



**Africa East & South  
Annual Report  
2021**





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# 1. Foreward



CBM Africa East and South Region, in 2021, employed innovative strategies that enabled it to serve over one million individuals, including persons with disabilities. This achievement was realised despite the enormous challenges posed by COVID 19 pandemic. We focused on our two priority areas, Inclusive Eye Health (IEH) and Community Based Inclusive Development (CBID), and realised achievements by

leveraging the strong and strategic engagements that we have with a diverse range of partners in all the ten programme countries namely Burundi, Ethiopia, Kenya, Malawi, Rwanda, South Sudan, Tanzania, Uganda, Zambia and Zimbabwe.

In IEH, we prioritized three key areas namely promotion of a stronger focus on inclusion, advancement of comprehensive eye care, and integration into national systems through a health systems strengthening approach. For example, in Ethiopia where 49% of the global trachoma burden exists, an integrated approach using the World Health organization (WHO) recommended Surgery, Antibiotics, Facial cleanliness and Environmental improvements (SAFE) strategy was adopted. In addition, Anti-Trachoma School Clubs (ATSCs) were initiated to raise awareness of the disease. In South Sudan, 51 out of 79 counties severely affected by Neglected Tropical Diseases (NTDs) such as onchocerciasis and lymphatic filariasis were reached with Mass Drug Administration (MDA). In Kenya an innovative project using simple smart phone based Peek technology was used as a portable eye examination kit in the Vision Impact project (VIP), and rolled out in 7 counties with the aim of improving eye screening and referral tracking for more efficient and better eye care service coverage.

On CBID, the Region, through various interventions, advanced the principle that persons with disabilities must be respected and included in their communities on an equal basis, in all areas of life. Through outreaches conducted by among others CBM-supported Organizations of Persons with Disabilities (OPDs), services reached the most vulnerable in the community.

In general, despite the challenges faced in 2021, CBM in Africa East and South Region was able to reach beneficiaries with quality surgical interventions, assisted them with mobility devices, and provided livelihood support, in addition to many other interventions as described in this report. Our work positively impacted the lives of persons with disabilities, their families and their communities. We look forward to continued positive engagement with stakeholders so that systems can be better strengthened to guarantee not only voice and participation of persons with disabilities, but also access to quality services in an environment that is disability inclusive.

