



# CCBRT ANNUAL REPORT 2014





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Hon. Anne Makinda  
Speaker of the National Assembly of Tanzania

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Mr. E. Telemans (Chief Executive Officer)  
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Mr. E. Mnyone  
Mr. J. Sutton

# TABLE OF CONTENTS

Introduction from the CEO.....5

Background.....7

Serving Tanzania.....7

Disability and Rehabilitative Healthcare.....7

Maternal and Newborn Healthcare.....9

CCBRT’s Values.....10

CCBRT Disability Hospital.....11

    Lucy’s Story.....13

Eye Department.....15

    Neema’s Story.....17

Physical Rehabilitation.....19

Anaesthesia Department.....21

    Nuru’s Story.....23

Orthopaedic and Reconstruction Department.....25

    Kibwe’s Story.....27

Medical Support Services.....29

Obstetric Fistula.....31

    Sanaa’s Story.....35



Private Clinic.....	37
Community Programmes.....	39
CCBRT Moshi.....	41
Zuberi's Story.....	45
Rural Service Provision.....	47
Bishop's Story.....	49
Mabinti Centre.....	51
Olivia's Story.....	53
Maternal and Newborn Healthcare Programme.....	55
Maternity and Newborn Hospital.....	55
Maternal and Newborn Healthcare Capacity Building Programme.....	57
Family Planning Unit.....	61
Advocacy Unit.....	63
Public Private Partnership.....	65
Kupona Foundation.....	67
CCBRT Financial Information.....	69
CCBRT Partners in 2014.....	71



# INTRODUCTION FROM THE CEO

*Looking back on 2014, I am filled with pride to acknowledge all the CCBRT team has accomplished this year, and how far the organisation has come since its inception.*

Since 1994, CCBRT has grown from a grassroots organisation referring people living with disabilities to local healthcare facilities into the largest indigenous provider of disability and rehabilitative services in Tanzania. Every day, the lives of individuals are changed through their ability to access low-cost care for impairments at our Disability Hospital. At the community level, CCBRT helps parents learn to care for their children with disabilities and schools to provide environments conducive to learning for children living with disabilities. Thanks to our Advocacy team, laws and policies have been developed to protect and empower people living with disabilities.

In addition to serving as a leader in disability and rehabilitative care in the region, CCBRT has made great strides in promoting quality maternal and newborn healthcare in Dar es Salaam. This year, more than 100,000 women in labour received maternity care at a CCBRT-supported site. Through our capacity building efforts and partnerships with government health facilities, the lives of thousands of mothers and babies were saved. Construction on the CCBRT Maternity and Newborn Hospital continues to progress, and soon CCBRT will be able to change even more lives by offering emergency and high-risk maternal and newborn healthcare services at our very own facility.

A highlight of this year for me was being able to celebrate our 20<sup>th</sup> anniversary with the people who have made our many successes

possible: our partners and our staff members. I was humbled and honoured to join together with those who have committed their time and resources to make it possible for CCBRT to promote the highest quality disability, maternity and newborn care. Because of the dedication of supporters, donors and CCBRT team members, our work changed the lives of over one million people in 2014. For this, I cannot express my gratitude enough.

What I can do is promise that we will work to ensure that CCBRT is able to continue serving the poorest of the poor in Tanzania. In the years to come, we will work to strengthen relationships with existing partners and encourage new partnerships to support our day-to-day services as well as complete projects critical to the fulfilment of our mission, such as the construction of CCBRT Maternity and Newborn Hospital. We will endeavour to expand our relationship with the Government of Tanzania in order to increase the scope and reach of our work. We will continue to collaborate with Kupona Foundation to help spread CCBRT's story internationally. We will strive to promote the services offered at the Private Clinic to ensure a reliable stream of funding to support our subsidized services. We will also continue to develop our most important resource, our staff members, by offering on-site and off-site trainings and professional development opportunities.





As part of our 20<sup>th</sup> anniversary celebrations, we stored away a time capsule containing messages from CCBRT staff and partners with wishes for CCBRT's future. In this box, I left the following message:

”

*It is my wish that 20 years from now, Tanzanian society has become disability inclusive and all children and adults living with disabilities are able to realize their full potential. I hope that all children born with treatable conditions such as clubfoot, congenital cataracts or cleft lip/palate are able to access treatment and that preventable conditions such as obstetric fistula are a thing of the past. Finally, I dream that CCBRT has established itself as a global leader in disability and maternity and newborn healthcare and it has the resources to provide these types of services at a rate that is affordable to anyone who enters the hospital doors.*

”

I hope that everyone reading this will join us on this journey as we seek to achieve these lofty goals in the next 20 years and beyond. Again, I would like to express my sincerest appreciation to everyone who has helped to shape CCBRT into what it is today and to those who stand firm in their commitment to support our work for decades to come.

With Gratitude,

Erwin Telemans, CEO

## BACKGROUND

In 2014, Comprehensive Community Based Rehabilitation in Tanzania (CCBRT) celebrated its 20<sup>th</sup> year of service to the Tanzanian community. Founded as a Community Based Rehabilitation organisation, CCBRT had a mandate to seek out people living with cataracts and refer them to nearby health facilities. Today, CCBRT not only boasts robust Community Based Rehabilitation programmes in Dar es Salaam and Moshi, but also operates a Disability Hospital, which provides orthopaedic, reconstructive, ophthalmological and rehabilitative services. Furthermore, CCBRT supports healthcare service provision in rural areas of Tanzania, advocacy efforts to promote disability inclusion, and economic empowerment initiatives for families and individuals affected by disability. In the last seven years, CCBRT has expanded its mandate to include the prevention of disability. To this end, CCBRT works to improve the quality of maternal and newborn healthcare in the region of Dar es Salaam through comprehensive capacity building efforts in existing government facilities and the construction of CCBRT Maternity and Newborn Hospital.

# 3.5 MILLION

People living with a disability in Tanzania

## SERVING TANZANIA

CCBRT aims to serve some of the most vulnerable members of the Tanzanian community: those living with disabilities, as well as expectant mothers and newborns.

## DISABILITY AND REHABILITATIVE HEALTHCARE

It is estimated that 3.5 million people in Tanzania are living with a disability. Children and adults with disabilities often face significant social and physical barriers to inclusion in their community and have difficulty accessing basic social services, such as healthcare and education. This inequitable access to education is illustrated through the illiteracy rate of people living with disabilities, which stands at 48%, compared to those without disabilities, currently at 25%. Additionally, many people living with disabilities are not aware of treatment options and easily treatable impairments end up developing into life-long disabilities. These challenges make it exceedingly difficult for Tanzanians with disabilities to secure employment, further contributing to their marginalisation and low socio-economic status.

CCBRT works to ensure that Tanzanians living with disabilities are able to access quality healthcare services by offering all of its services at subsidised rates. To encourage the early identification and treatment of impairments before they become disabilities, CCBRT offers treatment free of charge for all children under the age of five. CCBRT also provides services for particularly vulnerable groups, such as women living with fistula, free of charge.





## MATERNAL AND NEWBORN HEALTHCARE

Tanzania is one of the top 10 contributors to maternal and newborn mortality in the world. Each year, 8,000 women in Tanzania die due to complications from pregnancy and childbirth, and 39,000 babies do not survive their first month of life. For every woman who dies as a result of complications during or arising from childbirth in Tanzania, it is estimated that 20 more will develop an injury, infection, disease or life-changing disability. Approximately 160,000 deliveries take place in Dar es Salaam each year, and this number is expected to rise drastically as the population increases, straining the already overburdened health infrastructure. In the city's healthcare facilities, 10 newborns die every day, many of whom could be saved if they were able to access the appropriate emergency care.

CCBRT's Maternal and Newborn Healthcare Programme aims to both save and change lives by ensuring women and newborns have access to quality maternal and newborn healthcare services in Dar es Salaam. CCBRT works with 22 government facilities to improve the quality of maternal and newborn healthcare through the training of healthcare workers, development of infrastructure, distribution of equipment and implementation of improved performance monitoring tools. Simultaneously, CCBRT is building Tanzania's largest dedicated maternity and newborn hospital to support the critical need for high-risk and emergency maternal and newborn healthcare services in the region.



**8,000** WOMEN DIE EACH YEAR

Due to complications from pregnancy and childbirth



## CCBRT'S VALUES

### VISION:

- A Tanzania where people have access to quality disability services as well as safe maternal and newborn healthcare

### MISSION:

- Prevent disability
- Prevent maternal and neonatal mortality and morbidity
- Provide equitable access to affordable, quality medical and rehabilitative services
- Empower people with disabilities and their families
- Facilitate the inclusion of disability in mainstream services
- Build capacity in quality managerial, medical and rehabilitative services

### WORKING PRINCIPLES:

- Working in and with communities to reach disadvantaged people
- Ensuring quality and long-term impact
- Strengthening capacities
- Working in partnership
- Embracing the Public Private Partnership with the Government of Tanzania
- Adhering to national and international standards
- Creating an inclusive organisation

# CCBRT DISABILITY HOSPITAL

CCBRT Disability Hospital offers specialised disability and rehabilitation services and is comprised of the ophthalmology, orthopaedics and reconstruction, obstetric fistula, physical rehabilitation, community programmes, anaesthesia and medical support services departments. CCBRT's Private Clinic and Optical Shop operate as income generating mechanisms for the Disability Hospital.

The mission of the CCBRT Disability Hospital is to provide critical healthcare services to the poorest and most marginalised members of the Tanzanian community. Services at the Disability Hospital are offered at heavily subsidised rates or, in certain cases, free of charge. In 2014, 15,515 children under five received care from medical professionals at CCBRT Disability Hospital free of charge. Furthermore, 411 children and adults with cleft lip/palate and 466 women with obstetric fistula also received treatment free of charge in 2014.

CCBRT staff members continued to promote our healthcare services as well as provide rehabilitative care in the community. Throughout 2014, CCBRT hosted events, distributed posters, placed newspaper and magazine advertisements, and aired radio messages to promote our free cleft lip/palate and fistula services. Remaining true to CCBRT's original mission, staff supported Community Based Rehabilitation services in neighbourhoods throughout Dar es Salaam.

Between the Disability Hospital standard services, the Private Clinic, and the Community Programmes, CCBRT staff members served 125,058 individuals in 2014. This care not only improves the quality of life for patients and clients, but also helps to build stronger families and communities throughout Tanzania.

“The staff members of the Disability Hospital change lives and communities through a range of services available in a clinical as well as community setting.”

– Brenda Msangi, Deputy Director of CCBRT Disability Hospital

## CCBRT IN 2014

**324**

Staff members at CCBRT Disability Hospital

**101,569**

Consultations performed at CCBRT Disability Hospital

**8,704**

Surgeries performed at CCBRT Disability Hospital

**11**

Departments in CCBRT Disability Hospital

IN 2014, CCBRT HELPED TO TRAIN HEALTHCARE PROVIDERS FROM 15 COUNTRIES AROUND THE GLOBE:



- Australia
- Burundi
- Canada
- Colombia
- Gaza
- Ghana
- Kenya
- The Netherlands
- Norway
- Pakistan
- Somalia
- Sudan
- Tanzania
- The United States
- Yemen

69 OUTSIDE MEDICAL PROFESSIONALS RECEIVED TRAINING AT CCBRT THIS YEAR:



# LUCY'S STORY

Mama Lucy was filled with both joy and fear to welcome her daughter into the world. Lucy was born with part of her lip missing, a condition her mother had never seen before.

Fortunately for Lucy, her mother heard a description of cleft lip on the radio, and realised that this was the impairment Lucy was living with. The radio advertisement also mentioned that CCBRT would treat this condition for free. With the help of her church, Mama Lucy purchased a bus ticket to Dar es Salaam to see if CCBRT might be able to help her daughter.

Since Lucy was born, Mama Lucy has worried about her child's ability to fit into their community. "I noticed that many people in town did not want to play with Lucy like they did the other babies and I worried that as she grew, they would make fun of her and exclude her."

However, as soon as Mama Lucy arrived at CCBRT and saw the many other children at the hospital who had been treated for cleft lip, her fear that this condition would prevent Lucy from being fully accepted into their community disappeared.

