

# ANNUAL REPORT 2011

Changing Lives, Changing Communities



# FOREWORD

## From the President of the Board, Dr Willibrod Slaa

"I am delighted to comment on yet another great year for CCBRT which continues to achieve success after success not only in the field of treatment but also, importantly, in advocating for inclusivity throughout Tanzanian society. In 2011, over 11,000 life changing operations improved the lives of children, women and men and restored the dignity of those treated. In its tenth year, this is an outstanding achievement by the Disability Hospital.

It is with great pride that I have watched CCBRT reach out to the poorest of the poor across the country, restoring sight, improving mobility and repairing cleft lips and palates with great skill and care. Much effort has been made to utilise innovative methods of accessing those in need of treatment and the expansion of the use of mobile phone technology is particularly impressive. It is wonderful to bear witness to an organisation that seeks constantly to improve its services with a dedication to quality that is unsurpassed. For that, I thank all of CCBRT's committed staff, the government and other partners for their vital role in the organisation's successes and speak on behalf of the Board, all of whom richly agree.

The event held at CCBRT on 15 December was a particularly momentous occasion. Not only was it a day to celebrate the ten year anniversary of the Disability Hospital, but it was also the day on which the construction of the Baobab Maternity Hospital commenced. The ceremony to mark this great milestone was extremely moving for all who have worked tirelessly to ensure that this unique project succeeds. Already, the capacity building component of the maternal and newborn

healthcare programme has effected improvements in many facilities across Dar es Salaam, helping to protect the precious lives of mothers and newborn babies. The new hospital, when completed, will be a landmark facility and a source of great pride to the country.

Sustainability was a key component of the year, and the income generation created by the revitalised private clinic is a testament to CCBRT's wish to become more financially stable through independent means. The services offered by the clinic mean that more and more of those who cannot afford to pay can be treated entirely free of charge: this is equity in action. Equity is also the driver behind the advocacy unit, which achieved a great deal in 2011 towards the goal of creating a Tanzanian society in which all people have access to the same opportunities and services: particularly in the area of employment.

Let us not forget that CCBRT started in 1994 as a community based service. The great work that started then has continued, with the lives of thousands of children with disabilities transformed each year through rehabilitation and support. At support units, through home visits, and in intensive training and treatment programmes, children with disabilities and their families or caregivers receive assistance to become integrated into daily life. This is, indeed, essential to the creation of a truly inclusive Tanzania.

I take this opportunity to once again praise CCBRT's tireless work and wish the organisation another momentous year in 2012."



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# ACRONYMS

<b>AMO</b>	Assistant Medical Officer
<b>APDK</b>	The Association for the Physically Disabled of Kenya
<b>BEmONC</b>	Basic Emergency Obstetric and Neonatal Care
<b>BMH</b>	Baobab Maternity Hospital
<b>CBR</b>	Community Based Rehabilitation
<b>CCBRT</b>	Comprehensive Community Based Rehabilitation in Tanzania
<b>CME</b>	Continuous Medical Education
<b>CO</b>	Clinical Officer
<b>CP</b>	Community Programme
<b>CWD</b>	Children with Disabilities
<b>DH</b>	Disability Hospital
<b>DPO</b>	Disabled People's Organisation
<b>DSM</b>	Dar es Salaam
<b>H1</b>	The first half of the year
<b>H2</b>	The second half of the year
<b>HB/SB</b>	Hydrocephalus/ spina bifida
<b>HQ</b>	Headquarters
<b>HR</b>	Human Resources
<b>IEC</b>	Information, Education and Communication
<b>IPC</b>	Infection prevention and control
<b>JHPIEGO</b>	John Hopkins Program for International Education in Gynaecology and Obstetrics
<b>KCMC</b>	Kilimanjaro Christian Medical Centre
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MKUKUTA</b>	Mkakati wa Kukuza na Kuondoa Umaskini Tanzania (English translation "National Strategy for Growth and Reduction of Poverty")
<b>MO</b>	Mobile Outreach
<b>MoHSW</b>	Ministry of Health and Social Welfare
<b>MoU</b>	Memorandum of Understanding
<b>NGO</b>	Non-Governmental Organisation
<b>O&amp;M</b>	Orientation and mobility
<b>PEPFAR</b>	The U.S. President's Emergency Plan for AIDS Relief
<b>POU</b>	Prosthetic and Orthotic Unit
<b>PWD</b>	People with Disabilities
<b>RDH</b>	Regional Designated Hospital
<b>SBMR</b>	Standard Based Management and Recognition
<b>TATCOT</b>	Tanzania Training Centre for Orthopaedic Technologists
<b>UNCRPD</b>	UN Convention on the Rights of Persons with Disabilities
<b>VCT</b>	Voluntary Counselling and Testing
<b>VVF</b>	Vesico-vaginal fistula
<b>WIT</b>	Week of intensive training or treatment



# Executive SUMMARY

In the year of the tenth anniversary of the disability hospital, CCBRT continued to expand its services to the poorest of the poor and increased activities in all areas. The work of the organisation was facilitated by the great support of partners, visitors, the Board of Directors and General Assembly, and staff.

A significant development in H1 was the upgrading of CCBRT's status from that of a Regional Designated Hospital to the Super Specialist Hospital for the Eastern Zone. CCBRT shares this status with only four other hospitals in the country. This means that CCBRT should now be eligible for increased financial assistance from the government for salaries, consumables and equipment. CCBRT Disability Hospital and the future CCBRT Maternity Hospital together make up the Super Specialist Hospital for the Eastern Zone.

2011 was a year in which great strides were made within the Maternal and Newborn Healthcare programme. The capacity building phase continued in its training of midwives and other maternal healthcare professionals and was extended to include a further seven existing facilities, taking the total to 16. In December, the enabling works for the Baobab Maternity Hospital commenced and the groundbreaking ceremony for the hospital was held on 15 December along with the celebrations for the tenth anniversary of the disability hospital. The Honourable Anne Makinda, Speaker of the National Assembly of Tanzania and the Patron of CCBRT, was guest of honour at the event.

Other events of note included: a visit from Princess Astrid of Belgium and her husband, Archduke Lorenz of Austria-Este, in June; a partner forum, also in June,

during which ten of CCBRT's partners met to discuss developments at CCBRT; a visit from Mr Bob McMullan, the Australian Prime Minister's special envoy to Africa and the Australian High Commissioner to Tanzania, His Excellency Mr Geoff Tooth, in the first quarter; the launch of the Employability project on 22 September; and a visit from the CEO of Vodafone Group Plc, Mr. Vittorio Coalo, on 14 September.

With an ongoing strategy to ensure financial sustainability, CCBRT invested significant time in the growth of private clinic services and supported this with a dedicated website for the services available, an on-site optical shop and various marketing materials. This source of private income will enable CCBRT to continue its efforts to reach the most vulnerable in Tanzanian society on an ongoing basis.

CCBRT also addressed the environmental implications of sustainability in 2011. This was particularly prescient given the increased costs of fuel combined with rising numbers of power cuts, often for extended periods of time. In October, an 18 metre tall wind turbine made by students with disabilities and teachers from the Yombo Centre was inaugurated at CCBRT in order to generate green power for the hospital. This was the first of several steps planned for the site, including solar panels and solar powered water pumps.

Service delivery at the disability hospital was high throughout 2011, with notable successes in the focus areas of fistula and cleft lip/palate. During the year, 27 per cent more fistula operations than in 2010 and 8 per cent more cleft lip/palate operations were conducted. This was facilitated by strong awareness

raising campaigns and community outreach work, which resulted in accessing more of the most vulnerable people in the country. Innovations supporting these successes continued to develop, including the harnessing of mobile phone technology to transfer money for transport to patients living in remote areas through the network of 'ambassadors', trained to identify and refer those in need of treatment. In 2011, 70 new ambassadors joined the network, bringing the total across the country to 285.

The community programme also enjoyed a positive year, with increased emphasis on group CBR activities at support units rather than individual home visits. This enables the team to attend to a wider group of children with disabilities and their parents and caregivers and encourages those in need of support to work together. The programme in Moshi also enjoyed a strong year with high numbers of attendees at weeks of intensive training and even more focus on the special seating workshop, which continued to improve the quality of life of so many children and those caring for them.

The mobile outreach team was successful throughout the year. Highlights included the first surgical outreach trip to Pemba island by CCBRT for seven years. 54 patients had eye surgery during the week, 48 of these being for cataract. Additional surgical outreach trips also made a strong impact in the communities in which they took place.

Whilst accessing the poorest of the poor and the most vulnerable in society remains a challenge, CCBRT has made great progress in raising awareness in communities. Substantial resources have been allocated to materials designed to facilitate this including posters, radio airings,

newspaper supplements and events. The ongoing use of Vodacom M-PESA money transfer system has also ensured that CCBRT can overcome the major barrier of transport costs, so truly reaching out to the poorest.

CCBRT made a significant impact through its activities during the year, changing the lives of many of the most vulnerable people in Tanzanian society. This is summarised below.

- 9,242 eye operations
- 1,845 rehabilitation operations
- 362 fistula operations
- 3,980 children seen by community programme
- Over 3,000 children with disabilities and their parents and caregivers trained or educated

Advocacy activities grew throughout the year with research, lobbying, policy work and networking to ensure that CCBRT is playing a positive role in the advocacy arena on behalf of people with disabilities. Activities were particularly strong in the area of employment, in which CCBRT linked with Radar Development for the Employability project to encourage companies to recruit people with disabilities and to support the adaptations required to become accessible workplaces.

Below is a detailed review of our activities for 2011. We are delighted to share with you the challenges and successes of our extensive work in 2011.

A comprehensive 2011 workplan for the organisation is available on CCBRT's website.



# INTRODUCTION

Comprehensive Community Based Rehabilitation in Tanzania (CCBRT) is a locally registered non-governmental organisation (NGO) first established in 1994. It is the largest indigenous provider of disability and rehabilitation services in the country. CCBRT comprises 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. Every year, around 120,000 adults and children with disabilities (CWD) and their caregivers achieve a better quality of life through CCBRT services.

In a public-private partnership with the Government of Tanzania, CCBRT will add to its existing services by offering much needed mother and infant healthcare through its new maternity hospital, Baobab Maternity Hospital for which construction started in December. CCBRT Disability Hospital and Baobab Maternity Hospital together form the Super Specialist Hospital for the Eastern Zone. CCBRT is eligible for government support on staff salaries and medical consumables.

## **CCBRT's overall aim is:**

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 / 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 persons with disabilities.

This report illustrates CCBRT's activities for the year 2011, looking at headquarters, the disability hospital, community programme, Baobab Maternity Hospital and, finally, training activities.







# HEADQUARTERS

## Overall management, human resources, finance and administration

2011 was a year of consolidation at CCBRT, following from the development in 2010 of policies and procedures to support human resources and overall management. Media interest in the organisation continued and CCBRT welcomed many guests from within Tanzania and from overseas. Cost-saving measures continued to be implemented to ensure sustainability and efficiency throughout the organisation. Standardised Accounting Procedures (SAP), introduced in 2010, demonstrated its efficacy with enhanced interface between all departments.

The senior management team met regularly to offer support to the CEO and the Deputy CEO in the daily management of CCBRT. The team provides feedback and suggests ways forward in the face of challenges and has become an essential element of the management of the organisation since its inauguration in 2010.

### Organisational review

During the year, CCBRT underwent a full organisational review with management consultants from Pricewaterhouse Coopers (PwC). The review was driven by The Technical Assistance New Partners Initiative project (TA-NPI); a four-year CDC / HRSA –funded programme working in several African countries to provide technical assistance and organisational development support to organisations working in HIV & AIDS that received funding from CDC and HRSA under PEPFAR. In 2010, CCBRT management conducted a process mapping of its medical services and patient service delivery and the subsequent changes to the medical service delivery functions contributed to better client management. CCBRT aimed to extend the same process review to the support functions of the organisation, including finance, administration, human resources, IT and communications. TA-NPI in its capacity as a technical support provider, awarded and contracted PwC to conduct this assignment.

The main objective of the assignment was for PwC to work with CCBRT to review the current support processes, controls and functions and to comment on strengths and gaps. This was with the aim of developing an organisational structure to support CCBRT's long term strategy and ensure superior, sustainable services for enhanced operational efficiencies. Following extensive research and interviews across all relevant departments, PwC proposed efficient systems, processes, controls and staffing roles that will serve the needs of management and the medical services. Finally, a plan to support participatory change at CCBRT was developed. This included: strategic models to reflect the optimal situation; a high-level organisation design framework; detailed structural recommendations from sub-division to the lowest level; aligning the new design model to the strategy and existing functions and, finally, developing the implementation plan and roadmap to manage the required organisation change including change strategy and plan.

### Financial management

Following the introduction of SAP in 2010, 2011 was a year in which the system was further embedded within CCBRT. There was extensive training on the use of SAP during the year and an upgrade of SAP in Moshi in August. A key feature of the year in the finance department was the capacity building of staff and the growth of the team. In September, CCBRT's finance manager went to the U.K to pursue a Masters in Business Administration and his deputy was appointed to the post for an interim period. In addition, the department received five new members of staff, whilst two left the organisation. A new 'reporting desk' was established in July with the specific task of dealing with all internal and external reports. 1 August was the first anniversary of the centralised finance department and, overall, this combining of finance into one cohesive department has been very successful.

The development of work plans and budgets for 2012 was more closely integrated so as to closely align planned activities with expenditure and to ensure that budgets are driven by activities and not vice versa. To this end, budgets for 2012 are based on the activities detailed in the work plans and were devised with the close involvement of managers and supervisors to achieve ownership and commitment. This will facilitate planning processes within all departments and, in addition, will create greater efficiency and ease of tracking expenditure for the finance department.

### Procurement & Supply Management Department (PSMD)

In 2011, CCBRT management recognised the increasingly important role of procurement and supply management in ensuring the smooth running of the organisation. As a result, efforts were made to build the capacity of the department in terms of number and quality of staff so as to deliver improved services to internal and external clients. To support the process of change, an external consultant was contracted to join PSMD in H1 and worked with the team throughout the year. It is intended that the consultant's contract will be extended into 2012 so as to ensure that changes are embedded. The department continues to develop its efficiency and made great strides ahead over the course of the year.

Staffing levels were enhanced during the year, with more senior staff joining the PSMD and the development of training plans. With the former head of the department on study leave, the internal finance controller was appointed to the role in June to provide managerial support and to build the capacity of the team. A senior procurement officer was recruited mid-year to further strengthen the team.

During an overall assessment of staffing levels in PSMD, further plans were made to grow the team in 2012 in response to the increased demand on the department precipitated by the construction of BMH and the centralisation of store activities. Once the department is fully staffed, staff who are assigned procurement activities according to specific commodities will be rotated every six to 12 months so that they share experiences in procurement. A PSMD organogramme will also be

defined in order to reflect the internal segregation of duties and communication lines within the department and with other CCBRT departments.

During the year, business processes were also reviewed and a new procurement manual was developed so as to be distinct from the finance manual. The department is evaluating all business processes, policies and procedures in order to streamline internal communications and to ensure professionalism in procurement and supply activities taking into account lessons learnt through recent challenges. The development of a warehouse manual is also in progress and, together, the two documents will provide the conceptual framework for procurement and supply activities at CCBRT.

Following research in H2, major challenges were revealed including the substantial paper flows from user departments due to inadequate planning. As a result, the external consultant will continue to support the team in 2012 so as to effect the standardisation of common commodities and the automation of procurement requisitions. This will reduce manual work and paperwork and will increase efficiency and effectiveness. There is also the plan to shortlist preferred suppliers through an open tender with whom standard framework contracts will be signed.

### Governance and meetings

Three Dar es Salaam (DSM) Regional Designated Hospital Governing Committee meetings were held in 2011. These meetings oversee the implementation of the Public Private Partnership signed in 2007.

CCBRT was invited to attend many meetings and events in 2011.

The Board of Directors and General Assembly are in frequent contact, so members are updated on activities and developments. In 2011, there were also five board meetings and one General Assembly, the latter held in November. A special forum for the Baobab Maternity Hospital was held on 10 March and was attended by 22 existing and potential partners from development and corporate fields. The annual partner meeting was held on 9 June and confirmed the support of the organisation.

Internal meetings, at which all staff are present, are an important way of celebrating shared successes and communicating events, developments and future plans. In 2011, CCBRT had four gatherings of all staff in the Anna Abdallah hall.