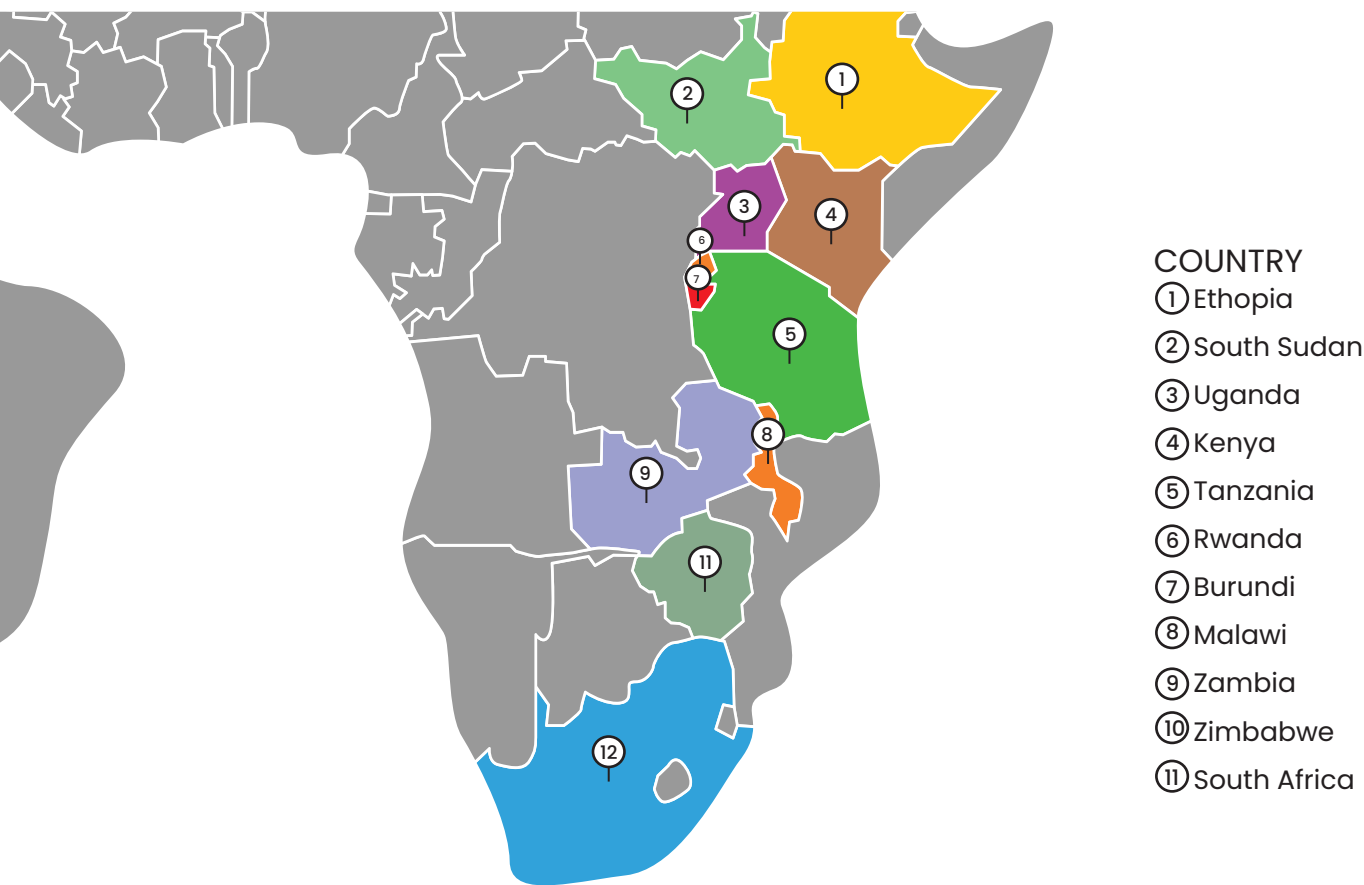
*Albert Kombo*

**Albert Kombo**  
Regional Director, Africa East and South

## 2. Acronyms

<b>ASCEND:</b>	<b>Accelerating Sustainable Control and Elimination of Neglected Diseases</b>
<b>ATCP:</b>	<b>Amhara Trachoma Control Programme</b>
<b>CBID:</b>	<b>Community Based Inclusive Development</b>
<b>CRPD:</b>	<b>United Nation Convention on the Rights of Persons with Disabilities</b>
<b>DID:</b>	<b>Disability Inclusive Development</b>
<b>DIDRR</b>	<b>Disability Inclusive Disaster Risk Reduction</b>
<b>EHC:</b>	<b>Ear and Hearing care</b>
<b>F&amp;E:</b>	<b>Facial Cleanliness and Environmental Improvements</b>
<b>IDP:</b>	<b>Internally Displaced Persons</b>
<b>IEH</b>	<b>Inclusive Eye Health</b>
<b>LF:</b>	<b>Lymphatic Filariasis</b>
<b>MDA:</b>	<b>Mass Drug Administration</b>
<b>NTD:</b>	<b>Neglected Tropical Diseases.</b>
<b>OPD:</b>	<b>Organisations of People with Disability</b>
<b>PCT:</b>	<b>Preventive Chemotherapy</b>
<b>PPE</b>	<b>Personal Protective Equipment</b>
<b>S&amp;A:</b>	<b>Surgery and Antibiotics</b>
<b>SAFE:</b>	<b>Surgery, Antibiotics, Facial Cleanliness and Environmental Improvements•</b>
<b>SDGs:</b>	<b>Sustainable Development Goals</b>
<b>TEO:</b>	<b>Tetracycline Eye Ointment</b>
<b>TT:</b>	<b>Trachomatous Trichiasis</b>
<b>VSLA:</b>	<b>Village Savings and Loans Association.</b>
<b>WASH:</b>	<b>Water, Sanitation and Hygiene</b>
<b>WHO:</b>	<b>World Health Organisation</b>

## 3. Our Reach 2021



The Eastern and Southern Africa Region is diverse geographically, culturally and economically. The region is characterized by fast growing economies especially in the cities with much of the population living in rural areas. Despite the growth, there are huge disparities between the rich and poor with a majority of the population languishing in poverty.

CBM operations in Africa East and South region is based in 9 countries supporting over 150 projects in Kenya, Uganda, Tanzania, South Sudan, Rwanda, Ethiopia, Malawi, Zambia and Zimbabwe. In 2021 we are proud of the impact we have made together with our partners in the lives of over 1 Million persons with disabilities reached through Inclusive Eye health and Community Based Inclusive Development Initiatives.

### Our reach in Africa East and South in 2021:

#### Inclusive Eye Health

1 million	persons received Inclusive eye health services
7 million	persons received treatment for Neglected Tropical Diseases.

#### Community Based Development (CBID)

75,630	persons received orthopedic services
114,963	persons reached with medical services for ear conditions in Ear and Hearing Care (EHC)
11,880	persons with disabilities enrolled in inclusive education services
36,000	persons with disabilities accessing livelihood services
10,484	professionals participated in training in health-doctors, nurses, therapists

## 4. INCLUSIVE EYE HEALTH

CBM Inclusive Eye Health (IEH) programmes ensure eye health and Neglected Tropical Diseases (NTD's) programmes are accessible and friendly to all members of the community with the goal of bringing transformative change to the lives and communities of persons with disabilities living in poverty. The programmes target people from all disability groups, including vision impaired, and other marginalized and socially excluded people. The programmes in Inclusive Eye Health proactively ensure that people with long term vision and other impairment access their right to wider opportunities in rehabilitation, health, education, livelihoods and social.

The CBM IEH plan sets out the future direction of all programme work within IEH and Neglected Tropical diseases (NTDs), identifying strategic priorities and objectives for the initiative, and defining key activities and approaches. It includes NTDs because most of CBM's NTD work is related to NTDs that affect the eyes (trachoma and onchocerciasis). The plan aligns with the frameworks of the WHO Vision 2020 Strategy, the Global Action Plan 2014–2019.

CBM has prioritized three key areas in inclusive eye health programs ensuring a stronger focus on inclusiveness, comprehensive eye care and integration into national systems, through the Health Systems Strengthening approach.