Lucy's surgery was very successful and because she received treatment at a young age, most people will never know that she was born with an impairment. Mama Lucy is confident that in a few years, Lucy can go to school and socialise normally with the other children.



*In the future, I would like Lucy to be a doctor or a nurse and help children like the CCBRT doctors and nurses have helped her.*



Mama Lucy would like to thank everyone who made Lucy's surgery possible and helped to ensure a bright future for her daughter.



BEFORE



“The goal of the Eye Department is to provide anyone that walks through our doors with efficient and high-quality service.”

- Dr. Hassan Hassan, Head of Eye Department



## EYE DEPARTMENT

Eye care remains CCBRT’s most sought-after service. The team of doctors, optometrists and nurses diagnose and treat a range of conditions through surgery, clinical intervention or low-vision support.

Cataract is one of the world’s leading causes of blindness, placing huge economic and social burdens on families in Tanzania. Cataract treatment continues to be the largest surgical service provided at CCBRT Disability Hospital. For patients whose eye conditions cannot be treated through medical or surgical interventions, CCBRT offers low-vision support services. In 2014, CCBRT’s Eye Department distributed 148 low-vision devices, helping Tanzanians with vision loss live more independent and productive lives.

In 2014, the Eye Department continued to have the highest patient load in the Disability Hospital, performing 79,902 consultations in 2014. In order to help meet this high demand for eye services, the Eye Department worked to strengthen its daily performance system to increase the team’s efficiency while continuing to maintain a high-level of quality care. Additionally, for the Eye Department staff, Continuing Medical Education sessions helped fill knowledge gaps around treatments for common eye conditions. Attendance at other regional and international conferences helped develop internal knowledge of various eye disorders and the latest treatment techniques. Innovation and professional development ensure that in the coming years, more eye patients will be able to access high-quality care.



# CCBRT IN 2014

**79,902**

Eye consultations

**6,650**

Eye surgeries

**6,012**

Low-vision assessments

**2,586**

Age-related cataract surgeries

**237**

Congenital cataract surgeries

**323**

Children under five receiving eye surgery free of charge

# NEEMA'S STORY

Neema, seventeen, has always struggled with her sight. Born with cataracts in both eyes, Neema was unable to complete her schoolwork and scored a zero on her final exams. Following a life changing surgery at CCBRT Disability Hospital, Neema said, "My poor vision contributed to my failure during my national examinations last year. There were times when I was forced to sit at the front of the class, close to the blackboard, as I was unable to see."

Upon the removal of her bandages, Neema noticed the change in her vision immediately. "I cannot believe my problem is gone. God bless CCBRT and its partners."

Neema's mother was equally grateful that she was able to receive this surgery. "I thank CCBRT for all of their help. Before her operation, she just sat at home, unable to find work. This will change now that her vision has returned."

This surgery restored not only Neema's sight, but her confidence as well.



*Since I can see better, I am going to look into the possibility of re-sitting my examinations. Now that I have been treated, I can work to fulfil my dream of becoming a teacher.*



BEFORE



# PHYSICAL REHABILITATION DEPARTMENT

CCBRT's Physical Rehabilitation Department is a leader in the provision of rehabilitative care. A multidisciplinary team comprised of physiotherapists, occupational therapists, prosthetists/orthotists, a wheelchair technician and a prosthetic eye technician, the Rehabilitation Department team collaborates to improve the motor skills, mobility and self-confidence of people living with physical impairments.

The Physical Rehabilitation Department serves patients who require rehabilitation following orthopaedic or burn scar contracture release surgeries, people who are living with severe physical impairments following amputation, as well as children with long-term disabilities like cerebral palsy. CCBRT's Physical Rehabilitation Department is the only place in Tanzania where patients can receive custom-designed prosthetic eyes. Members of the Physical Rehabilitation Department assess each patient's condition and develop personalized treatment plans which could include the use of assistive devices, physiotherapy or occupational therapy.

Recognising the Physical Rehabilitation Department's substantial impact in the region, the International Committee of the Red Cross Special Fund for the Disabled (ICRC SFD) relocated their Africa operations to CCBRT's newly renovated prosthetic and orthotic workshop in 2013. ICRC SFD supports CCBRT's work with financial contributions and hosts experts in the fields of prosthetics, orthotics and physiotherapy to train CCBRT staff members and support the needs of CCBRT's patients. In return, ICRC SFD staff members and trainees utilise CCBRT's state-of-the-art prosthetic and orthotic workshop, and CCBRT staff members contribute to ICRC SFD trainings hosted at the Disability Hospital.

In 2014, the CCBRT/ICRC SFD team hosted 26 students from the Tanzania Training Centre for Orthopaedic Technologists in Moshi as part of their field attachments. By providing these students with valuable field experience and mentorship, the Physical Rehabilitation Department and ICRC SFD are helping to increase the number of specialised healthcare service providers able to provide critical rehabilitation services to those in need.





“The services provided through the Physical Rehabilitation Department help to assure the inclusion and acceptance of our patients in their communities, as well as help to boost their self-confidence and increase their ability to be self-reliant. By providing patients with artificial eyes, prosthetic or orthotic devices, physiotherapy or occupational therapy, we are helping them rejoin society.”

– Faridu Msangi, Head of Rehabilitation Department

# CCBRT IN 2014

**2,000**

Patients that received physiotherapy at CCBRT Disability Hospital

**120**

Patients that received occupational therapy at CCBRT Disability Hospital

**891**

Orthotic devices produced at CCBRT Disability Hospital

# ANAESTHESIA DEPARTMENT

Anaesthesia is an essential component for any surgery. Without it, many of our patients at the Disability Hospital would be unable to receive life-changing treatment. CCBRT recognises the importance of safe and effective anaesthesia delivery, and established the Anaesthesia Department in 2008 to maintain the highest standards of anaesthesia administration.

2014 was a busy and successful year for the Anaesthesia Department. Three new staff members joined the Anaesthesia Department in order to manage an increased volume of patients. The department stayed up-to-date on the latest developments in their field by participating in numerous Continuing Medical Education sessions and conferences, subsequently introducing new techniques for pain management. The continued dedication of the Anaesthesia Department to safety standards at CCBRT has helped to ensure that every patient that underwent surgery this year received the highest quality anaesthetic care.

## CCBRT IN 2014

**1,812**

Anaesthesia performed for orthopaedic and reconstructive surgeries

**945**

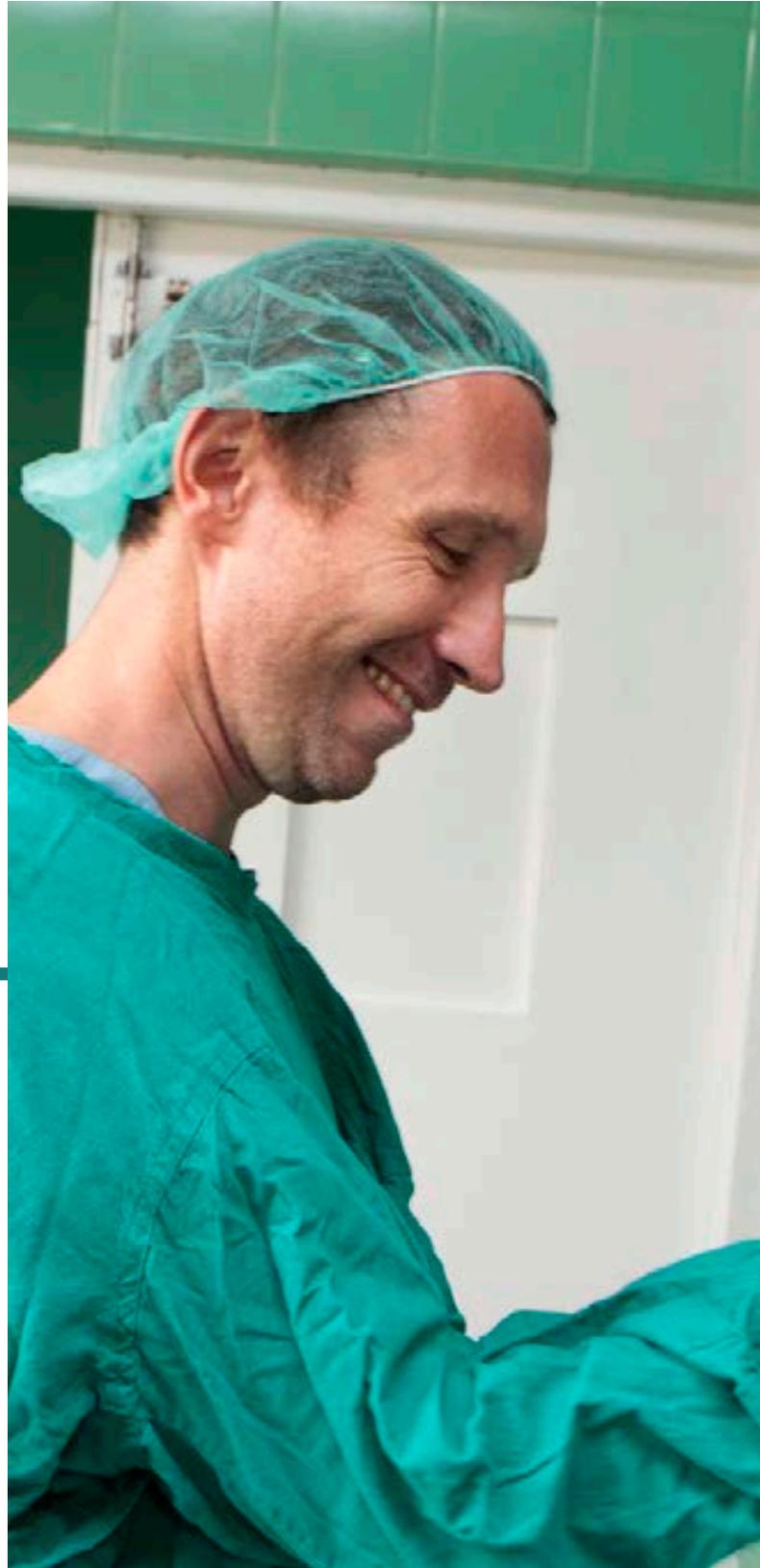
Anaesthesia administered for eye surgeries

**2**

Anaesthesiologists in the department

**8**

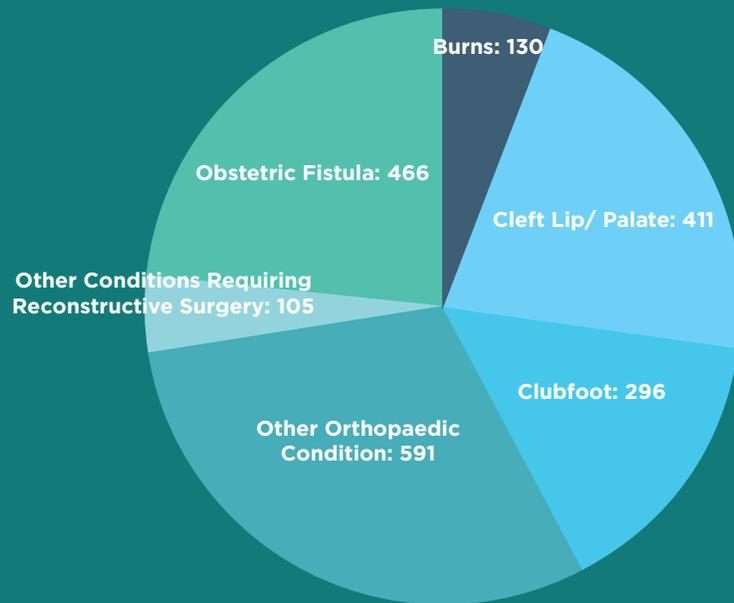
Nurse anaesthetists in the department



“The Anaesthesia Department serves many kinds of patients - clubfoot, eye, cleft lip, and others. The work of our team changes the lives of many, many people.”

