



ANNUAL REPORT 2012

Changing Lives, Changing Communities

FOREWORD

Word from the President of the Board, Dr Willibrod Slaa

"As we came to the end of our strategic plan for 2008-2012, I was astounded by the progress that CCBRT has made. As an organisation we always set ourselves ambitious goals in order to drive our work forward and to ensure that we are pushing ourselves to the limit to provide the best for our clients. This review of 2012 demonstrates how confidently and competently CCBRT has risen to the challenge, making 2012 a record breaking year for CCBRT. Our work in maternal health has been a particular highlight for me, as we move towards bringing this important global issue into the forefront of CCBRT's new strategy for 2013-2017. As we venture into new territory in capacity building and emergency healthcare

our more established departments in the Disability Hospital and Community Programmes have continued to perform to the highest standards, proving themselves to be a solid and reliable foundation, trusted by both the community and their colleagues. It is on this strong foundation, based on over 18 years of experience, that we will build our new services and move towards ensuring that our work has a long term impact upon the community, that the organisation's growth is sustainable, that we are building capacity in facilities across Tanzania and that we are constantly focused upon operational excellence."



Word from the Chief Executive Officer, Mr Erwin Telemans

"2012 was a time of great momentum for CCBRT, but also a time of reflection. In the development of our new strategic plan for 2013-2017, it was time for us to assess our achievements and to see how far we had come since we set our goals in 2007. The successes outlined in this Annual Report should be celebrated as a fantastic display of 12 months of hard work and dedication from a team that I feel privileged to lead. However, it should be noted that these achievements are a result of a sustained level of effort that began when CCBRT was first founded in 1994. Every person who has ever been a part of the CCBRT team can read this 2012 report with pride, and can claim responsibility for the successes outlined here.

None of these achievements would have been possible without our Board of Directors, whose guidance has been invaluable this year as in every year before, nor without the Government of the United Republic of Tanzania, who have given us so much support over the past year. I would also like to take this opportunity to thank our partners for their continued commitment, and for believing in our vision to improve the quality of life of people living with disabilities, their family members and caregivers, enabling them to become full members of society.

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ABOUT CCBRT

Comprehensive Community Based Rehabilitation in Tanzania (CCBRT) is a locally registered non-governmental organisation established in 1994. From its inception as a provider of Community Based Rehabilitation (CBR), CCBRT has grown to become the largest provider of disability and rehabilitation services in the country. Every year, CCBRT changes the lives of over 1 million people in Tanzania. Immediate impact is achieved through the provision of services and capacity building and a wider long term impact is seen through the strengthening of referral systems, health education and the inclusion of disability into mainstream services.

In a country of 45 million people, it is estimated that 3.5 million live with a disability. People with disabilities are often amongst the poorest in society and CCBRT aims to empower them and their families, ensure access to medical and rehabilitative treatment, and improve their quality of life. Committed to preventing disabilities whenever possible, CCBRT is also engaged in extensive maternal and newborn healthcare (MNHC) activities.

CCBRT is comprised of a well-established disability hospital in Dar es Salaam, community programmes in and around Dar es Salaam and Moshi, a training unit and an advocacy unit. Departments at the CCBRT Disability Hospital include ophthalmology, obstetric

fistula, orthopaedics and reconstructive surgery and anaesthesia. CCBRT Community Programmes, which operates in different parts of Tanzania, carries out and supports awareness raising, early identification and referrals, mobile outreach and CBR programmes. Community Programmes also includes the MNHC capacity building programme which, in partnership with the Government's Regional Health Management Team, aims at improving the services offered by existing service providers.

In close partnership with the Government of the United Republic of Tanzania, CCBRT is in the process of constructing the CCBRT Maternity and Newborn Hospital, which will be a referral hospital for high risk cases in the region. Together, the Disability Hospital and the upcoming Maternity and Newborn Hospital form the Super Specialist Hospital for the Eastern Zone of Tanzania.

CCBRT reaches the poorest of the poor by offering subsidised care and treatment. Certain conditions, and all children under five years of age, are treated free of charge. Essential to the sustainable provision of high quality services is the CCBRT Private Clinic, revenue from which helps to subsidise other services and establishes a more reliable income stream.

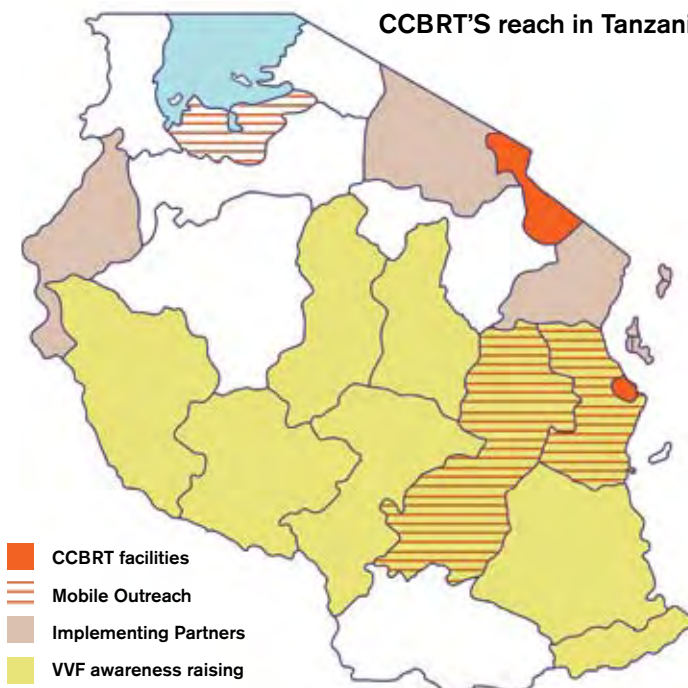
CCBRT aims to:

Improve the quality of life of people living with disabilities, their family members and caregivers to enable them to become full and active members of society.

The main objectives are to:

1. Provide quality medical and rehabilitative services to prevent or reduce disability
2. Empower people with disabilities to participate as equal members in society
3. Mainstream disability into the development agenda to work towards an inclusive environment for people with disabilities

CCBRT'S reach in Tanzania





Executive SUMMARY

2012 was a year of significant activity and growth at CCBRT, and a time of reflection and consolidation. With continued support from partners, staff, visitors and the Board of Directors, it was also a year in which many achievements were made and several service delivery targets exceeded. Financial sustainability continued to drive CCBRT's approach, with an increased emphasis on creating internal revenue streams, and fundraising activities were central to the progress of the CCBRT Maternity and Newborn Hospital.

Significant events of the year include: two events attended by His Excellency, Dr. Jakaya Mrisho Kikwete, President of the United Republic of Tanzania, in support of CCBRT's obstetric fistula prevention and treatment work as well as the construction of the brand new Maternity and Newborn Hospital; and visits from the Norwegian Minister of Health Anne Grete Strøm Erichsen, the President of the European Commission, Mr. Barroso, the European Union Development Commissioner, Mr. Piebalgs and Stephane Houdet, the world's number one wheelchair tennis player. All esteemed visitors were warmly and gratefully received, and CCBRT thanks them for their time and support. Active in her role throughout the year was CCBRT's Patron and Speaker of the National Assembly of Tanzania, the Honourable Anne Makinda, who dedicated substantial time and energy to CCBRT in 2012.

As CCBRT reached the final year of its 2008–2012 strategic plan, there was an opportunity to look back on five years of service delivery and operational management. Overall, it was a period of many accomplishments at CCBRT and many developments took place to ensure that the organisation's key objectives and targets were met.

CCBRT's 2013–2017 Strategy was developed and launched during 2012, led by an internal team with input from selected external stakeholders. This strategy not only defines CCBRT's vision, mission and working

principles for the years ahead, but also outlines the strategic priorities for 2013–2017. These are: long term impact; sustainable growth; capacity building; and operational excellence. CCBRT's goals are clearly explained, along with the approach that will be taken in order to reach these objectives.

Service delivery at CCBRT's Disability Hospital was strong in 2012, with continued emphasis on achieving our targets without sacrificing the quality of care provided. The expansion of the use of mobile money transfer technology (M-PESA) through a growing network of 'ambassadors' resulted in particularly high numbers of fistula and cleft lip/palate patients in 2012. 501 women received life changing fistula operations during the year, 48 per cent more than in 2011, and 428 cleft lip/palate operations were performed. This is a third more than in the previous year. A newly created obstetric fistula department enhanced existing patient identification and referral processes and improved patient follow up and monitoring and evaluation to ensure that quality of care for patients was exceptional. In the Eye Department, thousands of adults and children were given sight restoring treatment at the Disability Hospital.

In the last few years, the Disability Hospital has experienced a 20 per cent increase in the number of patients and as a result has seen an increase in running costs. Dar es Salaam is growing rapidly and CCBRT has made some changes to enable it to continue to serve the poor in the long term. New, still subsidised, prices came into effect in November and CCBRT aims to increase private clinic attendance so that the ratio of private to non-private patients shifts to 40:60. Financial sustainability is essential to CCBRT's success and CCBRT's Private Clinic is central to this. Through the clinic, CCBRT generates revenue to subsidise the treatment of poorer patients whilst offering patients the option of an appointment based and fast track service.



CCBRT's MNHC programme continued its work to improve the services available to pregnant women, mothers and newborns in the Dar es Salaam region. During 2012, the training of healthcare professionals was ongoing and, since the programme began in 2010, 169 healthcare professionals have received training in BEmOC. The renovation and equipping of existing facilities has also progressed, and there has been an overall increase in the number of theatres designated to maternal health from four to seven.

The construction of the CCBRT Maternity and Newborn Hospital continued throughout the year. In September, a 'Keeping the Promise' reception on the site of the new hospital demonstrated CCBRT's commitment to the project and raised the funds necessary to move forward with the six block strategy. CCBRT was delighted to receive the Deputy Minister of Health and Social Welfare, the Honourable Dr Seif Rashid, as Guest of Honour. The Honourable Anne Makinda was also an active presence. All funds for the construction and equipment of a six block facility have now been committed which will allow CCBRT to provide both emergency and preventative care. In collaboration with an external consultancy firm, CCBRT commenced human resource planning for the Maternity and Newborn Hospital to ensure that it is staffed appropriately when it becomes operational.

Community Programmes also enjoyed many successes in 2012. CBR activities focused on increased parental or caregiver involvement and on holistic care approaches, with notable success. The Mobile Outreach team undertook several surgical and non-surgical trips, taking services to communities across Tanzania and building the capacity of partner facilities. Two surgical trips to Mwanza to treat children with eye conditions were particularly successful. During the trips, 586 children received consultations, 136 received an operation on site, and another 33 were referred for treatment. The mobile clubfoot clinic attended to 532 children, exceeding the annual target by 77 per cent. As part of

the awareness raising conducted around fistula through Community Programmes, 94 fistula surgeries were conducted at Selian Lutheran Hospital in Arusha and Kabanga Hospital in the Kigoma Region with the support of CCBRT. In Moshi, 27 per cent more clients attended the House of Hope than in 2011 and the special seating clinic exceeded its target for children assessed.

The three year PEPFAR funded HIV/AIDS and disability project reached its conclusion early in the year. Over the course of the project, 45,000 Tanzanians, the majority of whom had disabilities, were reached through awareness raising activities, and 8,000 people received HIV counselling. In addition, 51 health facilities were adjusted to make them accessible to people with disabilities.

