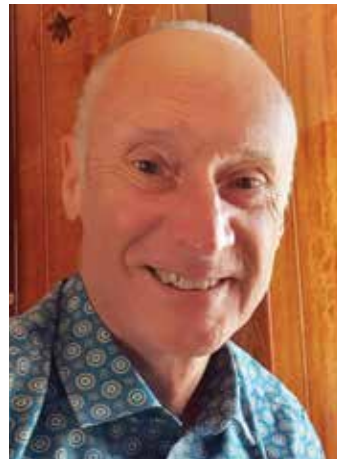
COVID-19 has again dominated much of our work this year, both in New Zealand and around the world. Despite the ongoing disruption, **cbm** New Zealand has continued to be blessed with generous supporters and funding from MFAT, and has shown our highest income to date. I am grateful that the work of **cbm** continues to inspire supporters to partner with us.

Most importantly, we have been able to deliver more funding to programmes than ever before. We are proud of the diversity of our programmes, whether it be assisting those with mental health issues in Burkina Faso, inclusive education support in Papua New Guinea or transformative eye surgery in Rwanda. Our effective programmes are testament to a sound strategy, and a focussed team of committed people who give life to the **cbm** vision.

I particularly acknowledge our CEO, Murray Sheard, who has led with distinction - mostly from his home office! We are also incredibly grateful to our many supporters and partners, and our talented staff, volunteers and Board members.

We are grateful to our faithful God, and thank you for partnering with us as we seek to serve the poorest of the poor.

**Andrew Smith**  
Board Chair



Thanks to the skill of the **cbm**-funded ophthalmologist, and the loving kindness of people like you, 8-month-old Dieu Aimé received the miracle of sight-saving cataract surgery at the Kabgayi Eye Unit in Rwanda under general anaesthetic.

## A MESSAGE FROM CBM'S CEO

2021 was a year where we spent more time under lockdown than in 2020. Despite this, it has been an exceptionally good year in terms of both income growth and the maturity of our programmes.

Gifts to **cbm** from supporters were higher than ever. We've increased our number of new supporters, and grown our regular giving programme. We've piloted digital projects to give new ways to connect to New Zealanders, which expand the reach of our fundraising and cut costs.

I'm humbled by the good will, pride, and dedication shown by our staff, and their obvious enjoyment of working together. This has held us together strongly and borne fruit over the lockdown period.

While I have not been able to travel, my heart has been warmed by stories of sight restored to grandmothers, children avoiding a life of blindness, and pupils with disabilities no longer missing out on school.

Much more of our time was spent helping international partners to make sure people with disabilities receive information to protect themselves from COVID-19, to enable our medical responses, and to adapt programmes to the changing context. Despite COVID-19 slowdowns, we remitted a record amount to field partners for the second year running.

We submitted three proposals to MFAT, all successful for which we are grateful. One (livelihood support in Laos), will expand our work in S.E. Asia. Alongside this, we have assisted other charities to become disability inclusive in their overseas programmes, leveraging our work well beyond our own activities in the field.

Thanks be to God, to our generous supporters, our Board, my senior leadership team, all staff and our incredible partners everywhere. Thanks for joining with us in the service of people with disabilities, so that they can feel included and can live a life they love.

Ngā, Manaakitanga  
**Dr Murray Sheard**  
Chief Executive Officer



“Do everything in love.”

– 1 Corinthians 16:14



# SNAPSHOT OF THE CBM IMPACT IN 2021

After a traumatic childbirth, Maimunat from Nigeria, suffered the loss of dignity caused by obstetric fistula. Her daily life was unbearable. Thanks to generous supporters, she received surgery to restore her hope and dignity at the **cbm**-partnered hospital Survive Fistula Healthcare Foundation (SFHF).

# HOW THE CBM NZ FAMILY CHANGED THE WORLD IN 2021

As a valued **cbm** New Zealand supporter, your generosity has helped **1,545,523** people to break the cycle of poverty and disability