The CEO made many visits and took part in many activities during the year including the following: a visit, in January, to Kampala to participate in a strategy meeting for Comprehensive Rehabilitation Services in Uganda; an evaluation of the rehabilitation department by Dr Norgrove Steenbeek and Mr. Michiel Steenbeek (both with CBM) also in January; participation in CBM's Regional Directors meeting held in Amman, Jordan in February; visits to CBM Germany in July, August and September; a trip to Bangkok between 12 and 16 September to participate in a peer review of the CBM regional office; a week in London for the launch of the Moyo Fundraising campaign in the week commencing 26 September and another trip to Cambridge in the UK for a leadership training week starting 3 October. In a final visit to CBM in Germany the week beginning 17 October, the CEO assisted with an assessment centre for new recruits.

To round off an eventful year, the CEO was presented with an award from the CEO Roundtable of Tanzania at the Movenpick hotel in Dar es Salaam. The award recognised his outstanding contributions to the building of public-private partnerships. In his acceptance speech, the CEO recognised the role of all CCBRT staff in the organisation's achievements.

### Human resource management

2011 was a challenging year for the human resources department, with just one member of staff managing all HR issues for CCBRT. Towards the end of the year, the search for an experienced HR manager started and the position was filled in early 2012. As of 31 December 2011, CCBRT had a total headcount of 350 staff. Of these, 225 were at DH; 53 in CP Dar es Salaam; 43 in CP Moshi; and a further 29 at HQ. Throughout the course of the year, 41 new members of staff joined CCBRT and 19 left the organisation to pursue new positions or training.

Following the organisational review by PWC, new HR processes were recommended and they will be

designed and implemented as soon as the department has adequate manpower. These processes include: recruitment; induction; job profiling; training; performance management; employee relations; succession planning, and employee termination processes.

HR champions were selected in order to drive through changes and recommended the following for the implementation of HR processes:

- Review salary scheme of service
- Increase staffing in HR department
- Streamline system of leave management
- Improve staff file documentation
- Ensure clear policy on salary payment currency
- Establish disciplinary committee and policy
- Improve process and communication flow
- Develop in-house training
- Ensure ID Cards are available for new employees on a timely basis
- Ensure HR functions are centralised
- Establish and communicate overtime policy

**Management by objectives:** All members of staff agree individual one year targets with their managers and are assessed against these on an annual basis. In 2011, appraisals took place in November/ December.

**Staff Information:** in order to have accurate data, personal information was collected on forms and photographs of staff members were taken. This was part of a broader exercise to ensure that contracts and other official documents are filed for all staff. All personnel files were checked for the existence of an updated contract. In addition, as a special assignment, the exercise of "cleaning data" / Personnel Emolument (PE) for the government database was carried out for all staff. Information was collected and stored on the InspiroPeople database. This was a lengthy and successful exercise that resulted in a certificate being presented to CCBRT.

**Health insurance:** In March, a contract was signed between CCBRT and the National Health Insurance Fund (NHIF) for the provision of health services to CCBRT NHIF members. Contributions from CCBRT and individual employees started in May and health services commenced in the same month. ID cards were distributed to members in June.



## Communications

In an exciting and eventful year for the Communications Department, there was a strong focus on building media networks in Tanzania and overseas and on building the use of social media as a means of raising awareness about CCBRT. Reduced to two members of staff, the team was kept busy with its range of external communications activities and report writing. In the final quarter of the year, the team was reduced to one with the departure of the PR and Media officer but report writing responsibilities were handed over to Programme Development with a new dedicated staff member.

The main body of work for the department in 2011 comprised: supporting awareness raising efforts for all medical departments, mobile outreach, community programmes and HQ; managing and developing the CCBRT, BMH and new Private Clinic websites; communicating and network building through Facebook and a new Twitter account; the production of newsletters, patient stories, fact sheets and other internal and external materials, with translations into Kiswahili as necessary; reporting to partners for the first ten months of the year; organising and supervising visits to CCBRT; managing press conferences and writing press releases; writing

magazine and newspaper articles; and supporting all other departments with their communications needs.

Throughout the year, CCBRT received wide media interest and coverage from both national and international sources. During the year, CCBRT featured in 68 newspaper articles; 42 radio broadcasts; 19 television programmes; and nine magazine articles. In addition, many websites feature CCBRT or links to our own websites. The annual report 2010 was written and produced during the first quarter of 2011 and a summary of H1 produced in September. All such materials are placed online for public viewing and downloading as well as being distributed in hard copy to the appropriate individuals and organisations.

The department also played a central role in increasing access to the services available for the poorest of the poor and those living in remote parts of Tanzania by producing radio spots aired on a regular basis and also used to mobilise individuals prior to mobile outreach visits. In addition, the design and production of posters and leaflets for wide distribution is the responsibility of the team and, with extra emphasis on VVF and cleft lip/palate in 2011, over 15,000 VVF and 10,000 cleft lip/palate posters were printed and distributed.



## Communications highlights 2011

Press conferences held included: the handing over of a cheque by Barclays Bank Tanzania for midwife training; the installation of a wind turbine at CCBRT; the visit to CCBRT by Standard Chartered Bank's Group Finance Director; the close of the HIV/AIDS and people with disabilities project

The visits of various VIPs and dignitaries including: Princess Astrid of Belgium and her husband Archduke Lorenz of Austria-Este; Mr Bob McMullan, the Australian Prime Minister's special envoy to Africa and the Australian High Commissioner to Tanzania, His Excellency Mr Geoff Tooth; the CEO of Vodafone Group Plc, Mr. Vittorio Coalo, who praised CCBRT during his visit on 14 September

Interest from across the globe continued to mount in CCBRT's innovative use of mobile money to bring patients forward for treatment. In the first quarter, CCBRT hosted three film crews including Governess Films, which was filming a documentary for UNFPA. You can read the filmmakers' blog here: <http://www.lisarussellfilm.blogspot.com/>

Global Health Frontline News filmed at CCBRT on fistula in December. The films featured on various websites and can be viewed at the links below. Links: GHFN home page, including the video and article (in the Frontline News section): <http://www.ghfn.org/> GHFN maternal health page for the full-length video and photo gallery: <http://www.ghfn.org/1-topics-general-pages/maternal-and-child-health> Notes from the field' blog: [http://www.ghfn.org/\\_blog/Notes\\_from\\_the\\_field/post/Mother\\_courage\\_A\\_new\\_lease\\_on\\_life\\_following\\_fistula\\_surgery/](http://www.ghfn.org/_blog/Notes_from_the_field/post/Mother_courage_A_new_lease_on_life_following_fistula_surgery/) CNN: <http://www.cnn.com/2011/12/16/health/fistula-tanzania-women-ghfn/index.html?iref=allsearch>

The launch of the Employability project in September at Slipway in Dar es Salaam, attended by the Deputy Minister for Labour and Employment, many business heads and interested parties

Celebrations for the 300th fistula operation on 7 November, reaching the annual target over a month before schedule

The 10 anniversary celebrations for DH and the groundbreaking ceremony for the Baobab Maternity Hospital attended by the Honourable Anne Makinda on 15 December

Many more publications appeared such as articles in the Precision Airline In-flight magazine and in a French magazine.



## Fundraising and events

Fundraising efforts are focused on ensuring that CCBRT retains financial stability and sustainability in the long term. There was particular emphasis during the year on building partnerships for CCBRT's maternal and newborn healthcare services and this was successful despite challenges in the economy worldwide. The use of a logical framework will ensure that the proposed activities are well thought out and will be monitored and evaluated periodically to measure impact and results. This strategy is subject to revision and review regularly to ensure that all activities are included in the plan.

In the last quarter of 2011, CCBRT signed significant agreements with three major partners for funding for Baobab Maternity Hospital. The Swiss Agency for Development Cooperation, The Netherlands Embassy and the Vodafone Foundation have all joined CCBRT in its aim to provide better maternal and newborn healthcare to Tanzanians through its new maternity hospital. The combined total of this newly committed funding is US\$8 million and is earmarked for construction, human resources and VVF. Advanced discussions are ongoing with a number of other potential partners.

Events during 2011 provided many opportunities to share CCBRT's objectives and to build relationships with existing and possibly future partners. Key events comprised:

- At the end of 2010, two journalists from the Swiss women's lifestyle magazine, Annabelle, came to CCBRT to hear more about the maternal and newborn healthcare programme and Baobab Maternity Hospital. They spent several days researching the story and talking to patients who had suffered from fistula and been successfully treated at CCBRT. The story included an appeal for readers to support the maternity hospital. The response from readers in Switzerland has been astonishingly positive, and in 2011 they pledged to raise over US\$140,000 for the project. In November 2011, CCBRT's Maternal and Newborn Healthcare Advisor supported this ongoing fundraising initiative by advocating for Baobab Maternity Hospital at the Fashion Week in

Zurich. This international fundraising event chose BMH as the sole charity for the occasion.

- The Maternal and Newborn Healthcare team and women from the Mabinti Center were delighted to explain their work to Tanzania's First Lady, Mrs Kikwete, during Barclays 'Step Ahead' campaign event. The fundraising day on 10 September was organised to bring Tanzania closer to reaching the maternal and newborn healthcare targets set by Millennium Development Goals 4 and 5, and featured five and ten kilometre runs and walks as well as a host of family entertainment and activities. CCBRT was one of the chosen beneficiaries of the day, which raised a total of 70 million TSh funds for training health workers and midwives and for fistula treatment. Following her five kilometre walk, Mrs. Kikwete learnt about the capacity building activities at CCBRT's stand. Later, at the Mabinti stand, she was delighted to hear that women treated for fistula have this income generating opportunity and was impressed by the products made.
- In September, the Vodafone Foundation launched the Find Your Moyo campaign to raise funds for women with fistula and for the Baobab Maternity Hospital. The campaign calls on Vodafone staff worldwide to 'Find Your Moyo'. Staff have fundraised through dinners, race nights and bike rides and a 50 mile spacehopper jump was held. A highlight was the Down to Dar Moyo Cycle Challenge where teams cycled for four hours to cover the distance between London and Dar es Salaam. So far, the campaign has raised US\$6 million.
- An Ambassador's Breakfast (for members of the diplomatic community) on 23 November was an opportunity to discuss CCBRT's ongoing projects, in particular the maternal and newborn health programme and a newly initiated employment campaign for people living with disabilities. 10 Ambassadors attended the breakfast and toured CCBRT's premises to learn more about its work. CCBRT took this opportunity to thank the outgoing EU Ambassador and his wife for their support towards CCBRT's work and for advocating on behalf

of CCBRT and people living with disabilities on many occasions.

- On 15 December, CCBRT celebrated the disability hospital's 10-year anniversary which coincided with the groundbreaking ceremony for Baobab Maternity Hospital. Over 100 guests from the corporate and development sector attended the event which included an interactive tour of the disability hospital and speeches by CCBRT's Patron the Honourable Anne Makinda, Speaker of the National Assembly of Tanzania, and CCBRT's President of the Board, Dr. Willibrod Slaa.

## Kupona Foundation

Kupona Foundation, founded in 2009 in New York to support CCBRT's fundraising activities, enjoyed a busy year in 2011. Through over 200 distinct gifts from individuals, private foundations, and companies, the total raised was US\$92,156: a 112 per cent increase in donations compared with 2010. A major event of the year was the First Annual Kupona Foundation Golf Tournament on 2 August. This attracted a total of seven corporate sponsors of US\$5,000 each. Throughout the year, there was a strong focus on relationship building and the ground was laid for the future soliciting of major gifts. This will provide a stronger base for fundraising in the future.





## Advocacy

2011 marked the second full year of CCBRT's advocacy unit. The unit's main aim is to promote disability inclusion. Since its establishment, the unit has contributed to cultivating an environment conducive to inclusive development: research activities and surveys generated valuable information; the legislative framework is now in place; interest was raised from government, private sector and non-state actors to include people with disabilities in their organisations and programmes and support was provided to achieve this; awareness materials were developed and the capacities of disability organisations and the disability movement in general strengthened. The successes achieved so far were acknowledged by the partners involved and resulted in the approval of another three-year funding for the continuation of the activities. The future plan is to build upon the current achievements and experiences of promoting a disability-inclusive society. Further details on the 2011 achievements are provided below.

## Research & Surveys

In March, the employment survey assessing levels of disability employment in 126 companies in Dar es Salaam was completed and launched at a press conference. The event received unprecedented levels of media coverage. The collaboration with the private sector and the close involvement of trade union TUICO make this initiative innovative and appealing to a wide audience. The team will continue the initiative and expand it to other regions and sectors. The EU funded 'EmployAbility' project, which aims to promote the formal employment of people with disabilities commenced on 1 August and includes an expansion of the survey in five regions up-country to be implemented in 2012. The team also plans to conduct a pilot survey within government institutions and has been working on the logistical arrangements for this. Towards the end of the year, the already completed survey was translated into a four-page brief that will be used for further sharing and as a basis for lobby activities. The education study and election survey conducted in 2010 were also converted into a four-page briefs for further dissemination and follow-up.

The database for the disability services mapping was put into place in line with the World Health Organisation Community Based Rehabilitation guidelines and data collection is ongoing. The Department of Social Welfare in the Ministry of Health and Social Welfare has shown interest in the development of the database as it has been one of their longstanding priorities. An additional activity which emerged during the year was research on the disability policy framework and realities in various countries, including Tanzania. This research was an initiative by a Belgian organisation and the Tanzanian part was implemented by CCBRT. It involved documentation review and focus group discussions. The results will be used for lobbying the government and development actors. For CCBRT it was a useful exercise in developing a comprehensive picture of the policy framework.

## Lobby for mainstreaming disability

The advocacy team participated in various initiatives addressing disability issues at the national level. A highlight was a dinner with MPs in Dodoma organised by CCBRT and SHIVYAWATA in February in order to gain a commitment to disability issues amongst MPs. The organising parties sat with key stakeholders prior to the meeting to identify the issues that need to be addressed in parliament. The guest of honour was Mr. William Lukuvi, the Minister in the Prime Minister's Office responsible for policy and parliamentary issues. Later in the year the advocacy team had the opportunity to make a presentation to the Parliamentary committees dealing with community development and social services. The participants responded positively and invited CCBRT to conduct disability awareness training at the Parliament in Dodoma to take place during 2012. It is a clear indication that disability is now higher on the agenda of the government, yet more is still to be done. An exposure visit to the CBM EU Liaison Office in Brussels in November taught the team that in order to be effective the lobby activities need to be more targeted and focused. The team realised that, in the engagements with Parliamentarians so far, a too diverse range of topics was presented with consequently few concrete results. Another lesson was that there is ample opportunity to lobby international and bilateral institutions on disability related matters. The team has

put the engagement with key development partners among the top priorities for 2012 and will continue the involvement in the international scene.

CCBRT continued its involvement in the development of regulations of the Persons with Disabilities Act 2010, which awaits completion. This will mean another big step ahead in promoting disability inclusion. Follow-up was made as well on the implementation of the UNCRPD through a working group of which CCBRT is a member and various meetings were attended to plan and develop methods to collect grassroots level inputs. CCBRT became a full member of TENMET, the national education network of civil society organisation. This network is recognised by the government as the representative body of civil society organisations. Lobbying for more inclusive education is now more effectively carried out through this channel. CCBRT provided inputs on disability matters to the joint annual education sector review and, as a result, disability is now higher on TENMET's agenda and CCBRT is considered one of the expert organisations to support this.

To support the lobbying activities and to address a wider audience, CCBRT has engaged actively with the media. CCBRT coordinated the inputs for a television programme on disability including developing the content, providing expert inputs and mobilising participants. The show was broadcast towards the end of the year. A media campaign on the employment of persons with disabilities with television, radio and print media, developed in collaboration with partners, was launched in September and was broadcast over a three-month period. The launch, also marking the start of the 'Employability' project, was hosted by the Ambassador of the European with the Deputy Minister of Labour and Employment as the guest of honour. Representatives from companies, development partners and disability organisations attended the launch on 22 September at the Slipway Hotel, which was made fully accessible for wheelchair users specifically for this event. The International Day of Persons with Disabilities was celebrated with a sports event in which adults and children with various impairments participated.