In a strong year for the CCBRT Advocacy Unit, many steps were made towards its aim of creating an inclusive society. Research into the employment of people with disabilities demonstrated that access to equal opportunities remains limited, and CCBRT acted upon this through services such as disability awareness training, and physical accessibility audits. A success of note was the creation of a new Disability Inclusiveness Award at the Association of Tanzania Employers' 'Employer of the Year' 2012 awards in December. His Excellency, Dr. Jakaya Mrisho Kikwete, President of the United Republic of Tanzania was Guest of Honour at the prestigious event.

Awareness raising activities continued to support CCBRT's work, with extensive media coverage and increased efforts to reach out to those in more remote parts of the country. The CCBRT Communications Department played an important role in this, along with CCBRT's many loyal partners and friends.

CCBRT is delighted to bring you this Annual Report for 2012, which highlights activities and achievements across all departments.

DISABILITY INTERVENTIONS

CCBRT Disability Hospital: Comprehensive clinical care

Overview

Environmental and financial sustainability, efficiency and excellence in service delivery were the focus of activities and advances at the Disability Hospital in 2012. Serving the poorest of the poor remained the priority, supported by increased revenue from services to private patients and innovations to enhance procedures.

Initiatives designed to increase patient numbers resulted in higher numbers of consultations and operations in many key areas including fistula and cleft lip/palate. These efforts to encourage those in need of treatment to come to CCBRT were bolstered by the use of mobile money transfers to a large network of 436 'ambassadors' whose role is to make referrals to CCBRT.

Service Delivery 2012

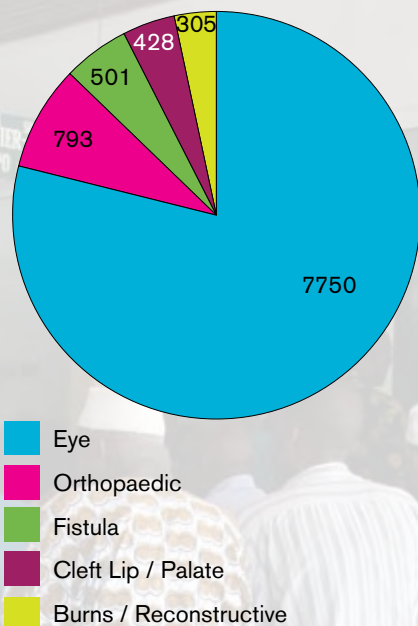
The Disability Hospital is comprised of six operating theatres, two of which are dedicated to eye operations. At the end of 2012, hospital staff numbered 254. This figure includes; 112 nurses, 10 eye doctors, 2 orthopaedic surgeons, 1 orthopaedic doctor, 1 plastic surgeon, 2 fistula surgeons, 1 fistula doctor, and 9 Assistant Medical Officers (AMOs). A further two doctors and one AMO were working in the Anaesthesia Department.

CCBRT Disability Hospital achieved the following in 2012:

- 94,744 consultations (25 per cent more than in 2011)
- 9,777 surgeries across the CCBRT Disability Hospital departments
- In total, CCBRT was responsible for over 11,000 life-changing operations. This includes operations carried out at other hospitals during outreach clinics and through other referrals.



Surgeries at CCBRT Disability Hospital



Measures designed to improve service delivery and quality of care

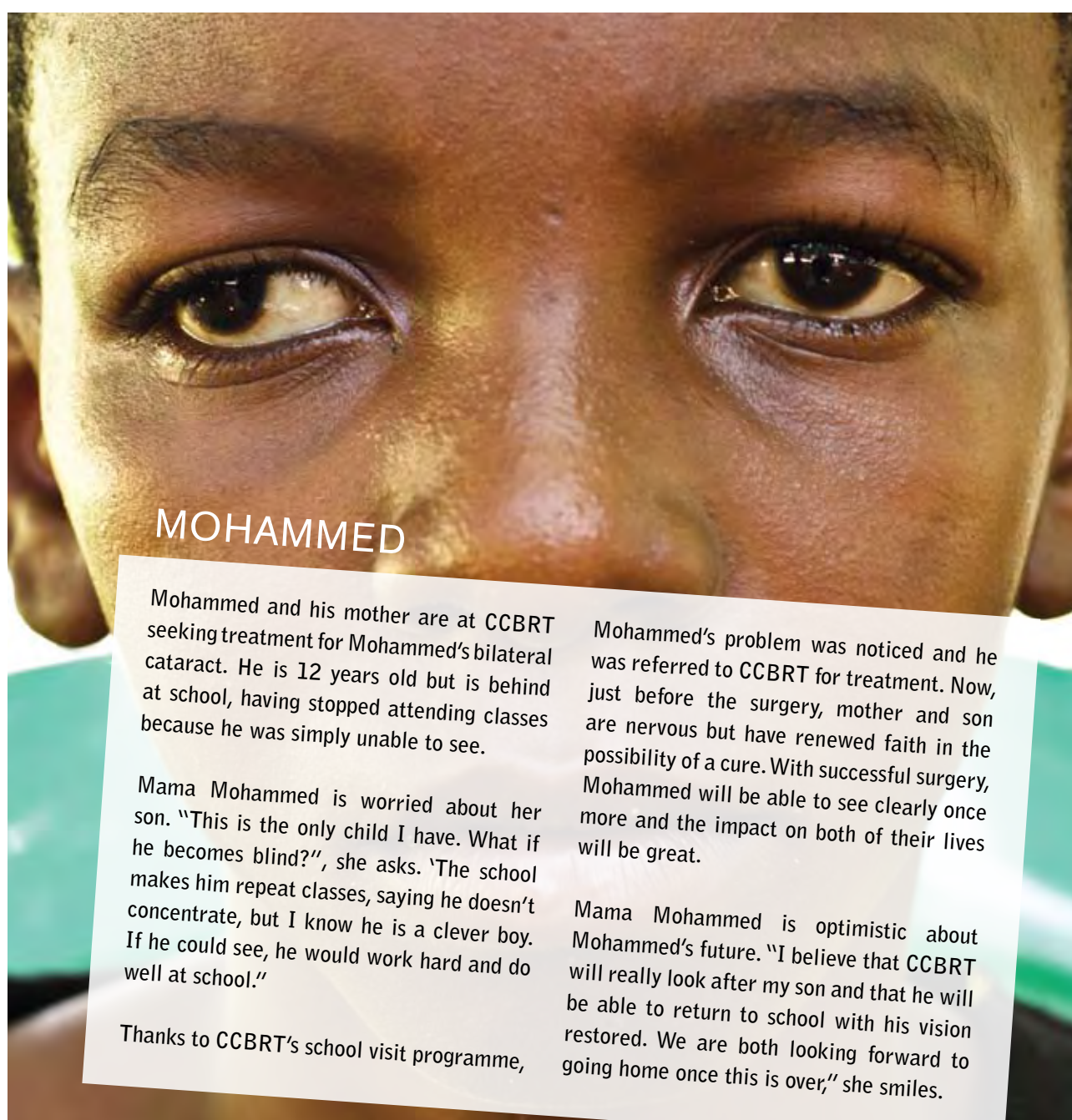
Consultation and Surgical costs	New subsidised fees have come into effect for Disability Hospital consultations and surgeries to reflect increased costs and high patient numbers. At the same time as maintaining the number of standard patients, more patients are being encouraged to attend fast track or private appointments if they can afford to do so in order to enable CCBRT to continue its focus on treating the poorest of the poor.
Quality and Safety	The CCBRT Quality and Safety Unit has actively encouraged all departments to achieve standards of cleanliness and to follow efficiency and quality procedures. External auditors visited every quarter and marked departments against a standard audit tool. The top three departments were recognised at a prize-giving event, which motivated staff to make continuous improvements. All nurses and cleaners received training in the 5S management methodology.
Facilities	The renovation of numerous departments and the addition of new facilities (wards, toilets, and changing rooms) have contributed to an improved working environment for staff and enhanced services for patients.
Patient waiting time	More patients opted to attend the Private Clinic. Improved workflows, clearer role definitions and an enhanced triage system helped to reduce waiting times for all patients.
Environmental sustainability	The installation of solar water heaters, a water pump, fridges and a solar powered laundry were important steps towards reducing CCBRT's environmental footprint by adopting 'green' practices. In October, students with a disability from Yombo Vocational Training Centre assembled and installed a wind turbine. At the same time, an anemometer (professional wind meter) was installed to measure the wind energy potential at the CCBRT compound. Results are expected in October 2013 after a full year of data collection.

Giving sight to thousands in a single year

- 73,787 eye consultations and examinations
- 7,750 eye operations (8 per cent more than 2011)
841 eye operations were on children (309 for congenital cataract)
- 12,740 pairs of spectacles dispensed.
- 5,622 low vision sessions held, and 71 low vision devices provided.

55 per cent of all eye operations in 2012 were sight restoring or enhancing cataract surgeries

Eye Department Operations	Number
Cataract (child)	309
Cataract (adult)	3,938
Other operations (child)	532
Glaucoma	327
Vitreo-retinal	268
Other operations	2,376
Total	7,750



MOHAMMED

Mohammed and his mother are at CCBRT seeking treatment for Mohammed's bilateral cataract. He is 12 years old but is behind at school, having stopped attending classes because he was simply unable to see.

Mama Mohammed is worried about her son. "This is the only child I have. What if he becomes blind?", she asks. 'The school makes him repeat classes, saying he doesn't concentrate, but I know he is a clever boy. If he could see, he would work hard and do well at school.'

Thanks to CCBRT's school visit programme,

Mohammed's problem was noticed and he was referred to CCBRT for treatment. Now, just before the surgery, mother and son are nervous but have renewed faith in the possibility of a cure. With successful surgery, Mohammed will be able to see clearly once more and the impact on both of their lives will be great.

Mama Mohammed is optimistic about Mohammed's future. "I believe that CCBRT will really look after my son and that he will be able to return to school with his vision restored. We are both looking forward to going home once this is over," she smiles.

Constructing a future for the children of Tanzania

The CCBRT Orthopaedic and Reconstructive Department treats conditions requiring orthopaedic or reconstructive interventions including; clubfoot, bow legs, burn scar contractures, cleft lip/palate and other impairments.


Several changes took place in the department in 2012, with a complete refurbishment creating a larger room for clubfoot treatment and a separate wound dressing room. The focus of the department shifted back to the treatment of patients under the age of eighteen years, with adult orthopaedic outpatient cases referred to the Private clinic. To reduce waiting times, an area

was created for patients to remove their own casts with water, following a clubfoot workshop in September.

A total of 20,957 consultations were conducted in 2012 and 1,432 operations were carried out.

Cleft lip/palate

428 operations were carried out in 2012, 33 per cent more than in 2011. 67 per cent of all cleft lip/ palate patients were referred through M-PESA.



JULIANA

When Juliana was a child, she used to ask her mother why she looked so different from the other children. She was resigned to the fact that she would have to live with her cleft lip forever. "When I asked, my mother either remained quiet or ended up crying, telling me that this was how I was created, that it is the will of God and nothing can be done to rectify the deformation."

As Juliana grew up she struggled to deal with the taunts of other children, and almost gave up on her education until a teacher persuaded her to continue.

In December 2012, Juliana was delighted to hear she had been accepted to study at a secondary school, but her delight was tinged with the fear that her fellow students would tease her for the way she looked. "When I was told that I have been selected to go for further studies I was happy, but at the same time I was worried as I knew the same jokes would follow me from primary school."


