



How CBM Global Kenya and partners are making a difference

KENYA'S PROGRAM

CBM Global Kenya works across the country to support people with or at risk of disability. They have a strong focus on inclusive eye health to prevent and control avoidable blindness and empower people with visual impairment. They also work on Community Based Inclusive Development, Community Mental Health and Inclusive Humanitarian Response, which include work around climate change, sexual and reproductive health, Organisations of People with Disabilities (OPD) leadership, engagement, and development, and reducing child malnutrition.

CBM Global Kenya works closely with the African Inland Church Health Ministries (AICHM) and the Diocese of Meru - Service for the Poor in Adaptive Rehabilitation Kinship (DOM-SPARK). This report shares stories and reflections from those working on the projects.



Above: Evans and his mother are members of an Organisation of People with Disabilities supported by the Meru Inclusive Trachoma Wash-Plus project.
Front: Women attending an Organisation of People with Disabilities group meeting gathering to discuss issues important to them.

THE MERU INCLUSIVE TRACHOMA WASH-PLUS (MINT) PROJECT

The Meru Inclusive Trachoma Wash-Plus (MINT) project was a three-year project that aimed to break trachoma transmission patterns by improving systems, government commitment and community awareness and behaviour around water, sanitation and hygiene (WASH), and disability inclusion.

Implemented by AICHM and DOM-SPARK across seven sub-counties in Meru County, the project strengthened good hygiene and sanitation practices among community members, including school children and people with disabilities, and improved livelihoods and access to inclusive services, leading to better health outcomes.

Key achievements

- ✓ **95 villages worked towards becoming 'Open Defecation Free,'** promoting better hygiene practices through various WASH activities.
- ✓ **53 support groups, bringing together around 1,400 people, were formed** to provide peer support for people with disabilities and enhance financial opportunities through savings and loan initiatives
- ✓ **Over 25,000 people were screened and around 2,000 people received eye surgery** through quarterly eye camps organised and in coordination with the government.
- ✓ **Children's hygiene and sanitation improved** through better hygiene education in schools and the renovation of school toilets
- ✓ **More people with disabilities registered for Disability Cards,** giving them greater access to essential services and benefits. This also helps the government better understand the number of people with disabilities and the challenges they face.
- ✓ **Access to community services improved,** including health care, rehabilitation, and assistive devices, with efforts to make these services more accessible



Above: Access to assistive devices fabricated at the DOM-SPARK medical centre has given people with disabilities greater independence.

What's been achieved

DOM-SPARK Director Morris reflects on the impact of MINT.

What are some of the impacts and achievements of the MINT project?

The project has empowered people with disabilities economically, psychosocially and in terms of mobility and food security. It has increased awareness on disability rights and inclusion and supported the training of medical personal, making it possible for over 5,000 people with disabilities to be assessed and registered with the National Council for Persons with Disabilities.

Through Savings and Internal Lending Communities (SILC), over 1,000 people with disabilities and care givers have received financial training and are now implementing weekly savings. Through the SILC, group members can acquire loans which they repay with 10% interest. At the end of the year, the groups share out their savings and interest. These loans have helped many people meet their needs with ease.

People with disabilities improved their food security through training on agriculture and livestock. More than 300 people were given vegetable vertical grow bags and vegetables, and received training on how to use them, while over 800 people received seeds and small livestock. During the drought in 2022, over 800 people were issued with relief food to last them for at least three weeks.

The formation of groups of people with disabilities and care givers provided psychosocial support and enabled people to share experiences. This led to an appreciation that there are many people with challenges who, in some cases, share similar lived experiences.

DOM-SPARK constructed, established and equipped an orthopaedic workshop with an Orthopaedic technician and physiotherapist who were trained on fabrication of appropriate devices. This enabled over 300 people to access assistive devices.

People with disabilities and government officers were trained on disability rights and inclusion. Community score card processes aimed at assessing government service delivery were carried out to ensure gaps are identified, and corrective actions planned for and implemented. Disability rights champions have also been trained.



Has there been any improvement to DOM-SPARK's internal capacity?

Internal financial, human resource management, safeguarding, gender mainstreaming has improved through engagement with CBM Global staff. DOM SPARK's staff and management have improved understanding of disability inclusion, and, as an organisation, their visibility in terms of inclusion has also been enhanced. This has opened windows for collaboration with other people within and from outside the county.

Morris has seen first hand how the MINT project has transformed the lives of people with disabilities and their families.

DOM-SPARK: how they worked

Systems strengthened, improving inclusive water, sanitation and hygiene services.

DOM-SPARK collaborated with various national and county government sectors to improve disability inclusion in water, sanitation and hygiene (WASH) services. This was achieved through effective linkages and referrals to other organisations, government service providers and national council registrations. Fostering partnerships of Organisation of People with Disabilities (OPDs) with policy makers has enabled OPDs to get more involved in the County Integrated Development Plan, Annual Development Plans, and gave them the confidence to lobby for their rights and their entitlements.



Left: William using a standing aid to support weight-bearing. Having cerebral palsy, he was unable to walk or stand independently and experienced uncoordinated movements.



Right: Jennifer, who is blind, joined a savings group that enabled her to start a small business selling beans and maize.