## REACHING

**1,406,866** people  
to prevent disabilities

## SUPPORTING

**32,115** people  
with medical and rehabilitation services

## EMPOWERING

**60,171** people  
through development programmes

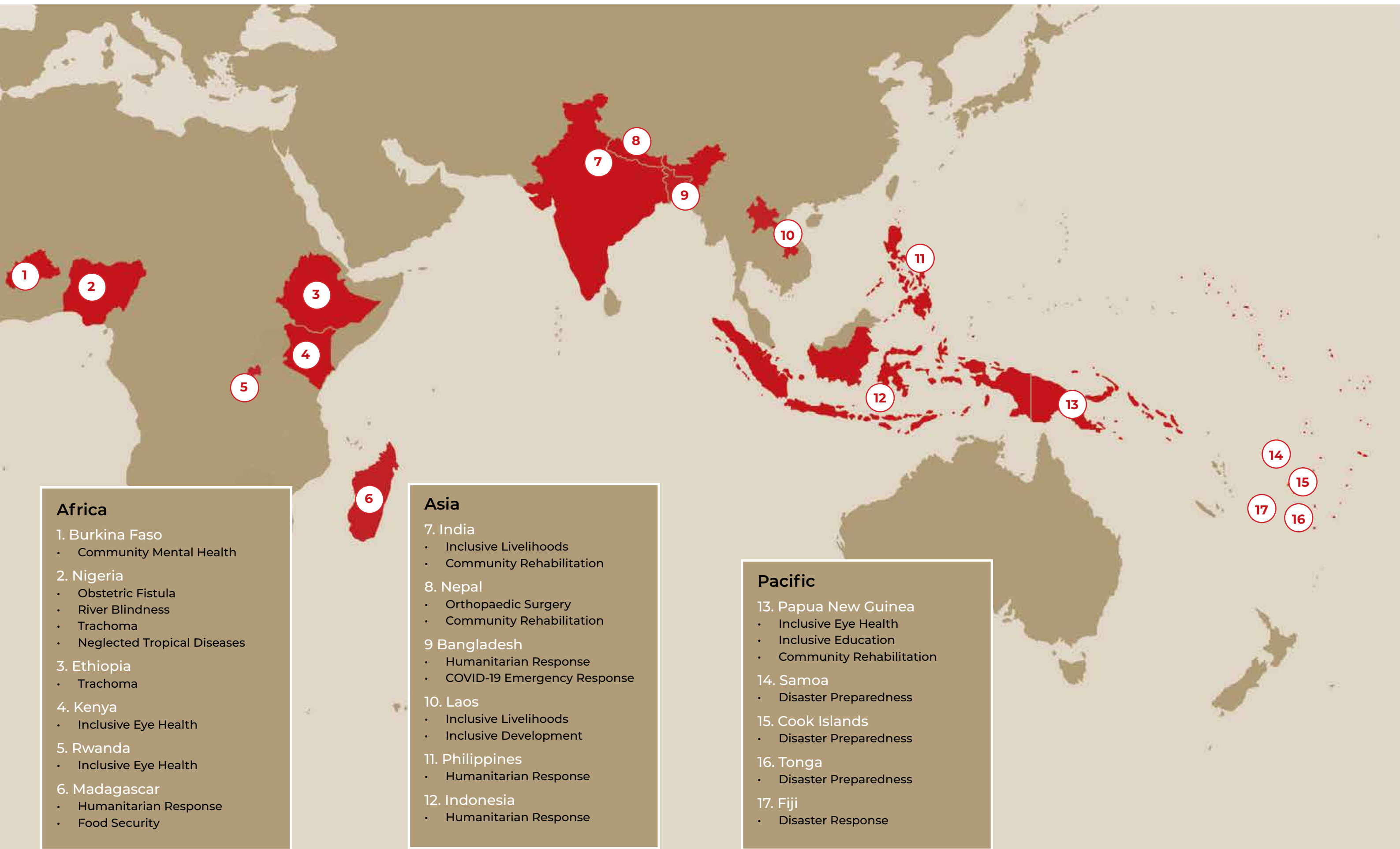
## ASSISTING

**46,370** people/families  
in emergency situations

## YOUR SUPPORT HAS FUNDED

**19** projects in **17** countries  
working with **17** local partners

# WHERE CBM NEW ZEALAND WORKS







Wlubnesh from Ethiopia, received sight-saving surgery for Trichiasis Trachoma through **cbm** partner, GTM Garbet Tehadiso Mahber. People in her village in the Amhara region, also received medicine to treat active Trachoma.

## OUR WORK PREVENTION

**1,406,866** people reached to help prevent blindness and other disabilities including:

**654,322** people treated for River Blindness and Trachoma

**231,081** people treated for other Neglected Tropical Diseases

**521,463** people supported to prevent avoidable impairments

**cbm** New Zealand works with local **cbm** partners in Nigeria and Ethiopia to prevent and treat avoidable causes of blindness such as River Blindness and Trachoma. The main prevention strategies have been improved mass drug administration, and improved water and sanitation services in communities.

Due to **cbm's** long history of distributing medication for River Blindness and Trachoma in Nigeria, Trachoma is no longer a significant public health concern in current focus areas. In the Amhara Region, Ethiopia, distribution of Azithromycin, construction of safe water supplies, and Trichiasis surgeries have contributed to prevent irreversible blindness. Awareness raising on good hygiene practices and environmental sanitation to the community members was carried out for the prevention, transmission, and treatment of Neglected Tropical Diseases (NTDs).

Other NTDs, such as Lymphatic Filariasis and Schistosomiasis, are an increasingly important focus of the **cbm** control programme to prevent disabling conditions. **cbm** works with local partners to provide access to surgery and antibiotics to treat and prevent the spread of these highly infectious diseases, providing relief to people in disadvantaged communities. The continued reduction and elimination of these diseases have an impact on public health, but also on the social and economic state of the families affected. The control, elimination and eradication of these NTDs will be a major contribution to poverty alleviation and attainment of the Sustainable Development Goals.

**cbm** partners are also working with local government agencies for sustained impact and to ensure that national COVID-19 guidelines are followed in carrying out our activities.





People like Wlubnesh are at high risk of Trachoma in Ethiopia. In order to prevent and kill the bacteria, **cbm**-partnered Ophthalmic field workers go from home to home and examine all members in the community and supply oral doses annually of antibiotics.

## TRACHOMA SURGERY IN ETHIOPIA

Trachoma is a terrible way to go blind. Imagine your eyes swelling up so much, your eyelids fold inwards. With every blink, your own eyelids start cutting your eyes.

Each tiny cut leaves a scar. By the tens of thousands, those scars cloud over your eye. Your vision dims... until you are blind.

Millions of people have been blinded for life by Trachoma, in great pain. But thanks to the efforts of supporters like you, the World Health Organisation announced that 13 countries have eliminated Trachoma as a public health problem.

When Wlubnesh found out that generous supporters like you helped pay for her surgery, she was astonished. "To hear there is no payment required, makes me very happy," she said gratefully.

Wlubnesh's surgery took place in the **cbm**-partnered outreach clinic, where the surgeon skillfully repaired her swollen, inverted eyelids.

"I am so thankful to be cured. Now I am happy, everything will be okay!"



Debisa, an Ophthalmic field worker, walks the short distance to a **cbm**-partnered outreach clinic in a small village in the Amhara region, with a patient who is about to receive sight-saving Trachoma surgery.



# OUR WORK

## MEDICAL TREATMENT

**32,115** people helped by medical treatment including:

**1,594** people given life-changing surgeries

**29,306** people supported with medical & rehabilitation services

**1,215** 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, 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 also partners 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

There are many mothers, like Maimunat, in Nigeria suffering decades of daily misery, shame and humiliation, but your generosity is setting them free from their fistula!