However, everything changed for Juliana when she heard a radio announcement on the availability of treatment at CCBRT. "Now I am confident that I will make it thanks to CCBRT doctors and nurses. I can't explain how grateful I am to CCBRT. I have lived with this condition for over 17 years, but now I am different. My doctor told me that when the wound is completely cured no one will ever notice I had a cleft lip."

Clubfoot

In 2012, 243 clubfoot operations were carried out, a 29 per cent increase from 2011. A further 378 new patients were seen in the outpatient department for non-surgical Ponseti treatment: again, higher than the 320 who received such conservative treatment in 2011.

Follow up is crucial to the success of clubfoot treatment. In 2012, there was a fall in drop out rates from 30 per

cent to 10 per cent. This was due to reminders about the importance of follow-up care being sent via text message to the parents of patients, and a transport subsidy for patients coming for follow-up treatment. The number of sessions to assist follow-up patients increased from 2 to 5 days per week, with a team from the physiotherapy department treating between 15 and 20 patients a day.



JAMES

When two month old James was born with club feet, his mother lost hope. A single mother already struggling to manage looking after James' three older siblings, she could not see how she would be able to care for a child with a disability, "It is hard for me to take care of four children alone, and when I noticed that James had a problem I completely lost hope. All I could think of was the extra burden it would bring."

Desperate to find help for her son, James' mother borrowed money from a friend to reach CCBRT, "When we arrived I was surprised that as well as giving James treatment for free they also gave me help with my travel costs."

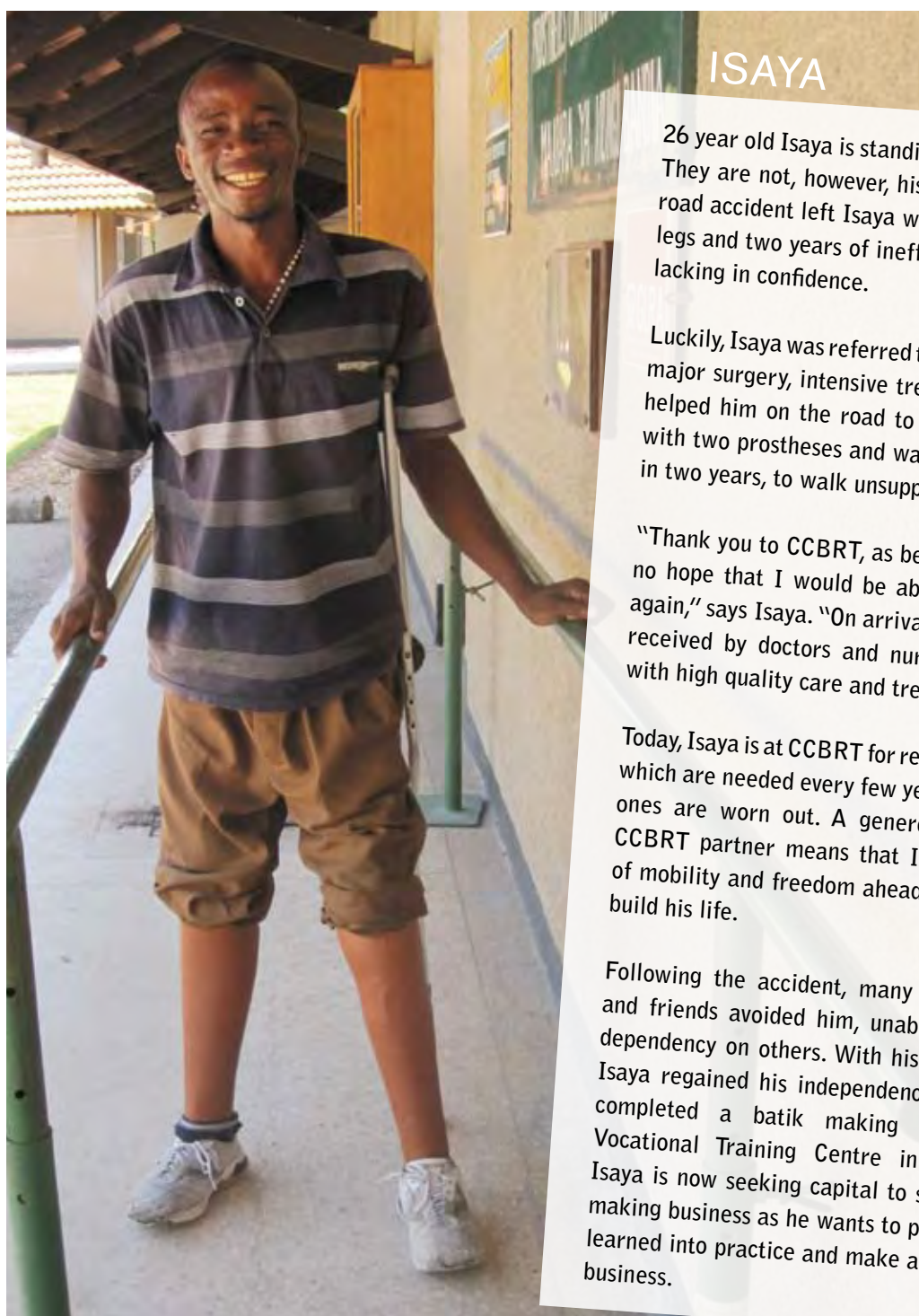
In order for James' treatment to be successful, Mama James has to ensure that they keep all of his follow up appointments. Now on his fourth visit, the team at CCBRT are seeing a great change in his condition. "CCBRT give me help with our transport costs whenever we need to come back here for an appointment. Without this help I would not have been able to bring my son for treatment. I thank CCBRT and all of its partners."

Prosthetics and Orthotics Unit

Technical support from the International Committee for the Red Cross was expanded in 2012 and the unit benefitted from the assistance of an experienced orthotics engineer.

During the year, a total of 1,347 assistive devices were manufactured and fitted. The top three devices made were:

- Special foot abductor braces, which to help keep clubfeet in the correct position following treatment (594)
- Ankle-foot orthotics (432)
- Special seats for children with cerebral palsy (231)



ISAYA

26 year old Isaya is standing proudly on his two legs. They are not, however, his own. In 2006, a terrible road accident left Isaya with severe injuries to both legs and two years of ineffective treatment left him lacking in confidence.

Luckily, Isaya was referred to CCBRT in 2008, where major surgery, intensive treatment and expert care helped him on the road to recovery. He was fitted with two prostheses and was able, for the first time in two years, to walk unsupported and with dignity.

"Thank you to CCBRT, as before I came here I had no hope that I would be able to walk on my own again," says Isaya. "On arrival at CCBRT I was well received by doctors and nurses who provided me with high quality care and treatment," he adds.

Today, Isaya is at CCBRT for replacement prostheses, which are needed every few years when the existing ones are worn out. A generous donation from a CCBRT partner means that Isaya has more years of mobility and freedom ahead and can continue to build his life.

Following the accident, many of Isaya's relatives and friends avoided him, unable to cope with his dependency on others. With his new legs, however, Isaya regained his independence and has recently completed a batik making course at Yombo Vocational Training Centre in Dar es Salaam. Isaya is now seeking capital to start his own batik making business as he wants to put the skills he has learned into practice and make an income from the business.

Physiotherapy

In 2012, 3,174 patients were seen by the physiotherapy department, excluding private patients. Of these, 1,190 were new cases and 1,984 were follow-up cases.

The department provides services to group support units and conducts specialised one-on-one sessions for patients from the Disability Hospital and those who come specifically for physiotherapy, such as the parents

and caregivers of children with conditions including cerebral palsy and spinal bifida.

Orthopaedic shop opening

An orthopaedic supplies shop opened in the private physiotherapy wing in February. The shop sells a wide range of high-quality products like arm slings, neck collars and ankle braces as well as wheelchairs and walking sticks.

"I express my deepest appreciation to CCBRT who is saving the lives of thousands of Tanzanians and restoring dignity to women"

His Excellency Dr Jakaya Mrisho Kikwete, President of the United Republic of Tanzania.



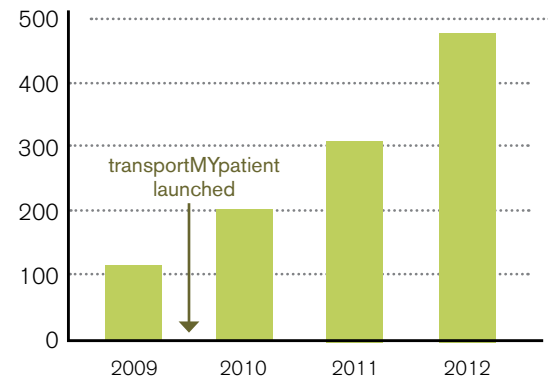
Life changing fistula treatment: a record year

2012 was a year of significant progress in the treatment of obstetric fistula at CCBRT, with a record 501 operations conducted at the Disability Hospital: 48 per cent more than in 2011. This was the result of concerted efforts to reach women across the country in conjunction with capacity building work at the Disability Hospital.

Building capacity

A new fistula department and a community fistula awareness team dedicated to ensuring that an increased number of women were treated were key developments in 2012. To manage the increase in patient numbers, two newly renovated and extended wards were opened in November: the “Dr Janis Perialis” and “Dr Robert Marenga” fistula wards, named after two long-serving and committed fistula doctors. The new wards have almost doubled CCBRT’s capacity to treat fistula patients, with 68 beds now available.

Fistula Surgeries at CCBRT Disability Hospital 2009-2012



Awareness raising

In June, a national campaign for fistula awareness was launched by the First Lady of Tanzania, Her Excellency Mama Salma Kikwete. It is coordinated by CCBRT's fistula awareness team in collaboration with the Ministry of Health and Social Welfare and achieved many successes in 2012. Over 900 radio adverts were aired nationwide, reaching out to many rural communities, and awareness creation trips around Tanzania resulted in the recruitment of 186 new CCBRT ambassadors, bringing the total number of ambassadors in the network to 436.

Holistic care

An important improvement in the care of fistula patients was the development of the holistic care approach. This includes counselling and health education sessions, Mabinti Center workshops and music therapy for every fistula patient, ensuring that recovery addresses both the physical and emotional effects of the condition.

Patient follow up

Long term impact following treatment is vital, and CCBRT now monitors fistula patients' recovery rates and level of reintegration into their communities six months after treatment.

CCBRT's Implementing Partners

CCBRT's partner hospital, Selian Lutheran Hospital in Arusha, conducted 90 VVF operations: a 17 per cent increase compared with 2011. Two additional support staff were recruited to raise awareness in the Northern and Lake Zones and CCBRT is sharing best practice in effective awareness creation.

At Kabanga Hospital in the Kigoma region CCBRT supported 4 fistula surgeries. In 2012, one surgeon and one surgical assistant received a six week training at CCBRT Disability Hospital. The training focused upon strengthening their capacities to repair simple fistula cases.



"No woman should live with this humiliating and degrading fistula condition."

First Lady of Tanzania, Her Excellency Mama Salma Kikwete

In an assessment carried out via mobile phone in 2012:

- 90 per cent of women say they are completely dry 6 months after the operation.
- 91 per cent of women say the operation was life changing
- 96 per cent of women are able to participate in more community activities than they were before their operation
- 94 per cent of women have higher self-esteem and feel more confident
- 97 per cent of women feel more accepted and supported by their community than before their operation
- 92 per cent of women are able to do the work they did before they developed VVF
- 49 per cent of women are able to provide more financial support to themselves and their family



BEATRICE

Beatrice is smiling broadly, her bright eyes a sign of happiness and good health. She is one of the many women whose lives have been restored by treatment for fistula at CCBRT and she is relaxed when talking about her path to recovery. She talks about her time with fistula as if it was a different life, and now she says she lives in a 'happy house' again.