In Africa East and South region, our work in inclusive eye health expanded immensely reaching remote places in Kenya, Ethiopia, Uganda, Tanzania, Rwanda, and South Sudan. These countries were particularly targeted because health service provision is still low. In these areas, CBM interventions mostly focused on affordable and inclusive health coverage to ensure that its accessible, affordable and available. Through strategic partnerships, we worked on strengthening health systems on eye health by equipping, supporting construction of eye units, support in purchase of outreach vehicles, training of health workers on eye health, and setting up optical shops. Referral networking have been developed for access to inclusive, comprehensive eye care services where specialized services are not accessible



↑ Cataract surgeries improve sight and quality of life ©CBM

## Cataract surgeries improve sight and quality of life ©CBM

### Bright moments with Sheeba Kalungi in Uganda

Sheeba Kalungi has had bilateral cataract and physical impairment since she was one-year-old. Her condition hindered her from fully participating in the community. Unlike other children in the community, Sheeba had started school but could not continue because of her eye condition. Her future seemed bleak. She never had hopes of ever completing her studies. It is quite unfortunate that the family was unable to afford medical services to improve her eye condition. A social worker from Mengo hospital CBM partner, identified Sheeba during a community outreach and referred the family to the Hospital where Sheeba was scheduled for treatment and cataract surgery.

Jennifer, her mother never imagined that Sheeba could one day regain her sight. She thanks the hospital for taking care of them while they were at the hospital. “When I heard my daughter cry yesterday from the theatre I thought they had removed her eyes. Seeing that she had the green balls on her eyes made me think of so many things. Sheeba was not talking to me but crying a lot” says Sheeba’s mom. Today Jennifer is so happy to see that her daughter is actually better.

Sheeba explains about her first experience after eye patch removal. “when they removed the plaster, I saw the nurse who was putting on a white dress and a red belt, she put the medicine in my eyes and then later the nurse tells me to show her where the numbers were facing. Am now happy to see my mother and I am eager to go back to school.” says Sheeba.

It’s a journey of changing lives, restoring sight one a time. Sheeba can now see. All this was made possible through the support rendered by CBM to patients like Sheeba and others with similar conditions.



↑ Sheeba with an eye patch after cataract surgery on her right eye ©CBM



↑ Sheeba trying to read before surgery ©CBM



↑ Sheeba undergoing acuity test ©CBM

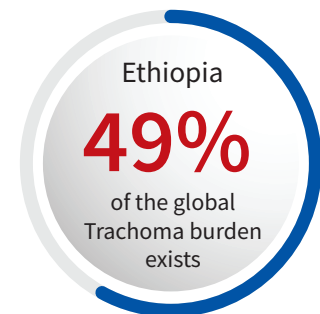
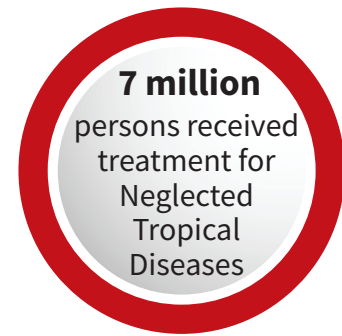


## 5. Neglected Tropical Diseases(NTD's)

To accelerate elimination of NTD's, CBM has been working in the most challenging environments. CBM reached over 7 million people with NTD's treatments in 2021 and over 20 million were reached with Mass drug administration services. This was through partnerships with the Ministry of Health in Ethiopia, Burundi and South Sudan. The major focus leading towards elimination of NTDs included Preventive Chemotherapy (PCT), Mass Drug Administration (MDA), Morbidity Management Disability Prevention (MMDP) through surgeries and patient care, Health System Strengthening (HSS), Capacity building/training and promotion of

SAFE strategy.

In Ethiopia, which bears 49% of the global Trachoma burden an integrated approach using WHO recommended SAFE strategy was used. 10 Anti-Trachoma School Clubs (ATSCs) were initiated to raise awareness of the disease, 10,392 environmental improvements including water facilities and latrines were done. In South Sudan, 52 counties were reached with Mass Drug Administration, through support of CBM. 9 states targeted training of health staff and surgeons and also community drug distributors.



### Water schemes construction reduce disease prevalence in Diquana village in Ethiopia”

*“I am not afraid to acquire diseases like trachoma and water-borne diseases as before, because now we have clean water and know how to protect ourselves.” Says Tadella*

Diguana community is in a rural area where farming is the main source of livelihood and engages the majority of the economically active population. Women and children are also the primary users and managers of household water. During the dry season in this village, water sources dry up and hence women and children are the most affected because they have to walk about two to three hours over dangerous terrain to bring water for use. Tadella Asmamawe is one of the women who has suffered the long distance walk in search of water. Tadelle informs that due to no viable options, drinking dirty water became almost normal part of life; even though people get sick all the time due to the quality of water.

Due to the development of the new water scheme by CBM/ ORDA dubbed ‘Diquana Shallow Well portable water’, over 124 households (620 people) can access clean water from the source. Tadella can now fetch at least 4 to 6 jars per day translating to about 120 liters of clean water from it. The water accessed is then used for personal hygiene, cooking, drinking, washing cloth, and taking bath. She adds that it takes only 30 minutes’ round trip to collect water from the new source. ‘My children are now healthy and clean because they wash their faces and get a bath every time they want to.’ she says with a smile. ‘Currently, I am not afraid to acquire diseases like trachoma and water-borne diseases as before, because now we have clean water and know how to protect ourselves. In addition, due to the new water scheme, I have adequate time to engage in extra economic activities such as farming and other social activities. My child can attend school without interruption.’