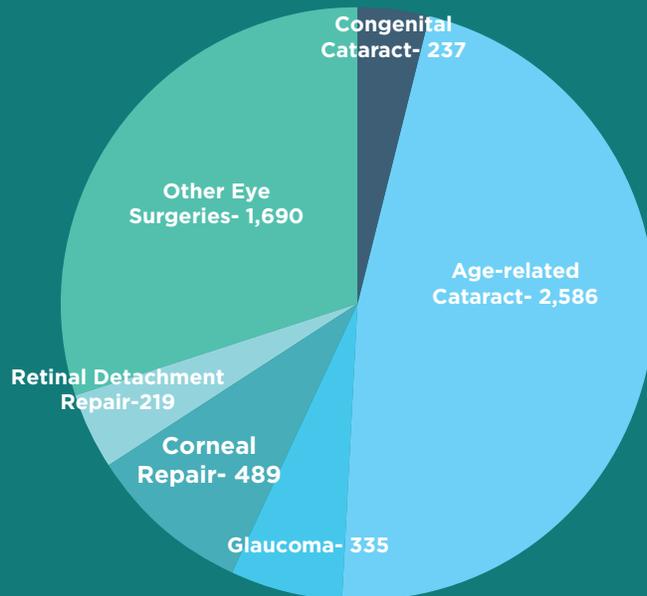
- John Katakweba, Head of Anaesthesia Department

Percentage of Orthopaedic/Reconstructive Surgeries at CCBRT Disability Hospital by Condition



- Burns: 130 - 6%
- Cleft Lip/ Palate: 411 - 21%
- Clubfoot: 296 - 15%
- Other Orthopaedic Condition: 591 - 30%
- Other Conditions Requiring Reconstructive Surgery: 105 - 5%
- Obstetric Fistula: 466 - 23%

Percentage of Eye Department Surgeries at CCBRT Disability Hospital by Condition



- Congenital Cataract- 237- 4%
- Age-related Cataract- 2,586- 47%
- Glaucoma- 335- 6%
- Corneal Repair- 489- 9%
- Retinal Detachment Repair-219 -4%
- Other Eye Surgeries- 1,690- 30%

# NURU'S STORY

Despite being born with congenital hearing loss, Nuru grew up as a happy, well-adjusted young girl in Tanga District. However, two years ago, at the age of six, Nuru became the victim of a tragic accident. One night, her grandmother was using a locally made candle to guide her around the house when petrol inside the house caught fire. Because of her hearing impairment, Nuru could not hear the commotion caused by the fire and suffered extensive burns all over her body. After the accident, Nuru was taken to a government hospital where she stayed for two months to receive treatment.

Nuru's burns are severe and extend across her head, face, shoulders, back, chest, arms and fingers. The burns to her scalp will prevent her hair from ever re-growing, and scarring means she cannot extend her arms or bend her fingers – a condition known as 'burn contractures'. Mama Nuru was disheartened to learn that because of the severity of Nuru's burns, the government hospital would not be able to provide her daughter with the treatment that she needed.

"Nuru's doctors did the best that they could to care for her, but they told us in order to treat her hands and arms, we would need to take her to CCBRT Hospital in Dar es Salaam," Mama Nuru said.

At CCBRT, Nuru underwent two rounds of burn contracture release surgeries. Mama Nuru shared "Before the first surgery, I was very nervous. When she was first burned, we stayed at the hospital for a long time. But after Nuru's first surgery, when I saw that she could bend her elbow again, I knew that CCBRT would be able to help her."

Nuru is still healing from her surgeries, but her mobility has already increased. Mama Nuru is confident that her daughter can live a productive life once her burn treatments are complete.

”

*I know Nuru's care is very expensive and I am happy to contribute the little money that I have, but I would never have been able to cover all of her medical costs. Thank you for contributing to her care and for helping to give Nuru a better future.*

”



BEFORE

AFTER



## ORTHOPAEDIC AND RECONSTRUCTION DEPARTMENT

Disabilities caused by bone deformities, facial deformities and burns can cause a variety of challenges in a person's life, including reduced mobility and social stigma. CCBRT's Orthopaedic and Reconstruction Department strives to provide quality surgical and non-surgical interventions to help all of its patients live productive, independent and fulfilling lives.

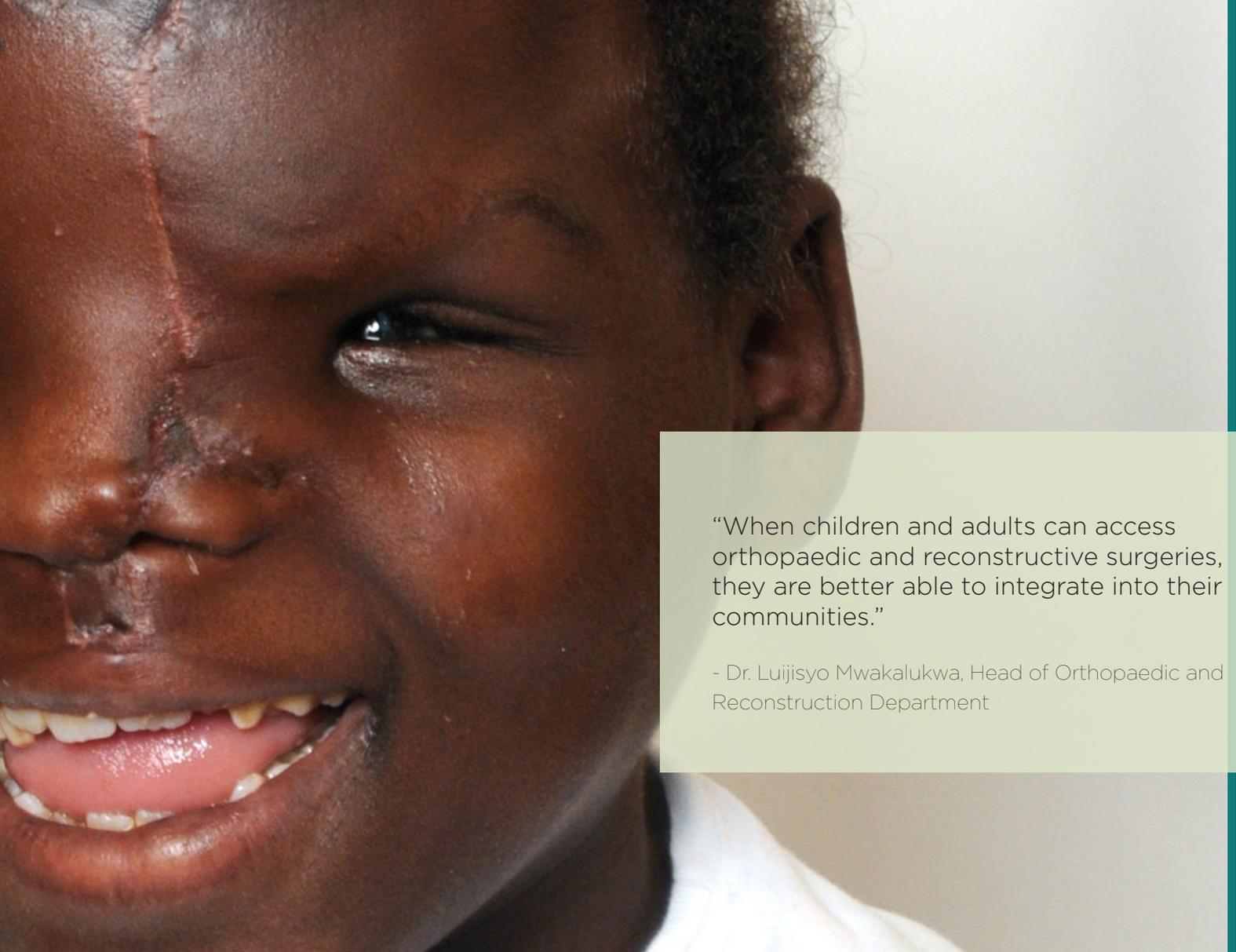
Our orthopaedic physicians and surgeons treat patients living with bone-related conditions such as clubfoot, hip dysplasia, chronic bone infections and other congenital bone deformities. Orthopaedic services at CCBRT Disability Hospital are provided primarily to paediatric patients in order to focus limited resources on correcting impairments before they become life-long disabilities. In 2014, 591 orthopaedic surgeries were performed at CCBRT Disability Hospital.

CCBRT's clubfoot clinic, the Department's largest service, served 397 new patients and had 3,590 appointments in 2014. To treat clubfoot, CCBRT uses the Ponseti Method wherever possible, which involves applying a series of casts and braces to the foot over the course of several years to manipulate it into the correct position. This technique can prevent children with clubfoot from needing invasive and painful surgery. CCBRT's Orthopaedic Department is currently working to train healthcare providers throughout Tanzania on how to identify clubfoot in newborns, so that these babies can receive treatment when the condition is easily corrected through casting. CCBRT currently continues to treat a large number of older children who need surgery in order to fully correct their conditions. In 2014, 296 patients underwent corrective surgery for clubfoot at CCBRT.

CCBRT's reconstructive surgeons primarily treat patients with facial/oral conditions and burn scars. The most common facial/oral conditions seen at CCBRT are cleft lip and cleft palate. Children and adults with cleft lip/palate can have problems speaking and eating, and often encounter other medical complications related to their condition. CCBRT performed 411 cleft lip/palate surgeries in 2014. Reconstructive surgeons also performed post-burn contracture release surgeries for 130 patients.



As an increasing number of trauma cases in Dar es Salaam places a higher burden on health facilities in the city, non-emergency orthopaedic and reconstructive surgery cases become steadily more neglected. Now more than ever, CCBRT's Orthopaedic and Reconstruction Department serves as a beacon of hope for Tanzanians experiencing debilitating yet treatable bone, facial and burn-related conditions.



“When children and adults can access orthopaedic and reconstructive surgeries, they are better able to integrate into their communities.”

- Dr. Lujisyo Mwakalukwa, Head of Orthopaedic and Reconstruction Department

**21,667**

Orthopaedic and reconstruction consultations

**591**

Orthopaedic surgeries performed

**397**

New clubfoot patients treated

**411**

Cleft lip/palate surgeries performed

## CCBRT IN 2014

**130**

Burn surgeries performed

**842**

Children under five receiving orthopaedic surgery free of charge

# KIBWE'S STORY

BEFORE

While his mother was excited to greet baby Kibwe for the first time, she was deeply concerned when she noticed that his feet were turned inward. Kibwe has a twin brother who was born just minutes before him and when comparing his feet to his brother's, it was clear that Kibwe's feet were significantly misshapen. Medical staff at the hospital where Kibwe was born diagnosed him with bilateral clubfoot.

Mama Kibwe was very distraught to receive this diagnosis from Kibwe's medical providers. "I didn't feel well knowing that his feet were abnormal," Mama Kibwe said. "I was determined to find him treatment for this condition. I have seen many people in my home region [Dodoma] with this condition and I want my son to avoid the hardship that those adults now have to live with."

Mama Kibwe saw an advertisement for CCBRT on television, and with both sons, travelled to Dar es Salaam.

During Kibwe's first visit to CCBRT, Mama Kibwe met many other parents at the clubfoot clinic and heard from them how their children had received excellent care from the doctors and nurses at the Disability Hospital.



I believe that CCBRT can help to fix Kibwe's clubfoot.

I will be very excited to see his feet become normal over time.



Mama Kibwe hopes that with appropriate care, Kibwe will be strong, active and able to reach his full potential.







## MEDICAL SUPPORT SERVICES DEPARTMENT

Pharmacy and laboratory stockouts as well as broken x-Ray machines are commonplace in low-resource environments like Tanzania. CCBRT's Medical Support Services Department works to ensure that CCBRT's patients are always able to obtain the tests and drugs that they need, whenever they need them.

CCBRT's laboratory has the capacity to run a range of diagnostic tests for conditions such as anaemia, malaria and HIV, helping to diagnose underlying conditions and to determine if it is safe for a patient to undergo surgery. Quality imaging services also help surgeons decide the best course of treatment for patients with conditions such as clubfoot, hip dysplasia, bowlegs or broken bones.