Three days after returning home from a traumatic labour during which her baby died, Beatrice noticed that she was leaking urine. She lived with the condition for weeks and thought that it would never stop. Many family and community members accused Beatrice of killing her own baby, and her father thought Beatrice's mother had hurt Beatrice with witchcraft.

Luckily, Beatrice's husband and mother were very supportive and her husband was confident that they would eventually find a cure. One day, Beatrice's husband heard an advertisement on the radio, saying that fistula could be treated for free at CCBRT. Beatrice travelled to the hospital for treatment, amazed that everything was entirely free of charge.

Beatrice was offered the opportunity to join the Mabinti Centre training scheme after her operation, and has never looked back. She has learnt how to operate a sewing machine, how to use tape and a ruler, how to iron and fix colour onto fabric, and how to work with and use different fabrics. She has also learnt life skills including understanding HIV/AIDS, pregnancy prevention and how to care for the elderly. Since graduating, Beatrice uses her skills in business planning, marketing and life studies on a daily basis and now runs her own business.

Beatrice's advice to women living with fistula is to go to CCBRT for treatment, because the condition can be cured. She has already referred two women with fistula to CCBRT after meeting them in her community and her neighbours come to her for advice. Beatrice wants to be an ambassador for women with fistula, and to help them get better.

Harnessing the power of mobile technology

Since 2009, when CCBRT started using M-PESA to cover the transport costs required to bring fistula patients to CCBRT, the transportMYpatient scheme has been expanded to include those with cleft lip/palate.

transportMYpatient reached a higher number of patients in 2012 than ever before, with 83 per cent of fistula and 67 per cent of cleft lip/palate patients referred through M-PESA.



Sebastian

Meet Sebastian, one of CCBRT's 400 ambassadors using M-PESA to reach some of the poorest and most marginalised women in Tanzanian society.

In the three years that Sebastian has been an 'ambassador' for CCBRT, he has become one of the programme's most successful recruits, referring 72 women to CCBRT Disability Hospital for treatment so far.

Sebastian and his fellow ambassadors make up a network of 400 people across Tanzania searching for one of the estimated 24,000 women in the country living with obstetric fistula.

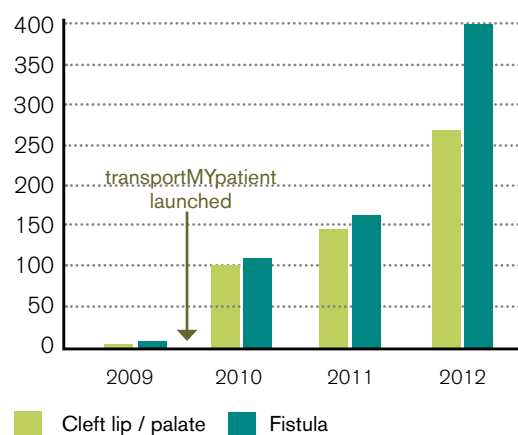
The regular training he receives at CCBRT allows Sebastian to educate communities about fistula and the treatment available. When Sebastian identifies a patient, he calls the CCBRT hotline, starting the process for referral. As soon as the diagnosis is confirmed, CCBRT transfers money for the patient's transport to Sebastian's mobile handset via M-PESA. This allows him to purchase a bus ticket and send the patient to receive free treatment

transportMYpatient 2012

414 women with fistula (166 in 2011)

288 cleft lip/palate patients (155 in 2011)

Number of M-PESA referrals 2009-2012



and rehabilitation at CCBRT Disability Hospital in Dar es Salaam.

There are challenges to being an ambassador. When Sebastian tells women about the treatment available, he is faced with fear and suspicion. After many attempts to get help from various healthcare facilities, each time at additional expense, women find it very difficult to believe that an organisation provides help for free. Building trust is vital to the success of any ambassador, and Sebastian introduces himself and his work to religious and local leaders so that he can move freely amongst communities with a mandate to distribute life-changing information.

For Sebastian, the beauty of M-PESA is its simplicity: there is no bureaucracy associated with referral, and M-PESA is incredibly user-friendly. The introduction of mobile technology to CCBRT's referral system has made it much easier for Sebastian and others like him to send patients on the road to recovery.

Protecting the future of CCBRT: subsidisation and sustainability

Central to CCBRT's sustainability efforts, the Private Clinic enjoyed a busy 2012. To maximise doctors' time and reduce patient waiting times, nurse screeners were introduced at the clinic to take patient histories and conduct simple physical checks. As a consequence, the number of fast track eye patients seen by the doctors increased from 45 to 55 per morning. This growth supports CCBRT's aim of a 40:60 private/standard patient ratio, whereby private patients are subsidising services to poorer patients.

A new orthopaedic doctor joined the team to cater for adult orthopaedic patients referred from the Disability Hospital. Ear, nose and throat (ENT) services expanded from two to four sessions a week to meet growing demand and to carry out new procedures such as allergy testing.

"I am very, very happy with your service because everyone here performs their responsibilities fully - even the gate security staff. May you continue your good work with your kind hearts."

Patient at the Private Clinic



Community Programmes

CCBRT Community Programmes operates in different parts of Tanzania, with dedicated referral centres in Dar es Salaam and the House of Hope in Moshi. In 2012, a variety of successful CBR activities were coordinated from these two centres. CCBRT approaches its activities within Community Programmes in accordance with the WHO-CBR guidelines, focusing upon health, education, livelihood, social inclusion and empowerment.

Focus and developments 2012

- Extensive team building and training for occupational and physiotherapists
- Increased focus on collaboration with other departments to deliver comprehensive, holistic services
- Encouraging community ownership of the treatment process
- Educational sessions for children with and without disabilities, to foster understanding and reduce discrimination

On 25th October, the first ever World Spina Bifida and Hydrocephalus Day, CCBRT was awarded a certificate of appreciation from the Association for Spina Bifida and Hydrocephalus in Tanzania. The award was presented to CCBRT for its outstanding contribution to children with spina bifida and hydrocephalus in the country.

Health

Community Based Rehabilitation 2012	Number	Full year target
Home visits (DSM & Moshi)	7,128	4,500
Support unit sessions (DSM)	514	450
Support unit clients (DSM)	2,778	4,000
House of Hope clients (Moshi)	1,172	1,060
Clients attending weeks of intensive training (Moshi)	363	495
Assistive devices for children with disabilities (DSM & Moshi)	591	560
Children assessed at special seating clinics (DSM & Moshi)	301	334
Patients seen at mobile clubfoot clinics (DSM)	532	300

Disability and HIV/AIDS

The three-year PEPFAR-funded project jointly implemented by CCBRT and CBM was officially closed with a conference on 19th January. The project aimed to ensure people with disabilities are included in HIV/AIDS strategies in Tanzania and was implemented in 15 districts of mainland Tanzania.

Project highlights

- Over 45,000 Tanzanians, the majority of whom were people with disabilities, were reached through awareness raising activities
- 8,000 people received HIV counselling during the project
- Capacity building provided to healthcare workers, deaf counsellors and peer educators
- 51 health facilities were adjusted to make them more accessible to people with disabilities.



Highlights from Dar es Salaam

At the centre of developments was the mobilisation of parents and caregivers in the treatment process, with a focus on engendering a sense of responsibility for care within communities. With greater emphasis on holistic care, staff in support units started to use more play, music and stimulation activities. This has led to greater client satisfaction and more parent/caregiver involvement.

The mobile clubfoot clinic continues to be very active in the community, attending to 532 patients during the year and exceeding the annual target by 77 per cent.

Highlights from Moshi

CCBRT Moshi enjoyed a busy 2012, with 27 per cent more clients attending the House of Hope than in 2011. The special seating clinic exceeded its target for children assessed, and weeks of intensive training were well attended. In 2012, CCBRT Moshi visited 611 individuals in their homes. Through partnerships with local churches, the Building a Caring Community programme saw 82 clients in the community.

Through initiatives in the community, 318 patients were referred for consultations at local healthcare

facilities. Of these, 17 received treatment for fistula, 19 for clubfoot, 24 for bone deformities/burn contractures and a further 18 for cleft lip/palate.

In August, the Moshi team handed over Shirimatunda Dispensary, one of 51 health facilities adjusted to make them more accessible to people with disabilities, to the Lord Mayor of Moshi. The Lord Mayor, Japheri R. Michael, expressed his gratitude for the work. CCBRT Moshi and its partners also ran a disability and rehabilitation awareness creation workshop to assess current rehabilitation services in the Kilimanjaro region.

A woman with dark skin and short dark hair, wearing a colorful patterned top, holds a young child in a red shirt. They are in front of a mural depicting a person in a wheelchair and another person standing. The name 'JOYCE' is written in white capital letters over the woman's chest.

JOYCE

Joyce lies in her mother's arms, unable to support herself and with little control of her muscles. They are outside the physiotherapy room at the House of Hope, CCBRT Moshi, waiting for another session of exercises and problem sharing. Joyce has cerebral palsy and this is the first time mother and daughter have attended a week of intensive training, during which the parents and caregivers of children with disabilities are shown how to care for, and treat, their children.

For Mama Joyce, the journey has been long and painful. After a prolonged labour, her silent and weak baby was in an incubator for five days before they were sent home. Over the coming months, it was clear that Joyce's neck was not strong and she could not lift her head. A visit to a local hospital confirmed that Joyce had cerebral palsy.

Coming to CCBRT Moshi has already made a great impact. "It is true that this is the House of Hope," she says. "Before I came to CCBRT, I used to lock myself inside and cry every day. I asked myself why I'm being punished as I never saw any other child like mine. When I arrived here, I realised that it is not a punishment and I am not alone."

Joyce is also being provided with a wheelchair fitted exactly according to her needs. Mama Joyce says that this is going to make looking after Joyce so much easier, and that her daughter is responding well to the exercises shown to them.

"I want to thank CCBRT and its partners for this amazing wheelchair. Joyce is getting so much heavier as she gets older, and I can hardly lift her any more. With this wheelchair, I will be able to move her around with ease and my daughter will maybe one day be able to move herself," she says.



A day in the life of a Community Rehabilitation Worker

On the 2nd October 2012, two members of the CCBRT team from Dar es Salaam visited our CBR Programme in Moshi. They spent the time accompanying a Community Rehabilitation Worker and Occupational Therapist on their field visits. The first appointment of the morning was to a Building a Caring Community centre (BCC).

Run by the Lutheran Church and staffed entirely by volunteers, BCC is a series of care centres for children and young people with disabilities. These centres ensure that parents are able to leave their children in safe hands while they go to work, making it easier for them to provide for their family. Aged between 3 and 25 years, all of the clients at the centre have varying degrees of developmental and physical disabilities, from conditions affecting learning and communication to the severe developmental and physical effects of cerebral palsy. Community Rehabilitation Workers and Occupational Therapists visit BCC centres to provide support to the volunteers with the exercises and training that will help to enhance the client's standard of living. The Community Rehabilitation Workers and Occupational Therapists fit into the centre's daily routine, helping with feeding the clients and joining in with prayers and singing. In between scheduled activities, the visitors spend time with each client, working on exercises aimed in these particular cases at improving coordination, range of motion and muscle strength.