Strengthened economic development and resilience for households of people with disabilities.

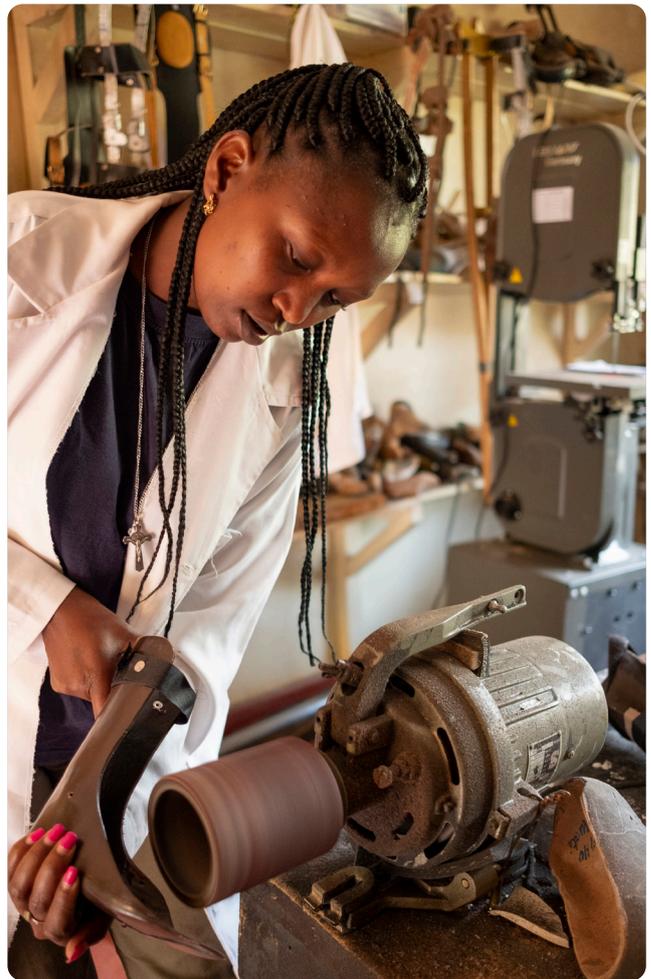
Through the MINT project, DOM-SPARK worked with 53 OPDs to improve the well-being of their members and families. This included training in practices that promote food security and economic resilience, enabling households to start small businesses, access health care and medicines, and send their children to school.

Beyond economic benefits, these groups have helped build confidence and independence among people with disabilities and their families, fostering a stronger sense of identity within their communities. As a result, people with disabilities are thriving—free from discrimination and less reliant on others.

People with disabilities and populations at risk have access to physiotherapy services.

The rehabilitation of people with disabilities (both adults and children) through physiotherapy services and assistive devices is helping them reach sitting and mobility milestones. Aids, such as prosthesis, orthopaedic shoes, calipers (supports for the leg), cerebral palsy chairs, sitting aids, and backslabs (partial casts), have enabled them to be more independent. This has not only benefited the person with a disability, but it has also given their parents and caregivers more free time to do other things.

To help people access assistive devices, an orthopaedic workshop was constructed and equipped with fabrication equipment. This has made it easier for DOM-SPARK to fabricate, fit and repair assistive devices, improving patients access to quality orthopaedic devices and services. DOM-SPARK is also links people involved in the project to other assistive device providers, supplementing support provided through the MINT project.



Above: Orthopaedic technologist Fides fabricates assistive devices for people with disabilities. Shr says, "You know why I love my job? We promote independence. Someone could not walk and now they can walk."



Pius and Daniel, both with disability, are two of the talented technologists who fabricate assistive devices at the orthopaedic workshop at the DOM-SPARK medical centre in Meru.

Surgical outreach: a game changer in Meru County

James, a 75-year-old farmer from a small village in Meru County, had been blind for four years due to cataracts in both eyes. Life had become increasingly difficult—he relied on family members to move around, struggled with household chores, and his crop business was failing. Although he had sought treatment before, the cost of surgery was far beyond his reach.

Everything changed when James learned about a surgical outreach organized by AICHM in collaboration with the Meru County government. A community health volunteer went door-to-door sharing information about quarterly eye camps set up to screen and treat eye conditions. These camps, supported through the MINT project, amplified government efforts fourfold, making affordable eye care accessible to those who needed it most.

On the day of his surgery, James received counseling and underwent cataract surgery on one eye, followed by the other the next day. The results were life-changing. As soon as his bandages were removed, James could see again—a moment he described as a miracle from above. Overjoyed, he sang and danced, celebrating his newfound independence.

Today, James is more than a beneficiary—he's an advocate. He actively encourages others with visual impairments to seek treatment, shares his story, and even brings people to outreach centers. He has become a local ambassador for eye health in his community.

Through partnerships with government and non-government organisations, AICHM continues to provide eye care services to remote areas, reducing blindness and promoting independence nationwide

Precious and her remarkable journey to walking independently

Precious is a lively toddler who loves playing with other children. But at 18 months, her mother noticed something worrying—Precious couldn't stand, even with support. Concerned, she took her daughter to the doctor, where Precious was diagnosed with cerebral palsy, a condition that caused weakness in her lower limbs and leg deformities

Determined to help her child, Precious' mother joined an Organisation of People with Disabilities (OPD). During one of their meetings, she was introduced to DOM-SPARK. After assessing Precious, the team found that while she could sit independently, her leg condition prevented her from standing.