In 2014, CCBRT's pharmacists took part in trainings on drug adherence to help promote positive behaviour changes in patients for better outcomes. The team also participated in planning sessions to assess the best way to incorporate the services offered by this department into CCBRT's future Maternity and Newborn Hospital.



“The doctors and nurses depend heavily on our department. Without our team, patients could not be diagnosed, undergo surgery or receive the proper medication for their ailments.”

- Atulinda Simon, Head of Medical Support Services Department

# CCBRT IN 2014

8

Medical Support Services staff members

1

X-ray machine

1

Laboratory

3

Pharmacies

5

Departments served by Medical Support Services

# OBSTETRIC FISTULA DEPARTMENT

Obstetric fistula is a childbirth related injury that causes chronic incontinence as a result of prolonged, obstructed labour. Women with fistula not only have to live with the physical symptoms of the condition, but also face social segregation, economic hardship and psychological trauma. Most women who develop fistula lose their baby during the obstructed labour. There is little education in Tanzania surrounding the causes of fistula, and community members often claim that witchcraft or infidelity are the source of the woman's misfortune.

It is estimated that 3,000 women develop fistula every year in Tanzania. To combat this silent epidemic, CCBRT's Obstetric Fistula Department offers free, holistic treatment to support a woman's physical and emotional rehabilitation.

In 2014, CCBRT performed 466 life-changing fistula surgeries at the Disability Hospital and supported another 380 surgeries at partner facilities. Over the last five years, CCBRT has grown to become a leader in the field of fistula treatment and is one of the largest providers of fistula treatment in the world.

CCBRT's network of ambassadors identifies women living with fistula in their communities and refers them for treatment using an innovative mobile solution. Using the M-Pesa mobile money transfer system, CCBRT transfers funds via mobile phones to ambassadors to cover the cost of a bus ticket to Dar es Salaam so that women with fistula can travel for treatment.

CCBRT's Obstetric Fistula Department goes beyond simply treating the physical effects of fistula. Patients have access to a variety of services during their recovery from surgery, including group counselling, personal counselling, music therapy, crochet instruction, literacy training, and health education.



**3,000** WOMEN

Develop fistula every year in Tanzania



CCBRT was certified as a fistula training centre by the International Federation of Gynaecology and Obstetrics (FIGO) in June 2014. Since receiving this accreditation, CCBRT has trained four fistula surgeons who will now be able to change the lives of hundreds of women living with fistula each year.

This year, the team also began working with the Government of Tanzania to catalogue fistula cases as part of a coordinated effort to learn more about the condition and develop better treatment plans. This research will be used to help CCBRT and the Government of Tanzania develop a national road map to end fistula.

Thanks to the work of the Obstetric Fistula Department, hundreds of women were effectively treated and able to reintegrate into their communities this year.

# CCBRT IN 2014

**466**

Fistula surgeries at CCBRT Disability Hospital

**380**

Fistula surgeries at supported sites

**4**

Fistula doctors trained

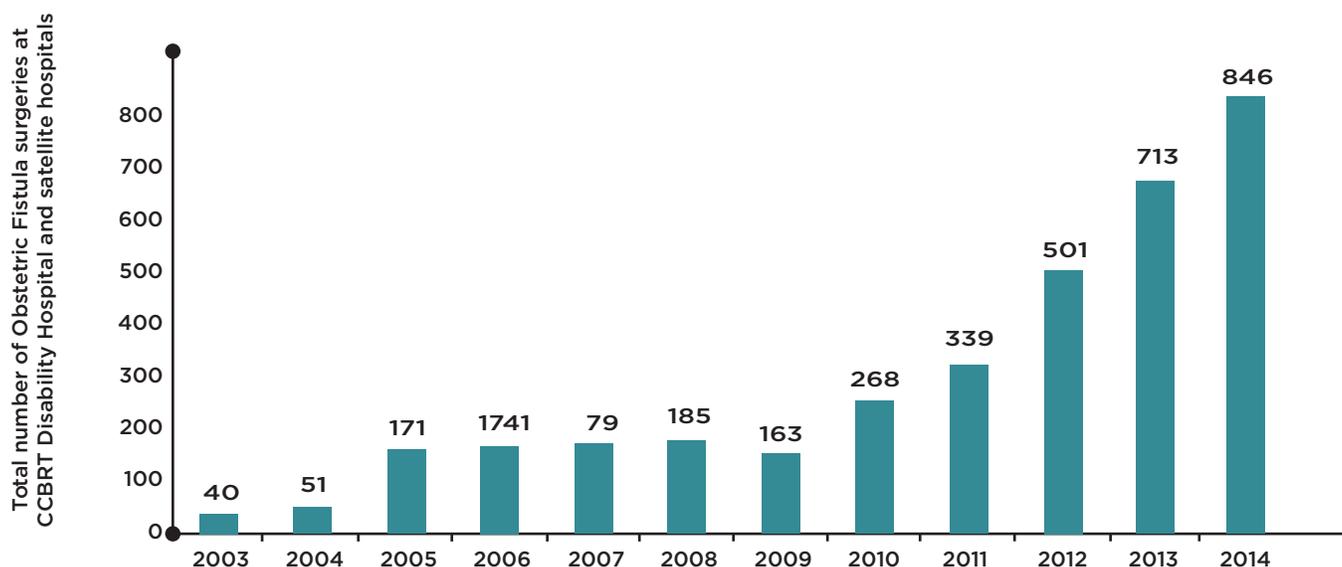
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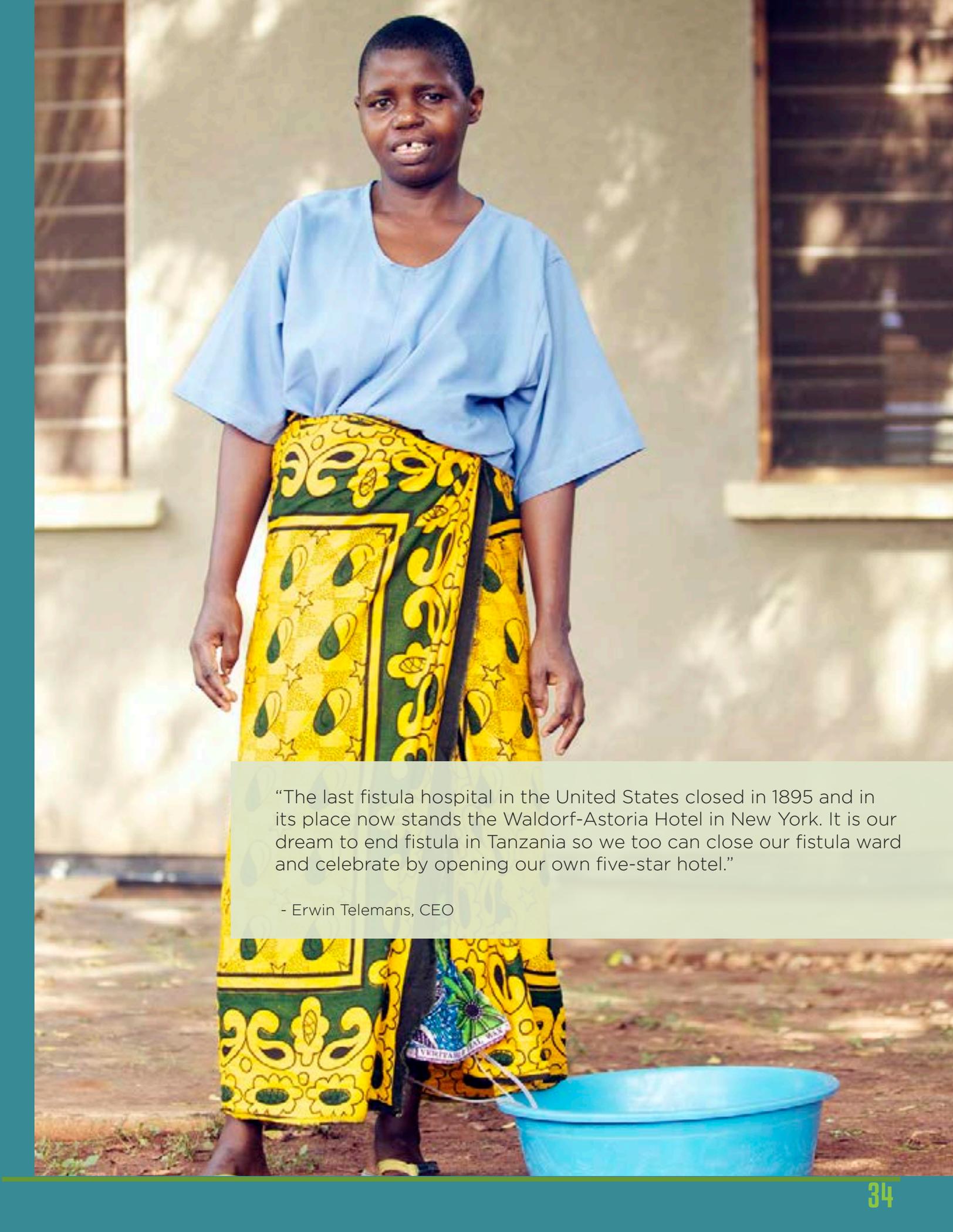
Age ranges of fistula patients

**238**

Ambassadors trained in fistula identification and referral

Progress of CCBRT's Obstetric Fistula programme





“The last fistula hospital in the United States closed in 1895 and in its place now stands the Waldorf-Astoria Hotel in New York. It is our dream to end fistula in Tanzania so we too can close our fistula ward and celebrate by opening our own five-star hotel!”

- Erwin Telemans, CEO



# SANAA'S STORY

When eighteen-year-old Sanaa became pregnant, she did everything in her power to ensure that she and the baby would be in good health when it came time to deliver.

“I started attending the clinic three months into my pregnancy and they assured me of a safe delivery.”

However, like so many women in Tanzania, Sanaa did not have access to the medical care that she needed when she went into labour.

“When we arrived at the health facility in our village, the nurse in charge was not there and she had no replacement.”

Sanaa was in pain at the health facility for two days, and a skilled healthcare provider was nowhere to be found. The only person assisting with the delivery was a Traditional Birth Attendant who had only been trained to administer traditional medicines.



When we arrived at the health facility in our village, the nurse in charge was not there and she had no replacement.



When the Traditional Birth Attendant and Sanaa’s family realised that she was not going to be able to deliver the baby without additional assistance, they decided to take her to the district hospital, 50km away from her village. Upon her arrival at the hospital, Sanaa received an immediate caesarian section, but tragically, her baby had already died, unable to survive the prolonged delivery.

While Sanaa was recovering from the physical and emotional trauma of her ordeal, she noticed that she had started to leak urine. She brought this to the attention of her doctor who explained that Sanna had developed a fistula during her obstructed labour. “My doctor told me that I needed another surgery to get the leaking to stop and that the best place to get this surgery was CCBRT.”

At CCBRT, Sanaa underwent a successful surgery to repair her fistula and it is expected that she will go home soon - dry. Sanaa has been actively participating in holistic care sessions during her recovery to help her cope with the loss of her baby as well as learn what kind of care she will need if she does become pregnant again. “While I am still very sad that I lost my baby, I am happy to go home soon and start my life again. I am grateful to CCBRT for providing me with very good care.”

## CCBRT PRIVATE CLINIC

CCBRT aims to provide affordable and quality healthcare to the poorest and most marginalised members of Tanzanian society. However, there is a growing demand from middle- and high-income Tanzanians to access the same high quality services offered at the Disability Hospital. To tap into this gap in the market, CCBRT opened its Private Clinic in 2004. By charging its patients a higher price for services in return for amenities like air conditioning, the Private Clinic generates income that is reinvested into the standard clinic to support the provision of free and subsidised services for low-income patients.

CCBRT's Private Clinic offers the same services that are offered through the standard clinic at the Disability Hospital as well as additional adult orthopaedic and ear, nose and throat services. The Private Clinic has its own outpatient department as well as private in-patient rooms. Additionally, the Private Clinic hosts an optical shop that sells glasses, prescription sunglasses, contact lenses, and designer frames. Some of the other conveniences offered by the Private Clinic include faster outpatient services, shorter waiting times for surgeries, a choice of physicians and separate dining facilities. The doctors and nurses that work in the Private Clinic are the same clinicians that work at the Disability Hospital standard clinic, just on a rotating schedule.