## Capacity building

The disability awareness training manual was further developed and translated into Kiswahili. Disability awareness trainings were conducted for the Tanzania Tourist Board, Kibo Trade, Legal and Human Rights Centre (Dar es Salaam and Arusha branches) and WaterAid. Although it has proven difficult to convince companies to allocate time for the disability sessions, once involved, feedback has been very positive and direct benefits were seen in the employment of people with disabilities through Radar Development.

CCBRT also provided training to the Regional Secretariat in Morogoro, which resulted in requests for additional training and advice. The team will lobby the government to support more similar trainings as a starting point for the implementation of the national disability mainstreaming strategy. In collaboration with CCBRT's maternal and newborn healthcare programme, the advocacy team started an initiative to make maternal healthcare services accessible in the facilities in which CCBRT provides capacity building support.

CCBRT and Radar Development are supporting TUICO to establish disability support structures within the union. A training of trainers for their disability committee members was conducted while training 20 different companies over two days.

The School WASH programme pilot phase continued. CCBRT implemented the accessible toilet designs in three schools that are part of its education programme and fed back the lessons learned. Some changes are required in the technical designs, which currently do not accommodate three-wheeled special seats.

In developing internal capacities and those of other disability organisations, CCBRT and partner CEFA organised training on resource mobilisation by an expert organisation in this field. Another training session focused on accessibility and was run by experts from Disability Action (Ireland). Physical accessibility and disability audits will be part of the services provided for organisations and companies looking to improve the inclusiveness of their services and organisations.



CCBRT, Radar Development, representatives from various companies and TUICO also benefited from training on supported employment provided by experts from the same organisation later in the year.

A follow-up workshop attended by the advocacy team and representatives from partner disability organisations as part of the collaboration with Light for the World Netherlands took place in Rwanda in July. This focused on organisational change processes relating to mainstreaming disability. CCBRT was approached by the DPO mentoring project (funded through DFID) to be one of the expert organisations in supporting action research and related lobbying interventions. Preparations were made for the roll-out of action research training for people with disabilities who will implement the research in four districts.

In an effort to make CCBRT services more accessible for people with a hearing impairment and the workplace more inclusive, the advocacy team organised sign language training for CCBRT staff members from different departments. Radar Development and SHIVYAWATA representatives were also invited to participate. Another internal session for various staff was on child protection including relevant legislation,

child rights, definition of child protection, the CCBRT child protection policy which all staff have signed and the practical implications of this. As mentioned previously, another highlight was the exposure visit to the CBM EU Liaison Office in Brussels. The programme included visits to, and discussions with, key people at the European Commission, European Parliament, disability and human rights organisations. The provided valuable insights into making lobbying interventions more effective, the coordination and organisation of the disability movement and opportunities for engagement by linking local and international initiatives.

### Best practice development

The School WASH experiences to date were documented in a case study publication which was printed and distributed locally and internationally. Based on the submission of a case study on the School WASH initiative, CCBRT was invited to participate in an expert consultation with the UN Special Rapporteur on the Human Rights to Water and Sanitation in Geneva. The consultation will take place in early 2012. The briefs on the employment and election surveys and education study were developed and are ready for dissemination.



## Visitors

CCBRT was delighted to welcome many esteemed visitors throughout the year. Mr Bob McMullan, the Australian Prime Minister's special envoy to Africa and the Australian High Commissioner to Tanzania, His Excellency Mr Geoff Tooth visited CCBRT in H1, and were followed by a delegation from CBM Australia who brought with them a blogger who wrote live updates about CCBRT's activities (<http://theblog.cbm.org.au>). Princess Astrid of Belgium and her husband Archduke Lorenz of Austria-Este came to CCBRT in June and were touched by the organisation. Also in June, CCBRT welcomed Richard Meddings, Group Finance Director of Standard Chartered Bank and Chairman of the Seeing is Believing initiative. He was accompanied by Jeremy Awori, CEO of Standard Chartered Bank Tanzania, and Mrs. Blandina Nyoni, Permanent Secretary to the Ministry of Health and Social Welfare. The CEO of Vodafone Group Plc, Mr. Vittorio Coalo, praised CCBRT during his visit in September. Other visitors from the Vodafone Group included that of Matthew Kirk (Group External Affairs Director) and Andrew Dunnett (Director of the Vodafone Group

Foundation). Dirk Niebel, German Federal Minister for Economic Cooperation and Development, came to CCBRT in and CCBRT received Eamon Gilmore, the Irish Deputy Prime Minister, in June. During the year, CCBRT also welcomed many partners who came to see the impact of their support, including representatives from CBM offices worldwide; WISE Foundation; the Elma Foundation; the EU and TCF. At the tenth anniversary celebrations for the disability hospital, and the groundbreaking ceremony for the Baobab Maternity Hospital, CCBRT was delighted to be joined by the Speaker of the National Assembly and Patron of CCBRT, the Honourable Anne Makinda, along with many other supporters of CCBRT. To all those who came to see the work of CCBRT in 2011: thank you and welcome again.







# MATERNAL & NEWBORN Healthcare

## Phase I: Capacity development programme

The maternal and newborn healthcare programme that started its activities in 2010 further developed in 2011. The relationships with the regional health management team and the municipalities have strengthened. The programme's advocacy for maternal and newborn healthcare has facilitated the prioritisation of reproductive health issues at regional, municipal and facility level.

Additional partners have come on board to support these capacity building efforts. Both financial as well as technical partnerships have been established during the year. This allowed the programme to further expand its scope from initial support of nine government health facilities to sixteen health facilities in total. This was a critical expansion as some health centres already reached their capacity limits after the first round of capacity building activities. The regional health management team in collaboration with representatives from each municipality identified the seven additional sites in the region of Dar es Salaam.

The capacity building team grew through the successful recruitment for essential positions: a midwife trainer; a community health educator; a programme administrator; a monitoring and evaluation officer, and a programme manager. During the year, most capacity building activities have become linked to a designated person at regional and municipal levels, which helps the team members to build capacity at those levels and enhances sustainability.

**Health Infrastructure development:** The renovation of existing public facilities supported by the EU/CBM grant to improve the service provision has progressed. In 2011, the renovation of the operating theatres at Amana hospital was completed, while the renovation of the operating theatre at Vijibweni hospital and the renovation of the maternity ward at Temeke hospital started. Renovations at Mwananyanamala have been postponed to 2012.

**Medical equipment:** Essential medical equipment that was ordered in 2010 arrived in early 2011 and has been distributed. This included operating tables, operating theatre lights, caesarean section sets, vacuum extractors, resuscitation tables and other essential medical equipment. Upon installation at the sites, staff at the health facilities received training on the use of the equipment. An additional equipment needs assessment was conducted in October 2011. Procurement and distribution of any additional equipment needed will be done in collaboration with other partners in 2012. CCBRT's zonal workshop provided support by repairing equipment at the health facilities.

**Training health service providers:** A skilled health professional is the key to reduce maternal and newborn death and preventing fistula. CCBRT's maternal and newborn healthcare programme has a great emphasis on training both service providers and leaders from the sixteen target facilities.

**Basic Emergency Obstetric and Neonatal Care (BEmONC) and other training:** Three BEmONC training courses were conducted in collaboration with the Regional Health Management Team and MAISHA/JHPIEGO. The residential courses, each two weeks in duration, complied with the latest MoHSW training curriculum and were conducted by national trainers. BEmONC training is competency based and uses multiple teaching methodologies, including interactive presentations, videos, and roleplays, case studies and skills practice using manikins, with a standardised checklist through which emergency drills were practiced. This was followed by a week of clinical practice at Amana or Temeke hospital maternity wards. A total of 69 midwives and AMOs attended the training, which focused on developing and maintaining the knowledge and practical skills necessary to handle and prevent the top causes of maternal and newborn death, identifying those at risk of obstetric emergencies and managing emergencies when they arise. Trainees have also received



follow up mentoring visits. The scores that facilities receive on the BEmONC standards during the quality assessment showed significant improvement in the 16-targeted facilities. Health centres and dispensaries that were by-passed in the past by pregnant women from the catchment area are operating almost to full capacity.

Short courses for health staff on specific courses have been provided through continuous medical education (CME): 111 received training on Infection prevention and control (IPC), 11 medical attendants received an orientation on deliveries and 30 nurses were updated on normal labour and deliveries. A total of 30 nurses, COs and AMOs received a skills update in anaesthesia from two doctors from the UK based ' Mothers of Africa ' charity who came to Tanzania in October.

A one year nurse anaesthetist training course started in July 2011 at Muhumbili National Hospital, funded through this programme with 13 trainees from the region. In December, a perinatal education programme started for 23 nurses and clinicians working with neonates. This originally on-line course has been adapted, with approval of the course designer, to a tutorial based course, in order to better suit the working environment of Tanzanian health professionals. The course was facilitated by two paediatricians who are national trainers. The participants included one paediatrician, three medical officers, three AMOs and 16 nurse/midwives. Coaching and mentoring after each tutorial session enhances the skills practice and knowledge at the peripheral facilities. The course will continue in 2012, including a neonatal assessment and training day on site.

The conversion of the Anna Abdallah hall into a training centre and skills laboratory was completed in August 2011. The training centre now comprises a skills laboratory, a training/ meeting hall and a computer room. During the year, the rooms were used for a range of training activities for both maternal and newborn healthcare as well as other activities at CCBRT.

**White pupil campaign:** a one-day paediatric eye health stakeholder’s session was organised in December to broadly brainstorm on issues related to paediatric eye

health. CCBRT hospital organised this in collaboration with the Ministry of Health and Social Welfare-National Eye Care Programme. 45 doctors attended.

All health professionals who attended one of the above trainings have been oriented in disability and safe motherhood in order to increase prevention and early identification of disabilities. The total number of people trained under this capacity building programme in 2011 was 844.

**Quality of care:** In March, a second Standard Based Management and Recognition (SBMR) training took place in collaboration with the Regional Health Management Team and JHPIEGO. A total of 25 staff (midwives, clinical officers, in-charges, laboratory and pharmacy staff, and the district medical officer) were trained on the expected national standards for maternity and newborn care and support systems. This was followed by the first internal assessments of the nine initial facilities using the national tools and checklist. In September, a second internal assessment was conducted for those nine sites and a baseline assessment was conducted for the seven additional sites. Further training in this area will take place in 2012.

**Awareness raising:** In collaboration with an international CBM team and the project partner APDK, manuals have been developed for the early identification of disabilities and safe motherhood. After developing a training curriculum, these manuals have been piloted amongst 62 community leaders and 410 community health workers in DsM and Coastal region. Awareness has also been raised in 2011 through radio messages on fistula and cleft lip, poster development and development of job aids.

**Data management:** Assessment at the sixteen facilities on collection of routine maternal and newborn data revealed the need for improvement of data management. A stakeholders meeting was conducted in October from which action plans for 2012 have been developed.

Phase II: Construction of Baobab Maternity Hospital

Following a focused period of fundraising and gaining long term support for the BMH and its construction, the groundbreaking for the hospital was marked on Thursday 15 December to coincide with the disability hospital's tenth anniversary celebrations. With all guests gathered at the site, the Honourable Anne Makinda, Speaker of the National Assembly and Patron of CCBRT broke the ground and unveiled an official plaque to commemorate the day. The enabling works, which commenced on 1 December, are on track to be completed by the June 2012 deadline.

As per the changes to the original architectural plans last year, the final design of BMH is as follows:



<p><b>Obstetric wards</b> (60 beds): Block A, first floor: four delivery suites; seven antenatal care (ANC) beds; 17 postnatal care (PNC) beds Block C, ground floor: 36 PNC beds (first and second floor) <b>Targets, maximum capacity:</b> Up to 5,500 post Caesarian section mothers and women with complications, infections; up to 5,000 normal deliveries (pregnancy complications)</p>	<p><b>Neonatal ward</b> (110 cots): Block C, first floor, maximum capacity per year possible: 500 premature babies (next to incubators / warming beds/ Kangeroo Mother Care); 3,100 babies with complications; 3,600+ healthy newborns (short term nursing care)</p>	<p><b>Operating theatres</b> (four major, two minor theatres, two intensive care beds, four recovery beds), <i>Block C, first floor, maximum capacity possible:</i> 40 surgeries per day (major operating theatres); 20&lt; interventions minor theatres per day</p>	<p><b>Private clinic, Block D:</b> outpatient clinic, gynaecological clinic, ground floor: six consultation rooms, treatment rooms; one dispensary; six gynaecological beds. Private ward, obstetrics, first floor: 14 inpatient beds (obstetrics); two delivery rooms <b>Targets, maximum capacity:</b> 2,900 normal deliveries (8 ANC/ PNC rooms); 730 Caesarian sections per year (six beds); 730 gynaecological patients per year (six beds)</p>
<p><b>Support facilities include:</b> Laboratory/ imaging departments (Block A, ground floor reduced interim version) Blood bank (Block A, ground floor reduced interim version) Central sterilisation unit (Block C, lower ground floor) Hospital equipment maintenance workshop (existing facility) Main store (Block C, lower ground floor) Kitchen Laundry Decentralised wastewater treatment plant Service yard (laundry, incinerator, medical gases) Morgue</p>			





# DISABILITY HOSPITAL

It was another strong year for the disability hospital as it celebrated its tenth year anniversary and a host of achievements over its lifetime. Overall statistics for operations were positive, with particular successes in the areas of focus, which comprise fistula, cleft lip/palate and clubfoot. With a total of 9,828 operations carried out at DH, there was a slight decrease compared with 2010 (when 10,575) operations were performed. However, 2011 was marked by significant increases in key areas and by the expansion of fast track and private services, which resulted in higher numbers opting to pay more for their treatment.

In 2011, DH built upon the successes of previous years with a strong focus on the three core pillars of sustainability, treating the poorest of the poor, and quality. Together, these pillars form the foundation upon which the successes of the hospital are based and enable DH to fulfill its mission and constantly improve.

## Sustainability

CCBRT is committed to sustainability in both financial and environmental terms. A major, ongoing challenge in 2011 was the consistency of power supply through the main electricity provider in Tanzania: TANESCO. Frequent power cuts and power surges resulted in high usage of generators to ensure that all activities could continue and this incurred great additional expense. Furthermore, CCBRT is keen to be at the forefront of environmentally friendly solutions and to be a model for other organisations in the region. The first step towards this was the installation of an 18 metre high wind turbine in the grounds of CCBRT in October. The turbine was constructed and installed during a two week training at the Yombo Vocational Training Centre for people with disabilities conducted by Dutch NGO "I Love Windpower." During the training, students and teachers at the Yombo Centre were introduced to the technology needed to produce a wind turbine from locally available materials. They then built and installed the turbine with the capacity to generate 1 KW of renewable energy. The turbine was purchased by CCBRT and is now providing renewable

and affordable energy to the disability hospital. During the year, a proposal to increase the use of renewable energy on site was accepted by UNDP and in 2012 installation of solar water pumps, solar water heaters, solar powered refrigerators and water harvesting equipment/ storage tanks will be completed. Energy saving bulbs for the disability hospital and solar lights for disadvantaged children will also be introduced.

Financial sustainability through income generation within the organisation is another cornerstone of CCBRT's long-term plans, bringing with it the ability to be more independent and less vulnerable to changing global economic conditions. Following the major refurbishment of the private clinic in 2010, CCBRT has seen a dramatic increase in the numbers of both fast track and appointment based consultations and has also seen a rise in the numbers of private operations. Successes with building relationships with local insurance providers has meant that many with health insurance are now directed to CCBRT as a preferred facility and this, along with recommendations and a growing reputation, has ensured ongoing growth in patients attending the clinic. In the last quarter of the year, it was deemed necessary to open the clinic on a Saturday to cater to demands and this has proved to be a popular development.

In addition, the new optical shop which opened in June within the private clinic has also become an important source of revenue. The shop offers superior customer service in a bright, modern setting and caters for those who prefer to spend more on their eye wear. It enables patients using the private clinic to purchase their glasses and contact lenses more quickly and to buy high quality international brands. Additional plans for generating higher levels of income within DH include the opening of an orthopaedic supplies shop in 2012 for the sale of hard to find items such as braces and supports.

Further improvements include the refurbishment of the physiotherapy department, which now serves higher numbers of private patients due to the restructuring of CCBRT's physiotherapy services. With new equipment



added to the on-site department, and both an adult and a paediatric physiotherapist available, there have been higher numbers of private physio patients during 2011. Simultaneously, the group physiotherapy sessions for mothers of children with conditions such as cerebral palsy are now taking place at existing support units so as to encourage more community based and group activity.