The rehabilitation team stepped in, fitting both of Precious' legs with backslabs and other supports to help extend her knees and reposition her feet. And it worked! Just two months later, Precious was given a standing aid—and soon after, she took her very first steps.

Following this incredible milestone, Precious received a walker to improve her mobility and boost her confidence in walking independently. Today, at two and a half years old, this determined little girl can walk on her own and joyfully play with other children.

Far right: Precious uses a walking frame to improve mobility after her legs were fitted with backslabs.
Right: After rehabilitation, Precious can now walk independently.



5 things we have learned about the quality of rehabilitation services

Orthopaedic technologist Fides reflects on what works.

1. **Have a rehabilitation team (orthopaedic technologist, occupational therapist and a physiotherapist)**

When supporting people with disabilities during rehabilitation, it is important to have a suitable team comprising of adequately qualified and experienced staff. A person with a disability will likely need a variety of supports, such as training on basic life skills, an assistive device, such as a crutch or walking frame, or a prosthetic limb to aid mobility, and they may need to undertake rehabilitation exercises at home. To support this person effectively, you need the right people on your team. This may include a physiotherapist to assist with exercises, an orthopaedic technologist to issue a device, and an occupational therapist to train the person to use the device at home, during daily activities.

2. **Prepare a tailored work plan for a specific set of people with disabilities.**

As a team, you need to work together to prepare a tailored work plan before rehabilitation starts. For example, children with cerebral palsy often need the support of an orthopaedic technologist to provide orthopaedic devices and occupational therapist to help them reach their developmental milestones. The occupational therapist and orthopaedic technologist need to consult with each other to develop a work plan specific for children with cerebral palsy.

3. **Be open minded when working with people with disabilities.**

Maintaining an open mind is crucial. It fosters understanding and creates an environment where people with disabilities are more likely to feel comfortable opening up and answering questions. This will help both you and the person with a disability get the most out of their rehabilitation sessions.

4. **Involve the family and caregivers.**

Involve family members and caregivers throughout the different stages of the rehabilitation management plan, by explaining what you are doing and why. This helps make them feel a part of the rehabilitation management plan and, as a result, they are more likely to encourage the person with a disability through their rehabilitation journey, helping them to use an assistive device or perform at home exercises.

5. **Use simple language.**

When talking to people with disabilities and their family and caregivers during rehabilitation, it is important to use language that they understand. Do not use complex medical terms to describe their conditions as this may make them feel intimidated and less likely to ask questions. Use simple words and, if possible, speak the local language. This will help make the person with a disability and their family and caregivers feel more comfortable opening up, making your work easier too.

Saving and Internal Lending Communities changing lives

In 2020, Tarasila's life took an unexpected turn. While giving birth to her last child, complications arose which left her paralysed from her waist down. The news was devastating – she feared becoming a burden on others. Then came more heartbreak: the loss of her husband, loss of access to her matrimonial land, and friends drifting away. Isolated and depressed, Tarasila lacked the support she desperately needed.

Things began to turn around when Tarasila connected with the MINT project through DOM-SPARK. Through this partnership, she met other people with disabilities, received training on Savings and Internal Lending Communities (SILC), and gained access to a wheelchair. Her confidence grew. She became more independent, started engaging with her community, and joined a savings and loan group that advocated for her land rights—helping her retain her property. With a small loan, Tarasila launched a vegetable and fruit business, creating a new source of income and hope for her future.



“From my small business I can now be able to pay school fees for my children, buy food and also buy clothes.”

- Tarasila

“I never thought I could be able to save and do much for myself again after that accident, but now am happy my life is coming back to normal again.”

- Tarasila

This project supports 1,200 people with disabilities across Meru to increase their income, access assistive devices for better mobility and community participation, and learn about their rights and how to advocate for them with the government.

Above: Tarasila borrowed a loan from her savings and loan group and started a grocery business. These groups are empowering women with disabilities to achieve financial independence. Her tricycle, used to transport goods, was also provided with support from DOM-SPARK.

Tabitha's home becomes a demonstration centre

Tabitha, a person with a disability, became involved in CBM's livelihoods project through her local disability group. With support from DOM-SPARK, she joined other members in training sessions designed to improve financial sustainability and well-being.

One of the most impactful trainings was on agroecology, where Tabitha learned how to grow vegetables in vertical grow bags. The results have been remarkable – her home, especially the kitchen area, is now surrounded by lush grow bags full of vegetables. She has even started selling produce in her village and recently hosted a learning session for neighbours interested in grow bag farming.

Thanks to her new skills, Tabitha can save more through her Savings and Internal Lending Community (SILC) group and plans to start a grocery business at the local market, selling surplus vegetables from her grow bags.

“I had to clear all the flowers around my kitchen to create space for the grow bags. I could sleep hungry with flowers around my homestead, but not now, I have plenty of greens for my family.”