After a traumatic childbirth, Maimunat from Nigeria, suffered the loss of dignity caused by obstetric fistula. She became depressed and isolated. Adding to her misery, Maimunat and her husband could never afford to pay for her surgery and post-surgical care.

Thanks to people like you, Maimunat was able to travel to a **cbm**-partnered hospital, where she experienced the life-changing miracle of fistula repair – the surgery she could never afford on her own.

Maimunat knows it was because of her unknown brothers and sisters in New Zealand, who paid for her surgery.

**“They did everything free for me,” this astonished young mother said. “They did it well!”**



Maimunat from Nigeria, recovering from surgery for Obstetric Fistula. Maimunat was overwhelmed with gratitude to receive life-changing surgery for free, saying “May God bless you, for the work you did for me. I am so happy.”





Losing eyesight is difficult for anyone, but for Daka, living in poverty in the Highlands of Papua New Guinea, this was utterly devastating as she had to depend on others for absolutely everything.

## CATARACT SURGERY IN PAPUA NEW GUINEA

30 years ago, Daka was a hardworking married mother of six, a pillar of her community and her church. Then her husband died. Daka sacrificed so much to see her six children all complete their education. She grew vegetables and coffee beans to sell, while volunteering for her church mission to share the Gospel.

Then Daka's sight began to fail. The lenses of her eyes began to cloud over. As her cataracts thickened, she could only see movement, and she slowly became completely blind. Her every step had to be guided by someone else. She was utterly devastated to depend on others for absolutely everything – and her blindness was making their poverty even harder.

Fortunately a **cbm**-funded outreach field worker came to Daka's remote village, bringing unbelievably good news for her. A **cbm**-funded outreach clinic would be spending a week in the nearest town, conducting eye healthcare, education, and surgeries made possible by generous supporters like you.

Daka was so excited. She could scarcely believe someone she had never met would pay the cost of restoring her sight.

It was not an easy trip to get to the clinic, but Daka was determined to be there. She wanted to see her children again. She could barely remember their faces.

Daka set out into the muddy jungle, led by her daughter. It was far harder and slower than they ever expected. It took them a long time to push through the mud to the road, and then they spent three hours in a crowded bus.

When Daka and her daughter reached the clinic, they were welcomed by the outreach clinic staff. After a meal and a restless night's sleep, Daka was prepared for surgery the next day. The **cbm**-funded ophthalmologist successfully performed the cataract surgery on her first eye, with the second surgery a few days later.

When it was time for her eye patches to be removed, Daka was shaking with anticipation.

**Daka was overwhelmed with emotion, because right in front of her, she was seeing her daughter's face for the first time in years. Daka smiled through tears of joy.**

She says that the miracle that kind people like you gave her – having her cataracts removed and her vision restored – is one of the greatest gifts she has ever received in her life!



## 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 Hospital and Rehabilitation Centre for Disabled Children (HRDC). This ensures 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 fuller suite of 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.

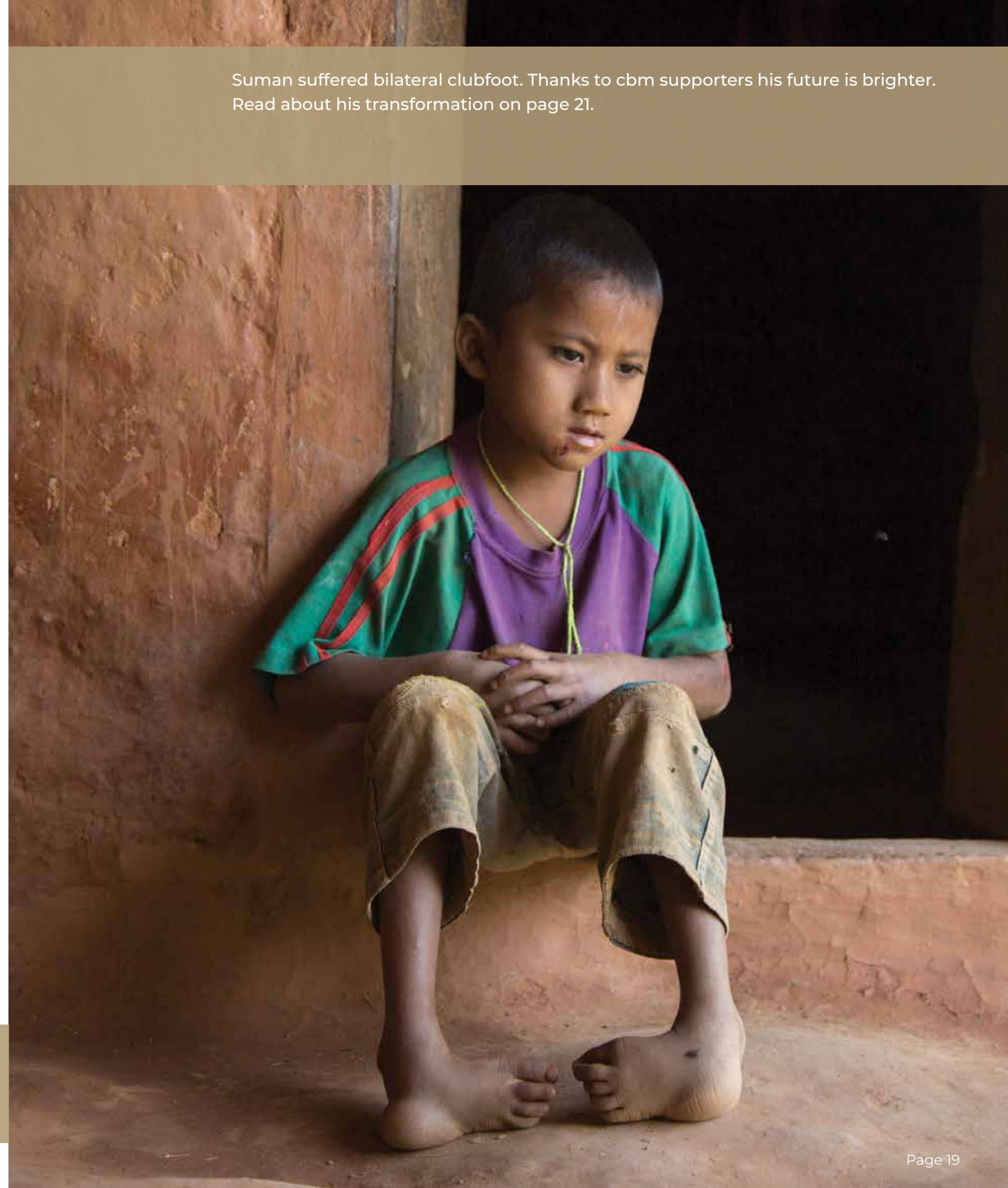
“Our community outreach programmes continue to grow and the volume of work output on all fronts has reached new records. Although this is rewarding news demonstrating the extreme popularity of HRDC services, the ever-increasing workload is placing heavy financial burdens. It is always a great privilege 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