### Treating the poorest of the poor

CCBRT's core mission continues to be the treatment of the poorest and most vulnerable in Tanzania. It is through such initiatives as the private clinic that it is able to offer those most in need the highest quality services at the lowest possible cost to the patient. Treatment to all children under the age of five years continue to be free of charge and the entire costs of fistula treatment and for cleft lip/palate are also absolutely free of charge. 2011 was marked by strong and successful efforts to reach higher numbers of patients in remote and rural communities through awareness raising activities and the expansion of the ambassador network. There was, in parallel with this, a focus on the key areas of fistula, cleft lip/ palate and clubfoot and a growing emphasis on early intervention.

### Quality and Safety

The quality and safety unit, created in 2010, has established protocols and guidelines for all DH departments and worked closely with hospital management and staff to develop comprehensive quality and safety procedures in line with MoHSW recommendations. A quality and safety manual was developed in H2 of 2010 and was rolled out in 2011. It contains guidelines and checklists in key areas such as cleaning and hygiene practices and the management of healthcare waste. Each department of DH has received a copy of the manual, which has been translated into Kiswahili and distributed to a total of 110 CCBRT medical staff.

In June, each department was audited using a specially designed audit tool and DH received an overall compliance score of 66 per cent. Areas for improvement were identified and a quality improvement team was

established in H2 to support the improvement process. In addition, two work improvement teams have been set up and hygiene plans have been developed for the eye and orthopaedic wards. In addition, as a result of a thorough evaluation of the orthopaedic department during the year by two external experts, specific areas for improvement have been identified and the necessary changes will be implemented in 2012.

Training has been a significant element of the work of the quality and safety unit, with a five day workshop held for 19 nurses and deputy nurses in charge on the topics of infection prevention and control and quality improvement facilitated by the MoHSW. Training on the newly printed guidelines has also been provided to a total of 73 CCBRT DH staff. Following the development of a fire safety committee and fire safety guidelines, 93 CCBRT staff from across the organisation received training to familiarise them with the guidelines. Concurrently, 36 non-DH staff received training in the correct use of recently acquired first aid kits in non-medical departments in order to ensure that staff are able to respond appropriately in the event of an accident.

A six day '5s' workshop to 'train the trainer' provided a selected group of CCBRT staff with the knowledge to train other CCBRT staff in this organisational management methodology. The methodology, which originates in Japan, focuses on improved efficiency and quality and a total of 34 CCBRT staff have now participated in training by the initial group. A further 102 staff have been oriented on the main tenets of 5s. Target areas for the application of 5s within DH have been identified and will be focused upon in 2012 with recently developed action plans.

Focusing on fistula, training started for all staff involved on the fistula ward in H2 and a leaflet for women who have undergone fistula surgery was designed and printed. A handbook for training in matters relating to fistula was drafted and will be printed in 2012. Additional training, as required or requested, has been carried out in areas including waste management, cleanliness and hygiene across the organisation.

### Staff

Changes in staffing are designed to strengthen programmes and ensure that quality services are available at all times. A new head of the eye department from the U.K. meant that the former head was able to return to his focus on patients and treating those most in need of his expertise. The head of the prosthetic and orthotic unit left CCBRT for an exciting opportunity overseas after 10 years of contributing to the work of CCBRT. A long serving member of the team was promoted to replace him and is doing well in the role. Two new medical doctors joined DH during 2011. A new technical adviser for the fistula ward has brought added strength to the team and has enabled staff to spend more individual time with patients. At the end of the year, DH had a total of 225 staff.

Nurses from CCBRT Disability Hospital held a candlelit ceremony to mark International Nurses Day 2011. This year's theme, 'Closing the gap: increasing access and equity', addressed the disparity between the healthcare services available to people living in different parts of the world. CCBRT's nursing staff presented patients with gifts of toiletries. In return, thanking them for their commitment, CCBRT's management gave the nurses traditional African clothes. After sharing hygiene tips and discussing how to manage stress in the workplace, the nurses made a pledge to do their absolute best in the coming year. Finally, the award for the Nurse of the Year was announced and certificates and gifts given to the nurses in first, second and third place. The first prize was awarded to Mrs. Abbas, who has been with CCBRT since 2008 and is head of the eye theatre.

### Educational sessions

The sessions that started in 2010 continue to be delivered on a daily basis by CCBRT's health educator. Through the sessions, patients and their caregivers are informed about disabilities, eye diseases and HIV/AIDS and enable CCBRT to maximise the contact that we have with those who come to DH. Children in the wards recovering from surgery have daily educational activities such as maths, art and physical education classes.

### New equipment

Zonal workshop: CCBRT's zonal workshop made great progress in 2011, training other hospitals to maintain and repair ophthalmic equipment. Focused on the planned preventive maintenance and repair of medical equipment, the workshop serves CCBRT Disability Hospital but is also now responsible for equipment in five hospitals in the eastern zone. During training in Switzerland in 2010, the head of the zonal workshop learnt how to maintain and repair ophthalmic equipment. The training enabled him to ensure the correct functioning of slit lamps, tonometers and other equipment used in the diagnosis and treatment of eye problems and this knowledge is now being shared with others. In May, the team worked with Mvumi Hospital where an inventory of equipment was recorded along with any faults found. Thanks to this process, vital pieces of equipment were fixed. Two members of the ophthalmic team at Mvumi were also given maintenance and repair training, building the hospital's capacity to look after its own equipment.

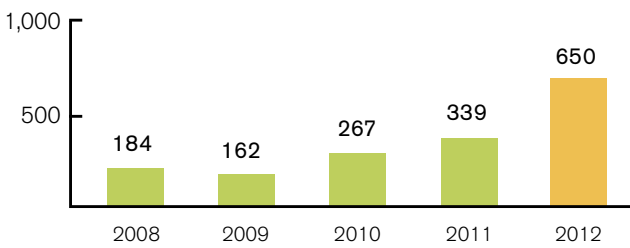




Focus on fistula and cleft lip/ palate

Whilst CCBRT continues to offer a range of services to its patients, and seeks to help all those with disabilities and impairments who seek treatment, there has been a growing emphasis on ensuring that women living with fistula and children/young adults with cleft lip/ palate are able to access the treatment that will transform the quality of their lives. With the launching of a major campaign (Find Your Moyo) in partnership with Vodacom Tanzania and the Vodafone Group Foundation in September, the objective of eradicating fistula in Tanzania through the expansion of DH's facilities, capacity building at other facilities and the eventual performing of 3,000 fistula operations a year (2015) until the backlog of cases is cleared and new cases are treated immediately. To support these plans, a new department dedicated to the fistula programme will be established in 2012. As part of this, a community awareness team will oversee extensive awareness raising activities and work closely with the mobile outreach team in the ongoing development of the ambassador network.

Comparison VVF Surgeries 2008-2012



In 2011, many initiatives ensured that the number of fistula and cleft lip/ palate patients increased substantially. As a result of concerted efforts, CCBRT's disability hospital treated 339 women living with fistula: 27 per cent more than in 2010 and more than twice the number treated in 2009. Cleft lip/ palate operations rose to 321 from 296 in 2010 and were over three times the number performed in 2009 (106). Activities that led to such increases are summarised as below:

Advocacy and public awareness

- Radio campaigns with specific messages about fistula were run throughout the year with close to 1,000 radio spots being aired in 2011. In addition, radio spots about the full range of conditions treated at CCBRT, and the services available, were aired throughout the year.
- Over 15, 000 fistula posters were printed and distributed in 2011 to inform potential patients, their caregivers and the community at large about CCBRT's fistula services and free transportation from their homes to and from DH. The posters also include a hotline number for enquiries. The same number of cleft lip/ palate posters were also printed and distributed through various programmes and activities.
- CCBRT advertised its fistula and cleft lip/ palate services in Femina Hip Magazine: a local magazine targeting youth which is distributed widely and free of charge throughout Tanzania. The magazine also featured a story board style article in which the process of fistula treatment from village to DH and back was depicted and another article with a case study about cleft lip.
- 5,000 Vodafone branded fistula and cleft lip/ palate awareness raising posters were distributed in rural areas throughout Tanzania.
- Two of CCBRT's buses and a landcruiser, used for transporting staff and patients in Dar es Salaam, were re-branded to raise awareness about CCBRT's services.

Human resources development & holistic care

- With the addition of a qualified doctor as a technical adviser to the fistula team, there is greater capacity to spend more time with patients and offer a more holistic care. The fistula team spent the last months of

2011 working on this holistic care approach for fistula patients including a programme of crochet sessions as well as singing lessons and health education sessions. The aim is to restore the confidence and

positive spirits of the, often depressed, patients, and ensure they receive the necessary health education to prevent further complications related to maternal health. See the outline of the programme below.

Holistic care timetable	Morning 10 - 12am	1pm	Afternoon 2 -4pm
Monday	Storytelling - Mama Millinga Screening of new patients	lunch	Health education: care of skin, discharge instructions etc Life skills - Mama Millinga
Tuesday	Crochet Storytelling - Mama Millinga Screening of new patients		Health education: Family planning, STIs, HIV, Nutrition, Anaemia - Mama Millinga
Wednesday	Counselling - group and individual Mama Millinga & Agatha		Singing lessons - Sixmund
Thursday	Crochet Storytelling - Mama Millinga Screening of new patients		Health education: Finding more VVF patients; group discussion; being an ambassador Life skills - Mama Millinga
Friday	VVF teaching & business meeting Discharge celebration Singing with Stella		Introduction of numeracy / literacy

- Plans are being made to develop a formalised "Fistula Surgeon Fellowship" at CCBRT in cooperation with AMREF and FIGO. A curriculum has been developed and CCBRT is planning to test the curriculum internally with two newly recruited surgeons before working with partners to attract external fellows.
- CCBRT developed a "Fistula Nursing Training" manual and six CCBRT nurses successfully completed the training. CCBRT will aim to work together with other centres and partners to provide the training at interested institutions.

maximize opportunities to reach those most in need of treatment.

Partner support

In mid-May, a development partners meeting was held at CCBRT. Representatives from sixteen different organisations attended invitations and the CEO presented an overview of CCBRT activities to them. Particular emphasis was placed on CCBRT's work with fistula and cleft lip/palate and a hospital tour was conducted. The aim of the meeting was to identify ways for CCBRT to work with other organisations to identify and refer those in need of treatment using existing resources and people on the ground in rural contexts. CCBRT believes that it is vital to link up with others who have a presence in rural communities in order to







VVF

### Margaret (age 40)

When the time came for Margaret to deliver her first baby, she was in labour for over 13 hours. The baby was in the breech position and the head was stuck. Margaret had opted for a local delivery with a known midwife in her village but it was a dangerous situation to be in away from a hospital. Eventually, the baby had to be pulled out and, in the process, she developed fistula. Tragically, Margaret also lost her baby.

Margaret was 25 years old at the time and, during the following 15 years, she gave birth to four children whilst living with fistula. She knew nothing about the treatment available. Finally, after giving birth to her last born at her local hospital, Margaret heard that her condition could be treated at CCBRT Disability Hospital.

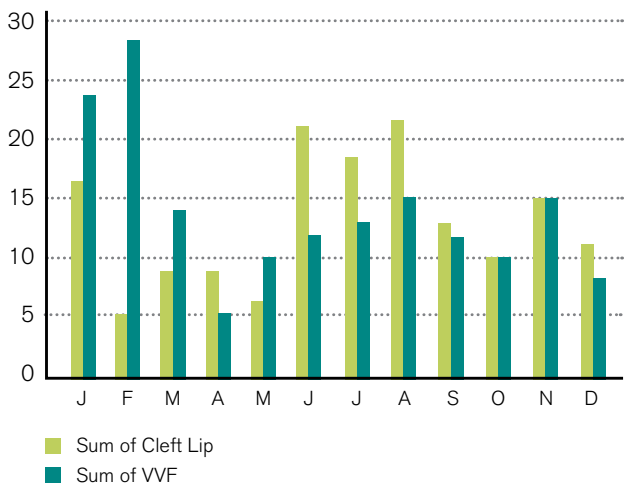
In September 2010, she made her way to Dar es Salaam to receive a new lease of life. "Can you imagine in 15 years not being able to go to church or take part in gatherings in my village? It was devastating. My neighbours would come to help me get firewood and water because I couldn't leave my house. Some of them convinced me to go to witchdoctors for help, but I am a Christian and always trusted that I would get proper treatment one day", she explains.

"I already feel better and the doctor says I have only one week to go until I can go home. I will definitely feel like a brand new woman and am ready to forge ahead with my life," she beams with confidence.



Since 2010, CCBRT has been paying for the transport costs to DH via M-PESA: the mobile money transfer system which operates country wide. This has been a highly successful way of reaching patients in more remote areas of the country and encouraging them to come to CCBRT. CCBRT has also continued to grow its ambassador network and to build the capacity of those in the community to identify and refer people in need of treatment. There has been a marked increase in the number of referrals through ambassadors, and in the numbers of patients who reach CCBRT through money transferred via M-PESA to the ambassadors. Of the 339 fistula patients operated in 2011 at DH, 166 (49 per cent) came through an M-PESA referral. Of the 321 cleft lip/palate patients treated in 2011, 155 (48 per cent) were referred this way. This demonstrates the impact of the system and the contribution it makes to ensuring that the poorest of the poor can access the services available to them.

Monthly referred patients



Clubfoot

Another particular success in 2011 was the expansion of clubfoot treatment and DH's responses to research which revealed the endemic problem of low levels of adequate follow through in the care programme. Research by two medical students, who looked into CCBRT's work with clubfoot patients, showed a dropout rate of one third of patients during the period of casting. This means that one third of clubfoot patients do not receive the treatment they require to fully correct the impairment. Similarly, whereas full treatment requires a new pair of shoes three to four times a year due to the rapid growth of a child's foot, the average number received is just one or two. This fact alerted DH to the need for more extensive awareness raising about the importance of consistent and ongoing treatment and the exigency of developing tools for monitoring and tracking patients. Initiatives to do this have started and will be put in place in 2012.

Despite these challenges, DH has had a successful year in its treatment of clubfoot with a record number of patients seen. 320 individual children received Ponseti (non-surgical) treatment at the hospital's Tuesday and Wednesday clinic and it has been observed that more children are attending at an earlier age. This suggests that efforts to raise awareness of the importance of early intervention are having an impact. In the coming year, plans are to further increase the numbers of patients treated for clubfoot but also, and crucially, to ensure that children attending the clubfoot clinic continue their treatment for the correct length of time and on a regular basis.



CLEFT LIP

Maugo (age: 43)

Why would a man who has lived almost all his life with cleft lip finally decide to seek treatment? This is an obvious question to ask 43 year old Maugo.

"When I was three years old, my mother worked hard to get transport money to take me to hospital in Moshi but she just could not afford it. Life was quite hard for us", says Maugo. Now a father of five, Maugo is determined to get his condition corrected. "It's never too late: even at 43, I still believe I have a whole life ahead of me", he says.

When the local hospital in his home area of Singida started asking for cleft patients who to be referred to CCBRT, he jumped at the chance. "I felt deprived for all those years and I suddenly had some hope that one day I would be normal." says Maugo

Having left his village at a time when people are preparing their farms ready for the rainy season, Maugo is confident that it's worth leaving his land for a while. "I look forward to going back as a complete person and hope for a double blessing: a bountiful harvest and a smile worth every moment", he concludes.



# CLUB FOOT

## Abdi (age: 1)

One year old Abdi was born with a club foot on the right and a malformed left leg which stops at the knee. He was first brought to CCBRT when three months old and was fitted with abductor braces to fix the club foot but he was too young at the time to be fitted with a prosthesis on the left.

He can now walk and support himself comfortably and it is now time to have the prosthesis fitted. "Early fitting of the prosthesis will develop the mental awareness that he has two legs. If the fitting was delayed, he would have problems maintaining balance and normal walking would be difficult", explains the doctor.

Abdi will be coming for readjustment every three months.





Consultations, surgeries, therapy and assistive devices

Eye department

The following achievements refer to consultations and operations at DH (including private clinic) and on surgical mobile outreach visits.