The community health workers have also sensitized the community that trachoma can be prevented by cleaning the environment, avoiding open defecation, and keeping the faces of all children clean.

Tadella is happy about the new water supply schemes constructed by ORDA/CBM project. She says, “I remember the suffering we underwent travelling 2-3 hours to fetch water with my neighbors. That is unforgettable” we used to suffer a lot. Finally, she said that...”We thank God, for we now have clean and safe water near my village”.



↑ Tadella drawing clean water from the CBM supported water scheme in the community©CBM

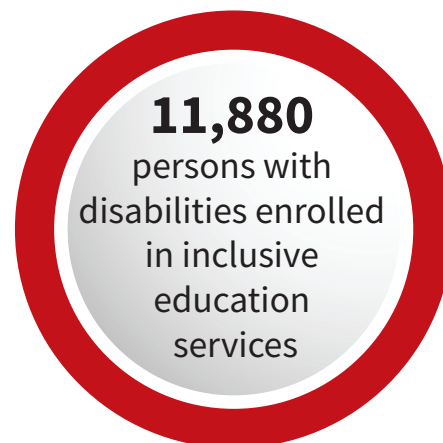
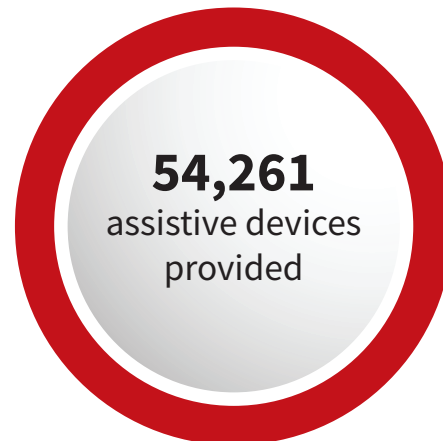
## 6. Restoring Dreams through Community based inclusive development

CBID is an approach that brings change in the lives of people with disabilities at community level, working with and through local groups and institutions. CBID addresses challenges experienced by people with disabilities, their families and communities in practical ways. CBM's CBID initiative encompasses 5 initiative areas of Ear and Hearing Care (EHC), Physical Rehabilitation (PR), Inclusive Education (IE), Disability Inclusive Disaster Risk Reduction (DiDRR) and Livelihood CBID initiative.

In AFES rehabilitative care support continued despite the enormous challenges brought about by COVID 19. Services were prioritized with caution and keenly following the health and safety guidelines of COVID-19. CBM ensured country specific containment measures were adhered to, simultaneously, working with partners for the safest innovative strategies to reach beneficiaries. Our CBID initiative priority in 2021 ensured that services and support systems were inclusive and functioning effectively in the community.

CBM continued to expand services in CBID such as corrective surgeries, physical rehabilitation services provision, production and availability of assistive devices; support to livelihoods and inclusive education support. Door to Door interventions replaced physical meetings which included outreach and hospital visits. Telemedicine services through use of mobile phones for post-operative care and other conditions reached patients in remote areas and those who could not travel long distances due to the travel restrictions.

In inclusive education programmes CBM reaffirmed that children and youth should be educated with their peers, rather than in special schools. Those who could not access schools were reached through home based learning. Due to the COVID-19 restrictions, livelihoods were affected immensely and more so for persons with disabilities. Many were forced to shut down their business and income streams became scarce. CBM provided support in kind through food distribution, hygiene kits, Personal Protection Equipment (PPE) among others. Assistive devices were also distributed. About 250,000 people were reached with CBID interventions.



## MCLAN WEARS SHOES

CBM's COVID-19 response targeted selected districts (Choma, Kalomo, Zimba and Livingstone Districts) in Southern Province in Zambia. The programme aimed at supporting persons with disabilities with protective wear, hygiene kits such as the face masks, hand washing soaps and hand sanitizer's in the wake of the pandemic. The programme is part of a wider project aimed at strengthening CBID in Zambia through a multisector holistic approach. Through the project Mclean was identified as one of the beneficiaries who had club foot. He could not wear shoes and he could not walk properly.

"Your hospital is so far away," that is what Julia, Mclean's mother told us. However, distance could not stop her from seeking medical help for her son's condition. Both Julia and Mclean were born with a condition called clubfoot. "When he was born, I thought his leg would straighten, but nothing changed," Julia narrated. When this did not happen we tried various traditional medicines to help with his condition. Since I also have club foot I was convinced the condition will not change. Although Mclean and the mother complained about the distance to the hospital from home, they made an effort to get to hospital.

Mclean went through a successful surgery, and he recovered well. Finally, Mclean can wear shoes and he is able to walk thanks to continuous generosity of the Christian Blind Mission (CBM) and the Federal Ministry for Economic Cooperation and Development of Germany (BMZ) who support our COVID response programme in Southern Province, Zambia.



↑ Mclean sitting outside his house before surgery ©Beit.CURE



↑ Mclean sitting on wheelchair after surgery ©Beit.CURE



↑ Mclean wears shoes

## A young girls story of resilience in Uganda

Medrine was born without a disability. In February 2017, her life changed after being knocked down by a speeding truck as she was returning home from school. Both limbs sustained serious injuries. When her grandmother, Annet, rushed her to Kayunga Hospital, the doctors said they could not help much and they got referred to Mulago Hospital in Uganda. At Mulago, Medrine's grandmother reports that "the doctors told us the only option was to amputate her limbs. They did not explain to us why they were taking such a decision. We did not ask either because in a government hospital, the doctor's decision is final and unquestionable."