The Private Clinic is the cornerstone of CCBRT's evolution into social enterprising. At this time, income generated by the Private Clinic is able to support 30% of the operating costs of CCBRT Disability Hospital. Plans are underway to develop a larger space for the clinic in order to increase service capacity and maximise the amount of funds it can generate.

In 2014, the Private Clinic provided 1,862 physiotherapy sessions, 1,369 orthopaedic consultations and almost 1,500 eye surgeries. Also this year, the Private Clinic adopted an appointment-only based system, which has



eliminated walk-ins and streamlined processes, increasing efficiency and improving the quality of patient care.

Thanks to the hard work of the Private Clinic staff members, CCBRT has been able to increase its financial independence and establish a guaranteed stream of funding, helping to safeguard free and subsidised high quality services for future generations of low-income patients.

# 30%

of the Disability Hospital's operating costs are covered by income generated by the Private Clinic



“Think of CCBRT Disability Hospital as an aeroplane, and the Private Clinic as first class. First class passengers have the same pilot as the passengers in Economy; they just have more amenities. It is the premium charge paid by the first class passengers that makes it affordable enough for the economy passengers to fly.”

– Erwin Telemans, CEO

# CCBRT PRIVATE CLINIC IN 2014

**1,045**

Ear, nose and throat appointments

**11,667**

Eye consultations

**124**

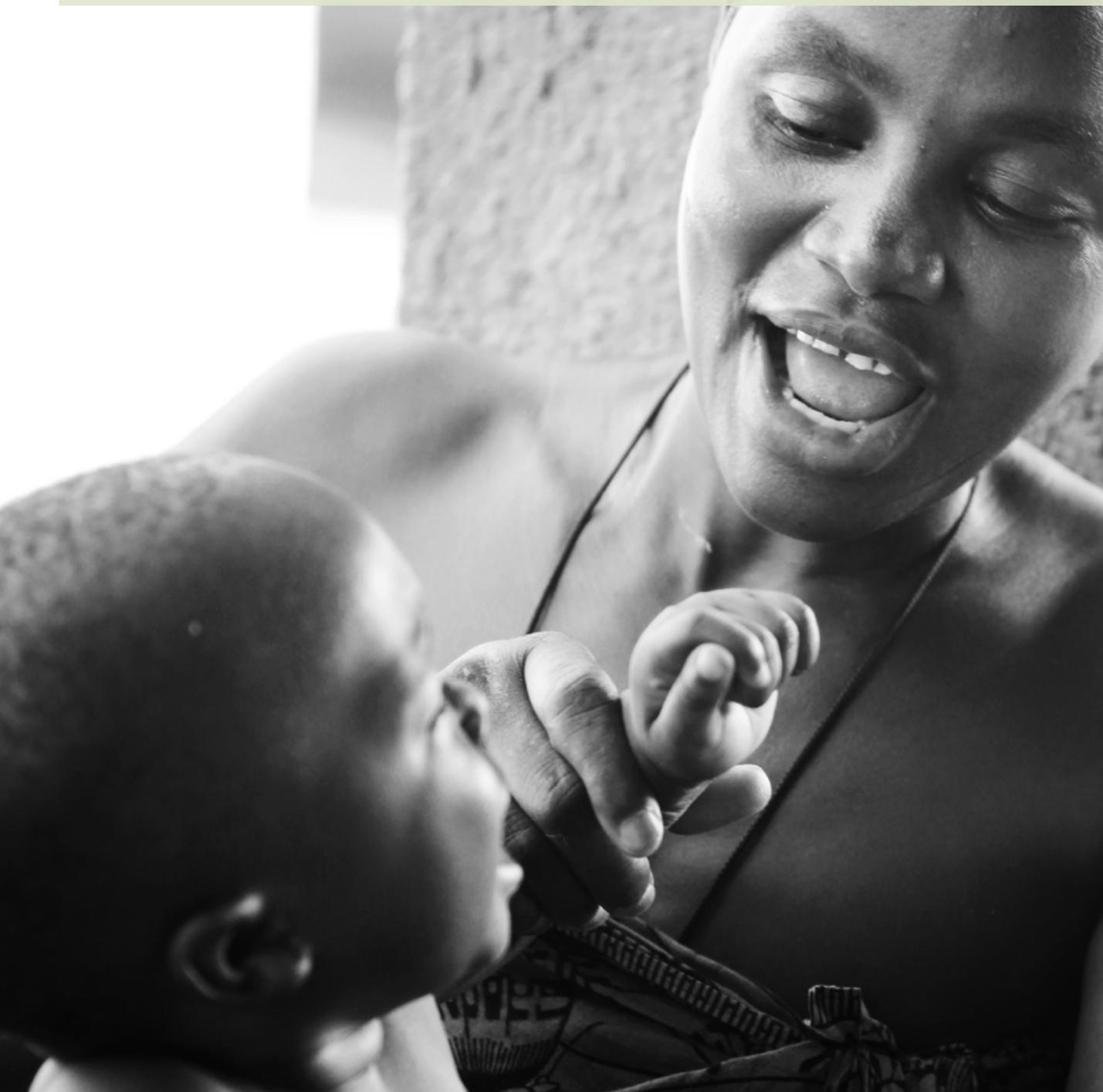
Average number of eye surgeries per month

**1,862**

Physiotherapy sessions held

“I could not be more proud of the team’s achievements this year. We may be a small department, but our impact reaches far beyond Dar es Salaam and Moshi to all corners of Tanzania. Our team helps to touch the lives of the young as well as the old ... Our team truly embodies what it means to provide care on a comprehensive level.”

- Jennifer Lwehabura, Community Programmes Manager



## COMMUNITY PROGRAMMES

The services provided by the Community Programmes Department reflect CCBRT's original mission to offer Community Based Rehabilitation (CBR) services to neighbourhoods in the Dar es Salaam Region. CCBRT's Community Programmes encompass a variety of projects and activities that provide services to people living with disabilities and reduce societal stigmas around disability through awareness raising activities. The team employs a holistic approach, based on the World Health Organisation CBR matrix, to promote the wellbeing of children living with disabilities-their main beneficiaries.

There are 11 support units for families of children with disabilities hosted at CCBRT Disability Hospital and in communities across Dar es Salaam. These support units are run by physiotherapists and occupational therapists who develop care plans for children with disabilities, and Community Rehabilitation Workers who teach parents exercises that will help increase their child's mobility and independence. In addition to rehabilitative care, the support units also provide a forum for facilitators to dispel myths around the causes of disabilities and to advocate that parents seek the specialised services needed to enhance the wellbeing of their children. Furthermore, the support units provide the opportunity for parents of children with disabilities to meet like-minded caregivers and develop their own networks of support.

The Community Programmes team works with parents of school-age children with disabilities to break down any barriers that would prevent their children from going to school. Education specialists visit all schools that children from the support units attend (or plan to attend) and

determine what challenge each child might face. Students with physical impairments are supported with wheelchairs, special desks or other assistive devices so that they are able to learn alongside their peers. Teachers are trained to ensure that they are able to effectively support students with disabilities. CCBRT provides funding, teacher training and educational materials to four government primary schools in Dar es Salaam, to support dedicated classrooms for students with hearing impairments.

In addition to improving the lives of children with disabilities, the Community Programmes Department provides support for adults living with various impairments. For adults whose vision loss cannot be corrected or improved with medical interventions, the Community Programmes team offers Orientation and Mobility training. These sessions help people living with very low vision or total vision loss learn how to use white canes and assistive devices, as well as other techniques to increase their independence. Team members also raise awareness about disabilities and refer patients for treatment. Additionally, the Community Programmes Department serves those affected by impairments in rural areas through a Community Based Rehabilitation Programme in Moshi, and eye screenings and surgical outreaches throughout Tanzania.

This year saw the team focus on the strengthening of CBR programming through ongoing educational sessions and an exchange programme with other CBR service providers in the region. By taking part in these learning opportunities, the Community Programmes Department is helping to establish itself as one of the most experienced and knowledgeable CBR teams in East Africa.

## CCBRT IN 2014

**35**

Average number of children who participate in each support unit session

**17**

Physiotherapists, occupational therapists and Community Rehabilitation Workers leading support units

**3,693**

Families supported with Community Based Rehabilitation services in Dar es Salaam

**347**

Children with disabilities supported in schools in Dar es Salaam

## CCBRT MOSHI

Two years after CCBRT was established in Dar es Salaam, CCBRT Moshi was founded in order to provide Community Based Rehabilitation services to people with disabilities living in the Kilimanjaro Region of Tanzania. Since then, CCBRT Moshi's mission has expanded to include the provision of a host of comprehensive services to support those living with disabilities.

# 300 CHILDREN

Total attendance at the House of Hope's clubfoot clinic in 2014

The flagship service of CCBRT Moshi is its weeks of intensive treatment, which are week-long therapy sessions conducted throughout the year for children living with disabilities and their parents. Participating families work with a multidisciplinary team to create unique treatment plans for each child and to assess the child's progress over time. The majority of children who participate are children living with cerebral palsy, but other children with disabilities can receive care as well. Most families that participate in this programme attend three weeks of intensive training per year. In 2014, CCBRT Moshi hosted 40 weeks of intensive treatment at both its own rehabilitation centre, House of Hope, and at three local hospitals.

CCBRT Moshi also hosts a seating clinic, which creates custom-fit assistive devices and wheelchairs for children with physical impairments. CCBRT Moshi works to ensure the longevity of each device by providing repairs to damaged parts and making adjustments to the device as the child grows. In the last year, CCBRT distributed 148 wheelchairs, provided maintenance on 196 wheelchairs that had been previously distributed, produced 74 orthopaedic devices and created 48 other assistive devices.

A free clubfoot clinic is held every Friday at CCBRT Moshi, and was attended by 300 children in 2014. Just like the Disability Hospital in Dar es Salaam, CCBRT Moshi uses the non-invasive Ponseti Method for clubfoot casting. CCBRT Moshi does not offer surgical treatments, but works with local hospitals to refer children with severe clubfoot for surgical care.

Home visits make up a significant part of the work undertaken by CCBRT's Community Rehabilitation Workers and physiotherapists in Moshi. Immediately following a week of intensive treatment, these staff follow up with patients and their families to review rehabilitation plans immediately following patients' weeks of intensive treatment. During 2014, CCBRT Moshi staff members reached 694 clients through 1,902 home visits, and also encouraged many of these families to attend weekly physical





“The theme of this year was embracing public-private partnerships. CCBRT Moshi was able to work closely with local government authorities to set up systems to enable government workers to engage in Community Based Rehabilitation. It was a year of ensuring that the poorest of the poor have options for quality services right at their doorsteps.”

- Ruth Mlay, CCBRT Moshi Programme Manager

rehabilitation sessions at one of the 16 community support units run by CCBRT Moshi. CCBRT takes a comprehensive approach to rehabilitation, focusing not only upon the physical wellbeing of its clients, but also upon their socio-economic development. This year, 25 vulnerable families in Moshi received a goat as part of CCBRT Moshi's livelihood programme. The milk, rich in Vitamin A, is used to support the nutritional needs of children with disabilities and their families. Families that are provided with a goat are asked to donate the first two goat offspring to other vulnerable families in the community. CCBRT Moshi also operates a microfinance programme that offers small loans to families affiliated with House of Hope. Eight families at a time receive microloans to start their own businesses, and once these loans are paid back, loans can be awarded to eight new applicants.

CCBRT Moshi is also committed to raising awareness and educating care providers on the needs of people living with disabilities. Some of these activities include helping to place children with disabilities in schools, selecting teachers to be trained in inclusive teaching methods, and developing a model for disability-inclusive education for the Kilimanjaro Region. This year, CCBRT Moshi staff members conducted 114 school visits, enrolled 52 children with disabilities in school, and supported 278 students already attending classes. Furthermore, the Moshi team visited 49 of the 81 health centres in the adjacent area to train medical providers.