**Overview Consultations**

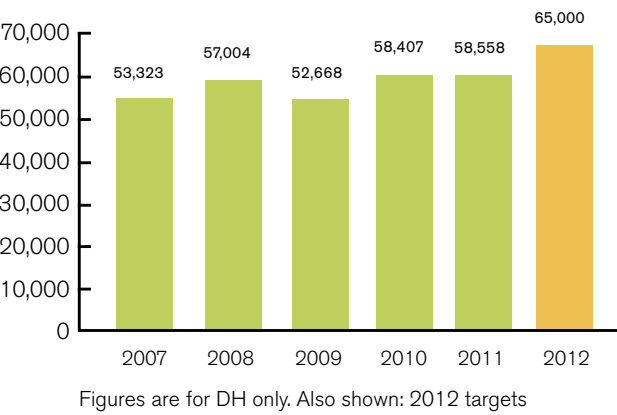
- 73, 873 consultations and examinations (58,558 at DH)
- 40, 204 new patients seen

**Overview operations**

- 8,104 eye operations (7,155 at DH)
- 4, 301 adult cataract operations
- 375 congenital cataract operations
- 273 glaucoma
- 200 retina operations
- 709 operations on children under five years
- 423 operations on children aged six-17 years

In a busy year within the eye department, over 73,873 eye consultations were provided. This is a lower overall figure than 2010 (in which 81, 893 consultations took place) the key reason being a reduced number of mobile outreach clinics and greater capacity at the partner hospitals whose achievements are noted in the mobile outreach section. Following consultations, a total of 8,104 operations were performed, exceeding the 8, 000 target. This is, again slightly lower than the 8, 320 carried out in 2010 and is, again, due to higher numbers of operations at partner hospitals. Successes within these statistics include a 35 per cent increase in child cataract operations and a 29 per cent increase in adult cataract operations. This reflects the fulfillment of the objective to increase cataract operations and, in particular, to treat congenital cataract while children are young.

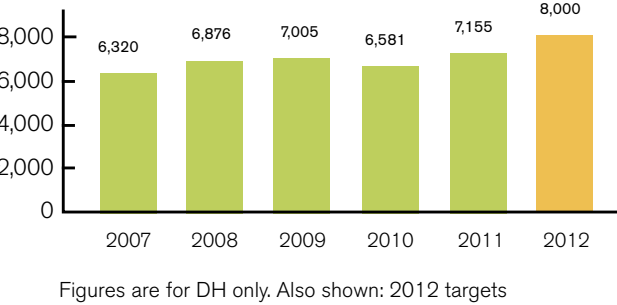
Eye consultations



In order to continue the expansion of congenital cataract treatment, and to focus on early intervention with the best possible outcomes, CCBRT will launch the White Pupil Campaign in early 2012. Through this campaign, mobile phone technology will be harnessed to inform and educate people about the identification and referral of patients and M-PESA will also be used to send money for transport to patients in remote areas. This targeted campaign is expected to further increase the number of cataract patients and, above all, to enhance efforts to emphasise the importance of early intervention.

CCBRT provides complex retinal surgery, placing it at the forefront of eye healthcare service providers in East Africa. It is also the only facility in the country with the expertise to create artificial eyes painted with a pigment closely matching the natural colour of the eye. With three clinics a week and a long waiting list, 368 artificial eyes were produced in 2011.

Eye surgeries



Rehabilitation department

**Overview Consultations**

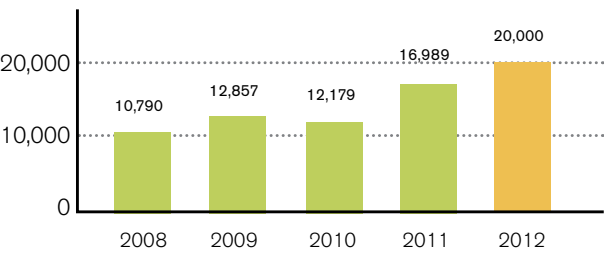
- 16,989 consultations
- 2,771 were for clubfoot
- 507 were for cleft lip
- 13,182 were for plastic/ reconstructive and other orthopaedic problems
- 529 were for VVF

**Overview operations**

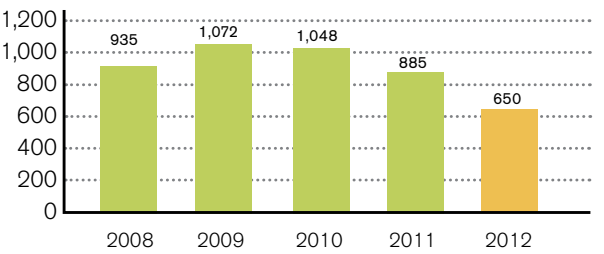
- 1, 735 rehabilitation operations
- 189 clubfoot operations (surgical intervention)
- 320 children treated with Ponseti technique (non-surgical intervention)
- 339 fistula operations
- 321 cleft lip/ palate operations

With even greater concentration on raising awareness about the treatment of fistula and cleft lip/palate in 2011, the rehabilitation department saw significant increases in many activities. Consultations were 35 per cent higher than in 2010. Compared with 2010, total operations were lower in 2011 despite significant areas of increase such as fistula and cleft lip/ palate. This is due to a number of factors. CCBRT has made a strategic decision to place the greatest priority on patients for whom surgery will have the most substantial impact and create the greatest improvement in their quality of life. This minimises unnecessary procedures for patients for whom intervention will not make a substantive difference and also ensures cost effectiveness and best use of resources at DH. In addition, the expansion of services at the private clinic has enabled those who can afford to pay for treatment to receive fast track or private care. The increased capacity and enhanced standards of services available at the clinic have resulted in more patients opting for this service level and this has meant less congestion at DH. As a consequence, services to the poorest of the poor are less strained and the focus is on high quality, high impact care.

Orthopaedic OPD



Orthopaedic Surgeries



Physiotherapy

Extensive restructuring of the physiotherapy department in 2011 resulted in many changes within the physiotherapy team and the services available. In a move to improve efficiency, all physiotherapists from DH and CP are now under one department and the room at DH now focuses on private and priority cases. Whereas the parents and caregivers of children with muscle control impairments, such as cerebral palsy, used to attend the unit at DH on an individual basis, there are now regular support units held at DH at which groups of parents or the caregivers of CWD work together. At other support unit sessions held in the community, parents and caregivers are also involved in group activities where they can learn how to support and exercise their children at home and can also share experiences with each other. These changes have removed the strain on resources at DH, where the physiotherapy room is now better equipped to cater for more specialist activities and has been able to develop its private physiotherapy services.

During 2011, there were 6, 117 physiotherapy sessions held at DH compared with 14, 795 in 2010. This reflects the significance of the restructuring exercise and the fact that group activities are now more common than individual consultations. It also demonstrates the increased ability of the facility at DH to offer tailored, specialised services to those who require one-on-one physiotherapy sessions.



# PROSTHETIC

## Ali (age 15)

10 years ago, a young boy was crossing the railway track in his home area in Tabora, unaware of the dangers. The railway was busy and a moving trolley with construction materials was coming down the track very fast. As the boy crossed the track, he slipped and fell. The trolley ran over his right leg, shattering it and he was rushed to the hospital where the leg was amputated above the knee.

Ali, now 15 years old, sits in the CCBRT prosthetic workshop waiting to have his prosthesis fitted. He has an athletic build and explains that he is a very good footballer. 'I love football, I play as a forward and sometimes also a substitute mid fielder', he says. After losing his leg, Ali moved to Dar es Salaam and attended the Salvation Army primary school for disabled children.

Now a form one secondary school student, he is about to walk without crutches for the first time in 10 years. As Ali practices walking with his prosthesis, the doctor comments that he looks really comfortable and that his new 'leg' seems very natural. Ali is clearly delighted. "My new leg feels very normal. It feels as if I had those crutches a life time and now I can finally let go of them," he smiles.

Private Clinic 2011	Achievements
Fast track consultations	9, 070
Fast track surgeries	1, 065
Fast track physiotherapy consultations	952
Private appointments (orthopaedic)	2, 273 (893)
(eye)	(708)
(ENT)	(672)
Private surgeries (orthopaedic)	383 (258)
(eye)	(117)
(ENT)	(8)
Private physiotherapy patients	201
Speech and language pathology sessions	242

## Assistive devices: prosthetic & orthotic unit

It was a year of change for the prosthetic and orthotic unit (POU) as its manager left for a new role and was replaced by an internal candidate. During the year, a total of 1,470 assistive devices were manufactured. This is 78 per cent of the total made in 2010 due to a change in management that resulted in a period of reduced productivity. The top three appliances made were special foot abductor braces, which help keep clubfeet in the correct position following treatment (499 and an increase of 26 per cent compared with 2010), clubfoot splints (181) and orthotics for children (133). In June, an MoU signed between CCBRT and LIVIT Orthopaedics, a Dutch specialist orthopaedic devices company, agreed three years of cooperation in which LIVIT will support CCBRT's sustainability in its prosthetic and orthotic services. This will include support to open a specialist orthopaedic shop on site in 2012. The unit also continued to receive technical support from ICRC throughout 2011.

## Private Clinic

With a view to long-term sustainability and a desire to be more financially independent, CCBRT refurbished its private clinic in late 2010/ early 2011. By treating higher numbers of private patients, CCBRT is also able to treat more poor patients at low cost or free of charge and is less dependent on external sources of funding. It also allows CCBRT to retain its high qualified specialists. The clinic offers a wide range of services including eye consultations, treatment and surgery with an on-site optical centre for eye tests and glasses or contact lenses. It also offers plastic reconstructive surgery, orthopaedic surgery such as knee and hip replacements, physiotherapy, speech and language pathology and has introduced Ear, Nose and Throat (ENT) consultations and treatment for the first time with operations performed by a visiting ENT specialist from Nairobi.

Physiotherapy sessions have also proved to be highly popular and the restructuring of the physiotherapy department has facilitated an increase in private physiotherapy patients. With the recruitment of a new physiotherapist in H2, the service offering to private patients has been greatly enhanced and the department plans to continue its expansion of these services. The

income generated from this expanded service will, again, be used to enhance the provision of treatment to the poor.

The private clinic offers a large air conditioned waiting room with flat screen TV, eight private rooms offering 24-hour nursing care, air conditioning, en-suite toilet facilities, a choice of freshly cooked food and Wi-Fi connection. Four of these rooms also offer television and a waiting area for relatives. Surgery takes place in CCBRT's existing operating theatres, some of which have also recently been renovated to adhere to international standards.

In addition, a new optical shop located at the clinic was opened in June. Designer glasses and prescription sunglasses are available and the shop enables patients using the private clinic to purchase their glasses and contact lenses more quickly and to buy high quality international brands. The shop generated income of around Euro 90,000 in 2011.

The private clinic manager, recruited in late 2010, continued to raise awareness of the clinic's activities within the community and through other local healthcare providers. This has been achieved through the production of brochures in early 2011 and through the launch of a dedicated website mid-year. The website, <http://www.ccbtrclinic-tz.org/> features detailed information about all the services available and short biographies of the relevant staff and doctors.

The building of relationships with private insurance companies continued throughout the year and the clinic now has contracts with seven providers. CCBRT is the preferred provider of both eye and orthopaedic consultations and operations for the clients of these companies. A substantial number of private patients have been referred as a result of these contracts and a new member of staff has been recruited to deal specifically with patients referred in this way.

In order to cater for high volumes of patients, the clinic commenced Saturday morning services in H2. These will continue in 2012 as they have been very busy and successful. Due to the overall popularity of the clinic, further expansion is envisaged for 2012.





# COMMUNITY PROGRAMME

## Dar es Salaam

2011 was yet again a busy year for Community Programmes in Dar es Salaam with both consolidation of services and some structural changes. In March, after evaluating the rehabilitation activities of CCBRT, it was deemed logical to merge therapists from DH and CP into one Therapist Department comprising physiotherapists and occupational therapists from across the organisation. In conjunction with this change, the parents and caregivers of children in need of physiotherapy have been discouraged from attending individual physiotherapy appointments at DH and are instead working more extensively in groups during support unit sessions.

The special seating clinician DsM, mostly benefitting children with cerebral palsy, also developed during the year with ongoing capacity building visits from the team in Moshi. By sharing expertise, both teams are identifying and implementing best practice activities. The wheelchair technologist in DsM completed his one-year training in September and this facilitated the full effectiveness of the mobile community-workshop. Further to this, a representative from Motivation in South Africa came to assess and evaluate the seating clinic and to make recommendations, improving its efficiency even more.

Highlights of the year also included piloting the use of mobile phones in the field for the completion of standard capability assessment forms. This has speeded up the process of data collection and improved efficiencies. The continued assessment and review of children with clubfoot in the community through two support units has also been an ongoing success, enabling parents and caregivers to carry out their day to day activities with less interruption. The department also sought to develop relationships with others in the same field during the year, holding its first stakeholder meeting in May. During the meeting, representatives from like-minded organisations were urged to be ambassadors for CCBRT and to help in the identification and referral of fistula and cleft lip/palate patients. Later on in the year, representatives from both CP DsM and CP Moshi attended the International Conference of the Federation

of Orthopaedic Technicians (FATO) at which further networking and capacity building opportunities were enjoyed.

Major challenges faced during 2011 included a lack of storage space for devices and materials at support unit locations to store devices and the changing of premises at two of the support units due to the areas being unsuitable for rehabilitation and working. In addition, changes to the structure and process within the PSMD resulted in some delays in the implementation of programme activities. Awareness raising centred on the distribution of leaflets and posters and the airing of radio spots both to inform communities about upcoming mobile outreach trips and to explain more broadly the services offered by CCBRT. At specific awareness raising events, the mobile outreach team distributed 12, 000 leaflets and posters and, at outreach stations, 3,500 such materials were handed out. During the year, over 500 radio airings were played on various national radio stations including: TBC Taifa; Radio Maria; Times FM Radio; Clouds FM; Radio Free Africa. Many were also placed on upcountry stations including Sauti ya Injili, Ebony FM, Pride FM and Bomba FM.

## Health

Committed to rehabilitation in the community wherever possible, CCBRT's community based work continues to be at the centre of its activities. Services in the community continued to grow in 2011 and performance against targets was strong.

The mobile clubfoot clinic, which started in 2010, continued to travel to two support units each week with trained medical staff able to offer the necessary treatment and care in the community. These rehabilitation services offered in the community reduce the need for the parents and caregivers of children with disabilities to travel to DH and ensure that those in charge of caregiving are able to provide the correct care at home on an ongoing basis. During the year, a total of 467 visits were made to the clubfoot clinics by 358 individual patients.



Physiotherapy sessions at support units were increased in 2011 as a result of the restructuring of the physiotherapy department and the focus on parents and caregivers learning from not only CCBRT staff but also from each other in terms of managing their children at home. This change has reduced the numbers of parents bringing their children for physiotherapy sessions at DH, enabling them to attend localised group sessions. It has also resulted in a higher number of private physiotherapy sessions being held at DH and a more specialised services being offered on site.

The number of home visits was reduced in 2011, and was low against the planned target. However this was in line with a change in approach, which now focuses on increasing attendance at support units where group activities can have a strong impact. The success of this change is demonstrated by the vast rise in the number of support unit visits. Due to some challenges with procuring the correct items, the number of assistive devices distributed to CWD was below target in 2011 and this will be addressed in 2012.

Community based rehabilitation	Number (2011)	Full year target	% of target reached
Home visits (of which CWD/ adult blind)	3,537 138 1,382	5,237 3,716 1,521	68%
Support unit visits	12,565	4,000	314%
Support unit sessions held	464	450	103%
Individual CWD clients	1,929	1,994	97%
Children provided with drugs for epilepsy	113	200	57%
Assistive devices for children with disabilities	481	900	53%
White canes provided for adult blind	9	50	18%

Education

CP retains a strong focus on the role of education in the lives of CWD as typically limited access is an ongoing challenge and impacts the individual's social and economic present and future. Poor integration into the community and lack of interaction with peer groups results in low levels of socialisation for those not in the education system and the lack of formal qualifications reduces opportunities for future training and employment. Therefore, in both Dar es Salaam and Moshi, CP's education component aims to improve access to mainstream schools for CWD.