The family's life completely changed seeing a child who used to go to school by herself then having being carried to school after the accident. The grandmother spoke with fear that "as a mother guardian it really hurts that you see your child who used to fetch water by herself waiting for you to get it for her". Losing her limbs as a child was a big blow to her and her family. Medrine was identified by a community volunteer in Kayunga who called the social worker at CoRSU to let her know that there is little girl with a disability who needs intervention. Medrine was brought to CoRSU and given her first pair of prosthesis.

Medrine recalls the first time she went to CoRSU hospital. Her seeing many other children who were like her made her feel at peace and have hope. She was welcomed to CoRSU hospital by some of the nurses and social workers who met her before while in the village, and referred her to further treatment. Medrine being a jolly girl was loved by many at the hospital, and she immediately felt at home. On the surface, CoRSU hospital looks like a distant maze, a normal general hospital treating all kinds of illness. Looking closer will reveal an amazing story of children recovering from all kinds of orthopaedic cases, bowed legs, knock-knees and amputations, as they overcome challenges of impairment and making remarkable progress before returning home. Medrine and grandmother was directed to the Orthopaedic workshop where she received her prosthesis from CoRSU hospital with support from CBM.

2020 marked 3 years since Medrine's prosthesis were installed. When COVID-19 pandemic hit the country, Medrine could not make it to the hospital to get her prosthesis molded for a new fitting. As the country was brought to a standstill. Medrine was greatly affected by this, and neither could her grandmother raise the money to make it to the hospital. The cost of transportation from her home to hospital was almost worth a month's meal. Despite the minor setback that delayed her from receiving her prosthesis, CBM facilitated her movement to hospital as well as acquisition of her new pair of prosthesis through CoRSU hospital.

Her journey to recovery has been a success. Medrine's scars from the accident in 2017 are no longer visible. Seeing that she was growing fast her prosthesis needed adjustment. She went to CoRSU hospital to have the old pairs replaced.

After the replacement, Medrine spent her first months receiving guided care and training as she learnt how to walk with her new prosthesis while at CoRSU hospital. She showed resilience throughout the phases of treatment, and in her recovery journey.

Medrine now walks on her new prosthesis. It is easy to see how she is eager to take her next steps. Supported with a crutch, she slowly takes her step, one at a time like a baby learning to walk for the first time.

CoRSU hospital plays a significant role in patient recovery and getting back to an active lifestyle. The team based approach between the surgeons, therapists and the prosthetists are vital for recovery. They work together to ensure patients receive the best care. They were committed in supporting Medrine's recovery journey. Annet, Medrine's grandmother is so grateful for the help given to her granddaughter and she cannot find the best ways to express herself. "I am so happy for the support given to Medrine. My prayer to God is that whoever is helping my child is blessed abundantly, and that may God give them abundant gifts as they continue supporting others". Medrine can now have another chance to mobility with the fitted prosthesis.



↑ Medrine walking in her new prosthesis ©CBM



# 7. Boosting Livelihoods



People with disabilities are negatively impacted by pandemics as compared to those without disabilities. This therefore means that inclusion of persons with disabilities in livelihood activities during these times is critical.

In 2021 CBM endeavoured to mitigate COVID 19 pandemic shocks to people with disabilities through systematic provision of relief food, cash transfers, funding of Village Savings and Loans Associations (VSLAs), Self-help groups and business support. Over 36,000 people accessed these livelihood services across different CBM AFES countries in 2021.



↑ Theophile taking care of his chicken ©CBM

## Thriving through Village Savings and Loans Associations (VSLAs) in Rwanda

Theophile was born without a disability. However, a serious illness resulted into him acquiring a physical impairment. He reports it was very difficult for him to accept the change in his life, and he often wished he would die. He adds that he became miserable since due to his disability getting life necessities to support his family became very difficult.

In his condition, Theophile was introduced to a business mentor who encouraged him to join a nearby savings group that had persons with disabilities. The group was supported by CBM through one of the partner organizations. Seeing people like him progressing financially boosted his confidence and gave him hope for future possibilities. Once he joined the savings group, he undertook various training sessions through the support of Community health workers. “Before joining the savings group I always lived a lonely life, feeling that nothing can be possible for me. I heard about a project that works with persons with disabilities to improve their socioeconomic status through saving groups. That is how I overcome depression by joining others like me”, he says. He reports that through training he now knows his rights as a person with a disability.

Théophile started saving little money (about 1 dollar) and as his funds grew he started applying for loans. At the first share-out, he bought chicken to rear. He started by harvesting eggs from the chicken he bought, which he would sell to increase his shares in the saving group. He would also use proceeds from sales to support his family with basic needs. He said “ I didn’t think I could save and get loans but today I know the importance of saving and do it with happiness as it facilitates me to step forward in the development”. After increasing production of eggs, he increased his capital and he is now successfully rearing pigs which is a positive outcome of CBM supported projects.