"This particular centre is a brilliant reflection upon the work done by the Lutheran Church in partnership with CCBRT for children and young people in Moshi with disabilities. Not only do they care very deeply for their clients, but they are also helping to support the client's parents and wider family as they cope with the demands of raising a child with a disability", said one member of the Dar es Salaam team

After spending the morning at BCC, it is time to visit various homes in the community to follow up with clients from CCBRT Moshi. The aim of these visits is to see how the clients and their families are recovering from surgery and are coping with the equipment or exercises given to them during their week of intensive training or outpatients appointments. Of the 4 houses visited in a single day, only 1 client was at home, but it is a very important service that CCBRT Moshi will continue to provide despite its obstacles.

The second visitor from Dar said, "At the end of our day in the field we were under no doubt that Community Rehabilitation Workers play a vital role in the community. Their visits and their willingness to share their expertise and educate the people they meet daily ensures that clients and caregivers alike are given the support and guidance they need to be able to seek the best level of treatment and provide the best level of care."

Mobile Outreach

The CCBRT Mobile Outreach team visits the under-served rural areas of Tanzania providing surgical and non-surgical services and raising awareness about the availability of treatment. The team works closely with local partners to build their capacity to identify and treat patients. This ensures that CCBRT's work is sustainable and that its reach extends across Tanzania. At surgical outreach clinics, patients are screened and treated onsite wherever possible, preventing unnecessary and costly travel.

Programme highlights

- 20,420 people seen by the Mobile Outreach team
- 570 of these received treatment at CCBRT Disability Hospital
- A further 1,168 had operations at partner hospitals
- 26 non-surgical and five surgical clinics took place

Mobile outreach activities 2012	
Total number of patients seen	20,420
Referrals to CCBRT Disability Hospital	570
Total operations on surgical outreaches	301
Operations at Kabanga hospital (Kigoma)	604
Operations at Bombo hospital (Tanga)	263
Total surgeries from outreach activities	1,738

Paediatric surgical outreach in Mwanza

Two very successful surgical paediatric outreach trips to Mwanza were carried out in June and November. They were held in partnership with teams from Mwanza Regional Medical Health, Sekou Toure Regional Hospital and KCMC, with cataract surgeons from Sengerema and Musoma. CCBRT saw 586 children, treated 136, and referred 33 for treatment at the Disability Hospital or other local facilities.

Capacity building

In order to build capacity in more remote areas of the country, Mobile Outreach trained 146 village health workers during 2012. The health workers were trained in detection of a range of impairments and were instructed on how to refer patients to the appropriate facilities.



When Fabian awoke after his operation he was furious with his father. The eight year old believed that the doctors had removed his eye. Of course, he was wrong. Fabian had just received sight-restoring surgery for cataract on his right eye following his consultation with CCBRT doctors during the paediatric surgical outreach trip to Mwanza. With reassurance from his father and medical staff, he started to believe that, when the bandages were removed, he would have clearer sight than ever before.

Today, with the bandages gone, Fabian is standing outside the hospital looking around him. He puts a hand over his left eye to make sure that this miracle is true: he really can now see with his right eye and – with both eyes working – Fabian's sight is better than ever.

Fabian's father, who brought him to the hospital after hearing a radio announcement, explains why he was so concerned for Fabian. "I was worried about my son's future. He is bright at school but I thought his future would be ruined if he became completely blind. My family sold a goat so that we could afford the fare to the hospital, and I am so glad we did. Now Fabian's sight is restored and I thank CCBRT and its partners for that," he says.

Education

CCBRT's education programme focusses upon the integration of children with disabilities into mainstream schools. Access to education remains a major challenge for children with disabilities, yet it is essential to their future independence and participation in community activities. In both Dar es Salaam and Moshi, the programme aims to increase the number of children in schools and the accessibility of the school environment for those with impairments.

Programme highlights

- 822 children with disabilities supported in schools in Dar es Salaam and Moshi
- 95 children with disabilities enrolled in schools for the first time
- 438 school visits carried out by CCBRT this year
- 350 teachers trained by CCBRT on disability issues and managing the specific needs of children with disabilities in the school environment



Livelihood and Economic Empowerment

Manzese Day Care Centre

Since 2009, Manzese Day Care Centre has provided rehabilitation for children with disabilities whilst creating income generating opportunities for their mothers. Over the years, 58 children (24 girls and 34 boys) have enrolled, with 21 attending on a regular basis in 2012.

During the year, CCBRT trained 106 mothers and caregivers from the day care centre and CCBRT support unit in entrepreneurship skills and distributed 53 start-up kits to enable them to commence their own businesses. The range of businesses started includes kiosks and retail shops, food vending, and tailoring and textile activities. Intensive follow-up is offered to provide continuous support.

Measurements of household income levels – as reported by the mothers and caregivers before and after the training and distribution of start-up kits – show an average increase of monthly income of over 400 per cent.



A community committee, facilitated by CCBRT, met regularly to discuss the sustainability of the centre and to oversee community health education sessions with follow-up. Workshops for children in the Manzese area brought children with and without disabilities together to sensitise children about different types of disabilities and educated them on the needs of those with a disability.

Activities at Mbagala Day Care Centre, run by CEFA, continued to support children with disabilities and provided income generating activities for their parents and caregivers.

On 3 December - the International Day of Persons with Disabilities - 400 primary school children participated in a parade to display messages relating to disability and inclusion. Joined by the popular Tanzanian musician Mrisho Mpoto, the children sang, danced and listened as the singer taught them about the importance of accepting people with disabilities and removing obstacles to education and healthcare.

Mabinti Centre

November 2012 marked the fifth anniversary of the Mabinti Centre, CCBRT's project that provides former fistula patients with training in screen-printing, sewing, beading and crochet. The aim of the programme is for trainees to graduate with the skills and confidence to become financially independent entrepreneurs.

In December, 16 women graduated after completing a year of training. In addition to their craft skills, they left the centre with improved skills in business planning, marketing and English as well as life skills such as HIV/AIDS prevention. During a four week dressmaking course, the trainees learnt how to work with fabrics, develop designs and create a range of dresses. Tailoring is one of the most valuable skills a woman can have in Tanzania, and the course gave them a strong business foundation.

At the end of their Mabinti training, each graduate was given a starter kit containing a sewing machine, scissors, and a supply of fabric. Former graduates were offered ongoing support and were able to visit the

centre for advice or to use the facilities. Home visits to graduates throughout the year allowed for progress to be monitored.

The Mabinti trainer in beading and crochet, who was treated for fistula at CCBRT in 2011, visited CCBRT twice a week in 2012. The trainer taught crochet to patients and caregivers, providing a focus during recovery. In 2012, 791 patients and caregivers participated in the lessons.



Collaboration with Radar Development

The partnership with Radar Development continued in 2012, with joint activities through the European Union funded 'EmployAbility' project. Unique in Tanzania, Radar

Development offers recruitment services for people with disabilities. During the year, 140 new candidates were registered on the recruitment database, bringing the total registered to 1,140. 45 people with disabilities were placed in jobs in 2012. Radar Development worked closely with CCBRT's Advocacy Unit throughout the year to address the physical and attitudinal barriers faced by those with disabilities when seeking employment.

Partnership with CEFA

Italian NGO CEFA, Radar Development and CCBRT shared the successes of the project "LESS is more: Labour, Empowerment and Social Services for vulnerable groups in Dar es Salaam" at the final project conference in June. The project provided social services and economic opportunities for marginalised people to enter the labour market.

The project, lasting for three and a half years, achieved the following results:

- 308 people were trained in cooking, housekeeping, carpentry, arts and crafts, and tailoring (166 by CEFA & 142 by the state-run Yombo vocational training centre)
- 33 per cent of CEFA graduates entered full time employment
- 41 graduates received kits (for carpentry, tailoring, baking, electrics, arts and crafts) to start their own businesses
- 32 private sector enterprises (hotels, restaurants, bakeries and cleaning companies) offered apprenticeships to 'LESS is more' graduates.
- 260 companies were sensitised on the legal position following the Persons with Disabilities Act 2010
- 3.3 million people were reached by a media campaign (TV, radio, billboards and magazines) in the Dar es Salaam region.

Orientation and mobility

In 2012, 77 irreversibly blind adults (40 male, 37 female) were enrolled in the intensive orientation and mobility training. CCBRT specialist Community Rehabilitation Workers visited them over a 7 month period in their homes. The training gave them the independence and mobility to carry out income generating activities.

Empowering parents and caregivers

Through trainings and meetings in Dar es Salaam and Moshi, a total of 1,557 parents and caregivers of children with disabilities acquired a range of skills and knowledge to facilitate their role as carers. Fathers of children with disabilities attended days dedicated to their concerns, ensuring the involvement of both parents.

Fathers from support units formed a union and, as a result of lobbying, managed to secure a donation of 50 wheelchairs for children with disabilities.

At CCBRT Moshi, 65 fathers of children with disabilities shared the challenges they face. They also discussed their childcare responsibilities and received information on community funds and family planning.

Social inclusion

In 2012, 1,030 people took part in four sports days organised by Community Programmes. During the events, participants enjoyed various sports events and social interaction whilst the CCBRT team undertook awareness raising activities to educate the community about disabilities and to address stigma. In addition:

- 190 individuals received supportive counselling
- 151 adults were given legal counseling.
- 55 females and 48 males were provided with marriage or family counselling



Building Capacity

Committed to sustainability and continuous improvement, CCBRT provides training opportunities on an ongoing basis to:

- CCBRT staff
- External trainees from relevant backgrounds
- People with disabilities
- Parents, caregivers and teachers of children with disabilities
- Community workers

Internal training highlights

CCBRT is dedicated to building the skills and expertise of its staff. Opportunities to attend courses, conferences and events are offered along with regular training. In 2012, the following activities took place:

- A low vision doctor attended specialist training in India
- A theatre assistant travelled to India for a one month course on theatre instrument care

- Eye nurses participated in weekly in-house training provided by senior nurses, assistant medical officers and ophthalmologists. The focus was on clinical practice, quality of care and communication skills
- Junior doctors and nurses were trained in anaesthesia by a senior anaesthetist
- The visits of specialist doctors from overseas provided doctors and nurses with up-to-date skills and methodology
- Physiotherapists attended a two-week long training, facilitated by CCBRT's partner LIVIT, on the correction of different impairments using different devices. They also received training on wheelchair set up and the use of other orthopaedic supplies by Motivation.
- The collaboration with SFD (ICRC's Special Fund for the Disabled) continued to be very beneficial for the improvements of the services provided through the Prosthetic and Orthotics department.
- Two doctors continue with their training to become orthopaedic surgeons



External training highlights

During 2012, around 5,000 individuals received training through CCBRT. This includes those who came to CCBRT on fellowships or for research; training for those involved in disability (teachers, village healthcare workers, parents and caregivers); and intensive weeks of training for parents. Among them:

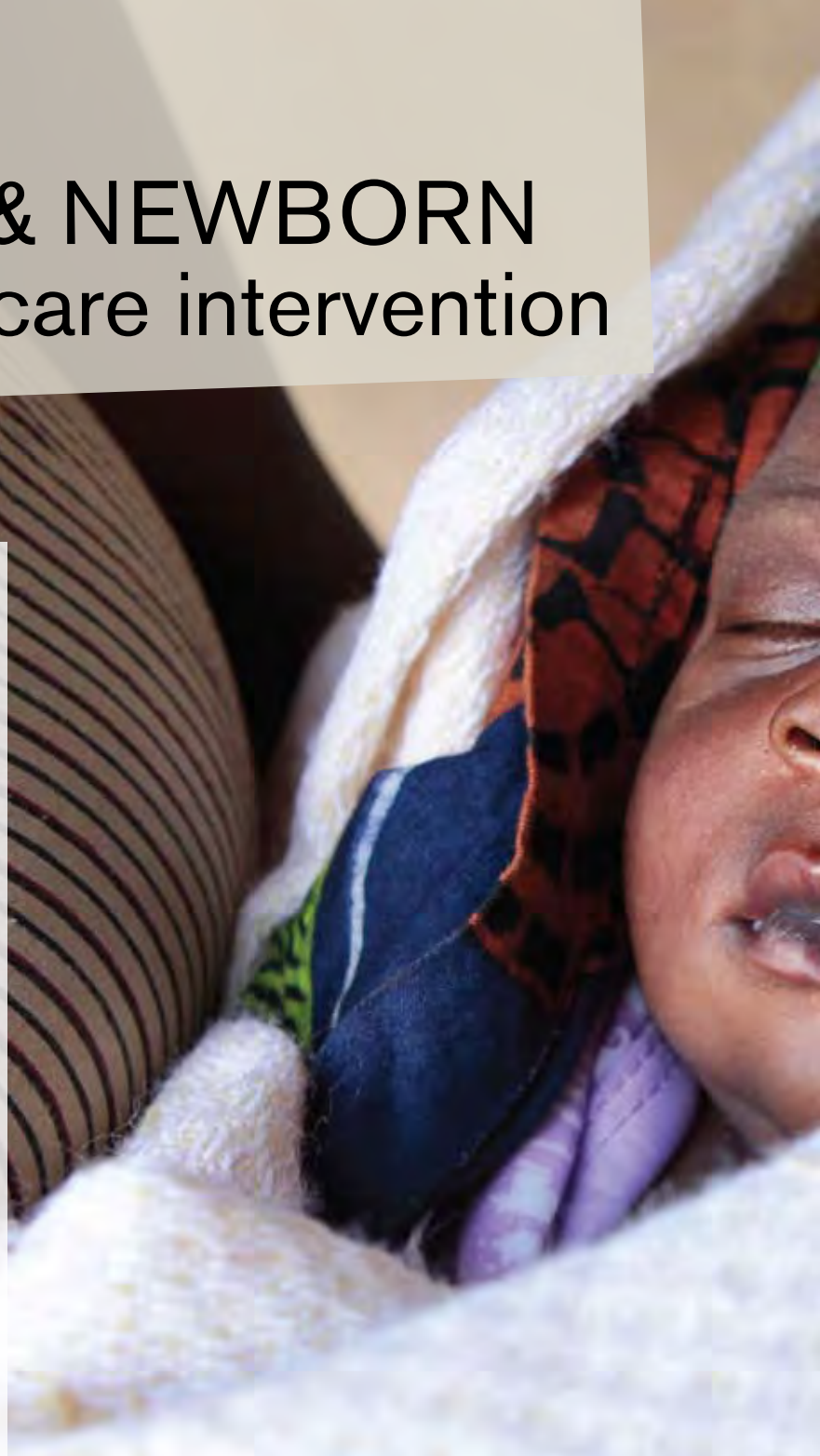
- Four assistant medical officers completed cataract surgery training, gaining experience and exposure from CCBRT professionals
- Eight students learnt about eye treatment registration and record management at the Private Clinic
- Two students from the US and three students from the Tanzania Training Centre for Orthopaedic Technologists acquired skills in the physiotherapy department
- 77 blind adults gained independence and mobility through orientation and mobility training
- 146 village healthcare workers were educated on the correct identification and referral of people in need of treatment
- 48 nurses and 56 doctors were trained in BEmONC
- 350 teachers were educated on disability awareness and the needs of students with disabilities in the learning environment
- 791 patients, parents and caregivers of children with disabilities were taught crochet skills at CCBRT
- Over 3,000 people with disabilities, parents and caregivers of children were trained by Community Programmes during special trainings, weeks of intensive training and at support units.



MATERNAL & NEWBORN healthcare intervention

In 2010, CCBRT started its Maternal and Newborn Healthcare intervention in an effort to both address maternal and newborn mortality and intensify the prevention of disability. CCBRT's intervention takes a two-pronged approach: capacity building and the construction of a maternity and newborn hospital. As the construction of the CCBRT Maternity and Newborn Hospital has progressed, the capacity building programme has made great strides in improving existing MNHC services in the Dar es Salaam region. The need for the programme is great, and its achievements to date are many. Maternal and Newborn Healthcare is central to CCBRT's work now and in the future.

There are several key issues that contribute to Tanzania's ranking as one of the ten highest contributors to global maternal mortality rates. Dar es Salaam is facing an urban challenge with issues including overcrowded facilities, a lack of human resources, inadequate skills and poor adherence to quality standards, inadequate infrastructure and equipment to deliver quality care and increased risk of infection, limited availability of emergency services due to insufficient designated theatres and support services, and myths and misconceptions on maternal health due to limited health education and awareness.





Achievements to date in the Dar es Salaam region

- 8 per cent (from 5.5 per cent) of public health facilities in Dar es Salaam now provide 24 hour comprehensive emergency obstetric and newborn care.
- Designated theatres for maternal health have increased from 4 to 7.
- Caesarean sections have increased from 4.6 per cent to 7 per cent. At one facility, the number of Caesarian sections rose from 11 in 2011 to 540 in 2012.
- The percentage of deliveries in Dar es Salaam taking place at lower level facilities in the MNHC programme has increased from 7.8% (2008) to 27.2% (2012) contributing to decongestion of the three regional hospitals.
- Reduced infection risk, improved screening and timely intervention through efficient patient flow due to redesign of facilities.
- 169 healthcare professionals trained in BEmONC.
- Training delivered on the top five causes of maternal deaths.

Capacity Building Programme

The aim of the MNHC capacity building programme is to improve skills and infrastructure in the existing health system and to strengthen the health education of the public, working in close collaboration with the Regional Health Management Team. Based on assessment, a comprehensive programme was designed including training, investments in infrastructure and equipment, continuous follow-up, mentoring and coaching. The programme has been working with 16 of the 94 government health facilities in Dar es Salaam. The 16 designated facilities have the highest volume of patients, jointly covering about 80,000 deliveries per year. This equates to 78 per cent of all facility-based deliveries in Dar es Salaam. During 2012, there was a marked improvement in the quality of MNHC services available at public health facilities in Dar es Salaam.

Training

Building the capacity of MNHC professionals is central to the programme. Only with skilled midwives and support staff will maternal and newborn mortality rates be reduced and impairments such as fistula be prevented. Over the year, the following training was provided by the MNHC team:

- 48 nurses and 56 doctors trained in BEmONC
- 44 doctors refreshed their Essential Surgical Skills
- The Perinatal Education Programme (PEP), which started in December 2011, ended in March. 23 participants passed the international PEP exam at the end of the course
- 109 staff from quality improvement teams participated in a refresher course
- 20 facility management members and 50 healthcare providers trained in Kangaroo Mother Care
- Special modules were delivered to address skills gaps: antenatal care (152 nurses); resuscitation and postnatal care (168 nurses); partograph use (224 nurses); and a special module for pharmacists (19 participants). On the job coaching and mentoring continued throughout 2012
- 12 students graduated from the first group of healthcare workers on a one year anaesthetics course at Muhimbili National Hospital. A new group of 12 students started in August

- 95 traditional birth attendants, whose skills are required in remote areas of the Dar es Salaam region, were orientated on disability awareness, identification and referral.

Improvement of infrastructure and equipment

In 2012, full renovations were completed at 3 different sites, with new equipment and improved patient flows ensuring higher quality care. Regular internal and external assessments revealed the gaps in essential medical equipment. Through the programme, a range of essential medical equipment was procured and distributed including autoclaves and delivery kits.

Awareness raising

Throughout the year, awareness raising on disability, the myths and misconceptions surrounding it and the accessibility of maternal and newborn healthcare services was provided to:

- 94 facility healthcare workers
- 400 community healthcare workers
- 78 community leaders
- 17 municipal engineers
- 89 healthcare facility governing board members

The team also arranged for 15 TV and 14 radio spots to be aired on accessibility.

Data and referral management

Data management and strengthening and the routine data collection on maternal and newborn health at the 16 facilities continued in 2012. A first assessment of the referral system for maternal health commenced at the end of 2012. The assessment not only looks at the internal referral within facilities, but also between the facilities and higher level facilities.

Disability inclusive maternal healthcare

CCBRT's Advocacy Unit, in collaboration with the Regional Health Management Team, conducted an assessment of the 16 health facilities to review the

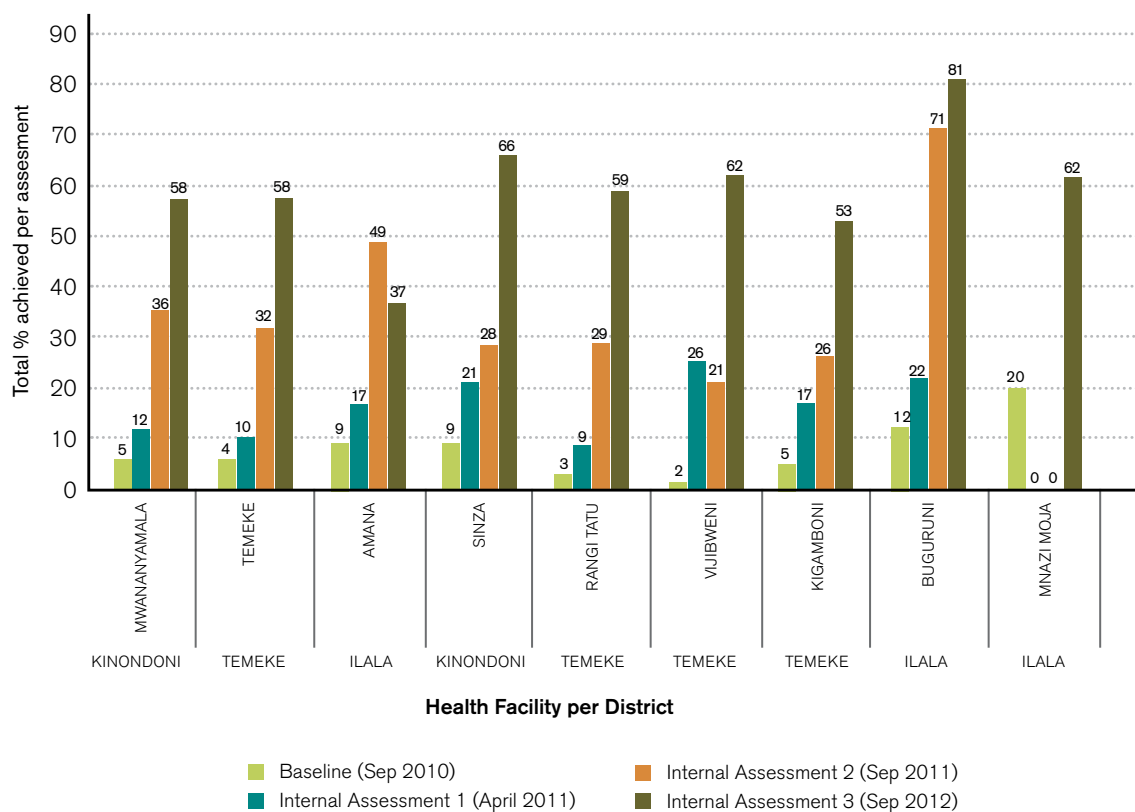
Quality of care

accessibility of the infrastructure for people with disabilities. A plan for improving accessibility will be implemented over the next two years.