There was no orientation and mobility training for trainers in 2011 but a thorough review of the training offered by CCBRT was carried out between 21 November and 2 December and a report written with suggestions for future trainings. The review, with participants from Kenya and Uganda, who accounted for more than 90 per cent of the participants from previous trainings held each year from 2007 to 2010, demonstrated the positive impact of the training and the benefits not only for participants but also for their organisations and individuals in their home countries. Many trainees have made efforts to put into practice the knowledge and skills they gained during orientation and mobility training but some have faced barriers such as lack of funding, transport and access to the necessary devices such as white canes and learning materials. Plans also include the development of a two-week refresher and a two month advanced course for trainees based on the needs of the beneficiaries. During the year, 73 adult blind received O&M training in the community.

Physical barriers to education are also tackled, with the support of the advocacy team. These include: lack of appropriate toilet and hygiene facilities; paths and doorways that do not easily accommodate wheelchairs and a lack of ramps into classrooms. CP successfully addressed this issue in four schools around DsM in 2011. Children with disabilities at these schools can now access toilets easily by ramps and can use the modified or newly constructed toilets independently. The toilets comprise eight pits: four for girls and four for boys. During the handover ceremonies that took place in July, the respective school management

committed to maintaining the new facilities. Before the adaptations, the children needed significant support when moving around the schools in wheelchairs but they now have greatly enhanced independence and mobility. These schools are showcases for other organisations and government institutions seeking to improve the accessibility of sanitary facilities in the country.

In addition to the above adjustments, the education team renovated four classrooms and one dining hall for schools teaching children with hearing impairments. This improved their environmental conditions and made one area suitable for mealtimes.

Training teachers is vital to ensuring that they have the skills required to manage CWD in their schools. Throughout 2011, the education team worked closely with 83 primary school teachers, training them on disability issues and how to accommodate the specific needs of CWD in the school environment. These teachers, who are designated 'health teachers' in school health clubs, use this training to educate children without disabilities on the needs of their classmates with disabilities, and the support they might need with regard to classroom access and other mobility issues. Parents also receive training and support through the clubs. CP staff visit the health clubs to monitor their success and to offer further advice.

Further to this, four trainings were given to 40 teachers on how to use sign language when teaching children with hearing impairments subjects including geography and mathematics in the DsM area. Five didactic workshops were held in Manzese and Mbagala primary schools (DsM) during which 2,945 children learnt different disabilities, their causes and how to assist a child with disability in class. .

During the year, 58 new children were enrolled at school for the first time by CP DsM, bringing the number of children enrolled in DsM primary schools to 436. Of these, 26 have physical disabilities, and 32 are hearing impaired. The number of schools with which CP DsM works rose from 80 in 2010 to 85 in 2011. 17 children with hearing impairments and physical disabilities graduated primary school education and two with hearing impairments were selected to join secondary education in 2012.

Livelihood and Empowerment

**Manzese day care centre:** Since 2009, Manzese has provided an environment in which CWD receive essential CBR and their parents/ caregivers have the opportunity to participate in income generating activities. In 2011, a total of 47 (five new) CWD were enrolled. Three CWD were integrated into mainstream primary school, bringing the total number since Manzese opened to eleven. Bread making continues to be an important activity for the mothers of children at Manzese. During the year, those involved in the activity made a profit of TZSh 650,000. Although there was a decline in the number of mothers doing breadmaking activities, other mothers, with their start up kits, started small businesses such as kiosks selling refreshments and household essentials or selling cooked food. In order to facilitate further business growth, the mothers in the centre underwent different trainings to increase their knowledge on entrepreneurship skills. This increased their capacity to be more innovative and more business orientated.

The sustainability of the project is vital to its success. Volunteers from the local community continue to assist staff in feeding the children, and cleaning the centre. In addition, despite the challenges of educating parents about the importance of their ownership of the centre, the parents of attending CWD contributed TZSh 5,000 each month and are building a longer term sense of involvement. Many civil societies, NGOs and other stakeholders within and beyond the Manzese area also contributed to the centre's upkeep in 2011. In August, a civil society donated consumables to the day care centre with a value of around TZSh 2,000,000. The items included food, toiletries, and items to assist in bread production. Many political leaders visited the centre to exchange views with mothers.

In September 2011, a didactic workshop in Uzuri primary school, one of the schools in Manzese ward, was conducted. 420 children without disability were reached during the workshop, bringing the total number of children without disability knowing the issues of disability to 2,670. The children were informed about different disabilities and the challenges faced by CWD in the school environment.



**Mbagala day care centre:** The day care centre, opened with CEFA in April 2009, has continued to expand with 36 children in 2011, 25 of which were newly enrolled. 35 of the children received school support. In addition, 22 adults attended a literacy course through the centre. The support unit, held every week, was attended by 1,462 clients in 2011 and there was a total of 824 home visits. The centre also conducted didactic workshops in four schools during the year, where 2,525 children were reached.

**Collaboration with Radar:** Our partnership with Radar Development further expanded in 2011. This was particularly evident in the partnership with CCBRT's advocacy team with the launch of a new EU funded 'EmployAbility' Project. This project aims to promote the formal employment of PWD through a supported employment programme. In 2011, Radar Development registered 189 new PWD on its recruitment database, bringing the total registered to 978. Since its beginning, Radar Development has placed 113 PWD in jobs. In 2011, 39 candidates were placed and 32 of these went into permanent positions. An accountant was placed at a multinational logistics company, a candidate with a hearing impairment accepted a position as a baker at a fast food restaurant and a clothes manufacturing company took two sewing machine operators with physical impairments. In addition, a wide cross-section of the hotel and catering industry has placed cooks, bakers and housekeepers with very positive results. The EmployAbility Project with CCBRT's advocacy team is expected to stimulate more companies to actively recruit PWD in the coming year.

**Collaboration with CEFA:** Collaboration with CEFA: The "LESS is more: Labour, Empowerment and Social Services for vulnerable people in Dar es Salaam" project, is ongoing. CEFA is a partner NGO, offering vocational training courses for PWD and other vulnerable groups (cooking/housekeeping, bakery and carpentry). It works in collaboration with Radar Development, which assists in identifying appropriate candidates and finding placements for graduated students. In 2011, various courses were held for a total of 83 beneficiaries. The fifth and sixth cooking and housekeeping training courses started in March and September respectively, while the second and third bakery courses started in May and December. A total of 60 trainees graduated in 2011: four in carpentry, 38 in cooking and housekeeping

and 18 in bakery. The success of the vocational training courses is mainly due to the related apprenticeship scheme. After three months of classes, all trainees are sent to well-established hotels, restaurants, bakeries and cleaning companies in Dar es Salaam for three months of practice. This part of the course is extremely important because it allows trainees to complete their training and assures them exposure to what will hopefully become their future sector of employment. Moreover, it offers to employers the opportunity to get to know the trainees and evaluate their capacities. In 2011, 18 companies hosted trainees coming from the vocational training courses organised by CEFA. 13 trainees subsequently secured full employment once graduated.

Besides vocational training courses, CEFA is responsible of establishing and supervising income-generating activities for PWD and other vulnerable groups. In 2010, a group of graduates of the cooking and housekeeping courses were assisted in setting-up a catering service called "More than Food". In 2011, this business grew, in terms of both services offered and number of customers. The six employees, 4 of whom are PWD, are involved in the production of home-made pasta, lunch-box delivery and catering for events. In 2011, "More than Food" was awarded a contract for providing meals to CCBRT's private ward. Moreover, CCBRT entrusted to it the catering for its events. In September, a group of seven PWD and mothers of CWD were invited to participate in a two-week training course on the production of jewellery made with traditional Tanzanian fabrics (kanga and kitenge). This was the first step of a new income-generating activity called "Jina langu ni..." ("My name is..."). The women involved are provided with the materials necessary for producing necklaces, bracelets and earrings, and are then given the opportunity to work at home. Every week, they bring their finished products and are paid accordingly. This proves to be very convenient for the mothers involved, as they can earn an income without having to leave their children at home and without incurring transport costs. "Jina lang ni..." products were sold in all the main Dar es Salaam arts and crafts fairs and have been very popular thus far.

**Mabinti Center:** The Mabinti Center enjoyed a successful and busy year in 2011, continuing its work to train women who have undergone fistula operations and to facilitate their future reintegration into society through income generating activities. 18 women started the new

training course in January 2011 to learn sewing, screen-printing and beading. After three months the women were making Binti dolls, handkerchiefs, tea towels, napkins, cushion covers, fabric flowers, purses, billboard bags and fabric bags. In the second quarter the women had advanced sessions in sewing and screenprinting. During the third quarter, the women started an intensive course in dressmaking. The dressmaking skills will be very useful when setting up their own business. Product development and marketing were paramount in 2011 with the creation of new products and designs and participation in different fairs to market the products. The women made bags from recycled billboards for an international sailing race and, for an anniversary celebration for a corporate, the trainees made more than 800 products. The Binti dolls are a particular success and many organisations placed large orders for them in 2011.

During business skills sessions, the trainees learned how to run a small business and the business skills trainer organised a field trip to Bagamoyo. The trip provided the women with insights on quality and presentation of markets for products through observation, discussions and interviews with the local business people. In the weekly training in life-skills the women learned about HIV/AIDS and sexually transmitted diseases, behaviour within a group, work attitudes, stress management and problem solving, planning for the future, and nutrition. The trainer was also available for individual counselling whenever needed. Literacy and English classes were also held. Monthly meetings took place throughout the year to coach and mentor previous graduates and the business skills teacher conducted home visits to women who graduated from the previous course to give advice where needed.

Twice a week, a Mabinti trainer visited DH for crochet training lessons. In total, 559 participants joined the course in 2011 and the trainer gave out 144 starter kits.

The Mabinti Center received many visitors in 2011 including the First Lady of Tanzania, Mrs. Salma Kikwete, in the Mabinti tent at the 'Step Ahead Walk 2011' organised by Barclays Bank. Princess Astrid of Belgium's visit to CCBRT gave the Mabinti trainees another opportunity to give information about the programme. Mr. Tim Clarke, the Ambassador to the EU at the time, and his wife Anne also enjoyed their visit to the centre.

## Social activities

During 2011, a total of four sports events were held, giving CWD (in particular, deaf children and those in wheelchairs) and their parents and caregivers the opportunity to participate in socially integrated activities. Sponsored by a local restaurant chain, one of the events included fun activities such as face painting and a bouncy castle. A total of 1,142 people took part in these.

In addition to this, a number of counselling sessions were offered so as to provide further support to clients. These comprised:

- Supportive counselling: 66 sessions held
- Legal counselling: 40 home visits conducted
- Marriage/ family issues counselling: 61 home visits
- Entrepreneurship advice: 25 home visits and 300 clients involved in group activities
- 60 community committee members involved in activities, all of them women





## WEAK ANKLE

### Tessa (age 18 months)

When Mama Tessa was pregnant, her nutritional intake was insufficient. A protracted labour left her in a great deal of pain and her newborn baby was underweight and weak. It eight months later, following months of repeated malaria for Tessa, that her mother noticed she was dragging her left foot. "I didn't know what was wrong but I blamed myself," says Mama Tessa.

Luckily, a local official told her about CCBRT and they have been attending regularly for six months. Tessa had a very weak left ankle when she arrived, with the muscles hardly developed. That is why she could not support herself properly.

With special orthopaedic boots and a frame on wheels to support walking around the House of Hope site at CCBRT Moshi, Tessa is making great progress and gaining strength in her left ankle. Next, she will be encouraged to walk independently until all her strength is established.

"We practice at home and Tessa is not scared any more. I look forward to the day when she will be able to walk without any help at all and I know that it is possible thanks to CCBRT," smiles Mama Tessa.



## DEVELOPMENTAL DELAY

### Fatma (age 9 months)

Fatma is propped up by her 21 year old mother and it is difficult to see what is wrong. But, when Mama Fatma holds her baby up and encourages her to try to balance on her legs, it is clear that Fatma's little legs are weak. Delayed growth, a result of being underweight at birth due to her mother's poor nutrition, has resulted in leg muscles which have not developed correctly and legs which flop without strength or control.

"I brought my baby girl to CCBRT because my neighbours told me about it. They also have a child with a disability," explains Mama Fatma. Together with the physiotherapist team at the House of Hope, Fatma does some gentle weight bearing exercises to slowly build her strength and uses a standing frame when she is at the center. They attend two or three times a week, but should ideally get a standing frame for the home so that Fatma can use one every day.

Mama Fatma worries that her daughter will never be able to walk, but CCBRT staff have reassured her that if the exercises are repeated and developed then she will be like other children one day. "I just want to watch Fatma walk to school one day," says her mother. "I have to trust CCBRT. It is a great service and everyone here is lovely. I would tell other mothers to bring their children here if they were worried."





Mobile Outreach

In its second year as part of CP, mobile outreach continued its vital work across the country in 2011. There was particular emphasis on expanding the ambassador network throughout the year, and a two week trip to Lake Zone in June resulted in the recruitment of 45ambassadors who are educated to identify and refer those in need of treatment. During the year, a total of 70 new ambassadors joined the network, bringing the total across the country to 285.

Throughout the year, the team conducted a total of 26 outreach trips, five of which were surgical. During these trips, a total of 15,524 people with eye problems were seen by mobile outreach. Of these, 1,975 received surgery: 563 at CCBRT and 271 during surgical outreach trips in Kilwa, Pemba, Mafia and Mwanza. 1,141 operations were carried out at the satellite clinic in Kabanga hospital (Kigoma) and at Bombo hospital in Tanga.

A major challenge facing the team in 2011 was the impact on DH of taking medical staff on surgical outreach trips. Such trips require a full medical team and this is no longer a sustainable way of treating patients in the community. In order to tackle this, more and more collaborations with local service providers and capacity building initiatives are being developed so that existing facilities and medical staff are able to offer the same services available at CCBRT. This will also reduce the travel time and costs for patients living in more remote parts of the country. New collaborations with Chake Chake hospital in Pemba and with Mafia district hospital formed in 2011 and will be essential to the reduction of visits made by CCBRT staff.

Mobile outreach activities 2011	Number	Full year target	% of target reached
Total number seen	15, 524	18,000	86%
Referrals and operations at DH	563	800	63%
Total operations on surgical outreach (of which Pemba/ of which Mafia of which Kilwa/ of which Mwanza)	271 54 64 27 126		
Operations at Kabanga hospital (Kigoma)/ Bombo hospital (Tanga)	753 388	400 400	188% 97%
Total surgeries outside CCBRT	1,975	2,000	99%
Total surgeries from outreach activities	2,591	2,000	130%

For the first time in seven years, CCBRT returned to Pemba island, just off the Tanzanian mainland, in March to conduct eye surgeries. There is no eye surgeon on Pemba, which has a population of over 36,000. So, with EU funding, a team of seven from CCBRT attended the five day surgical clinic in collaboration with a local hospital. A partner pre-screened a number of patients in advance leaving the more complex cases for the CCBRT team. 54 patients had eye surgery during the week, 48 of these being for cataract. Another three people were referred to CCBRT Disability Hospital for further treatment. In May, an outreach at Kilwa district hospital resulted in 27 operations. On Mafia island in October, a total of 482 people were seen and 64 received surgery.

CCBRT also continued its partnership with Sekou Toure regional hospital (Mwanza) and KCCO, In June, a successful surgical outreach was held at Sekou Toure hospital at which 425 children were screened and 63 were operated. This visit was sponsored by TIGO. The second visit to Mwanza, in November, was held at Sengerema Designated district hospital due to the renovation of the Sekou Toure hospital's main operating theatre. During two weeks at Sengerema, the mobile outreach team operated on 63 children following 183 consultations and referred another 16 children to CCBRT and KCMC.

In December, a meeting of ophthalmologists was held at CCBRT in collaboration with the Ministry of Health and Social Welfare. It was attended by regional and district cataract surgeons in Tanzania. The aim of the meeting was to exchange ideas, and discuss the challenges faced in this field. Participants agreed that they would coordinate a schedule of outreach trips through the national eye coordinator to avoid duplicating efforts.

Community Programme Moshi

2011 was a busy and exciting year for CP Moshi. During the year, CCBRT Moshi was shortlisted – out of 700 candidates – for Tanzania's best CBO/CSO/NGO with judges visiting the centre, meeting clients at their homes and consulting government officials. The final result saw Moshi at sixth place. CCBRT Moshi was also proud to see the appointment of one of its Occupational Therapists at the House of Hope, as Representative for Tanzania at the World Federation of Occupational Therapy.

