



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 MINT project.
Front: Women attending an Organisation of People with Disabilities group meeting socialise and 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 work towards becoming “Open Defecation Free”**

with better hygiene practices supported through various WASH activities.

✓ **53 support groups (totalling around 1,400 people) were formed**

providing peer support for people with disabilities and improved financial opportunities through savings and loans groups.

✓ **Over 25,000 people were screened and around 2,000 people received eye surgery**

supported through quarterly “Eye Camps” and in coordination with the government.

✓ **Children’s hygiene and sanitation improved**

through better hygiene messaging in schools and renovated school toilets.

✓ **More people with disabilities registered for Disability Cards**

giving them access to certain services and benefits and increasing visibility by government of the number of people with disabilities and the issues they face.

✓ **Access to community services improved**

including health services, rehabilitation, and assistive devices, and were encouraged to become more accessible.



Image: People with disabilities have been able to gain more independence through access to assistive devices fabricated at the DOM-SPARK medical centre.

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 on the 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, from DOM-SPARK, has seen first hand how the MINT project is transforming the lives of people with disabilities and their families.

DOM-SPARK: how they worked

Strengthened systems to deliver 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.



William on a standing aid to help in weight bearing. Having cerebral palsy, he couldn't walk or stand, and had uncoordinated movement.



Jennifer is blind and, through her involvement with a savings group, has been able to set up a small business selling beans and maize.

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

Through MINT, DOM-SPARK worked with 53 OPDs to improve the well-being of their members, including people with disabilities and their family members. They did this by teaching them practices to promote their food security and boost their economic resilience, enabling them to start small businesses, access health care and medicines, and send their children to school. But that's not all. These groups have helped build the confidence of people with disabilities and their family members, giving them a greater sense of independence and identity within their communities. As a result, this is enabling people with disabilities to thrive and grow without discrimination or the need to depend on anyone.

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 linking people involved in the project with other assistive device providers to supplement what the project has given.



Orthopaedic technologist Fides fabricates assistive devices for people with disabilities and 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 is a 75-year-old man who lives in a small village in one of Meru's sub-counties. He was diagnosed with cataracts in both eyes during surgical outreach conducted at a health centre by the AICHM in collaboration with the county government of Meru.

James had learnt about the outreach from a community health volunteer who had been going door to door to tell people about what they were doing. AICHM, in coordination with the government, had set up quarterly eye camps to screen and treat people with certain eye conditions. Noting the high demand for access to affordable eye health services, this work amplified and expanded what the government was already doing, by a factor of four.

And news of this outreach could not come quick enough for James. After four years of being blind, James had grown tired of depending on others to help him move around. He found it difficult to do chores at home and was relying on the support of his family to manage his business growing crops, which was not doing so well. And, while he had sought medical treatment at another hospital in the past, he could not afford to pay for the cost of surgery. Thankfully, AICHM acknowledges that a person's financial situation should not be a barrier to accessing vital health services and, through the MINT project, supports people living in vulnerable situations to get the treatment they deserve.

On the day of the cataract surgery, James was first counselled about the surgery. He underwent cataract surgery on one eye, and on the following day, underwent surgery on the other eye.

Cataract surgery is often life changing because, for many patients, they can see as soon as their eye bandages are removed. And James was no exception. According to him, being able to see was like a miracle from above. Now, instead of relying on the support of others to move about, as he had to on arrival, James was now able to walk without any help. He sang and danced with excitement.

James was so impressed by the outcome of his surgery that he is now supporting others with visual impairments to seek treatment. Not only does he bring people to the outreach centre, but he speaks to them about his own personal experience. He has become an ambassador for visual blindness in his county.

AICHM, in conjunction with other non-government organisations, continue to partner in providing eye care services to people from remote areas nationally. In doing so, the project is able to reduce the prevalence of blindness and promote independence.