## 8. Inclusive Education

Inclusion is about practical changes that we can make so that all children, regardless of their diverse backgrounds and abilities, can learn. The approach is in line with the United Nation Convention on the Rights of Persons with Disabilities (CRPD) Article 24 and the UN Sustainable Development Goal 4. The rallying call for the CRPD and the Sustainable Development Goal is to offer “opportunities for all”. CBM Inclusive education strategies targeted children with disabilities in the 9 implementing countries in East and Southern Africa. COVID-19 created a different landscape in the education interventions during the

year. To mitigate this CBM took up emergency response interventions targeting marginalized learners, learners with disabilities, out of school girls, teachers, parents, caregivers, education officials and general community. Over 11,000 people with disabilities were enrolled various school programmes including, special schools, vocational training for persons with disabilities and other formal or informal education systems. 2494 children with disabilities received inclusive school based support.

Our intervention strategies included:

- Inclusive accessible messaging around the pandemic and hygiene including upgrading accessible WASH facilities
- Accessible on/offline educational resources
- Ho-based learning
- Emotional wellbeing services, and
- We strengthen safeguarding measures (including online protection considerations).

### Beneficiaries reached:

908

persons with disabilities who receive home based academic support

3,707

regular teachers trained

64

persons with disabilities graduated from secondary/higher education



↑ Thomas learning how to count ©CBM



↑ Teacher Anthony helping a student in one of the schools. Learning in marginalized communities require creativity due to lack of standard classrooms ©CBM



## Josephine's beats the odd in a remote village in Turkana, Kenya

Josephine is a seven-year-old girl born with only one arm, and is currently living in West Turkana in Kenya. She is the fourth born in a family of seven siblings. She is one of the beneficiaries of the Waldorf Kakuma Project a CBM partner with expertise in inclusive education situated in a refugee camp in Northern Kenya. The first time Josephine attended school she was told not to come back again. This is because she didn't have both hands. Josephine was told by the teacher at school that there was no need for her to attend school again.

"After training on inclusive education by Waldorf organization and how to include children with disabilities in our classes, I remembered Josephine and I went to look for her. I found out she had gone to live with relatives in the village because she could not attend school. I managed to convince the parent and relatives to allow Josephine to enroll in school again. Since then, Josephine rarely misses school," Wilkister Uma, her teacher, noted.

Josephine loves being in a school after re-enrollment. She enjoys writing, mathematics, singing, and dancing. Josephine also loves her teacher because her teacher has taught her how to read and write.

The project has made it possible for Josephine to read and write, as she has a teacher who gives her special attention. Her teacher understands her needs; thanks to the training she undertook on inclusive education courtesy of Waldorf. This helped her to relate with Josephine and provide the necessary support she requires. Josephine can now interact with some of her peers at school. She is happy that she now has a best friend from school called Lokineyo.

"We usually write, sing and play together," Josephine remarked.

The Waldorf project also enabled Josephine's mother to embrace her fully, as a care giver. It also helped the mother to talk to the community about inclusivity, encouraging parents with children with disabilities to enroll their children in schools where their children can get an education.

Josephine points that despite the strides made in her education, sometimes she would face discrimination from other students. "They refer to me as one-handed, saying that my arm has been cut off\* (imekatika in swahili)." Because of her situation children often mocked and laughed at her. This made her cry. Wilkister further reports that she used to take Josephine aside to comfort her, then later on told other children not to humiliate her because of her disability. Now, she is more comfortable." Wilkister says the school is keen on inclusivity hence the efforts made to resettle Josephine back to school.

Regardless of this challenge, Josephine is optimistic of her future. "I want to be a doctor," she confessed. This is despite her mother's worry about not being able to support her to pursue further education. Josephine believes there is nothing she cannot do.



# 9. Inclusive Humanitarian Aid

CBM humanitarian activities are inclusive with the aim of reaching persons with disabilities with specific needs and at the same time promoting and facilitating full inclusion in mainstream services. Our priority in the humanitarian sector include; Inclusive food security/ basic needs assistance; Inclusive health care services; Protection (disability mainstreaming) and Inclusive WASH services. In 2021 efforts designed to reduce the risk of hazards turning disasters received more and more attention on the international humanitarian and development agendas. Such efforts include response, recovery, prevention and preparedness – collectively referred to as Disaster Risk Reduction (DRR). To make disaster risk reduction and resilience disability-inclusive, DiDRR prioritized people with disabilities “at the forefront” of policy and practice.

In 2021 extremely high levels of food insecurity were observed across Ethiopia and Kenya. The East Africa region had already been struggling with severe drought conditions, with most areas of the Eastern Horn of Africa, particularly Northern and Eastern Kenya, Southern and Southeastern Ethiopia, having already faced three consecutive below-average rainy seasons. The Government of Kenya declared a national emergency in September 2021. There were other numerous hazards also affecting food security and nutritional outcomes in the East Africa region, including flooding, conflict and insecurity, macroeconomic challenges, rising global food prices, the socio-economic impacts of COVID-19, and desert locusts.

CBM response in 2021 targeted South Sudan, Zimbabwe, Ethiopia and Kenya where 19000 households received food rations, 9000 received cash transfers and about 3,000 received various trainings.

1,136	participants trained on DiDRR
19,603	households received food rations
9,811	cash transfers
2,014	government representatives participated in trainings on disability inclusion



↑ CBM Zimbabwe Country Director, Ms. Deborah Tigere helping the community food handlers wash dishes at Maringire Primary School in Chivi District ©CBM

## School feeding programmes improve lives in Zimbabwe

CBM is implementing an Inclusive Humanitarian Aid Project with the aim to ensure inclusive nutritional support and improve the living conditions of vulnerable groups at community level in Zimbabwe. These include schools. Through the project CBM is currently supporting 44 schools, 22 each in Chivi and Mwenenzi districts under Masvingo Province. This area is characterized by drought, with a high crop failure.