“And then you would joyfully  
carry them home on your shoulders.”

– Luke 15:5

Suman suffered bilateral clubfoot. Thanks to cbm supporters his future is brighter.  
Read about his transformation on page 21.







Suman is full of smiles, knowing his twisted ankles will be straightened, thanks to generous **cbm** supporters like you.

## ORTHOPAEDIC SURGERY AND REHABILITATION IN NEPAL

Suman was born into overwhelming poverty, in the steepest and poorest part of Nepal, with his ankles already badly twisted. As he grew, his bilateral clubfoot became even more severe.

When the village children left for kindergarten, an hour's walk away, he tried to walk with them, but it hurt too much. When he turned five, his friends went to school without him.

Suman's family could never afford medical treatment for their little boy. All their hopes and dreams for Suman's future felt lost. But that all changed when a **cbm**-funded field worker found Suman. After being examined, Suman's parents were told he needed to go to a specialist hospital, the HRDC (Hospital and Rehabilitation for Disabled Children) in Ugratara Janagal, many hours from their home.

It sounded miraculous... but also very, very expensive. How could they ever afford this? They need not have worried. They were told that because of generous supporters like you, Suman's operation and expenses were going to be paid in full!

Suman's mum and dad were overwhelmed to think that somebody they did not know, living in another country, would pay for their son's feet to be restored.

They were so excited and full of hope, as they stepped off the night bus to Kathmandu and were welcomed into HRDC.

Suman's treatment began with Ponseti casting. Every few days a new cast was dressed around his ankles, gradually bending them to face forward, but Suman also needed surgery. In a two-hour operation, doctors cut and shaped Suman's muscles and ligaments, building two straight new ankles.

Suman woke with his feet in plaster again – but his toes were all facing forward, just like other children.

Clubfoot never sleeps, though. For many years, his ankles will try to twist again. He will have to be very disciplined in exercising his feet and wearing his orthotic shoes day and night. Suman will receive excellent follow up care at HRDC. The hospital is even able to create its own orthopaedic devices.

The vital support Suman has received has even helped him catch up on the education he missed.

All the time he was at HRDC, he was attending the hospital school. His teacher said, "He has learned to write Nepali and English letters in no time at all. He is such a bright child."

His feet are straight. His legs look strong. The greatest change, though, is in his face. Sadness and despair have been replaced with smiles and joy! He can walk, he can play with other children now. He can go to school. He has a future.



## 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.

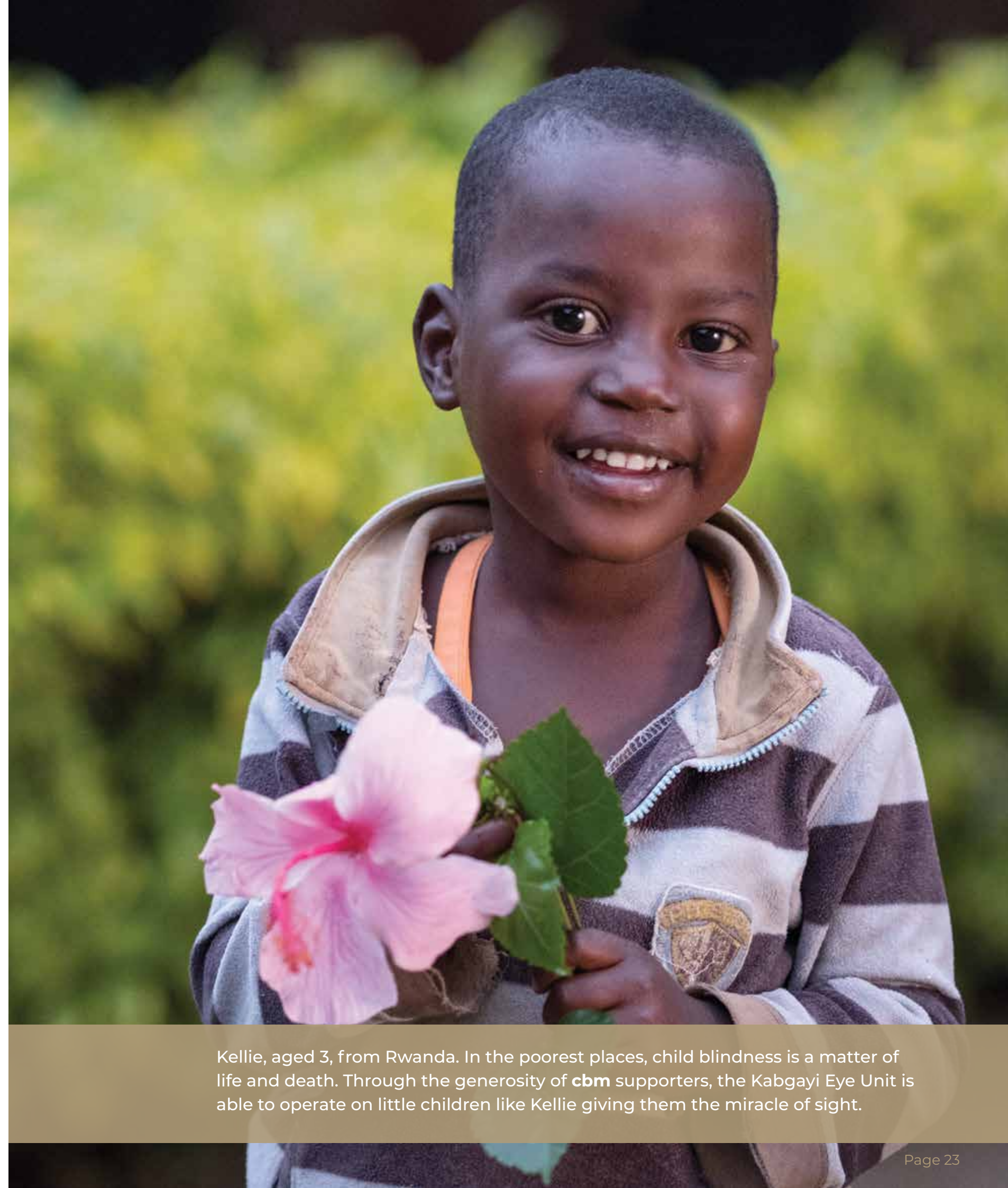
KEU is the only eye centre in Rwanda to perform microsurgeries. With **cbm** support, KEU has set up a well-equipped unit for eye cancer to treat patients from Rwanda and neighbouring countries. The unit has initiated chemotherapy for retinoblastoma children since March 2012.