Precious and her remarkable journey to walking independently

Precious is a toddler who loves playing with other children. At 18 months, her mother noticed that she could not stand, even with support. Concerned, Precious was taken to the doctors where she was diagnosed with cerebral palsy, a condition that caused weakness in her lower limbs and leg deformities. Determined to help her daughter, her mother joined an Organisation of People with Disabilities (OPD) and, during one of their meetings, was introduced to DOM-SPARK.

Members of DOM-SPARK assessed Precious and found that although she could sit independently, she could not stand due to her leg condition. With the help of the rehabilitation team, both of Precious's legs were fitted with backslabs and other supports, helping her extend her knees and stabilise and reposition her feet.

And it worked! Just two months later Precious was given an aid to help her stand, and then, not long after, she took her first steps! Following this incredible milestone, Precious was given a walker to improve her mobility and boost her confidence in walking independently.

Now, at two and a half years-old, this determined girl can now walk on her own and play with other children.



Images: Precious was issued with ankle foot Orthosis and backslabs to strengthen her lower limbs and later a walker to help her learn how to walk. Her mother has been incredibly supportive, walking the journey with her daughter.

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 when, while giving birth to her last child, complications arose which left her paralysed from her waist down. Tarasila was devastated by the news and the thought that she would be a burden on others. And, if that was not difficult enough, Tarasila also lost her husband, access to her matrimonial land, and many of her friends drifted away. She became isolated, depressed, and lacked the support she desperately needed to get her through this hard time.

Things started to change for Tarasila when she became involved in the MINT project, through one of the implementing partners, DOM-SPARK. Through DOM-SPARK, Tarasila has been able to connect with other people with disabilities, receive training on Saving and Internal Lending Communities (SILC), and get access to a wheelchair. She has become more independent, interacts more with people in her village, and even joined a Savings and Loan group that not only advocated for her right to land, helping her retain her matrimonial land, but enabled her to take out a loan to start her own small business selling vegetables and fruits.



“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 is supporting 1,200 people with disabilities across Meru to improve their incomes, access assistive devices to improve mobility and community interaction, and to learn disability rights and how to advocate to the government for them.

Image: Tarasila borrowed a loan from her SILC group where she does weekly savings and started a grocery business. SILC is building financial independency among women with disabilities. The tricycle she uses to move her goods to her trading place was issued to her with support from DOM-SPARK.

Tabitha's home becomes a demonstration centre

Tabitha is a person with a disability who became involved in CBM's livelihoods project through a local disability group. Through the projects implementing partner DOM-SPARK, group members, like Tabitha, participate in various livelihoods activities and trainings to help improve their financial sustainability and wellbeing.

Trainings, such as the agricultural-ecology training sessions, has given Tabitha the knowledge and skills to grow different types of vegetables in grow bags. And it is working! Tabitha's home, and especially the kitchen, is now surrounded by vertical grow bags - all full of vegetables. She has also become a vegetable vendor at her village and recently hosted group members of the neighborhood who wanted to learn about the grow bag vegetable farming. Tabitha can now afford to save more through the Savings and Internal Lending Communities and intends to start a grocery business at the nearby market in the near future, selling the 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 training more groups to use grow bag technology to help improve the income and nutrition status of the families and the community in general. In partnership with other organisations in the area, we hope this vision will be achieved in the near future.



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, handwashing 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 on 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 handwashing 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 her hands at one of the hand washing stations.

Outcomes for the Deaf Community

Lucy acquired a hearing impairment at the age of two years old, after developing malaria. Lucy's parents were worried she would never go to school and communicate with other children in the village. Later in life, challenges for Lucy still persisted. Her husband left her with their three children and after her father passed away, her brother tried to take away the land she was given by her father.

Lucy joined a local women's Organisation of People with Disabilities (OPD). In this group, Lucy got involved in their savings and loan group. From the loan she received, Lucy established a vegetable kitchen, paid school fees for her children, purchased poultry and is building a home. The women's OPD advocated to Lucy's family for her to retain her land, and she received her land back from her brother. Lucy has now been able to build a beautiful kitchen garden on her land and her children are in school, with her eldest son in secondary school.