- Tabitha

DOM-SPARK continues to train more groups in grow bag technology to boost household income and improve family and community nutrition. Working in partnership with other local organisations, they are committed to making this vision a reality in the near future.



Above: Tabitha at her grow bag kitchen garden. This water conserving technique is being used to promote food security.

Community Led Total Sanitation – an effective approach

CBM recently visited Tigania Central to review how our work to improve sanitation and hygiene through a process called “Community Led Total Sanitation” (CLTS) was going. We met Christopher, a Community Health Promoter and a member of the CLTS Committee trying to improve hygiene and sanitation in villages. He talked to us about the value of a Community Health Promoter.

Christopher, please tell us about your role in the Community Led Total Sanitation Committee.

The CLTS Committee – that’s the acronym we use - is made up of Community Health Promoters, public health officers, an Organisation of People with Disabilities (OPD) member, and the village chief. Our role is basically to see if a village is clean or not and tell the members of that village what they need to do. We check to see whether households in the village have accessible latrines, hand-washing facilities, a rubbish pit and dish rack. We tell community members the importance of proper hygiene and sanitation in preventing diseases related to hygiene. We also tell community members how to maintain these facilities. Because of my work, I have learnt many things I did not know. For example, I have learnt that having a latrine is not enough, especially for people with disabilities. They need a latrine that they can use, so this is new for me.

Please take us through what a day looks like in a village when you check this.

We pick a day, and we begin from one point and move across the different households in the village. We don’t just visit households. We also visit schools, churches, social halls, and health facilities. When we go to a house, we use a checklist that has things we look at including if there a toilet or not? Is it clean? Is there soap? Is there water to wash your hands? Does the household have a compost pit? Do they have a dish-drying rack?

We then inform the members what needs to be done to meet the required standards. We usually take about 30 minutes for a home visit and an hour in an institution like a school or health facility.

How do community members receive you?

When we started, we hardly found anyone in the homes, maybe only children. People often ran away when they heard we were in the village. They called and warned each other because they thought we were out to cause trouble! But after a few visits and explaining what we were doing, they learned that we wanted to help and received us in the homes. Now we can freely move within the homes and facilities, and even inspect the latrines without anyone asking questions. They even offer us food or something to drink. The community members now freely tell us about households that don’t have facilities and still practice open defecation.

How is it going to inspect people’s latrines? That must be a bit embarrassing!

We used to be known as “Toilet Police” before the community members accepted that what we were doing was for their benefit. Now they are proud to show us what they have and ask for advice from us. I have seen so many latrines I cannot even count anymore! I am happy that I have contributed to maintaining cleanliness of our villages and homes. The community members respect the work that we do and accept us.

Improving hygiene and sanitation in schools

In this conversation, we talk to the sub-county school health focal person about hygiene levels in schools.

What is your understanding of school hygiene?

My understanding is that it is improved behaviour through better practices connected to personal cleanliness, water, food, and proper toilet use in schools by both the students and the teachers.

What is your take on school hygiene today as compared to 10 years ago, before the program was launched?

There have been major strides made towards better hygiene practices. For instance, initially, we didn't have hand washing facilities. Right now, almost all schools have hand-washing facilities with running water and soap stationed next to the toilets. Both the teachers and students are using them. Their use has come through behaviour change communications that have been held in school. Right now, the students know the impact of not washing their hands after using the toilets. Also, the toilets are used correctly and cleaned regularly. To top it all, some of the toilets are accessible now. Ramps have been constructed to enable children with disabilities to access them. All these have reduced the rate of infections caused by open defecation that was being witnessed 10 years ago in schools.

What has been the major challenge hindering the full implementation of better Water, Sanitation and Hygiene (WASH) practices in all schools?

Lack of water is a major challenge. Schools located in the interior parts of the sub-county have a challenge accessing water. The water is so scarce and rare to access.

Do you use the toilets in schools when you do your routine visits?

Why not? Of course, I use them. They are in a good state, and I am able to wash my hands after use. I must lead by example, and I am happy with the current WASH situation in our schools.



Left: One of the toilet blocks constructed as part of the MINT project.

Right: A student demonstrates how to properly wash their hands at a hand washing station.

Outcomes for the Deaf Community

Lucy acquired a hearing impairment at the age of two years old after developing malaria. Her parents feared she would never go to school or communicate with other children. Later in life, challenges persisted – her husband left her and their three children, and after her father passed away, her brother tried to take away the land she inherited.

Determined to change her situation, Lucy joined a local women’s Organisation of People with Disabilities (OPD). Through the group’s savings and loan program, she accessed a loan that allowed her to start a vegetable kitchen, pay school fees for her children, purchase poultry, and begin building a home. The OPD also advocated to the family for her land rights, successfully helping her retain her property.

Today, Lucy has a thriving kitchen garden, her children are in school—including her eldest son in secondary school—and she is respected in her community. Neighbours now come to buy vegetables from her and learn about kitchen gardening. Lucy has become a role model, proving that disability is not a barrier to independence and success.

This transformation was made possible through CBM-funded activities implemented by DOM-SPARK, which trains groups on savings and loans, agriculture, advocacy, and supports members with drought-tolerant seeds. Through these efforts, communities are recognising the value and contributions of people with disabilities like Lucy—and the positive change they bring.