## CATARACT SURGERY IN RWANDA

3-year-old Kellie has such big, beautiful eyes. How could they possibly be blinded by the misty curtain of cataracts?

Kellie's mum, Marie, is so grateful her daughter could receive sight-saving cataract surgery to remove the cataracts growing in her eyes. In her little blue surgical gown Kellie, under general anaesthetic, was kept safely still and asleep during her delicate surgery.

The quality of surgery the **cbm**-funded ophthalmologists provide is very high, even amid such poverty. Thanks to generous supporters like you, children and adults are being given the chance to see, when they could not possibly dream of paying for it themselves.



Kellie, 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 Unit is able to operate on little children like Kellie giving them the miracle of sight.





Benjamin's family is so thankful that people like you have helped him, as well as his sister Patience. They have been blessed with brighter futures thanks to the support of generous **cbm** Child Sponsors.

## CHILD SPONSORSHIP

Two-year-old Benjamin was born with congenital bilateral cataracts. He was the youngest of five children and, unfortunately, he was not the only one in his family living with blindness. His older sister and both parents are also blind. Daily life for this family was a struggle.

Benjamin suffered from social isolation and was often not in the best mood. He was a very sad little boy. He cried out to try to stop the local children taunting him, but he was unable to defend himself. He cried even louder for his mother or father to come and rescue him, but often they were unable to help because they simply cannot see where he was!

Thanks to generous supporters like you, Benjamin's mother Gladys no longer needs to worry about her son's future. There was hope for Benjamin. Through **cbm's** Child Sponsorship, Benjamin was able to receive the miracle of sight-saving cataract surgery to restore his sight. His family could never afford to do this.

When Benjamin and Gladys arrived at the **cbm**-partnered Mengo Eye Hospital in Kampala, Uganda, they had their temperatures checked and hands sanitised before entering the hospital. This was a precautionary measure undertaken to prevent the spread of COVID-19.

They were welcomed into the hospital, and the ophthalmologist checked Benjamin's eyes.

"Benjamin has bilateral lamella cataracts, his cataracts are not yet mature," says Dr Lisbon. "We should expect to see very good vision after surgery."

The day after surgery, the nurse carefully removed the eye patches and asked Benjamin to open his eyes, but he refused. Dr Lisbon explained that some children have a fear that their eyes may be covered again, so the only thing they can do is keep their eyes closed.

The following morning, Benjamin seemed to be in a happier mood. He was playing and shouting with joy.

Benjamin's eyes were finally open – and he could now see!

Benjamin was then measured and fitted for glasses.

As his vision continues to improve he will be monitored and be given new glasses, with adjustments being made to these as he grows.

Benjamin is no longer the sad little boy, sitting by himself, while children taunt him. His tears of rejection and loneliness are gone, and replaced with smiles, laughter and mischief. He can now run and play, keeping up with the other children.



# OUR WORK EDUCATION & EMPOWERMENT

**60,171** people empowered through development programmes:

**248** children supported to access education

**448** families supported to earn an income

**59,475** people reached with awareness campaigns supported by the disability movement

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 help build equal societies and provide much needed opportunities for people with disabilities.

**cbm** New Zealand's support in Burkina Faso, 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 gifts from individual supporters for inclusive education and inclusive livelihoods in Papua New Guinea.



Boukary, from Burkina Faso, suffered from severe mental illness. Today he is free! He has received much needed help to be integrated back into the community through healthcare services, vocational training and education, and now works at a car wash.





9-year-old Hane, with her mum Brenda, would love to become a teacher, so she can teach children like herself. Hane is now thriving since her teachers were taught sign language so she could be included in class!

## EDUCATION AND LIVELIHOODS IN PAPUA NEW GUINEA

In Papua New Guinea, 9-year-old Hane would love to become a teacher! She gets up early every day, as she doesn't want to miss one minute of school!

Hane's favourite subject is sign language. She loves to read the sign language dictionary and learn different new signs from pictures. Hane is good at art, she loves to draw and colour.