Important organisational changes have taken place with a new Programme Manager starting in October 2011. This followed the departure, after 16 years of service to CCBRT, of the previous incumbent who was a devoted member of staff. Thanks to the installation of solar panels and the use of sawdust briquettes rather than charcoal, the Moshi site is more environmentally friendly and energy costs have been reduced considerably.

A two year partnership between CCBRT and Children in Crossfire (CiC)Tanzania that was sealed in H1 is focusing on the early identification and referral of children born with treatable impairments such as clubfoot and cleft lip in the Kilimanjaro region. CiC funds will build on CCBRT Moshi's work by supporting the training of health workers in 20 wards and incentivising them to refer children to the House of Hope. Here, they will access treatment to

either cure or significantly reduce their impairments. The partnership, also supported by the Lutheran and Catholic churches and the Government of Tanzania, will provide around 100 children with life enhancing treatment in the years ahead.

The seating workshop was extended and many children with disabilities have improved their mobility and participation in activities of daily life. Families in and around Moshi have benefited from CCBRT's provision of physical and occupational therapy. Overall, 2011 saw increased activity at the House of Hope itself but also a significant increase in reaching out to more children through other existing support centres rather than through home visits. Challenges remain in accessing those in need of treatment but the growing ambassador network and awareness raising activities have shown good results. In 2011, 129 individuals in need of treatment (women with VVF, children with cleft lip / palate and bone deformities) were detected and referred. In continuation of the work of previous years, training activities have been intensive and CCBRT Moshi strengthened crucial cooperation with partners to allow for better quality care for children with disabilities.

Awareness raising took place throughout the year, with the distribution of 2,900 posters in the community and ongoing radio campaigns with airings on national and local radio.

Health

Community based rehabilitation	Achievements 2011	Full year target	% of target reached
Home visits	2,722	4,411	62%
Individuals seen	530		
House of Hope visits (individuals attending- new cases) (individuals attending - follow up)	917 (694) (223)	700 (300)	131%
BCC visits	254	484	52%
Individuals seen	97	127	76%
Dispensaries/ healthcare centres visited	94	264	35%
Children provided with drugs for epilepsy	121	150	81%
Children assessed at special seating clinic and appropriate devices delivered	135	154	88%
Babies treated for clubfoot	69	65	101%
Referred and operated	119	170	70%
VVF	23	60	38%
Cleft lip/palate	60	60	100%
Bone deformities	36	50	72%



Continuing the work of previous years, CCBRT Moshi focused on reaching more women living with VVF and children requiring treatment for cleft lip/palate and referring them to the CCBRT Disability Hospital and partner hospitals, KCMC in Moshi and Selian Hospital in Arusha throughout 2011. The latter has the capacity to perform higher numbers of surgeries due to the arrival of a British surgeon with vast experience in this field. Other partners are the Machame Hospital where children with bone deformities are referred for surgical intervention, the ALMC Hospital where children with burn contractures and cleft lip/palate receive plastic surgery and Mawenzi Hospital whose surgical department performs tenotomy to children with congenital clubfoot. As a result of these collaborations, 119 patients received surgery at the partner hospitals as well as CCBRT's Disability Hospital in 2011.

Another valuable partnership for CCBRT Moshi is the one with the Northern Diocese of the Evangelical Lutheran Church in Tanzania, which has 12 "Building a Caring Community" centres (BCC) in the Moshi area. These centres – support centres for children with disabilities and their families – enable CCBRT Moshi to see and provide rehabilitation services to a large number of CWD in one visit. Although also the number of home visits decreased in 2011, the tremendous increase in the BCC visits in 2011 (176 per cent) greatly contributed to increased efficiency by reaching out to more children at the same time. In addition, the number of dispensaries /

health care centres visited increased (by 28 percent) in 2011 compared to 2010.

There is an increased reliance on ambassadors to detect and refer people in need of treatment. The programme is now supported by 45 ambassadors who were identified from areas around Moshi where CCBRT has run mobile outreach clinics. Through these ambassadors, 36 PWD were identified and referred, compared to 84 patients referred by CCBRT staff.

Throughout the year, CCBRT Moshi continued to put more emphasis on encouraging the parents and caregivers of CWD to visit the House of Hope through weeks of intensive training with a multidisciplinary team of rehabilitation specialists, a paediatrician, a speech and language pathologist and a Montessori teacher. 917 PWD visited the House of Hope in 2011 and this 8 per cent increase from 2010 is mainly due to an increase in essential follow-up visits.

The centre continued to provide conservative treatment for congenital clubfeet. 69 babies born with clubfoot received manipulation and casting treatment over the year, a 50 per cent increase compared to 2010. Besides reaching the set target of increasing the number of children receiving treatment, the team's focus was also on ensuring that parents adhere to the follow-up schedule to achieve a proper result.



The extension of the special seating workshop was another major achievement in 2011 due to the continued cooperation with Motivation Africa with regard to the intermediate wheelchair seating service as well as the training of community rehabilitation workers on referral networking.

Focus was laid on increasing the service capacity from 10 to 15 children in need of a supportive seat on average per month. There was an overall 40 per cent increase in the number of seats provided in 2011 compared to 2010. This increase was made possible due to an increase in human resource at the seating workshop. Through the provision of seats, many children have improved neck control and trunk balance as well as reduced levels of malnourishment due to a better eating position. The rehabilitation team was able to observe major improvements with the children who are now able for the first time to sit or stand on their own. Parents also report an improved quality of life since they do not have to carry the children on their backs anymore and are able to participate better in community and family activities as their children are a lot more independent or have improved mobility. Moreover, the extended family and wider community at large are able to participate more in the care of the children. 135 children were assessed at the special seating clinic in 2011 and provided with appropriate devices.

CCBRT is continuously striving to empower the parents of CWD, and CWD themselves, to manage the ongoing rehabilitation process. In Moshi, this is achieved through weeks of intensive treatment (WIT) during which parents and their children stay at the hostel at the House of Hope for five days for focused care. In 2011, 33 WIT were held (comprising 78 discreet trainings) with a total of 529 participants. As well as treatment, participants received education on a range of topics including children rights and gender issues, HIV counselling and voluntary testing and environmental awareness. In addition to the WIT, five meetings were held for parents of children with spina bifida with a total of 339 parents and 246 CWD attending. Further to this, two meetings for fathers of CWD were conducted: 143 fathers took part in these and learnt the importance of rehabilitation for the children, how to support the process and their unique contribution.

## Education

Increasing access to mainstream education is a central component of the work of CCBRT's Community Programme. In 2011, CCBRT Moshi supported a total of 498 CWD in schools (compared to 403 in 2010). 34 children were enrolled for the first time (in 2010: 35). Among the 498 children 39 per cent have intellectual impairments, 33 per cent are children with hearing impairments and 13 per cent with physical impairment. Of course also the work of the seating clinic has a major impact on the children's school attendance and improved access to education as they are now able to attend school and play with their peers. Further, 151 head teachers from 20 wards in Moshi rural received an introduction into CCBRT's activities and training in inclusive education. These educative seminars were organised in collaboration with the local government education authorities. The training was beneficial in sensitising the teachers to the needs of the children and making them aware that CWDs are capable of learning. During 2011 197 school visits were carried out.

## Livelihood and economic empowerment

In partnership with Heifer International, CCBRT Moshi works to increase the economic status of families with CWD, enabling them to afford proper health/rehabilitation services and education for their children. In 2011, 100 female goats and 20 male goats were given to poor families living in rural locations in the Kilimanjaro district. Although the project is in its early stages, it is set to expand in the future. Given that the first off-spring will be passed on, additional families will benefit in the longer term, thereby enlarging the project's reach.

## Social activities

CCBRT Moshi offers voluntary counselling and testing. In 2011, 288 clients benefited from this service which is offered during WIT. In addition, parents of CWD received information on various topics alongside the care of their children at CWD. Such topics included: children's rights and gender; the use of briquettes as a sustainable alternative to charcoal and the importance of voluntary HIV testing.





## CATARACT

### Aba (age: 4)

When Aba was a year old, his mother noticed something strange about his eyes. "Whenever I called him, one eye flinched", says his mother, Zuena. "I actually thought it was a child's game he had started." However, as time went by, she realised that there was something wrong with his eyes.

"Aba would also look at the sun directly which was quite unusual. At times he couldn't notice a stone ahead of him and he ended up hurting his foot all the time", she remembers.

Zuena took him for an eye check and it was discovered that it was not a normal eye problem: Aba had bilateral cataract which required him to have an operation in both eyes and, therefore, she was required to seek help in a specialised hospital. Fortunately, a relative had been treated at CCBRT previously and recommended that she took Aba there.

At the eye ward in CCBRT Disability Hospital, where both mother and son have been admitted, Aba has just had his right eye operated and is busy playing with the other children in the ward. Zuena looks up at him and smiles. "I am happy that when Aba is finally better, I will be able to resume my work on my farm. Before, I had to be there for him all the time. I even had to take him to the toilet because he was afraid of going by himself, sometimes even refusing to go. This will all change now", Zuena beams with pride.



DEAF

## Naomi: Deaf health provider

Naomi calls the waiting clients in one by one. They are silent and are called into her service room through sign language. 36 year old Naomi is happy to be of service: a few months ago, she was at home doing nothing but, after training at CCBRT, she is now offering healthcare services to people with disabilities. Her focus is on voluntary counselling and testing for HIV/AIDS. Being deaf herself, this is a great honour and Naomi is clearly passionate about her new job.

Life was not easy for Naomi before she started to work. "I used to stay at home and my self esteem was low because I rarely met people," she says. "I attend to the deaf and I do not have many challenges as we can communicate perfectly in sign language. However, for me, communicating with the hearing public is more difficult."

According to her, most hospitals, shops, hotels and police stations do not have experts in sign language, making it very difficult for the deaf to access services.

"I find it demeaning that every time a deaf person has to go to hospital, he or she must be accompanied by an interpreter. Communicating your needs is very difficult through another person," she says. "Because of such problems the deaf tend to stay away from hospitals. The deaf are very self-conscious as they draw attention every time they express themselves."

At the health centre, Naomi provides voluntary counselling and testing services to clients. There is still a need to communicate the services to people with disabilities, she explains, because they do not always know what is available to them. Naomi works three times a week and says she has benefitted from the job as she has boosted her knowledge as well. Clearly, everyone involved benefits and Naomi relishes the opportunity she has been given to make a real difference to her life, and the lives of others.



## Disability and HIV/AIDS

The third and final year of the PEPFAR funded project, Making HIV/AIDS Strategies Inclusive of People with Disabilities in Tanzania, was one of demonstrable growth and increased impact through wider geographical coverage. In 2011, the project covered 15 districts of the Tanzanian mainland and was a year in which educational sessions for peer educators and deaf counsellors took precedence. During the year, many individuals were reached through the media, in particular through radio and television spots. It is a challenge to estimate the numbers accessed in this way but outreach was extensive.

Training activities and impact 2011	Number
Peer educators	139
Awareness raising sessions (by peer educators)	4,010
PWD reached by awareness raising sessions	11,318
Deaf reached by deaf counsellors	810

The statistics demonstrate the central role of training and capacity building, and its direct impact on PWD not only as trainers themselves but also as the recipients of training. PWD face many challenges when trying to access healthcare services and information about health related matters and, in the context of HIV/AIDS, this is a particular problem. By using PWD, such as people who are deaf, as trainers, the project ensures that the approach to tackling these challenges is appropriate and effective. Peer educators focus on young people with disabilities, stimulating and leading discussions on HIV/AIDS through awareness raising sessions which are monitored by district coordinators. Teachers have also been trained on the new HIV/AIDS inclusive curriculum, which is detailed below, and tutors of pre-service teachers have received training so as to address the new curriculum in their training of new (pre-service) teachers. The training of healthcare providers from government health facilities also supports the overall aim of increasing the accessibility of HIV/AIDS information, testing and treatment for PWD.

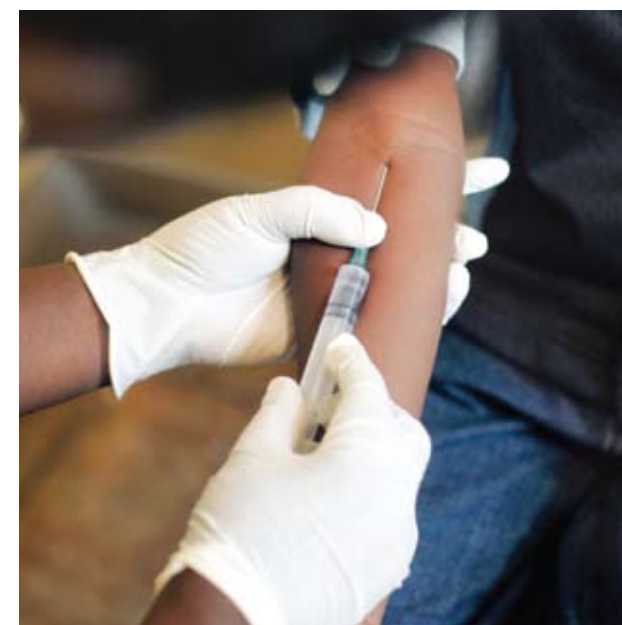
Barriers such as those of communication and attitude are reinforced by problems with physical access to healthcare facilities. To this end, work on 55 healthcare

facilities commenced in 2011 so as to enhance them in terms of accessibility to PWD.

**The media and IEC materials:** Although no specific media campaigns were run in 2011, the IEC materials produced in 2010 were distributed throughout the year addressing the attitudinal, communication and physical barriers affecting PWD access to HIV/AIDS services in health facilities.

**Curriculum review:** In partnership with the Tanzania Institute of Education and the Ministry of Education and Vocational Training, the project reviewed the special needs education curriculum for in-service primary school teachers, with the objective of integrating health education and HIV/AIDS education in the curriculum for CWD. The curriculum is awaiting endorsement by the ministry. The curriculum implementation will be supported by teaching and learning aids donated to 19 primary schools in 2011, including five Braille photocopying machines. The overall aim of this component is to ensure that all learners with disabilities receive the same information and education about HIV/AIDS as other learners.

**Events:** In 2011, events were held in Dodoma, Njombe, Tanga, Dar, Moshi and Mbozi on World Aids Day (1 December) and International Day for Persons with Disabilities (3 December).







# TRAINING

Training and capacity building remain central to CCBRT's work, ensuring that its activities are sustainable. CCBRT staff members enjoy both on the job and external training opportunities so that professional standards are maintained at a high level. In addition, CCBRT offers training to individuals, community groups and other organisations to support the development of the skills, knowledge and awareness needed to ensure that PWD receive the care, respect and rights that they are due. Training and skills enhancement are integrated into the activities of all CCBRT staff and are also provided for:

- PWD themselves
- The parents, caregivers and teachers of CWD
- Community healthcare workers
- External trainees from medical / CBR backgrounds

In addition to the above, CCBRT runs a comprehensive international training programme for visiting doctors, nurses and students from around the world with a focus on those involved in disability on a professional basis. In this way, CCBRT supports work with PWD on a national, regional and international level whilst bringing new perspectives and techniques to our own medical staff at DH.

CCBRT's belief in the role of training and capacity development contributes to the recruitment, retention and motivation of staff and ensures that our services are of the highest quality.

## Training highlights

### Internal

Development and training opportunities are a key component of CCBRT's commitment to its staff. Professional development comes through training courses, attendances at conferences and other events and exposure visits. In addition, continuous on-the-job training throughout 2011 enabled many staff to acquire new skills and knowledge.

**HQ:** 10 CCBRT staff from attended six weeks of in-house sign language training; the human resources officer and six CCBRT staff attended four days training on HR management in Nairobi; the human resources officer attended two weeks of training organised by the President Office Public Service Management (POPSM) on human capital management information systems; all managers underwent Lean Six Sigma training for a week in December, delivered by a consultant from Merck and Co., Inc. The advocacy team enjoyed many training opportunities throughout the year, including: three days of training on supported employment, delivered by Disability Action; a four day exposure visit to the EU in Belgium; a day of child protection training in which other CCBRT staff also participated. The Deputy CEO attended a two day leadership training in March, provided by the American Embassy in DsM. CCBRT's Finance Manager commenced a year long masters course at the University of Coventry in the UK in September in order to develop his professional skills.