Right: Lucy tending to her kitchen garden where she produces vegetables for sale. Lucy, who is hearing impaired and a member of a local OPD, established the garden from Savings and Internal Lending Communities proceeds. She sells vegetables, using some of the profit on household expenses while saving the rest.

Disability rights advocacy in Meru

Helen leads an Organisation of People with Disabilities (OPD) which was trained on disability rights and advocacy. We talk to her about how the knowledge has impacted her OPD.

Helen, please tell us why advocacy and disability rights awareness was important to your OPD.

Before the training, we used to hear that people like us are entitled to certain things, but we never knew what those things were. People with disabilities were being oppressed and discriminated against without anyone defending them. It is important to know what we are entitled to as people with disabilities, and how to ask for it, both at home and from the government.

What knowledge did your group get from the training?

The training was conducted by our disability champion who taught us what we are entitled to, like education, access to information, access to buildings, including accessible sanitation among others. Above all, we have gained the courage to speak up when we are oppressed and the right procedures to channel our complaints when aggrieved.

Was there anything very important that you realised you were entitled to as people with disabilities but had no access to?

As part of the training, we were asked to list our areas of need and where we required interventions. Buildings that were not accessible and unfriendly were some of our immediate needs. Unfortunately, the hospital, which is also our meeting point, did not have a friendly latrine for people with disabilities to use. Patients whose stool samples were required for examination would be forced to go home where they can use their latrines and bring it back to the hospital the following day. Our group members who have physical disabilities had nowhere to relieve themselves during our meetings which forced them to skip the group meetings. A friendly latrine was one of our immediate needs for both people with disabilities who visit the hospital and other members of our OPD.

Take us through the processes of your request to have a disability friendly latrine.

We approached the hospital management with the help of our public health officer. We explained to the hospital director our concerns about a disability friendly latrine and how to address the need. When construction started, we were allowed to give our views on how a friendly latrine should look like. Luckily, the public health officer who is also our mentor, guided the construction. A raised toilet seat and grab bars were installed

Besides now having a disability friendly latrine, has anything else changed?

When we influenced construction of a disability friendly latrine, word went round fast. Coupled with the savings and loaning we conduct when we meet, the community started seeing us as change makers, who are being listened to even by those in authority. We are less discriminated against, and our group is widely admired.

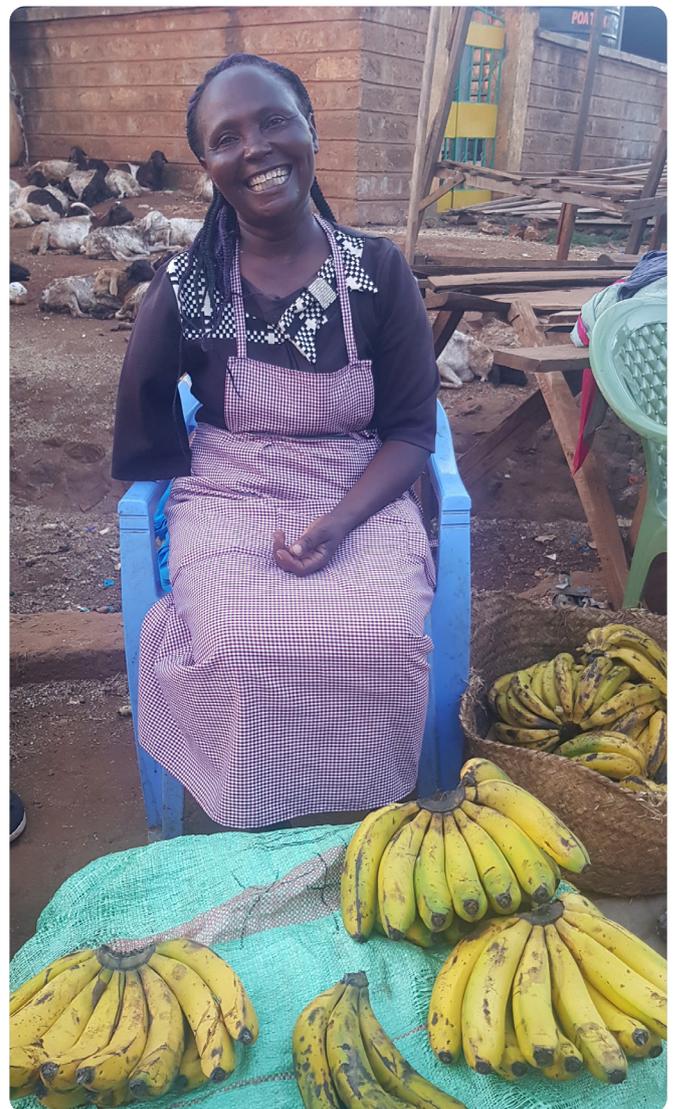
Has the training benefited you as a person?

Oh yes, more than you can imagine. As a person with a disability, I discovered that we are entitled to representation in public institutions. After consulting, our Deputy County Commissioner applied for Organisation of People with Disabilities (OPD) representation on the Department of Lands board in our sub-county, as required by our Kenyan constitution. Can you believe I am qualified and now I represent people with disabilities in the whole sub-county as their board member? Oh yes, I am! In my capacity, I will ensure people with disabilities are not discriminated against in land matters since they have a right to ownership of land and other properties.