In December, a total of 40 nurses from the reproductive health clinics and labour wards of the 16 facilities received lessons in sign language to enhance their communication with deaf and hearing impaired patients.

A third standard based management and recognition assessment (a tool that measures the quality of care through specific checklists that assess all standards in maternal and newborn care) was carried out at the 16 health facilities, with all sites showing an average improvement from 25 to 53 per cent. Buguruni Health Centre achieved a score of 81 per cent, becoming the first nationally recognised site for excellence in safe delivery.

Standard based management & recognition (SBMR) scores maternal & newborn health for the 8 largest public facilities in Dar es Salaam in the MNHC Programme



A regional advocacy meeting brought together regional and municipal government leaders and healthcare administrators to discuss the progress and challenges in closing persistent gaps in MNHC services in the Dar es Salaam region. The Regional Commissioner of Dar es Salaam was present and the meeting succeeded in getting the political support needed to prioritise the issues.

"Since the Regional Capacity Building programme began in 2010 we have seen tremendous improvement and vivid results. persistence and patience is paying off."

Dr Kawawa, Coordinator of the Regional Capacity Building Programme for Maternal and Newborn Health.

CCBRT Maternity and Newborn Hospital

Construction

Construction in 2012 continued according to plan and, following extensive fundraising efforts, all funds for the construction and equipment of a six block facility have now been committed. By the end of 2012:

- The construction of superstructures for blocks four, five and six had made excellent progress.

- New incinerators were installed and had already been used by the Disability Hospital
- The new support service yard was created
- The kitchen and canteen were close to completion

It is anticipated that the CCBRT Maternity and Newborn Hospital will be operational towards the end of 2014.



Human Resource planning

A consultancy firm commenced the development of the Human Resource strategy for the Maternity and Newborn Hospital to define the structure, roles and reporting lines of the hospital as well as the skills and capability levels required for all staff.

CCBRT created an internal task force to further develop and implement the strategy, and to map the recruitment system. This includes recruitment procedures for hiring

national and international staff, the identification of training schools, and the possibility of scholarships to boost the numbers of graduates.

National staff will be employed wherever possible. However, international staff will be required initially due to the shortage of particular medical expertise in the country. Over time, the in-service training programme will enable CCBRT to develop the skills of national staff. This programme is one of the Maternity and Newborn Hospital's key features.



December 2011



July 2012



December 2012

Striving for AN INCLUSIVE SOCIETY

2012 was a year of enormous success for CCBRT's Advocacy Unit, whose goal is to empower people with disabilities in all areas of social and economic life and to promote inclusive development in Tanzania.

Inclusive access

As a result of activities carried out by CCBRT and other stakeholders, the Regulations for the Persons with Disability Act of 2010 were issued, making authorities accountable for the inclusion of people with disabilities in all development and service delivery processes.

On 11th December, CCBRT presented the first ever Disability Inclusiveness Award at the Association of Tanzania Employers' 'Employer of the Year' 2012 awards. President of the United Republic of Tanzania, His Excellency Dr Jakaya Kikwete, was present at the event. CCBRT and Radar Development, through the 'EmployAbility' project, created this new category to encourage more companies to take an inclusive approach to the employment of people with disabilities.



All employers with 20 or more employees are to reserve at least 3% of the registered jobs for persons with disabilities".

Persons with Disabilities Act, 2010



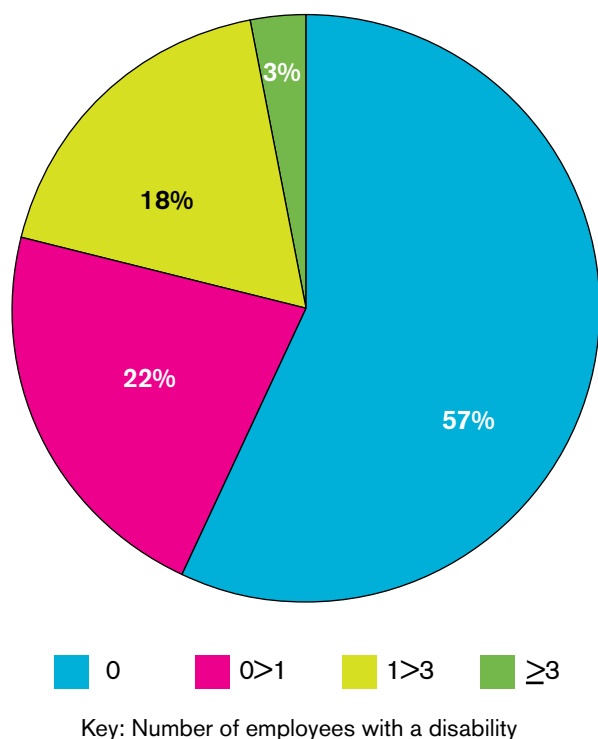
"CCBRT and its partners are transforming words into deeds, translating well drafted policy documents into real action on the ground."

His Excellency Lennarth Hjelmåker, Sweden's Ambassador to Tanzania

Through the European Union funded 'EmployAbility' project, in partnership with Radar Development, three surveys were conducted to assess levels of employment for people with disabilities.

1. **Health sector:** 17 out of the 738 employees (2.3 per cent) captured by the survey had a disability.
2. **Education sector:** 519 out of the 24,555 teachers (2 per cent) captured by the survey had a disability.
3. **Private sector:** 86 out of the 20,568 employees (0.4 per cent) captured by the survey had a disability.

EmployAbility Survey: Proportion of companies employing people with disabilities. (Private Sector)



The surveys also revealed low levels of awareness about disability legislation amongst employers.

"We would like to employ people with disabilities but we don't know how to encourage them."

Human Resources manager, Arusha

Capacity Building

The CCBRT Advocacy Unit conducted a number of trainings in 2012 to enhance the skills of stakeholders:

- To disabled people's organisations, enabling them to conduct research on disability related issues and improve their lobbying and advocacy strategies.
- To Government officials at a disability awareness training workshop emphasising the need to include people with disabilities in development processes.
- At health facilities in Mtwara and Dar es Salaam region, providing health workers with a better understanding of disability and how to improve the accessibility of health services for people with disabilities.
- To health workers in Dar es Salaam.

A member of the Advocacy Unit represented CCBRT at the UN Special Rapporteur on the Human Right to Safe Drinking Water and Sanitation in Geneva, the European Instruments on Democracy and Human Rights Forum in Brussels and at CBM's General Assembly in Germany.

Media Campaigns

In collaboration with Tanzania Broadcasting Corporation (TBC), CCBRT organised various TV programmes and sign language interpretation during news programmes during the International Week of the Deaf. The team lobbied for budget allocation for sign language interpretation for programmes, such as news bulletins, speeches from government officials and parliamentary debates.

TV and radio spots on the employment of people with disabilities were broadcast in December. The team also participated in various TV programmes in which issues related to disability were discussed including: the participation of people with disabilities in the constitutional review process; the importance of sign language for people with a hearing impairment and access to employment for people with disabilities and barriers to inclusion.

Publications

A handbook on the Rights and Entitlements of Employees with Disabilities in the Workplace was produced with Radar Development in both Kiswahili and English. The handbook will be used to inform employees with disabilities of their legal rights and entitlements at work as well as their responsibilities. A manual for employers was also developed to create awareness of the rights of employees with disabilities and the need to comply with legal requirements.



"The [people with disabilities that I have employed] came with enthusiasm and with commitment to do the job well. I really am happy with them... SCANIA is proud to be part of this great initiative and to give employment to those who were for too long treated unfairly"

Magnus Karlsson, After Sales Manager at SCANIA Tanzania Ltd



Chapter Four

RESPONSIBILITIES OF VARIOUS STAKEHOLDERS IN PROMOTING EMPLOYMENT FOR PEOPLE WITH DISABILITIES

This chapter highlights key responsibilities of different stakeholders in promoting employment and better working conditions for people with disabilities.

4.1 Responsibilities of Trade Unions

The main responsibilities of the trade unions in relation to promoting and protecting the employment of people with disabilities include:

- To identify employees with disabilities and encourage them to join trade unions for better protection of their employment rights and entitlements
- To educate employees with disabilities about their employment rights and workplace obligations



NEWS FROM Headquarters

Management

2012 was a significant year for CCBRT's Senior Management Team, who oversaw the definition and launch of the 2013-2017 Strategy in collaboration with a range of stakeholders.

CCBRT also embarked on a journey towards 'lean management' in order to refine management processes and systems. A specialist trainer and mentor spent five weeks at CCBRT, introducing visual management and problem solving tools with a focus on leadership development. Visual problem management boards were installed by several departments with the aim of openly sharing challenges and solutions.

CCBRT's Deputy CEO, Haika Mawalla, went to the UK in October to undertake a one year Masters in Health Management. Her role is being fulfilled by the former Manager of Programme Development and Advocacy, Suzan Boon.

Governance

To ensure the ongoing good governance of CCBRT, the constitution and terms of reference for the Board of Directors were reviewed during 2012 and will be finalised and implemented in early 2013. A finance committee was established within the Board with the mandate to safeguard robust financial management of the organisation.

One General Assembly and four board meetings were held in 2012. In March, Hon Samuel J. Sitta (MP), Minister for East African Cooperation joined the General Assembly.

Finance

In order to improve transparency and efficiency across CCBRT's financial activities, the department restructured the chart of accounts and established a new cost structure. The structure has been simplified to better reflect activities within CCBRT. Budgeting for 2013 was zero-based and driven by planned activities rather than forecasts based on previous years.

Following his completion of an MBA in Finance at Coventry University in the UK, the Finance Director returned to lead the department.

CCBRT's SAP systems were also upgraded, and new licenses were acquired for the application.

Human Resources (HR)

As CCBRT continues to grow, it is vital that human resource management is underpinned by robust policies and procedures. In 2012, a new Director of Human Resources was recruited, accredited by the UK Association of Human Resources, to undertake the transformation of the department and a new HR team were recruited and trained. The team audited and updated all staff files and a review of the Human Resources Policies was launched to meet the changing needs of the organisation.

During the year, the job descriptions of all staff were reviewed and updated to better reflect their roles and to clarify CCBRT's structure. Internal Human Resources procedures have also been developed and will be implemented once approved.



Procurement and Supply Management

2012 was a year of transformation for the Procurement and Supply Management Department, which underwent many changes in order to improve efficiency and focus on service delivery.

Additional staff joined to facilitate these changes and continued support came from external consultants. Major developments in 2012 included:

- The development of a new procurement manual
- The introduction of a catalogue for standard, commonly used items
- The signing of framework contracts with suppliers
- The design of a new warehouse
- The introduction of a warehouse manual

These changes will be embedded in 2013, with the division of the department into two distinct sections with separate roles and responsibilities: a Procurement Department and a Supply Management Department.

Fundraising and the promotion of core funding

2012 was a year in which fundraising efforts were rewarded by the development of bilateral agreements with international partners and substantial donations from

the corporate sector. To ensure sustainable programmes, CCBRT further developed long-term partnerships and continued to encourage partners to provide unrestricted funding to support its core budget. To encourage individual donations, CCBRT's work was increasingly promoted through social media channels such as Facebook and Twitter.