**DH:** All staff in DH receive continuous on-the-job training through practical experience and sharing new ideas with visiting doctors. Specific training in 2011 included: training of the artificial eyes team by Professor Colin Haylock, a maxillofacial prosthetist who visits CCBRT for two weeks a year; weekly training sessions for CCBRT doctors in which a range of complex medical topics were covered; weekly training sessions for CCBRT nurses during which a group of approximately 12 nurses receive skills development training to ensure that they are up to date; opportunities to learn alongside a range of visiting surgeons specialising in orthopaedics, ophthalmology and plastic surgery. From the POU, two members of staff went to Ethiopia for a three week training coordinated by the International Committee for the Red Cross. A low vision specialist from Scotland worked with the eye department for two weeks, sharing knowledge and expertise with the team, with the aim of improving the quality of care offered. Visits from numerous surgeons from outside of Tanzania gave the medical staff opportunities to develop new ideas and skills throughout the year. A total of 34 CCBRT staff,



many from DH and CP, participated in '5s' training and a further 102 staff have been oriented on its main tenets.

**CP:** CP staff were trained regularly in the following areas in 2011: children's rights; human and social psychology; cerebral palsy management; low vision assessment and mobility and orientation; Braille and sickle cell. In Moshi, eight training sessions were held for community rehabilitation workers, covering topics such as: code of conduct and safety at work; speech and communication; women's and children's rights; low vision training (at KCMC); basic supportive seating training; child protection training. In addition, the occupational therapist attended a workshop in Zambia and supervisors received training on proactive management. In DSM: an occupational therapist attended the sixth FATO congress held in September, in Arusha, and gave a presentation; one member of staff completed his course at the Tanzania Training Centre for Orthopaedic Technologists (TATCOT) in Moshi, making him a fully qualified wheelchair technologist. He is now an active member of the paramedic team and assists in assembling and customising wheelchairs to fit individual clients at the hospital and in the field. 45 CBR staff and 15 supervisors attended monthly trainings on a range of topics including hepatitis, asthma, fistula, and group therapy approaches to patients. The 11th CBR network meeting was held at CCBRT in September.

**MNHC:** The programme manager attended training in Germany on EU contractual and financial management.

### External

CCBRT believes the key to sustainability is the capacity building of others. It supports the professional development of others in the field and offers placements to medical professionals and students from around the world; fellowships; research opportunities; trainings for others involved in disability (including village health care workers and teachers); orientation and mobility training.

**DH:** Many medical professionals, and those studying for a career in medicine, benefit from the experience of working with, or training at, CCBRT. In 2011, the following training of those from outside the organisation took place: three fellows finished their paediatric ophthalmology fellowships; two AMO students and two MMed students from KCMC completed their practical

training; four optometry students came for a month long exposure visit to CCBRT; two nurses from CCBRT's satellite clinic in Zanzibar completed an ophthalmic training course at Mvumi and spent two months at CCBRT for practical training; two physiotherapy students from the University of Minnesota spent a three month period at CCBRT. In order to build the capacity of other facilities, a doctor from Kabanga Hospital in Kigoma attended CCBRT for the first of three six week training sessions focusing on fistula. Numerous visiting surgeons enjoyed exposure trips to CCBRT, during which they not only trained CCBRT staff but also gained an insight into the way DH works.

**MNHC:** The total number of people trained under this capacity building programme in 2011 was 844.

**CP:** In Moshi, a range of training and educational activities took place in 2011. Eight young adults received training on spina bifida/ hydrocephalus; 143 fathers of CWD received training during two dedicated sessions, learning about the importance of rehabilitation and their role in the process. 78 WIT were held with a total of 529 participants. As well as treatment, participants received education on a range of topics including children rights and gender issues, HIV counselling and voluntary testing and environmental awareness. In addition to the WIT, five meetings were held for parents of children with spina bifida with a total of 339 parents and 246 CWD attending. In April, 151 head teachers from 20 wards of Moshi Rural received training about the right to education for CWD and related issues. In July, 159 Participants from Health Facilities in 20 Ward of Moshi Rural received training about the services available at CCBRT and the importance of early intervention. A short seminar to seven partners explained the seating clinic services. 39 BSc student nurses from KCMC received a short introduction about different kinds of disabilities and CCBRT activities and 129 first year medical students received similar training.

In DSM, over 2,000 parents were trained at support units on a variety of topics including family planning, children's rights, nutrition and music therapy. A further 767 parents received training through a variety of courses and meetings including WIT, male parent meetings (at which 160 fathers were trained), epilepsy trainings, low vision sessions and spina bifida/ hydrocephalus trainings. Topics included: the causes and management of a range

of disabilities; the importance of education for CWD; rehabilitating children with low vision and educational integration; special devices and their use. Under the education programme, there were four trainings for teachers of deaf children with 40 attendees. Topics included sign language and how to teach different subjects. Two trainings for health teachers had 83 participants with topics including how to manage CWD and the different devices used to assist CWD. Five didactic workshops were held in primary schools, during which 2,945 pupils were trained on disability issues. At each of the 12,565 support unit visits made throughout the year, CWD and their parents or caregivers received training and education on the management of disabilities in the community setting. 73 adult blind also received O&M training during 2011.

Through the HIV/AIDS and Disability project, the following received training: 139 peer educators and the 4,010 individuals that they reached. Through awareness raising sessions, 11,318 PWD were educated and 810 deaf people received learning through deaf counsellors.

During the year, the advocacy team offered training in disability awareness to private companies, NGOs and public institutions. Topics included: definitions and models of disability; the appropriate language to use around PWD; legislation and policies on disability in Tanzania in relation to employment of PWD, and reasonable adjustments in the workplace. In seven such sessions, 148 individuals were trained.





# Annex 1

## Management Structure

### 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. Kingobi  
Mr. J. Sutton  
Dr. Kinasha (on leave)  
Mr. E. Telemans

### THE BOARD

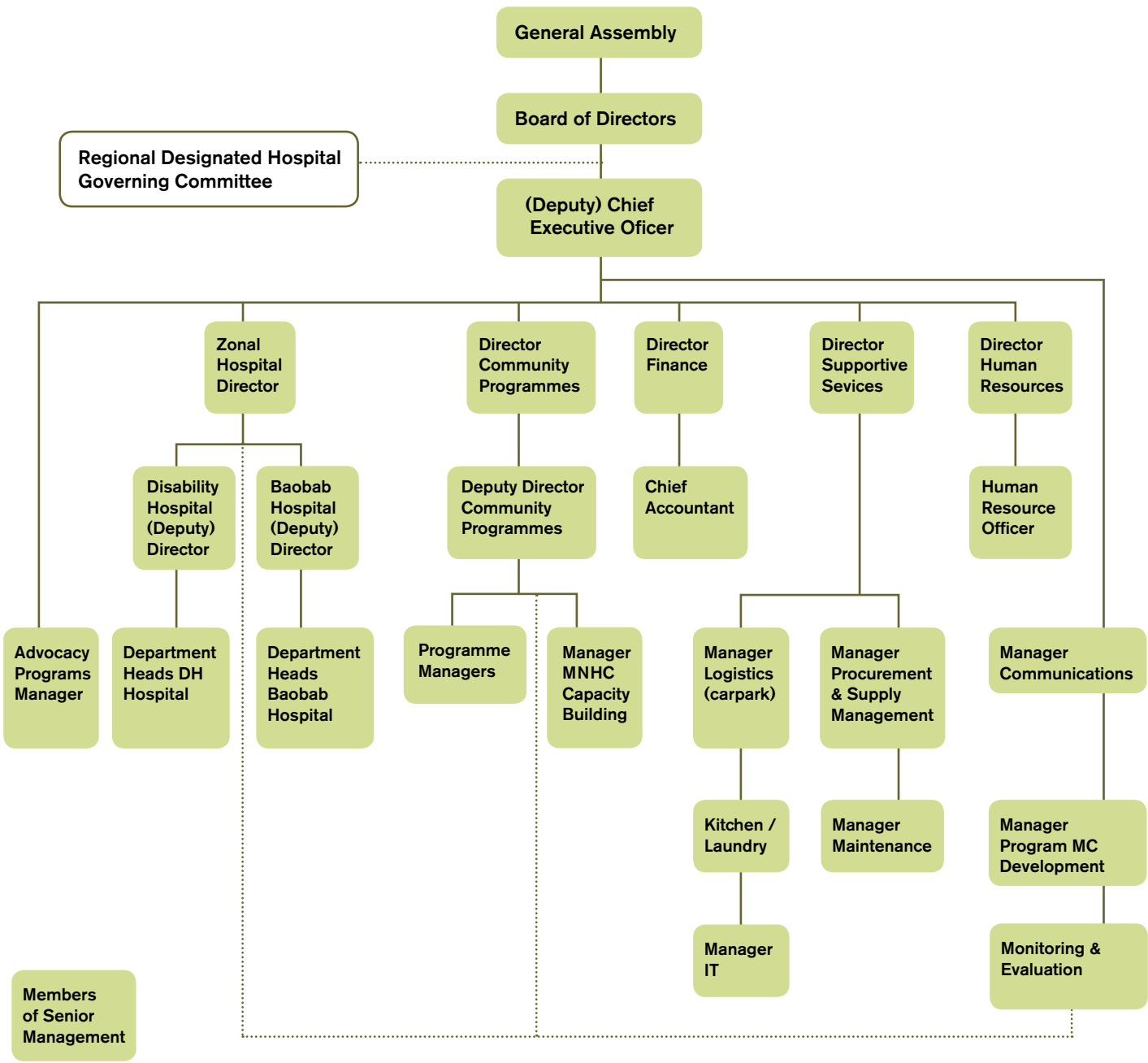
Dr. W. Slaa  
**President**  
Mr. B.K. Tanna  
**Vice President**  
Mr. E. Telemans  
**Chief Executive Officer**  
Prof. G. Mmari  
Mr. E. Mnyone  
Mr. J. Sutton

### SENIOR MANAGEMENT TEAM

Chief Executive Officer:	Erwin Telemans
Deputy Chief Executive:	Haika Mawalla
Super Specialist Hospital Director:	Tom Bourez
Disability Hospital Director:	Tamaly Lutufyo
Deputy Disability Hospital Director:	Tom Vanneste
Community Programme Director:	Brenda Msangi
Assistant Community Programme Director:	Jennifer Lwehabura
Finance Manager (acting):	Doreen Elias
Human Resources Manager:	Nina Jacobs
Manager Programme Development	Suzan Boon

# Annex 2

## Organisational Structure





# Annex 3

## List of Partners

Thank you very much to our partners for their support in 2011. They include:

Government of Tanzania	Johnson & Johnson
Africa Life Assurance	KCB Bank
African Barrick Gold	Latter Day Saints Church
African Medical and Research Foundation	Light for the World
Alexander Forbes	Lions Club
Australian Agency for International Development	LIVIT Orthopaedics
Bank of Africa Tanzania	Motivation
Barclays Bank Tanzania Ltd.	New Zealand Aid
Canadian International Development Agency	President's Emergency Plan for AIDS Relief
Caritas Luxembourg	Resolute Ltd.
CBM	Rotary Club
CEFA	Shapriya and Co. Ltd.
Centre for International Migration and Development	Smile Train
CFAO DT Dobie Tanzania	Standard Chartered Bank
Children in Crossfire	Stichting voor Christelijke Ziekenverzorging
Commercial Bank of Africa	Sumaria Group
Dar es Salaam Charity Goat Races	Swiss Agency for Development and Cooperation
Elizabeth's Legacy of Hope	The Charitable Foundation
Embassy of Japan	The Liliane Foundation
Embassy of the Kingdom of the Netherlands	The Vodafone Foundation
European Union	Tigo
Futur 21	Twiga Cement
Gulf for Good	United Nations Development Programme
Harambee Italy	United Nations Population Fund
International Committee of the Red Cross	United States Embassy
International Federation for Spina Bifida and Hydrocephalus	Vodacom Tanzania
Irish Aid	WISE Philanthropy Advisors

Many others contributed to our work in 2011 and we would like to thank them. They include individuals, who have made donations to CCBRT or Kuponu Foundation, and the companies that supported CCBRT events including: Colour Print, MBank, NIC Bank, Red 'n White and Swiss International Air Lines Ltd.

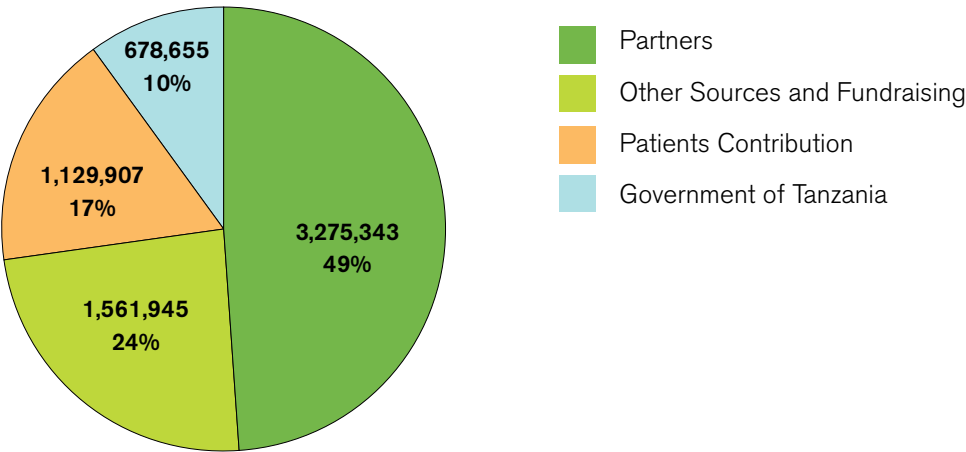
# Annex 4

## Financial Summary 2011

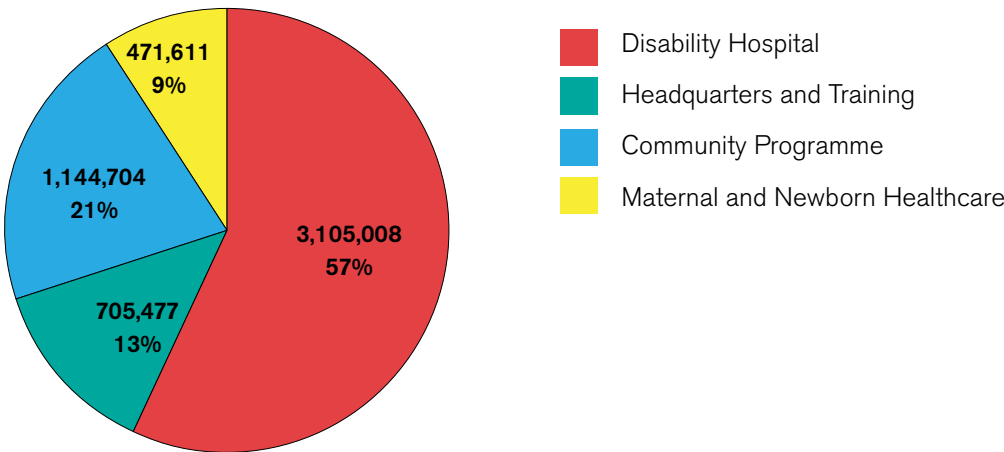
Income vs. Expenditure 2011\* (based on unaudited accounts)

Total Income	6,748,793 Euro
Total Expenditure	5,263,510 Euro
Balance (late transfer plus annual savings)	1,485,283 Euro

Sources of Income 2011 (Euro)



Sources of Expenditure 2011 (Euro)





# ASANTE SANA!

CEO Erwin Telemans, on behalf also of CCBRT's Board of Directors and the Senior Management Team, expresses his heartfelt thanks to ...



**All photos courtesy of CCBRT**

The identities of the people appearing in the stories in this report have been changed for privacy reasons





## **CCBRT**

PO Box 23310, Dar es Salaam, Tanzania

Tel: (+255) 22 2601543

Fax: (+255) 22 2601544

Email: [info@ccbrt.or.tz](mailto:info@ccbrt.or.tz)

[www.ccbtrt.or.tz](http://www.ccbtrt.or.tz)

[www.baobabhospital.or.tz](http://www.baobabhospital.or.tz)

[www.ccbtrtclinic-tz.org](http://www.ccbtrtclinic-tz.org)

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37 West 72nd Street, No. 3D;  
New York, New York 10023  
[www.kuponafoundation.org](http://www.kuponafoundation.org)