The project promotes community participation by incorporating parents of the children with disabilities as food handlers. Provision of food has improved enrollment in all the supported schools owing to provision of decent meals. Migration of children from other non-feeding schools was observed which put a strain on the feeding schools leading to the community appealing for the expansion of school feeding.

Awareness raising campaigns on disability issues were carried out by CBM partner Zimbabwe Association of the Visually Handicapped (ZAVH) and this impacted greatly on the improvement of school enrolment. The community members disclosed that they had initially shielded their children from enrollment owing to fears of community stereotyping.

Out-of-school-children cash assistance was part of the project project which greatly improved the livelihoods of these two communities and the welfare of children with disabilities in 2021. There were children who could not go to school owing to their disability. In response to this CBM provided assistive devices as well as cash transfers of about US\$18.40 per child per household. The caregivers have attested that this money has greatly improved the household living conditions and gives them more time to attend to these children with disabilities.



↑ Schoolchildren at Maringire Primary School in Chivi District enjoying their lunch ©CBM

## 10. Increasing “Audibility”

“We firmly believe that it is the responsibility of all stakeholders to increase the ‘audibility’ of EHC at all levels” DR Diego Santana, ENT Surgeon, CBM’s Senior Global Advisor.

Due to the stringent lockdown imposed during the pandemic in 2021, provision of services including assistive devices, access to health services, interpretation services excluded people with ear and hearing impairments. The approach to ear and hearing care landscape has changed during and after the pandemic. CBM reinforced ‘CRISP’ strategy for accessible communication with the deaf and those with hearing impairment.

This acronym means Clarity (easy to understand messaging), Reach (broad dissemination of messaging), Intensity (increase in high-level advocacy), Solidity (consistency of messaging) and Power (effectiveness of messaging). These key messages were developed to ensure Ear and Hearing Care is adequately addressed by public policies, social and health services even in times of a pandemic. “We firmly believe that it is the responsibility of all stakeholders to increase the ‘audibility’ of EHC at all levels” DR Diego Santana, ENT Surgeon, CBM’s Senior Global Advisor. In Africa East and South Region we reach over 100,000 people with ear and hearing (EHC) services.

809,334

received medical assistance

100,488

persons received Ear and Hearing Care (EHC) services.

2,571

ear and hearing care (EHC) surgeries conducted.



↑ Hearing Testing being conducted in an improvised sound proof room ©CBM

# 11. Graduate Impact

The CBM scholarship programme has played a vital role in providing training opportunities to ophthalmic doctors in Africa East through sponsorships. The programme aims at increasing the number of ophthalmologists in the Africa East region which contributes to building the eye health workforce from different countries. The doctors were sponsored in 2021 to undertake a Masters in Medicine (MMED) in ophthalmology.

The ophthalmologists are the senior most eye surgeons and perform a range of treatment and surgeries. Such an ophthalmologist can perform upto 40 surgeries in a month besides other eye treatments. They have proved to be a great resource in combating blindness amongst the underserved communities. Scholars are selected on the basis of having signed a bond agreement with an eye institution/ centre that serves underserved communities. They return and serve at the centre on a continuous contract of 3-4 years depending on the training period (the bond is equivalent to the training years).

So far, 104 doctors have since benefited from the year 2000, out of which 83 have graduated and the rest still undertaking their studies. In this programme, students are enrolled on a yearly basis for a duration of 3 years. The current sponsored students are enrolled at the University of Nairobi, Kenya; Mbarara University of Science and Technology, Uganda; Addis Ababa University in Ethiopia, Kilimanjaro Christian Medical University College, Tanzania and Muhimbili University of Health and Allied Sciences, Tanzania. After the training it is expected that students will contribute towards elimination of avoidable blindness in their countries.



↑ Dr Paul Irari Gathuku, a second year student at ©UON



↑ Dr Emma Mwende, first year at KCMC, Tanzania

- 83 Ophthalmologists have been trained and attained Masters in Medicine (MMED) in Ophthalmology since 2000.
- 15 MMED in Ophthalmology trainees) in session.

# 12. Partnerships With Purpose

CBM seeks out to work through strategic partnerships to expand our skillsets, resources, offerings and, ultimately, our impact. In 2021, CBM strengthened its approach of working through partners as well as partnering with other like-minded organisations to increase our reach to communities and especially people with disabilities. In 2021 among many other partners we worked with The International Agency for the Prevention of Blindness (IAPB) and explored PEEK technology for eye health smartphone-based solutions by PEEK International.



↑ Stella Jane Programme officer Kikuyu Eye Hospital and IAPD champion 2021 ©Stella

## The International Agency for the Prevention of Blindness (IAPB)

CBM is a member of The International Agency for the Prevention of Blindness (IAPB). IAPB endeavors to eliminate the main causes of avoidable blindness in the world by bringing together governments and non-governmental agencies to facilitate the planning, development and implementation of sustainable national eye care programmes. IAPB promotes VISION 2020, its joint initiative with the World Health Organization (WHO).