Collaboration with the Government of The United Republic of Tanzania

CCBRT works in close collaboration and partnership with the Government of the United Republic of Tanzania. In 2007, CCBRT and the Government entered into a public-private partnership under which the Government provides a contribution towards Human Resources and running costs. In 2012, several Government representatives, including His Excellency Dr Jakaya Mrisho Kikwete, the President of the United Republic of Tanzania and Deputy Minister of Health and Social Welfare, the Honourable Dr Seif Rashid reinforced government support at CCBRT events. Furthermore, an advisory committee made up of representatives from the Government of the United Republic of Tanzania, CCBRT and the community was set up to oversee the implementation of the MOU. In 2012, this Regional Designated Hospital Governing Committee met 3 times.

Key Events in 2012

February

The President of the United Republic of Tanzania, His Excellency Dr. Jakaya Mrisho Kikwete, walked hand in hand with CCBRT, the Vodafone Foundation and Vodacom Tanzania to support the Moyo campaign in the fight against fistula¹. Over 200 people walked through the streets to CCBRT before gathering at the site of the CCBRT Maternity and Newborn Hospital. Walking with the President were Erwin Telemans (CEO, CCBRT); Andrew Dunnett (Director of the Vodafone Foundation); Dr. Willibrod Slaa (President of the Board of Directors, CCBRT); Mr. Rene Meza (Managing Director, Vodacom Tanzania); and Dr. Hadji Mponda (Minister of Health and Social Welfare). CCBRT's driveway was flanked by staff in their uniforms, clapping and cheering as the walkers arrived.



June

A breakfast meeting attended by ambassadors and members of the diplomatic community was held at CCBRT with Honourable Anne Makinda, Speaker of Parliament and Patron of CCBRT, as Guest of Honour. The meeting celebrated a record number of fistula patients treated at CCBRT and to witness the progress of the CCBRT Maternity and Newborn Hospital.



September

CCBRT hosted a 'Keeping the Promise' reception on the CCBRT Maternity and Newborn Hospital site. The event was held to close the funding gap necessary to implement the six block strategy of the new hospital. Guest of Honour, Deputy Minister of Health and Social Welfare, the Honourable Dr Seif Rashid and CCBRT's Patron and Speaker of the National Assembly of Tanzania, the Honourable Anne Makinda, praised CCBRT and CCBRT's CEO, Erwin Telemans, thanked all partners for their support.



November

In his second visit to CCBRT in 2012, His Excellency Dr. Jakaya Mrisho Kikwete, President of the United Republic of Tanzania, joined Mr. Rene Meza, Managing Director of Vodacom Tanzania, for the handover of a cheque worth USD 5 million. The funds were raised by Vodafone employees across the globe as part of Vodafone's Moyo Challenge. President Kikwete promised the continued support of the Government of the United Republic of Tanzania in the fight against fistula.



Kupona Foundation

CCBRT's US based Foundation, Kupona Foundation, had a highly successful year, more than doubling what was raised in 2011. Through two fundraising events, online giving campaigns, individual donations, and foundation and corporate support, Kupona raised US \$219,808 in 2012². Changes to the leadership of Kupona brought a new President and other new members to the board. Kupona's Advisory Board grew to include 10 individuals who lend support in marketing, events and building partnerships.

Communications

In 2012, the CCBRT Communications Department was divided into external and internal communications in line with the recommendations of an Organizational Capacity Assessment conducted by PWC in 2011. External communications focused on the development of social media networking in order to build CCBRT's profile. Two live Twitter feeds were set up during events, demonstrating CCBRT's commitment to communicating globally through technology.

A new internal newsletter, 'Pamoja', was launched to inform CCBRT staff about news, management messages and staff announcements. CCBRT staff also started to receive announcements via text message, a highly effective means of direct communication.

Communications Highlights

- 7 press conferences
- 39 television spots
- 3,176 radio spots
- 70 newspaper articles



Kikwete pledges to boost CCBRT

By ALVARO SWAKYUSA

PRESIDENT Jakaya Kikwete has renewed the government's commitment to continue working with the Comprehensive Community Based Rehabilitation in Tanzania (CCBRT) in provision of health services to the people.

Mr Kikwete made the remarks in Dar es Salaam yesterday when handing over a cheque of \$100,000 to CCBRT for treatment of women suffering from chronic fistula and construction of a brand new maternity and newborn hospital.

The new maternity and newborn medical facility is envisaged to cater for 15,000 people a year upon completion in 2014. It will deal with complicated maternal cases.



GET WELL SOON 'BABU': President Jakaya Kikwete seems to be telling little Kanani Masadi who Comprehensive Community Based Rehabilitation in Tanzania (CCBRT) Hospital at Mwanani in Dar es Salaam (second right) is the medical institution's Chief Executive Officer, Mr Erwin Telemans. (Photo by ...)

² Unaudited at time of publication

International Days celebrated

- International Women's Day (8th March)
- International Nurses Day (12th May)
- International Week of the Deaf (September)
- International Day of the Girl Child (11th October)
- World Sight Day (11th October)
- World Spina Bifida and Hydrocephalus Day (25th October)
- International Day of Persons' with Disabilities (3rd December)

Visitors

- President of the United Republic of Tanzania His Excellency Dr Jakaya Mrisho Kikwete
- Norwegian Minister of Health Anne Grete Strøm Erichsen
- President of European Commission Mr Barroso
- EU Development Commissioner Mr Piebalgs
- Stephane Houdet, No 1 Wheelchair Tennis Player in the World



FINANCIAL Summary

	Revised Balance FY 12 TShs '000'	Balance FY 11 TShs '000'
INCOME STATEMENT		
<i>Revenue</i>		
Revenue	21,844,971	13,619,436
<i>Expenses:</i>		
Operating expenses	11,119,377	10,886,837
Salaries/payroll expense	7,363,778	1,069,685
Total - Expenses	18,483,155	11,956,522
Balance / Surplus	3,361,816	1,662,914
BALANCE SHEET		
<i>Assets</i>		
Cash and cash equivalents	26,349,364	13,856,620
Accounts receivable	2,336,499	1,916,508
Inventory	1,821,267	1,387,635
Property, plant and equipment	10,552,891	3,851,867
Total - Assets	41,060,021	21,012,630
<i>Liabilities</i>	-	
Accounts payable	2,373,614	1,069,322
Deferred and unearned revenue	20,348,208	11,559,666
Total- Liabilities	22,721,822	12,628,988
<i>Equity</i>	-	
Share capital and other equity accounts	18,338,199	8,383,642
Total - Equity and Liabilities	41,060,021	21,012,630



Reflections on CCBRT strategy 2008-2012

CCBRT made strong progress against its strategic objectives between 2008 and 2012. The following is a summary of CCBRT's achievements over the past five years.

Contribute to the prevention of impairments and strengthen early identification

The Maternal and Newborn Healthcare (MNHC) capacity building programme and the establishment of the Maternity and Newborn Hospital progressed well, with the Maternity and Newborn Hospital due to open in 2014 and the capacity building programme successfully strengthening the services available at 16 government health facilities in Dar es Salaam.

Expand reach of services

The geographical reach of mobile outreach services were expanded, and the development of the ambassador network along with increased use of mobile money transfer technology have improved access to CCBRT services. Capacity building through the MNHC programme resulted in greater levels of early referrals to CCBRT. The mobile clubfoot clinic also ensured that more children with clubfoot were treated on a timely basis.



Strengthen quality of medical and rehabilitative services to ensure sustainable outcomes

Assessments and audits resulted in the establishment of a quality and safety unit, an anaesthesia department, and a focus on essential orthopaedics. Surgical outcomes are now measured against international standards. Quality standards in the maternal health facilities in Dar es Salaam have improved by an average of 20%.

Deliver comprehensive Community Based Rehabilitation

Community Programmes was restructured to align with the World Health Organisation CBR guidelines. Special seating clinics were established in Dar es Salaam and Moshi, with the major beneficiaries being children with cerebral palsy. Access to economic opportunities were increased through partnerships with other organisations and will be an important future focus.

Mainstream disability

The three year HIV/AIDS and Disability project improved access to HIV/AIDS information and services for people with disabilities and the establishment of the Advocacy Unit focused on promoting accessibility to, and inclusion in, mainstream services. This is vital following the ratification of the United Nations Convention on the Rights of People with Disabilities and the Persons with Disabilities Act 2010.

Build capacity

Training continued at CCBRT with fellowships introduced for ophthalmologists from across Africa and the training of those in the healthcare sector on the causes and prevention of disabilities, treatment available and referral processes. The MNHC programme trained 169 healthcare professionals in BEmONC.

Strengthen CCBRT's capacity and organisational processes

Diversification of income streams was achieved through the expansion and upgrade of the Private Clinic, local fundraising and the establishment of Kupona Foundation in New York. Investment in a HR department and more robust management systems were major developments and organisational restructuring followed an external assessment.

Looking Ahead

CCBRT's Strategy for 2013-2017

CCBRT's Strategy for 2013-2017 was launched at an all staff event in November, setting the direction for CCBRT in the next five years to ensure that it realises its vision and mission. The Strategy is the result of months of work in which a thorough review of progress against the 2008-2012 Strategy and an analysis of trends and changes in the contextual environment were carried out. Inputs were gathered from CCBRT service users, staff from different departments and at different levels, selected partners and external parties. It builds on previous successes and focuses on having a long-term impact on the community.

Strategic Priorities 2013-2017:

- Long-term impact
- Sustainable growth
- Capacity building
- Operational excellence

"These are the nurses we wish to meet each day. Happy faces, welcoming and loving. Keep it up."

"We appreciate the warm welcome. It makes us feel at home."

CCBRT patients on International Nurses Day



PARTNERS

CCBRT would like to thank all of the partners that made its work possible in 2012*:

Africa Life Assurance	Irish Aid
Alexander Forbes	Johnson and Johnson
Annabelle	Latter Day Saints Church
Australian Agency for International Development	Light for the World
Bank of Africa	KfW
Barclays Bank Tanzania Ltd.	Motivation
Canadian Academy of Psychologists in Disability Assessment	New Zealand Aid
Canadian International Development Agency	PEPFAR
Caritas	Price Waterhouse Coopers
CBM	Rotary Club
CEFA	Smile Train
Children in Crossfire	Stichting Hulp op Maat
Danish International Development Agency	Swedish International Development Cooperation Agency
Dar es Salaam Charity Goat Races	Swiss Agency for Development and Cooperation
DFID	The Charitable Foundation
Elma Philanthropies	The European Union
Embassy of Japan in Tanzania	The Government of the United Republic of Tanzania
Embassy of the Kingdom of the Netherlands	The Liliane Foundation
Gulf for Good	The Vodafone Foundation
International Committee of the Red Cross, Special Fund for the Disabled	Tigo
International Federation for Spina Bifida and Hydrocephalus	Twiga Cement
	United Nations Development Programme
	United Nations Population Fund

CCBRT would also like to thank all of the individuals and companies that made our work possible through donations or support for CCBRT events.



* Listed alphabetically



PATRON OF CCBRT

Hon. Anne Makinda
Speaker of the National Assembly of Tanzania

GENERAL ASSEMBLY

Dr. W. Slaa (President)
Mr. B.K. Tanna (Vice President)
Mrs. P. Machange
Mrs. R. Mollel
Prof. G. Mmari
Mr. E. Mnyone
Mr. K.W.D. Kihomano
Mr. J. Sutton
Dr. Kinasha
Hon. S. Sitta
Mr. E. Telemans

THE BOARD

Dr. W. Slaa (President)
Mr. B.K. Tanna (Vice President)
Mr. E. Telemans (Chief Executive Officer)
Prof. G. Mmari
Mr. E. Mnyone
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Any partners wishing to obtain copies of the photographs in this report should contact the CCBRT Communications Department via communications@ccbrt.or.tz

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