**When Hane leaves school she would love to become a teacher so she can teach children like herself.**

Hane's mother, Brenda, didn't think it was possible for her daughter to go to school because she could not hear. But when one of Hane's friends came home from school announcing that children with disabilities are welcome, Brenda enrolled her immediately. Hane was absolutely ecstatic and that excitement has not worn off.

With regular support from generous people like you, **cbm's** partner, the Network of Callan Services for Persons with Disabilities, supports children with disabilities to learn in mainstream schools. Your generosity is helping teachers learn the importance of including children with disabilities in their classrooms.

Hane and Brenda are very thankful to **cbm** and their partner, the Callan Services. When Hane started school, her teachers had been taught sign language so she could be included in her class.

Without the inclusive education programme Hane would never have started school. Brenda says this would be very upsetting because when Hane is excluded it takes a huge emotional toll on her.

Brenda wants Hane to have the same opportunities as the other children in her neighbourhood and doesn't want her to be dependent on someone else.

Now that Hane is thriving at school Brenda can see her getting a job when she is older.

"She will one day own a car and drive around town," Brenda says about Hane with a smile on her face.

**"These are the things I will do;  
I will not forsake them."**

– Isaiah 42:16





18-year-old Opa's life has changed incredibly after receiving surgical support from **cbm** partners in Papua New Guinea to release severe scarring to her neck and arm. She is about to finish school and wants to become a scientist.

## EDUCATION AND LIVELIHOODS IN PAPUA NEW GUINEA

When 18-year-old Opa was just a toddler she fell into a fire pit, and a pot of boiling water tipped over her. The water severely burnt the left side of her body - burning her face, arms, hands and upper torso - and leaving her with significant scarring.

As Opa grew, the scars constricted, becoming tighter and tighter. Her left hand became twisted, severely limiting its movement. The scars around her face and neck started to pull her head down towards her chest so that she could no longer turn her head. She was in chronic pain and was unable to move or walk well.

Her family took her to see a Doctor in town, who informed her that she needed to have an operation to relieve the contractures, but this would be very expensive and it was unable to be performed at that hospital. The family had to make a heart-breaking decision, either travel to Port Moresby and pay for the operation, or continue to send Opa's four brothers and two sisters to school.

They decided to send the children to school.

This had a dramatic effect on her life; she lost her independence and her ability to interact with others. She continued to go to school, but it was challenging, and her studies were suffering. She was unable to do chores and other than going to school, she would hardly ever leave the house because it was becoming too difficult and painful to move.

Fortunately, through the generous support from people like you, a **cbm**-funded field worker visited their village. The field worker knew that they could help, and accompanied her to the rehabilitation centre in Mingende. At the centre, a **cbm** orthopaedic doctor was visiting, and assessed Opa's scars. The doctor performed the complex surgery releasing the strictures on her neck and grafted new skin to reduce further scarring.

**The surgery hugely improved Opa's range of movement. She was able to walk and move again without pain.**

Opa's follow up care was ongoing. Every week a **cbm**-funded field worker visited her house to perform physiotherapy with her.

Thanks to generous people like you, Opa's life has changed incredibly since the operation. She is about to finish school, and she wants to go to university and study to become a scientist. She has a busy social life and loves hanging out with friends and joking around.



# OUR WORK

## HUMANITARIAN ACTION

**46,370** people/families prepared or assisted in emergency situations including:

**3,357** people supported with medical, rehabilitation & psychosocial services

**1,891** people supported with livelihoods and basic needs

**41,122** people supported with other forms of assistance

The current need for humanitarian aid is unprecedented. Climate shocks (such as cyclones and droughts), political conflicts (including violence against specific groups), refugee crises, and the lasting effects of COVID-19 have worsened already precarious circumstances. Natural disasters and humanitarian emergencies hit most at risk groups, such as people with disabilities, the hardest because many mainstream humanitarian organisations do not have systems in place for effectively including people with disabilities in their recovery efforts. .

Thanks to your generosity, life-saving supplies have been provided including:

- Multipurpose cash grants to meet food needs and to restore livelihoods for families including members with disabilities affected by the drought in Madagascar and an initial stage of relief for Cyclone Rai in the Philippines.
- Integrated with Trachoma Mass Drug Administration, COVID-19 prevention messages and hygiene kits were distributed in Ethiopia.
- Food items were distributed to families that include people with disabilities in Laos, Nepal, Papua New Guinea and Indonesia in order to lessen their hardship caused by the COVID-19 pandemic. **cbm** also provided medical equipment and hygiene kits to the government and communities.
- Rohingya refugees with disabilities in Bangladesh continued to be supported with rehabilitation, assistive devices and counselling services. **cbm** also worked with mainstream humanitarian organisations to improve mainstream disability support.



Thanks to the generosity of supporters like you, Rohingya refugees in Cox's Bazar, Bangladesh, continue to receive support as flash floods and landslides destroy houses and livelihoods. Almost a million refugees are now living in gruelling conditions.





Rohingya refugee, Rashida, is receiving life-changing physiotherapy and rehabilitation at the **cbm**-funded Medical Centre at Cox's Bazar in Bangladesh. The dignity of being able to tend to her personal needs herself, has been restored.

## HUMANITARIAN ACTION IN BANGLADESH

Living in a refugee camp is difficult for everyone but it's especially difficult for people with disabilities. They are always the last in every queue. They find it so hard to climb up or down the slippery, perilous steps on the steep dune-hills to reach the water tap or the sanitation facilities.

When Rashida was just six-years-old, as the wave of animosity against her people was rising in Myanmar, she had a very nasty fall and broke her leg. Amid the growing violence, there was no treatment available as the medical staff had all fled. Rashida's mother had died and her father was trying to keep all his children safe.