Empowering communities to make their voice heard

Advocacy and disability rights sensitisation among OPDs was one of the bottom-up approaches employed by the MINT project to empower people with disabilities to advocate for their rights at village level. Over 15 OPDs have undergone basic education on various ways to lobby for their rights through dialogue and petition writing. This has helped them have a voice and influence change to promote inclusivity.



Above: Helen, the chairperson for a local OPD, at the market where she makes an income by selling fruit.

5 things we have learned working with Organisations of People with Disabilities

A project team member reflects on what works.

1. Supporting Organisations of People with Disabilities (OPDs) beneficiaries with grow bags, small stock, and Savings and Internal Lending Communities (SILC) programs

These activities can help improve the livelihoods of OPDs by promoting and enhancing sustainable agriculture, livestock rearing, and financial inclusion and self-sufficiency.

2. Training and capacity building of OPDs

By providing training workshops, demonstrations, and information materials related to grow bag gardening, small stock management, and SILC procedures, OPDs are more likely to succeed in grow bag gardening and animal rearing. This can help expand vegetable production, improve dietary diversity, increase food security and generate more income as surplus produce is sold in local markets. These activities also help build good relationships between the community and OPDs, at the individual level and group level.

Right: Cecilia weeds her failed crop of beans, worried about hunger. "The crops are gone. It is only fodder for the livestock. I am only foreseeing trouble. We are likely to go hungry." Thankfully, as part of an OPD supported by the MINT project, she receives nutrient-rich porridge for her daughter with a disability, along with physiotherapy and assistive devices.

3. Sustainable support to OPDs

Continued support in terms of technical guidance and follow up of activities is important for the sustained success of the programs.

4. Financial literacy of OPDs

Training people with disabilities in SILC strengthens the capacity of OPDs, fostering inclusive and effective savings and lending activities that empower individuals with disabilities.

5. Networking and knowledge sharing among OPDs

Fostering collaboration and knowledge sharing among OPDs and people with disabilities provides support and mentorship, ensuring that SILC knowledge and skills are applied effectively while promoting continuous learning and improvement.



Community Score Cards - tips for success

The Community Score Card (CSC) is a participatory, community-based monitoring and evaluation tool that enables community members to assess the quality of their public services and co-create solutions that are relevant to their needs and context.

Naomi from the project team, reflects on its value.

1. Plan and prepare well for the Community Score Cards

Start by ensuring that you and your team first understand the CSC methodology. Do a thorough analysis of what to conduct a community score card process on and then decide who to invite (see below). Ensure you and your team have a good understanding of the local governance and delivery structures in that community and are clear on the CSC requirements specific to the community and the service being scored.

2. Identify participants to be involved in Community Score Cards

CSC should involve a variety of people to gather diverse perspectives on the issues that matter to them and to encourage buy-in and ownership of solutions.

Service users: identify and invite the main user groups of the focal facility or services in the community. Ensure that vulnerable households and people with disabilities can attend the score cards forums.

Service providers: invite people from service providers, including those who are in decision-making positions, such as senior staff, so that they can better influence and enable score card action plans to be implemented.

Local government and decision makers: identify and invite leaders in the community so that they can influence and enable score card action plans to be implemented and funded if needed.



Above: A Community Score Card session taking place in a community hall. The exercise brought together people with disabilities and service providers to jointly assess service delivery for people with disabilities.

3. Development and implementation of action plans

The development and implementation of Community Score Card (CSC) action plans should be a collaborative effort between community members, local leaders, and service providers.

Phase 1: Score cards with community/service providers/leaders.

Set up focus groups to bring each participant set together to identify the issues and barriers to service use, score quality and progress, and discuss ideas for improvement. To ensure service providers do not feel threatened by community scoring, it is important that you engage with them from the beginning, making sure they understand the process, and value and benefit in gathering a community assessment of their service.

Phase 2: Interface meeting.

After the score card process, set up an interface meeting to bring together all the different stakeholders (service users, service providers and local leaders) to present the scores and associated discussions and then work together to come up with an action plan that is contextually relevant and feasible. It is important that local leaders or people in positions of power who can influence the outcome of CSCs are involved in this process and their buy-in is encouraged. To ensure meetings are constructive instead of confrontational, it is important to highlight both the strengths and weaknesses that emerged through scoring, and focus on both the solutions and problems, instead of concentrating on the problems alone.

4. Monitoring of the Action Plans

Community score cards is a long process and therefore there is need for continuous monitoring of the implementation of the action plans, as well as adequate funding to ensure that frequent follow-ups are done.

5. Methodology

A participatory approach should be used through the CSC process as it promotes local ownership and buy-in, and gives a voice to service users, leading to community empowerment.

Feedback mechanisms should also be incorporated to enable feedback between community members and service providers.

Through the lens of transformation: remarkable eye care journeys

Tumaini* a 85-year-old mother of five, lives with her grandchildren in a village in southern Meru County. She earns a living by growing and harvesting cereal crops such as beans and maize. When she's not working on the farm, she spends her time managing the household and taking care of family chores.