In order to conduct effective government lobbying, CCBRT Moshi works with parent groups and disability support groups in the area. In collaboration with these like-minded organisations, CCBRT Moshi participates in events to commemorate international cause awareness days. These events serve to educate elected officials, medical providers, educators, parents of children with disabilities, and community members on the cause and symptoms of disabilities, as well as the services available to treat individuals living with disabilities.

CCBRT Moshi has worked to distinguish itself as a leader in rehabilitative and disability care in the region, and 2014 was no exception. In the coming years, the team at CCBRT Moshi will continue to serve as a model for disability service provision not only for the Kilimanjaro Region, but for the whole of Tanzania.





# CCBRT MOSHI IN 2014

**40**

Weeks of intensive treatment conducted

**1,902**

Home visits conducted by CCBRT Moshi field staff

**93**

Community support unit clients that received rehabilitation services

**567**

Caregivers and children with disabilities served during weeks of intensive treatment

**67**

Children treated for clubfoot

**50**

Children received speech therapy

**181**

Parents meetings facilitated for parents of children with disabilities

**278**

Children with disabilities supported in schools

**114**

School visits conducted by CCBRT Moshi staff members

# ZUBERI'S STORY



The greatest gift that Zuberi received this year was not his new wheelchair, but rather the chance to attend school for the very first time in his life.

Eleven-year-old Zuberi lives in Kilimanjaro Region and was born with cerebral palsy. Because Zuberi couldn't walk or sit up unassisted, he rarely left his house. "I wanted to go to school with the other children, but it was difficult to move out of the house, let alone around the school."

This year, CCBRT Moshi helped to make Zuberi's dream of attending school come true by providing him with his very own wheelchair. "I really like being in school. I feel like I belong there," shared Zuberi. Not only did his enhanced mobility make it possible for Zuberi to go to school, but he was also able to attend community events and socialise with other children outside of his home.



"I wanted to go to school with the other children, but it was difficult to move out of the house, let alone around the school."



Towards the end of 2014, Zuberi began to outgrow his wheelchair. By this point, Zuberi was enjoying school so much that he refused to stop attending even as his wheelchair became more and more uncomfortable. His parents reached out to CCBRT Moshi for assistance and, to their delight, Zuberi received another wheelchair.

Once again, Zuberi is properly positioned in his wheelchair, helping to ensure that he won't suffer any injuries from utilising an ill-fitting device. Furthermore, CCBRT Moshi has been able to refit Zuberi's old wheelchair to meet the needs of another child, preventing them from having to experience the same type of isolation because of a lack of physical mobility. Zuberi is grateful to the CCBRT Moshi team for giving him the means to not only start, but to stay in school. "With my new chair I know I can go to school and do well. I will work to make my parents proud."

# RURAL SERVICE PROVISION

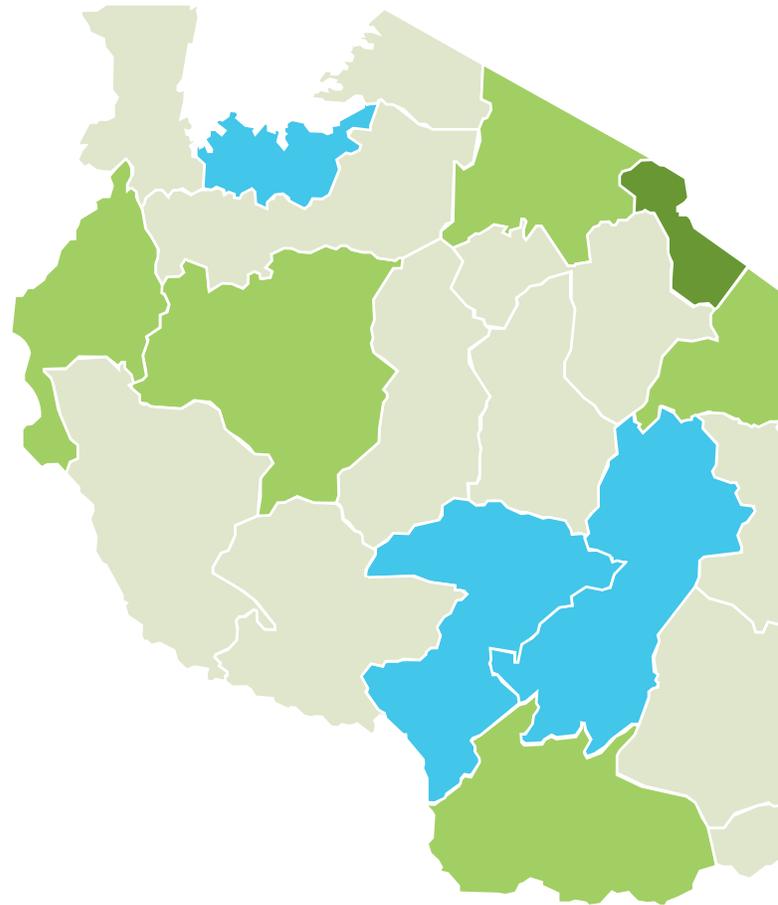
Although CCBRT is able to change the lives of thousands of people each year through the provision of services in Dar es Salaam and Moshi, these services remain inaccessible to the majority of Tanzanians who live in rural communities. Recognizing that distance and cost can be prohibitive for rural Tanzanians wishing to access CCBRT's services, CCBRT brings its services closer to the communities it serves by supporting capacity building in rural hospitals.

CCBRT's mobile outreach team has worked with Bombo Regional Hospital since 2002 and Kabanga Hospital since 2009, providing funding for eye surgeries as well as capacity building trainings and quality assessments. Furthermore, CCBRT helps to enable outreach teams from Bombo Regional Hospital to conduct eye screenings, and those at Kabanga Hospital to perform surgeries in their respective areas. This year, between both hospitals, 14,888 eye consultations, 1,032 cataract surgeries and 36 outreach visits were conducted.

Since 2007, CCBRT's mobile outreach team has coordinated biannual surgical outreaches in collaboration with Kilimanjaro Christian Medical Center (KCMC) to Sekou Toure Regional Hospital in Mwanza District. In 2014, CCBRT/KCMC screened 722 patients and performed 141 surgeries. An additional 63 patients received prescriptions for glasses and another 32 with more complicated conditions were referred to other hospitals. In 2014, CCBRT raised awareness of its eye outreaches through various methods of communication, such as by sending 80,000 text messages to people living in nearby areas.

Three additional eye-screening outreaches to health facilities were conducted in partnership with the Tanzanian Society for the Blind in Morogoro Region. During these outreaches, 2,789 people received free eye screenings and of those screened, 846 were referred to CCBRT for treatment.

As of 2014, CCBRT began partnering with Iringa Regional Referral Hospital to provide support to their orthopaedic department. During four visits to Iringa in 2014, CCBRT's team performed 61 surgeries and 69 other non-surgical procedures, as well as training support.



CCBRT's fistula team also worked to build capacity in six partner hospitals across the country: Selian Lutheran Hospital in Arusha Region, Kilimanjaro Christian Medical Centre (KCMC) in Kilimanjaro Region, Songea and Peramiho Hospitals in Songea Region, Nkinga Hospital in Tabora Region and Kabanga Hospital in Kigoma Region. These facilities received technical support, skills training for staff members, and funding for surgeries. Over the course of the year, these hospitals performed 380 fistula surgeries.

CCBRT also partners with KCMC and Selian Hospital to facilitate cleft lip/palate surgeries at these hospitals, and in 2014 CCBRT supported 26 cleft lip/palate surgeries at these facilities.



- CCBRT sites:
  - Dar es Salaam Region
  - Kilimanjaro Region
- CCBRT supported facilities:
  - Arusha Region
  - Songea Region
  - Tabora Region
  - Kigoma Region
  - Tanga Region
- Screening and surgical outreaches:
  - Morogoro Region
  - Mwanza Region
  - Iringa Region
- Awareness raising:
  - All regions

“By supporting screenings and surgeries in rural regions, we are helping to bring the services closer to the people, meaning that more people can access treatments that will dramatically improve their lives. Through supporting capacity building in rural facilities, we are also helping to ensure the sustainability of these services.”

- Oscar Tendeje, Mobile Outreach Manager

# CCBRT IN 2014

**1,640**  
Surgeries facilitated at rural partner hospitals

**18,399**  
Eye consultations and screenings supported in Kigoma, Tanga, Mwanza and Morogoro

**1,173**  
Eye surgeries supported in Kigoma, Tanga and Mwanza

**4,672**  
Radio spots broadcasted to alert communities of outreaches

**61**  
Surgeries performed at Iringa Regional Referral Hospital

**6**  
CCBRT obstetric fistula satellite hospitals

**26**  
Cleft lip surgeries supported at Kilimanjaro Christian Medical Centre and Selian Hospital

# BISHOP'S STORY

When Bishop started to lose his sight in 2011, it was the end of his independence. At seventy eight years old years old, he was still strong and active. However, as his vision deteriorated, he was unable to undertake his normal day-to-day activities. "I used to do everything on my own. But all of a sudden, I started to depend on people, especially my wife. She isn't always available as it is up to her to earn money to feed our family."

Like many people in rural Tanzania, Bishop didn't realise that his condition was treatable.

"I was given cream to apply to my eyes at the regional hospital but it didn't help. I assumed it was because of my old age. I figured that all I could do was stay inside and pray for my health," Bishop said.

Bishop lived with impaired vision for three years, relying upon his family to help him with even the most basic of tasks. It wasn't until news spread around his village that eye specialists from Kabanga Hospital would be visiting that he started to have hope that his condition could be corrected.

Upon their arrival to his village in the spring of 2014, the Mobile Outreach team screened Bishop and diagnosed him with cataracts. "I couldn't believe that when I met the doctors they could tell me right away what I was suffering from. I was even taken for eye surgery on that very day."

After a short surgery to remove the cataracts, Bishop had his independence restored. Bishop is extremely grateful to CCBRT and the Kabanga Hospital team.



Now I can walk around again and I am as active as I used to be. Today, I will feed my chickens on my own. Three years ago, I wouldn't have been able to do that!







## THE MABINTI CENTRE

Established in 2007 as part of CCBRT's comprehensive psychosocial support package for fistula patients, the Mabinti Centre seeks to empower former CCBRT fistula patients and help them develop the skills they need to start their own business and begin to rebuild their lives.

In 2014, 10 students, all of whom were recovering from fistula surgery at CCBRT, were selected to participate in the year-long training programme. Most of the women in the programme lost their babies during childbirth and almost all of the trainees in this class were responsible for earning their own income in order to meet their basic needs.

Trainees in the programme are taught a variety of technical skills including sewing, screen-printing, batik, and tie and dye. Throughout the training course, emphasis is placed on how to produce

accessories that will be popular with customers in the trainees' communities, and other key entrepreneurial skills, such as budgeting and communications, are incorporated into the program as well. For the first time this year, the training programme offered field trips to visit a variety of businesses to help trainees develop a better understanding of the types of employment opportunities available to them. Additionally, life skills sessions aim to maintain the good health of trainees, and cover relevant topics including HIV/AIDS prevention, family planning and nutrition.

In order to help their small businesses grow, Mabinti Centre staff members remain in constant contact with former graduates, alerting them of upcoming craft fairs and other opportunities to sell their products. In 2014, the Mabinti Centre hosted 12 refresher trainings for recent graduates of the



“The women of Tanzania are the future and by providing them with skills training, we are helping to shape the future not only of individuals and families, but a whole country.”

- Katia Geurts, Mabinti Centre Programme Manager

# CCBRT IN 2014

**10**

Students trained in sewing, tie and dye, batik and screen-printing

**18-30**

Age range of Mabinti trainees

**12**

Refresher courses for programme graduates

**605**

Participants in Mabinti's crochet course at CCBRT

programme to promote retention of the important techniques and life-skills covered during the previous year of training.