Following the advocacy and support of the women's OPD, the community, as well as her brother, now accept her. They realise that Lucy is not a burden and is an independent woman and mother who can support herself, with community members coming to Lucy to buy the vegetables she has grown from her kitchen garden and to learn about her work in establishing kitchen gardens. Lucy has become a role model in her community.

All this work has been enabled by CBM-funded activities through DOM-SPARK. DOM-SPARK has trained groups of people with disabilities on savings and loans, agriculture, advocacy, and supported group members on drought tolerant seeds. Through this work and the work of OPDs, communities are realising the importance of all community members including those with disability, like Lucy, and all the positive change they bring!



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 the vegetables and uses some funds on household expenses and saves 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.

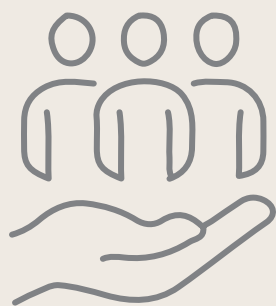
We approached the hospital management with the help of our public health officer. We explained to the hospital director our concerns about a disability friendly latrine and how to address the need. When construction started, we were allowed to give our views on how a friendly latrine should look like. 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 friendly latrine, has anything else changed?

When we influenced construction of a 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.



Helen, the chairperson for a local OPD, at the market where she sells fruits as an income generating activity.

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

A project team member reflects on what works.

1. Support Organisation of People with Disabilities (OPDs) beneficiaries with grow bag, 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.

Cecilia weeds her failed crop of beans, and worries, “the crops are gone. It is only fodder for the livestock. I am only foreseeing trouble. We are likely to go hungry.” Thankfully, Cecilia is part of an OPD supported by the MINT project which has provided her with nutrient rich porridge to feed her daughter with a disability, as well as physiotherapy and access to 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 to OPDs

Training for people with disabilities on SILC’s strengthens the knowledge and skills of OPDs, encouraging inclusive and effective SILC activities that are empowering for people with disabilities.

5. Networking and knowledge sharing among OPDs

Fostering collaboration and knowledge sharing among OPDs and individual people with disabilities helps provide support and mentorship to OPD’s, ensuring that the acquired knowledge and skills in their respective SILC groups are applied, and encourages 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.



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* is an 85-year-old mother of five, who lives with her grandchildren in a village in the south of Meru County. She makes a living growing and harvesting cereal foods, such as beans and maize and, when she is not busy farming, she is busy managing the home and doing some of the family chores.

In 2021, Tumaini started to have trouble sorting out cereal grains due to declining eyesight. She became worried, especially because she could not afford to get her eyes checked. As her condition progressed with itching, pain and the feeling of a foreign object in her eye, Tumaini decided to take a closer look in the mirror where she saw a white spot on her right eye. Soon, she found it difficult identifying people as they approached which often left her scared and unable to perform her daily tasks. It was time to take action.

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

Later that year, Tumaini heard about the Vision Impact Program from Community Health Volunteers. Facilitated by the AICHM in conjunction with CBM, this program gave people like Tumaini the opportunity to have their eyes checked at the community level using Portable Eye Examination Kit (PEEK) and be referred on for treatment at no cost. Tumaini was overjoyed that she would not have to use her hard-earned and much needed income to receive treatment elsewhere.

Through the program, Tumaini was able to receive the care she needed. Her eyes were assessed and the cataract in her right eye removed. Now, she is able to see clearly and her self-esteem has been restored. She is back doing her daily activities and is even able to sort out the cereal produce.

Tumaini’s story highlights the importance of cascading down eye health services to the community level, and enhancing the accessibility of the services through the use of Peek Technology to 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 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.



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," said 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 County 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.



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.



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.

Image: 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, CBM Global team, 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.