In 2021, Tumaini began having trouble sorting out cereal grains due to her declining eyesight. She grew increasingly worried, knowing she couldn't afford an eye check-up. Over time, her discomfort worsened—itching, pain, and the sensation of something lodged in her eye. One day, she looked in the mirror and noticed a white spot on her right eye. Soon, recognising people from a distance became difficult, leaving her anxious and unable to manage daily tasks. Tumaini knew it was time to take action.

In 2022, Tumaini's son took her to a private eye clinic, where she was referred to a larger hospital. Fearing a huge hospital bill if she underwent surgery, Tumaini decided not to go and hoped her condition would improve on its own. It didn't.

Later that year, Tumaini heard about the Vision Impact Program through Community Health Volunteers. Facilitated by AICHM in partnership with CBM, the program offered people like Tumaini the chance to have their eyes checked at the community level using a Portable Eye Examination Kit (PEEK) and receive treatment at no cost. Tumaini was overjoyed—she wouldn't have to spend her hard-earned and much-needed income to get the care she desperately needed.

Through the program, Tumaini received the care she needed. Her eyes were examined, and the cataract in her right eye was successfully removed. Today, she can see clearly, her confidence is restored, and she has resumed her daily activities—including sorting cereal grains with ease.

Tumaini's story underscores the importance of bringing eye health services closer to communities and improving accessibility through innovations like Peek Technology—helping eliminate avoidable blindness

* To ensure patient confidentiality, the name of the person featured in this story has been changed to Tumaini, a Swahili word meaning 'hope'.



Left: Tumaini getting her eyes assessed.
Right: Tumaini during cataract surgery.

5 things we have learned during the provision of low vision services

Our Low Vision coordinator reflects on what works

1. Allocate enough time for each client

Often, children with low vision experience low self-confidence and require more time and sessions to feel comfortable opening up and talking to health workers. Allocating more than one day for an assessment and engaging with the child frequently in a relaxed environment (as opposed to one that looks like a sterile medical facility) is a good way to help them feel settled and get them talking about themselves and their experiences.

School follow-ups should also be done to see whether the child is able to use the magnifier or the telescope. You can take breaks in between the sessions to avoid fatigue. The sessions required depend on the condition, age, profession and how fast the client accepts their status.

2. Involve professionals in service delivery

It is important that you engage the services of a variety of professionals for holistic service provision. This is because clients, especially children with delayed milestones, will require numerous supports, from physiotherapists and nutritionist to occupational therapist and teachers.

For example, it is recommended that low vision clients undergo counselling to help them understand and come to terms with their condition. Therefore, you must involve a counsellor. It is also recommended that students with low vision are given educational support in schools, such as extra work time and large print text. Therefore, you must involve the Ministry of Education and teachers.

3. Always have your assessment materials ready

Having your tools ready, organised and in an accessible place makes work easier. It also portrays professionalism, reducing the client's anxiety and building their confidence in the services you offer. Have your room well-arranged and with a proper flow. Inform the team that is involved early so that they can get prepared. This will avoid time wasting and any inconveniences.

4. Be a good listener

Clients come with an expectation that they will get solutions or answers to their problems, but in reality, some conditions are irreversible. Seek to understand the client by giving them enough time to express themselves and talk about their challenges and expectations without judgement. Ask open questions after you have understood the client's actual needs and situation.

5. Have a vast knowledge on your area of work

Low vision is caused by a variety of eye diseases and conditions. Each client needs and deserves clear and accurate information about their condition and progress. And, while many clients may have already researched eye conditions online, it is important that service providers have the knowledge and skills to be able to answer questions correctly, wisely and sensitively. If you are not sure on something, consult another professional for a second opinion or offer the client another appointment, giving yourself time to research and find the answers. Do not give the client incorrect advice. Lastly, ensure you stay up to date with the latest information and updates by attending workshops and trainings.



Above: Immaculate talks with a community health strategy coordinator about her eye condition. Immaculate was always one of the best students in her class, until her world suddenly plunged into painful darkness due to keratoconus. "It was scary. I was going totally blind," says Immaculate.

Evaluating the MINT project:

Building internal capacities instead of always relying on consultants.

Jacqui, from CBM Kenya, reflects on our recent approach to evaluating project progress.

Using consultants is not always the only option, nor is it the most appropriate depending on what you want to achieve. For the MINT project evaluation, the evaluation team was made up of people associated with the project, though not direct implementers.

The evaluation team:

- Funding partner
- The Country Team
- The implementing partners
- People with disabilities.

Having different types of people brought in different perspectives and capacities.

Besides looking at the impact of the activities, the team members also learned from the evaluation process and built their own capacity and skills. As a result, we have ended up with a pool of resource persons who can support and/or take lead in evaluations, and in the process, practiced our value of inclusion and authentic partnership.

Because of this added value, we will now use a similar approach for other project evaluations.