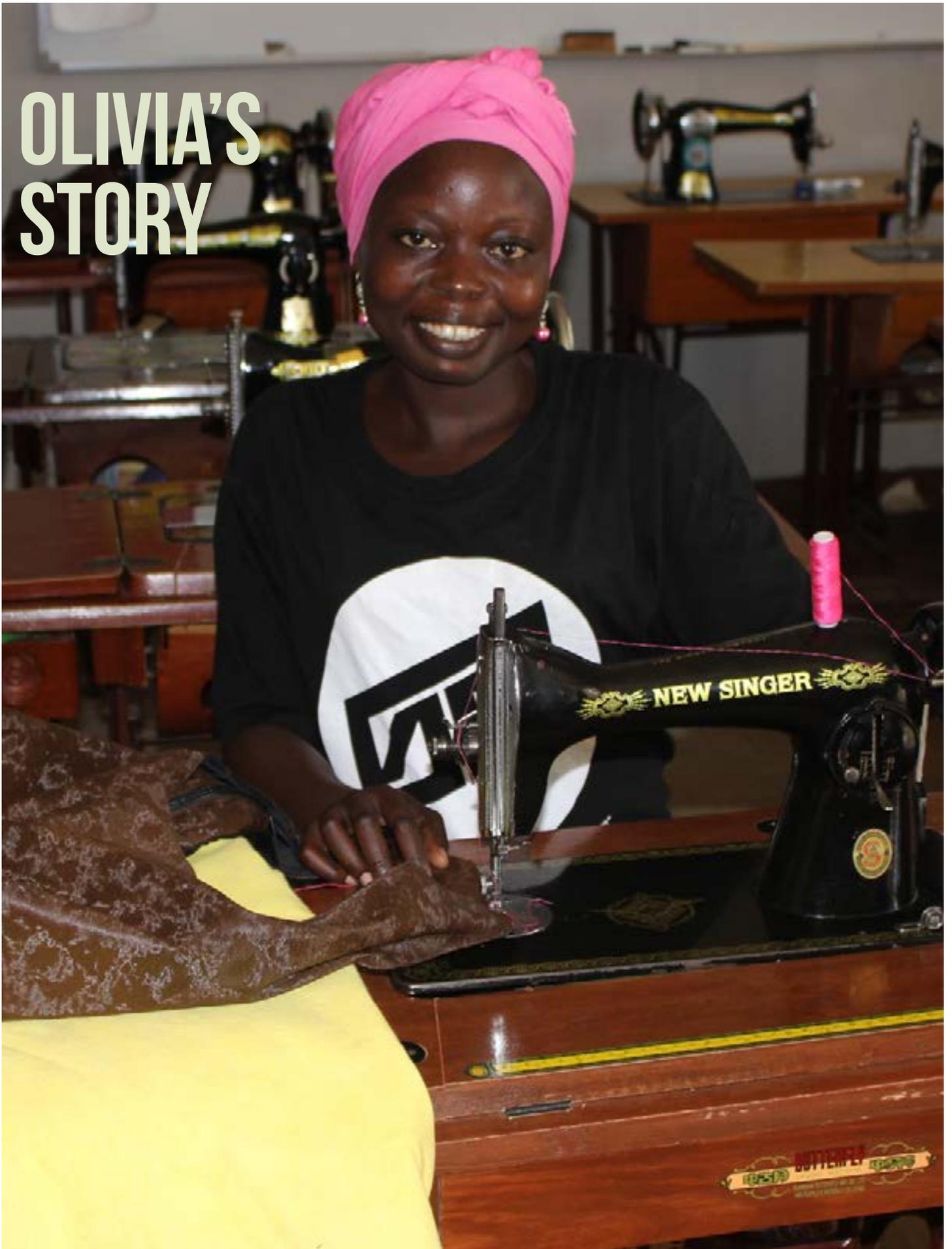
To ensure the sustainability of the training programme, the Mabinti Centre operates its own production unit, which creates unique accessories and home furnishings. The proceeds from the sale of these items are invested back into the Centre to support future training. The production unit employs former Mabinti trainees, providing a stable source of income for several graduates of the training programme.

In 2014, the Mabinti Centre participated in six craft shows around Dar es Salaam to raise awareness of and raise funds through the sale of Mabinti items, designing and creating over 110 unique products for sale throughout the year. Mabinti Centre products were featured in both Elle Magazine South Africa

and Annabelle Magazine, giving the Mabinti brand international exposure. Mabinti Centre also received the prestigious “Designer of the Year Award” at Swahili Fashion Week.

The Mabinti Centre team is most proud of its success in building and supporting a community of empowered women who recognise that despite having dealt with something as traumatic as developing fistula, they can achieve their dreams and live happy, fulfilled lives.

# OLIVIA'S STORY



Olivia was in labour at home for three days before she was taken to the hospital. Her doctors performed an emergency operation and did everything they could to save the baby, but unfortunately too much time had passed to save the child. “I was devastated to lose my baby. After the operation, I just wanted to go home to recover from this loss. But when I got home, things only got worse - I realised I was leaking.”

None of Olivia’s family or friends had ever heard of fistula or had any idea what could be causing her condition. Kigoma Region, where Olivia is from, is a remote part of Tanzania where there is little education or awareness around fistula. Olivia’s mother and brothers tried to be supportive, but her sister left the house, thinking that Olivia’s condition was caused by HIV.

“Not only had I lost my baby, but I also began to lose family members and my place in my community. Before I went into labour, I was selling small fish at the market and stitching bed sheets. After I started leaking, I was fearful to go out into the community because I thought people could be worried that I would infect them with something.”

Olivia’s luck began to change when she crossed paths with a CCBRT fistula ambassador who helped her access treatment at CCBRT’s Disability Hospital in Dar es Salaam. Because of the severity of her condition, Olivia stayed at CCBRT for two months. During this time, she was taught how to crochet by an instructor from the Mabinti Centre, and her love of working with her hands became apparent to the CCBRT team. Upon her discharge from CCBRT, Olivia was offered the opportunity to join the Mabinti Centre training programme, which she happily accepted.



I was devastated to lose my baby. After the operation, I just wanted to go home to recover from this loss. But when I got home, things only got worse - I realised I was leaking.



Olivia’s instructors at the Mabinti Centre are very impressed by her ability to learn quickly and her entrepreneurial spirit. Even though she has only been in the training programme for a few months, Olivia has already developed her confidence and skills in sewing to the point that she is now able to teach sewing lessons to other women in her community. Olivia aspires to open her own tailoring business and is saving the money she earns from teaching sewing lessons to cover her start-up costs. “Someday, I plan to have a big tailoring business with many people working for me. With a successful business, I will be able to support not only myself, but my mothers and brothers who supported me when I was most in need.”

## MATERNAL AND NEWBORN HEALTHCARE PROGRAMME

Quality antenatal care, safe delivery services and early identification of impairments can reduce the risk of maternal and newborn death as well as prevent disabilities. In partnership with the Government of Tanzania, CCBRT embarked upon a comprehensive programme to improve the quality of maternal and newborn healthcare in Dar es Salaam in 2010. A two-pronged approach built on a foundation of quality, respect and learning will enable women to access the high-quality, comprehensive healthcare they need to survive and for their families to thrive.

## MATERNITY AND NEWBORN HOSPITAL

In December 2011, CCBRT broke ground on the construction of its new Maternity and Newborn Hospital (MH), adding a new dimension to CCBRT's mission: to prevent as well as treat disabilities.

CCBRT MH will serve as a referral hospital that will work within the existing regional healthcare system to provide services to expectant mothers and newborns in high-risk situations. Maternal health services will specifically target high-risk groups including teenagers, women over age 35, and women with a history of disability, such as obstetric fistula. Newborns needing the specialised care offered at the MH will include those born prematurely, those who suffered birth-related injuries, and those whose mothers are living with potentially dangerous medical conditions, such as diabetes. While the majority of patients at the MH will be referred from other hospitals in the region, CCBRT MH will also provide services for self-referred patients for a nominal fee. CCBRT's existing private clinic services will be extended to CCBRT MH, which will generate income to support care for low-income families. All referred, self-referred, and private patients will have access to CCBRT MH's spectrum of services, including antenatal care, postnatal care, family planning services, prevention of mother to child transmission of HIV (PMTCT), in-patient maternity services, labour and delivery care, surgical services and neonatal care. Private patients will have additional access to out-patient gynaecological services.

Construction of the MH continued to progress in 2014, and plans for its daily operations are well underway. This year, construction was completed on the hospital's nine-block superstructure, as well





as the interiors of the laundry and kitchen facilities. Furthermore, the new medical stores and warehouse became operational in September and have already begun service at the Disability Hospital.

2014 saw many exciting personnel and human resource developments in the Maternal and Newborn Healthcare Programme. The Maternity and Newborn Hospital and the Capacity Building Programme were united to form a single Maternal and Newborn Healthcare Programme in January of 2014, helping to improve efficiency, streamline activities and increase synergies between the two projects.

The team continued to place great emphasis on completing construction with a focus on protecting the environment, and continued to develop plans that ensure the accessibility of the MH for people with disabilities, adolescents and fathers.

## CCBRT IN 2014

**9**

Blocks in CCBRT MH

**200**

Hospital beds in the future CCBRT MH

**15,000**

Expected number of deliveries per year when CCBRT MH is fully operational

**7.7 million**

Population of Dar es Salaam and the Eastern Zone that CCBRT MH will serve

# MATERNAL AND NEWBORN HEALTHCARE CAPACITY BUILDING PROGRAMME

CCBRT's programme to improve the capacity of existing public healthcare facilities initially provided support to 16 maternal and newborn healthcare departments in government facilities. In 2014, the programme engaged in partnerships with six additional facilities, bringing the total number of supported sites to 22.

In collaboration with the Regional Health Management team and Council Health Management Team, CCBRT's Capacity Building team provides trainings and on the job mentoring for healthcare providers; develops infrastructure; distributes supplies; equipment and consumables to partner

facilities; and develops tools and trainings in standards and database management. At the same time, the CCBRT Capacity Building team engages the greater Dar es Salaam community in its maternal and newborn healthcare work.

In 2014, the Capacity Building team helped to train 1,693 healthcare providers in emergency obstetric care. In the last year, CCBRT opened one renovated labour ward and 12 newly-constructed disability-accessible toilets at partner facilities. All 22 partner sites received equipment and consumables for their labour wards, neonatal wards and surgical theatres to ensure that the provision of



care is not be interrupted by a lack of critical supplies. The Capacity Building team also worked with these facilities to help establish an effective referral system, so that lower-level facilities are better utilised and municipal hospitals only handle more complicated cases.

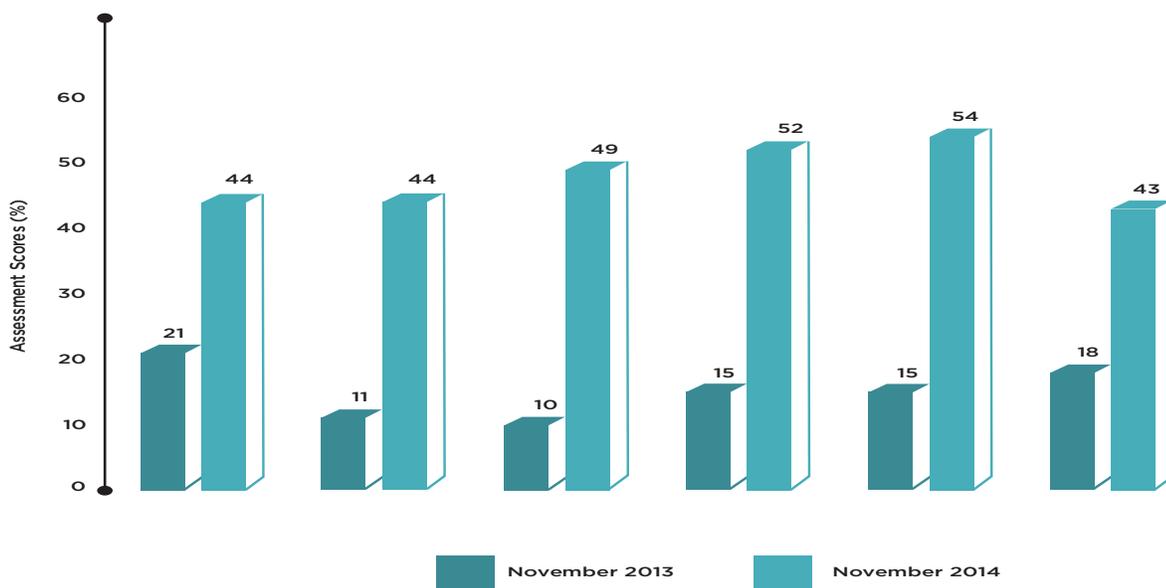
The Capacity Building team also hosted community events and utilised local drama groups to raise awareness and educate mothers about signs of possible complications during pregnancy, the birthing process and after delivery process. Additionally, the team helped to educate community members on how to reach out for assistance if they witnessed or experienced any of these signs of complications.