In 2021, Stella, a Project Officer at PCEA Kikuyu Eye Hospital was selected as one of the Eye Health Heroes. The Heros program is an initiative of the IAPB that recognizes and celebrates young and upcoming frontline staff, volunteers, support staff and more within the eye health sector. Stella has 5 years' experience in coordinating eye health project activities at the hospital. She is driven by the passion to improve the quality of life for persons with disabilities, especially in areas of avoidable blindness and visual impairment in Kenya. Her language is no other than that of disability inclusion and

advocates for the same within and without the hospital. Her experience in community development and social work for eight years prior to joining this hospital has proven an invaluable addition to the hospital's eye health program. This is also evidenced by her effort in engaging the beneficiary community and the wider stakeholders in the eye health program.



↑ Dr. Rono of Peek technology explaining how peek works © CBM

## Innovating with PEEK Technology

Peek is a social enterprise that has developed eye health smartphone-based solutions for eye screening at local level by non-specialists. Peek Capture has components for data storage allowing tracking a patient's journey from screening to treatment. Through multiyear partnership, CBM and PEEK expanded to countries including Kenya, Zimbabwe, Ethiopia, Malawi, Tanzania and Uganda. In Tanzania 2434 patients were screened with PEEK technology

## Public-Private-Partnership: Accelerating systems strengthening towards universal access and coverage for eye health in Kenya

An empowered stakeholder owns the project. While it may be a rigorous and time consuming venture, mobilizing strength in diversity remains a key pillar in bridging supply, demand and governance for eye care services under Vision Impact Project in Kenya (VIP Kenya). The engagement begun with a situation analysis targeting 10 Counties of the 47 Counties, thereafter a multidisciplinary advisory committee was established to design the intervention logic. County level stakeholders’ meetings were conducted including one-on-one consultations with the County leadership teams. This process laid a very strong foundation for re-aligning the VIP priorities with respective County needs, structures and systems as the stakeholders gained in-depth understanding of the project goal, objectives, activities, expected roles by individual cluster members, expected deliverables and outcomes.

Involving National and County Line Ministry leadership was very effective in cascading the

devolved functions by the Ministry of health to impact level – transforming health systems from primary, secondary to tertiary levels and strengthening cross Ministry collaboration through creating deliberate and structured working relationship between Ministries of Health (Ophthalmic Services Unit), Education (Directorate of Special Needs Education) and Labor and Social Protection. This expanded approach to programme development and use of Peek technology is not only key in meeting diverse needs of the target population, but helps improve on efficiency and effectiveness of programme delivery.

The VIP has also brought on board Peek limited, Fred Hollows Foundation, Operation Eye Sight Universal, National Council of Persons with Disabilities, Kenya Society for the Blind in addition to existing partners providing tertiary services in eye health. No doubt with such partnerships, the dream of reaching 8 million people in target 7 Counties by end of 2025 seems a possible mission!



↑ At the centre front row from forth left Mr. Fred Haga MOE Director SNE, David Munyendo(CBM) Deputy Governor-Bomet and Dr. Michael Gichangi MOH Head of Ophthalmic Service Unit



↑ VIP project will reach 8 million people to improve eye health in Kenya for people like Barack©CBM

### SPOTLIGHT: VISION IMPACT PROJECT- KENYA

Vision Impact Project is an innovative approach of bridging the gap between supply, demand and governance of health care provision using PEEK technology. Key to this is the ownership of project design and implementation by the stakeholders. The cluster based approach as well as devolved systems strengthening targeting primary, secondary and tertiary health facilities ensures efficiency and effectiveness of the interventions. This is strengthened by collaborative working between various ministries especially Ministry of health, Ministry of education (MOH) and Labor and Social Protection both at national and county level. From initial 2 counties of Bomet and Vihiga, the project expanded to 5 other counties including Kiambu, Meru, Kajiado, Embu and Kwale.

With this partnership the dream of reaching 8 Million people by 2025 is now a reality.

## 13. Showing Up for Communities

The impact of the pandemic was misunderstood and the containment measures, suspension of services as well as stay at home orders impacted People with Disabilities greatly. CBM together with our partners, responded reaching out to persons with disabilities with food ratios, cash transfers and provision of protective materials. We also maintained our internal pandemic management plan ensuring our staff and clients are well protected from infections.

### Corona Assistance

4,965,124	people received information about COVID 19
27,862	personal protection equipment (PPE) sets
19603	house holds that received food ratios
27,862	Protection gloves
93,306	facemasks purchased



↑ PEP's support during the pandemic aided safe gathering by communities and improved safe social interactions ©CBM

## 14. Key Events: World Sight Day

World Sight Day is celebrated worldwide on the second Thursday of October every year. World Sight Day (WSD) has a global focus on visual impairment, which includes blindness. The theme for 2021 was 'Love your Eyes'.

In Zambia, CBM was part of the District World Sight Day commemoration held at the University of Zambia, a joint event which included major organizations with Eye interventions in Lusaka including Sights Savers International Zambia, Operation Eye Sight Universal, One

Sight Zambia, Orbis international Vision Aid Overseas and partners, Lions Aid Zambia and the University Teaching Hospital. The aim of the event was to raise awareness on the importance of Eye Health and to provide free eye screening to the public. The Minister of Health, emphasized the impact eye health has on economic growth, as it is linked to education, employment poverty and many other sustainable development goals. With Covid19 impacting our lives, it is now more than ever, we must protect our eyes (source: Times of Zambia).



↑ Zambia staff participating in the activities during world sight date ©CBM



↑ Zambia staff participating in the activities during world sight date ©CBM



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