With no cast, strapping or bandaging available, Rashida's bones just set in their broken shape. Kinked and crooked. It was a tragedy. With her fractures fused so badly, her muscles were unable to graft back on to the bone. Her leg muscles lost their function and strength. They shrank and withered. Rashida's leg was useless to her. Her hip would not move at all. She could not easily stand and walking was exhausting.

Somehow her father was able to get her out of Myanmar along with her brothers and sisters. Since then, in the refugee camps at Cox's Bazar, her father has done absolutely everything for Rashida. She could not get dressed or go to the toilet without help. Rashida has been so sad and heartbroken over the limitations on her life.

Then Rashida's father heard about the **cbm**-funded Medical Centre in the adjacent camp. Despite being in excruciating pain, Rashida, helped by her father, took the long exhausting walk from their camp to the next. The stairs to the Medical Centre are extremely steep – every slope in the camp is steep. The steps are carved out of the sand. The rain had made them slippery – but finally she reached help.

Thanks to the generosity of supporters like you, the Medical Centre is a buzzing hive of nurses, GP's, an eye doctor, ear specialist, physiotherapists and also a place for psychological counselling – for those so traumatised by their lives as refugees.

There is even a special room for deeply troubled children in the Medical Centre. A place to settle their wounded spirits, with a very popular little slide, puzzles, balls and games.

Into this kind, caring Medical Centre came Rashida, to be seen by a doctor for the first time in her entire life. Sadly, Rashida's leg is so badly malformed, she will always need to use crutches.

But there is hope, physiotherapy will unlock and reshape the constricted stiffened muscles of her leg, hip and back. She will be able to bend her leg. She will be able to dress herself. Go for water by herself. Climb stairs. That is all she wants, after all she has been through. Freedom from pain and independent living.





COVID-19 unfolded at an alarming rate in Papua New Guinea. The generosity of supporters like you helped vulnerable people living with the triple challenge of poverty, disability and COVID-19.

## HUMANITARIAN ACTION IN PAPUA NEW GUINEA

Our lives continue to be touched in some way by COVID-19. But we are fortunate in New Zealand to enjoy a high standard of healthcare. This is not the case for a growing number of countries facing a significant humanitarian crisis, like our near neighbour Papua New Guinea (PNG). There people are living with the triple challenge of poverty, disability and COVID-19.

With the majority of the population living in small, mountainous villages spread out across the country, travelling to the main town centres for COVID-19 testing was simply not realistic.

The situation was even more challenging for people with disabilities, many of whom did not have access to accurate information about COVID-19, and how to keep themselves safe. They relied heavily on their families to help them with their daily personal care.

Not having equal access to public health information, and being dependant on how their loved ones and guardians applied protective measures, put children and adults with disabilities at a greater risk of contracting COVID-19.

PNG moved into a nationwide isolation strategy to help reduce community transmission by closing schools, reducing numbers of people travelling on public transport, and mandating to wear a mask in public.

But the cost of obtaining masks and hygiene supplies was too often out of reach for the majority of people in PNG, many of whom survive on less than \$3 per day.

The **cbm** team urgently needed help to raise awareness of hygiene standards; to distribute hygiene kits with masks, soap, and hand sanitisers; and supply Personal Protective Equipment (PPE) for **cbm**-funded community field workers and teachers to keep them safe so they could help others.

Another area of urgent need was for families who were experiencing food shortages. Thanks to generous people like you they received nutritional support for hungry children by providing them with boiled eggs, fruit, sweet potatoes, and other nutritional food to help keep them healthy so they continued to grow and reach their developmental milestones.

**cbm**-funded community field workers walked hours on end to reach people with disabilities living in remote communities in the Highlands of PNG, and provided them the assistance they desperately needed to keep them safe from the spread of COVID-19.





Madagascar is on the brink of the world's first famine due to climate change. Over 1 million people are suffering from extreme starvation. The land has dried to dust and families are eating insects and cactus plants just to survive.

## HUMANITARIAN ACTION IN MADAGASCAR

The food crisis in southern Madagascar is still worsening by the day, with an estimated 1.3 million children and adults on the verge of starvation.

Southern Madagascar has had back-to-back droughts since November 2020, leaving the region's people facing acute hunger. Families have resorted to eating insects, leaves and cactus plants, and are fighting for survival.

The number of children who are severely malnourished has doubled in some areas, and according to the UN's World Food Programme, as the scale of the crisis grows, the situation will rapidly deteriorate further into a famine.

Satry Ramaroson who leads the front-line **cbm** team in Madagascar says: "The situation is getting worse, and we urgently need to do more to enable people living with disabilities to access food, water and medicines. If we do not, people living with disabilities will be left behind, and be more at risk from starvation."

Generous supporters like you responded to this food crisis, and have helped **cbm**-funded partners by providing urgent humanitarian relief to the most vulnerable children and families, especially those with disabilities. But as the scale of the crisis grows, they need to reach more children and adults facing life-threatening starvation.

Thank you for caring for vulnerable children and adults living with a disability in the world's poorest places.

"The generous will themselves be blessed,  
for they share their food with the poor."

– Proverbs 22:9



# WHO IS CBM?

## CHRISTIAN BLIND MISSION



### OUR VISION

An inclusive world in which all people with disabilities enjoy their human rights and achieve their full potential.



### OUR MISSION

Fighting to end the cycle of poverty and disability.



### OUR VALUES

**We Champion Inclusion:** We believe everyone is equal before God. We are passionate about working with people with disabilities to build a world in which all people are included, valued and respected.

**We Strive for Justice:** We work for positive change, inspired by a vision of a just and equitable world. We will model justice and faithful love as Jesus did, serving those in greatest need, regardless of race, gender, age or religious belief.

**We Pursue Excellence:** We are committed to

achieving the greatest possible impact from the resources entrusted to us, attaining high quality in all our work. We challenge ourselves to constantly learn, innovate and improve.