How to carry out evaluation

When we started discussing conducting an evaluation, the first questions were around terms of reference, methodology, tools, and consultant. When we asked ourselves what we wanted the exercise to achieve, we quickly started thinking deeper about the different project activities and what we could learn from each. We went from methodology and questionnaires to wanting to have conversations with people involved in the project. We looked at how the different activities were interconnected and what they all achieved. By doing this, the responses went beyond the surface and dug deeper into the impact of the different activities that the project undertook.

Involve the implementing partners from planning to execution

All partners involved in the project were actively engaged throughout the evaluation process, from deciding what project participants to talk to, the costs involved in the exercise, nominating evaluation team members, and even contributing to the list of questions to seek answers to. This helped ensure that there was ownership of the entire process, including the findings. Additionally, by involving the partners they were able to immediately identify things that they can implement straight away.



Above: Julie from CBM Australia providing the evaluation team with training before they head out to speak to community members.

Talk to diverse people undertaking similar activities

During the evaluation, the evaluation team members talked to many people from different regions who were involved in the project. Speaking to a broad range of people who were doing similar activities was useful in understanding how the activities impacted different people and reinforcing the information received. The participants ranged from partners, government officers, OPD members, community members involved in activities, and included women and men both with and without disabilities, children, youth and older people. This approach was also useful in understanding how the different contexts affected the different activities. It was also key in ensuring a range of informants gave their views on how the project was undertaken, removing the bias that our partner project teams would have had.

Share preliminary findings immediately after the evaluation

Sharing preliminary findings with the project team members is also important. In this case, we had the partners, the Country Team and government officers sitting together one day after the evaluation was concluded and discussing some of the findings from the evaluation. The session enabled the project team members to reflect on the findings and pick up some actions that could be implemented immediately.



Above: Through the MINT project, local community health workers were supported to encourage villages to undertake Community Led Total Sanitation – a process by which villages all work together to improve latrines, water supply, waste disposal, compost management, and hygienic practices around animal husbandry.

The OPD LEAD Project: working to strengthen Organisations of People with Disabilities

Within international and community development, community-based Organisations of People with Disabilities (OPDs) rarely get the chance to have their voice heard when talking about the issues that affect them or giving their ideas for solutions. Usually, they are seen as passive recipients within development projects, instead of active agents of change.

However, with the support of CBM Global through the Leadership, Engagement and Development (LEAD) Project, OPDs agree that this is changing. Partnering with 11 OPDs from 7 different counties in Kenya, the project has made a real effort to build the leadership of OPDs and involve them in decision making processes by sitting down with them to get their ideas, feedback and perspectives.

CBM has supported these OPDs by helping them develop project proposals and formulate activity schedules and budgets that would in turn facilitate the growth of them. With CBM's support, OPDs have gained a perspective of what a project entails and what is basically needed to constitute an organisation.

“It is even more easier now to organise and plan for group meetings and listen to my group members instead of making decisions for them, a skill I acquired from CBM Global.”

- OPD Group Leader

“We now know what is expected of us, and we are confident enough to write a proposal and submit it. We have learnt how to analyse and come up with a detailed proposal and budget.”

- OPD Group Leader



“We now understand the phrase ‘nothing about us without us’, because through this project we have been involved from the start and they are our ideas. No one has decided for us what to do.”

-OPD member

This is all part of a CBM Global funded OPDs LEAD project – a project that seeks to build the capacity of OPDs by developing more active leaders among people with disabilities, strengthening their governance and operations, and in turn, rebalancing the power dynamic. In doing so, the project will ensure a strong representation of people with disabilities and voices within programme designs and implementation – giving them the opportunity to pursue their own goals while also aligning with donor compliance requirements.

Above: Members of a women's OPD and CBM Global staff during a project design session.

OPD LEAD Project: in conversation with CBM Kenya

We talk with Vivien from the CBM Kenya team

What approach was taken during the designing of the project?

We took a participatory approach where the CBM Global team visited each of the selected Organisations of People with Disabilities (OPDs) and sat down to listen to their proposals. It was an open consultation. The OPDs gave their views, and the team guided them on appropriate ways to present their ideas.

What are some of the ideas that OPDs presented?

The OPDs contributed a diverse range of ideas, encompassing advocacy issues, income-generating activities, and rehabilitation activities. These ideas were centred around addressing the unique challenges faced by individuals with disabilities within their communities. Each OPD had the autonomy to choose their focus, and the project team provided support in formulating and refining their ideas.

What are the positives to date?

The project was officially launched, garnering significant attendance and support from various stakeholders. Representatives from entities such as the Ministry of Labour State Department of Social Protection, the Director of the National Council for Persons with Disabilities, United Disabled Persons of Kenya, Consortium of Disabled Persons' Organisations in Kenya, Signs Media, CBM Global, and other partners were present. Notable achievements include OPDs assuming leadership roles and effectively planning and articulating their issues. They have gained confidence in engaging with government offices to seek assistance and have successfully broadened their inclusivity by accommodating diverse disability types within their groups.

What lessons have you learned?

One crucial lesson learned from this initiative is the necessity of involving OPDs from the project's inception. Engaging them from the outset fosters a sense of ownership and inclusivity, ensuring their active participation in shaping solutions. This early engagement provides valuable insights into their expectations, enabling continuous input and collaboration throughout the project duration. Ultimately, this approach enhances the effectiveness and sustainability of the project.