**We Embrace Partnership:** We achieve more when we work with others. We commit to partnership, listening and learning together. We collaborate creatively with partners, supporters, governments and colleagues to achieve lasting change.

**We Live with Integrity:** We show God’s character by seeking to live by our values and fulfill our commitments. We hold ourselves accountable to our supporters and those we serve, seeking to live authentically, responsibly and honestly.



**cbm** New Zealand staff at a training event in August 2021.  
Back L-R: Maria, Natalie, Xaviera, Robyn, Murray, Bruce, Marty.  
Front L-R: Imran, Hermie, Karen, Judi, Viv, Debbie, Trudi, Linabel.

### 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. Our values – inclusion, justice, excellence, partnership, and integrity – drive 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 blessed with a small but dedicated team of volunteers who helped with weekly administrative duties and thank you calling to **cbm** supporters even during lockdown. We loved hearing from them each week and they are a valued part of our family.

“Carry each other’s burdens, and in this way you will fulfill the law of Christ.”

– Galatians 6:2

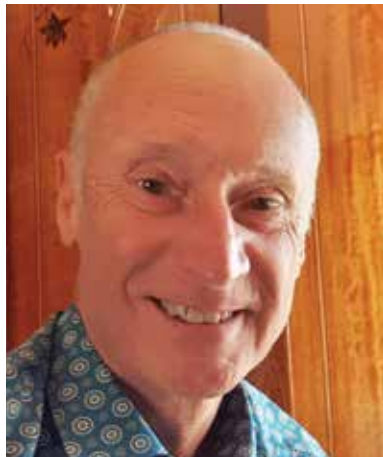


## OUR BOARD

**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 2021, we said thank you and goodbye to long-standing Board member Les Stephenson for his significant contribution to **cbm** over five years. Featured on this page are Board members as at the end of 2021.

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 Leadership Team is one of cooperation and a shared commitment to the mission of **cbm**.



### ANDREW SMITH (CHAIR)

Andrew joined the Board in 2019, having recently retired from a career in counselling and tertiary education.

His previous involvement in mission, particularly in South East Asia, made **cbm** an ideal organisation in which to invest post-retirement time and energy.

He is currently Chair of the Board, with a particular concern for staff well-being and good organisational practice.



### 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 was previously 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.



### 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.



### SUSAN WILLIS-HIRST

Susan joined the Board in 2014 and is Chair of the Fundraising and Marketing Committee and a member of the Personnel Committee. She was Chair of the Board for three years until Nov 2021. She holds a Bachelor of Commerce and a Masters in Marketplace Christianity. Her career was forged in marketing for several multi-national fast moving consumer goods companies. Susan was fortunate to visit Africa in 2017 and was deeply impressed by the impact that **cbm** is making in the lives of people with disabilities who are also living in poverty.



### 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. He 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, an 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 for an Auckland-based employment law services firm. 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.



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 \$55,000! Thank you for your overwhelming kindness!

The generous gifts, along with the New Zealand Aid Programme multiplier x5, continue to help transform the lives of children and adults living with avoidable blindness in Papua New Guinea (PNG).

Gifts will help provide sight-saving cataract surgeries, and other eye health services, including glasses, and will help train new ophthalmologists. Currently there are only 9 ophthalmologists in PNG, for 9 million people whereas the WHO recommendation for a country that size is 70-80. Gifts will also enable inclusive education for those living with blindness, or who have low vision, by providing braille and tactile skills to infants, pre-schoolers, school age children and young adults.

Our 2021 Miracles Day campaign, run in partnership with Rhema Media, saw three radio stations, Life FM, Rhema and Star, relay the amazing stories of sight-saving surgeries and the impact of **cbm** New Zealand's eye-health work in Papua New Guinea.

We'd like to thank everyone who makes Miracles Day such a success each year.



Living in a world of darkness, Stephen had lost everything, including his loving family. Stephen received sight-saving cataract surgery at a **cbm**-funded outreach clinic in the Highlands of Papua New Guinea. His future is now so much brighter.

ENGAGING WITH OUR SUPPORTERS - ADVENT

Advent 2021 saw us coming together to celebrate the birth of our Saviour Jesus Christ.

An invitation was given to the churches of Aotearoa to join a free four-week **cbm** Advent series. Each week churches were sent suggested scripture for prayers and reflection; impact stories and videos about **cbm's** mission to bring **Hope, Peace, Joy** and **Love** to people with disabilities in the world's poorest places.

The feedback was extremely positive with comments like “beautifully crafted 4-week series”, “reflective and meaningful resource”, “sermonettes were very good”, “stories and videos were powerful and impacting”, and “weekly PowerPoint slides were a blessing for busy clergy”.

Alongside the church programmes, the church congregation and **cbm** supporters were invited to continue Advent reflections at home by creating special Advent moments with loved ones, including prayers and reflections during the week, Advent colouring in, a ‘how to’ guide to make your own Advent wreath, and opportunities to give meaningful gifts at Christmas.

This year please join **cbm** in celebrating the true meaning of Christmas with loved ones, friends, colleagues, neighbours, and people in your community.

To find out more please visit [www.advent.org.nz](http://www.advent.org.nz)





EXTERNAL GOVERNING BODIES

**cbm** New Zealand is a Member Association of CBM Global Disability Inclusion. Together, we work alongside people with disabilities in the world's poorest places to transform lives and build inclusive communities where everyone can enjoy their human rights and achieve their full potential.

**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 an annual process to review **cbm** New Zealand's policy compliance and Board performance.

**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 sits on the CID Board of Trustees.



Obstetric Fistula ministry is so wonderfully life-restoring. Generous gifts from supporters like you have helped mothers, like Olubunmi, escape a life of shame and isolation, by restoring their hope and dignity.



Masu and his family give thanks to generous supporters like you, who help provide sight-saving Mectizan medicine to help protect children and adults from the **cbm** devastating effects of River Blindness in Nigeria.





## **cbm New Zealand**

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