To ensure that healthcare providers in these facilities were better able to serve expectant mothers with hearing impairments, the Capability Building team trained 67 nurses in Kiswahili sign language.

As of October 2014, the Standards Based Management and Recognition (SBM-R) tool, a performance standard and quality assessment tool developed by Jhpiego (an affiliate of Johns Hopkins University) recorded that partner facilities were meeting 78% of service delivery standards in Basic Emergency

Obstetric and newborn care (BEmONC), up from 9% in 2010. These facilities have also recorded

SBM-R scores in BEmONC at 6 New Maternal and Newborn Healthcare Partner Facilities



notable decreases in collective stillbirth rates (26.8 in 2014, down from 29.3 in 2013). Furthermore, partner facilities recorded significant decreases in collective maternal mortality rates (123.79 in 2014, down from 149.5 in 2013). A portion of this success can be attributed to the fact that CCBRT has placed three full-time Capacity Building team members at the two sites with the highest maternal mortality indicators. In September, one of our partner facilities, Temeke Municipal Hospital, which previously had one of the highest maternal mortality rates in the area, recorded zero maternal deaths over the course of a month for the first time in collective memory. Thanks to the work of our Capacity Building team, over 105,000 mothers that delivered at our partner facilities were able to receive high-quality care, helping to ensure that more mothers were able to give birth safely to healthy babies.

## CCBRT IN 2014

**22**

Partner facilities

**50**

Trainings held for clinicians at partner facilities

**3**

Team members CCBRT posted at partner health facilities

**1,693**

Doctors, nurses and clinicians that received training from CCBRT

**105,185**

Babies delivered at our partner facilities

**10,718**

Caesarian sections performed at partner facilities

**67**

Maternal and newborn healthcare workers trained in sign language





“In 2014, there was a 30% increase in utilisation of the 22 public maternity units supported by the capacity building programme. To me, this shows that more people believe that they will be able to access quality healthcare services from these facilities and that they appreciate CCBRT’s efforts to increase the quality of care in these hospitals, health centres and dispensaries.”

– Dr. Brenda Dmello, Maternal and Newborn Healthcare Capacity Building Programme Manager

## FAMILY PLANNING UNIT

The utilisation of family planning methods is one of the most effective ways to prevent maternal and newborn mortality as well as disability. However, people living with disabilities are often unable to access family planning information or services. 2014 marked the beginning of CCBRT's efforts to combat this by offering family planning services for CCBRT Disability Hospital patients and staff members. Named after family planning advocate and close friend of CCBRT, Tim Manchester, Tim's Corner is a multi-purpose kiosk that provides reproductive health information and family planning services in a welcoming environment. The kiosk at Tim's Corner provides a safe space for customers to browse reproductive health education materials, including videos, magazines and brochures. Youth-friendly material focused on reproductive health and HIV are also available for young adult customers.

Next to the kiosk, a clinical unit staffed by a full time reproductive health nurse offers family planning counselling and a variety of family planning methods, including male and female condoms, pills, injectables, IUDs and implants. This specialist nurse works with clients to understand their needs and determine which type of family planning method might be best for them based on their future plans. Since its opening in June, Tim's Corner has provided family planning methods to 41 patients and general reproductive health counseling to another 31 patients. In addition to direct service provision, the team at Tim's Corner also works to promote family planning through participation in various events and community awareness projects. In September, the team hosted an event at Tim's Corner to celebrate World Contraception Day, which was attended by 152 CCBRT patients and staff members.

Plans to integrate family planning into existing services at CCBRT Disability Hospital are also underway. In anticipation of this integration, Tim's Corner staff members have begun hosting trainings on the importance of family planning for parents of children in our physical rehabilitation support groups, women receiving treatment for fistula, and staff members within the Disability Hospital. In 2015, the team will continue mapping out plans for family planning service provision at the future Maternity and Newborn Hospital, where family planning will be integrated across all services.

**152** CCBRT PATIENTS AND STAFF MEMBERS

Total attendance to celebrate World Contraception Day





# CCBRT IN 2014

**7**

Types of contraceptives available

**41**

Patients that received family planning methods

**31**

Patients that received reproductive health counselling

**45**

Average daily visitors to Tim's Corner

“By establishing a family planning clinic in an attractive structure, next to a convenience store, we aim to give Family Planning a place in every day life and help to address the large need for family planning services.”

- Petri Blinkoff, Referral Systems and Family Planning Manager

## ADVOCACY UNIT

Since 2010, CCBRT has worked to promote the inclusion of people living with disabilities in all aspects of society, but specifically in the areas of health, education and employment. Over the last four years, the Advocacy team has worked to influence government policies and development programmes to ensure that they are disability inclusive. Once these programmes and policies are in place, the Advocacy Unit helps to educate individuals, organisations and communities on the rights of people living with disabilities and the services available to them through these programmes.

In 2014, CCBRT's Advocacy Unit played a major role in the development of Tanzania's new constitution, by joining a coalition representing the interests of people with disabilities as part of the Special Constituent Assembly. As a result, the proposed constitution now requires government events to utilise sign language interpreters, recognises sign language and tactile language as official forms of communication, and mandates that public buildings and infrastructure are accessible for people living with disabilities. Additionally, it sets aside five parliamentary seats for people living with disabilities.

The CCBRT Advocacy Unit continued to conduct and publish extensive research. In 2014, the Advocacy team focused on researching the barriers that people living with disabilities face when trying to access various social services, including healthcare, education and development planning processes. The Advocacy Unit used this research to inform policy-makers, healthcare providers and administrators education professionals and disability specialists on how to dismantle such barriers. The Advocacy team also supported a study conducted by the Research on Poverty Alleviation and London School of Hygiene and Tropical Medicine on the inclusion of persons with disabilities in community health funds.

This year, the Advocacy Unit increased its efforts to promote its consultancy service, which trains companies and NGOs on disability inclusion. This service not only helps Tanzanian employers to establish more inclusive work environments, but also generates income to support CCBRT's programmes. Between NGOs, companies and government agencies, the Advocacy team hosted 15 trainings in 2014.

Throughout the course of the year, the Advocacy Unit took part in events for cause awareness days

relating to disability, including White Cane Day, the International Week of the Deaf, and International Day of Persons with Disabilities. As part of these events, Advocacy team members participated in TV and radio programmes to discuss the rights of people living with disabilities and the services offered by CCBRT to support these individuals and their families.

In 2014, the Advocacy team encouraged CCBRT management to lead by example, and to develop a more disability-friendly work environment at CCBRT. The team organised awareness raising events on disability inclusion for staff members, ensured that sign language services were available at all staff meetings, offered sign language training to each department and established handicapped parking spots for staff members with physical impairments. The Advocacy Unit's work to make CCBRT a more accessible work environment for employees with disabilities led to CCBRT's recognition as the 2014 Inclusive Employer of the Year from the Association of Tanzanian Employers. The Advocacy team's efforts to promote disability inclusion are making positive, lasting changes at CCBRT, in Dar es Salaam and throughout Tanzania.

## CCBRT IN 2014

**3**

CCBRT staff members that participated in the development of the new Tanzanian Constitution

**15**

Trainings and presentations held by Advocacy team on disability inclusivity, the rights of people with disabilities and other related topics

**588**

People trained in disability inclusivity, the rights of people with disabilities and other related topics

**10**

Topics presented during trainings and presentations



“It was a real privilege to be a part of the constitution-making process and help to advocate for protections for people living with disabilities.”

- Fredrick Msigallah, Advocacy Programme Manager

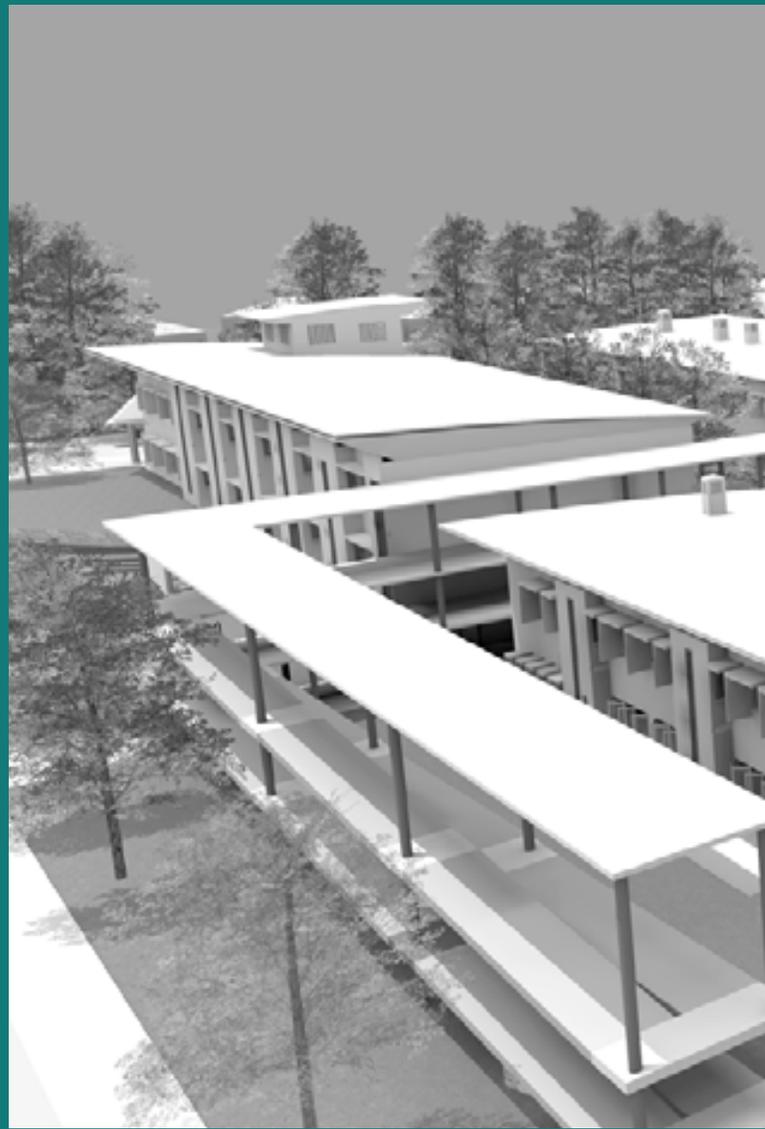
## PUBLIC PRIVATE PARTNERSHIPS

In 2007, CCBRT entered into an unprecedented Public Private Partnership (PPP) with the Government of Tanzania, which formally outlined the Government's support for CCBRT's work. Although CCBRT has collaborated with the Government of Tanzania since its inception, this PPP formalises the partnership and details the Government of Tanzania's commitment to support CCBRT's Disability Hospital and future Maternity and Newborn Hospital through the provision of land, equipment, and consumables.

The partnership has continued to strengthen over the last seven years. In 2007, the Government of Tanzania donated 4.7 hectares of land adjacent to CCBRT Disability Hospital for the development of CCBRT Maternity and Newborn Hospital. In 2009, CCBRT started to receive support for CCBRT's annual workplan and budget and, a year later, began receiving support for consumables and equipment. In 2013, the Government of Tanzania upgraded CCBRT Disability Hospital from a regional to a zonal hospital, increasing the amount of government resources that CCBRT was eligible to receive. Once the Maternity and Newborn Hospital is constructed, the Government of Tanzania will increase the scope of its contributions to include the new facility.

In 2014, a Governing Committee, established as part of the PPP's renewal in 2013, began to work in collaboration with CCBRT's Board of Directors. This Governing Committee is made up of staff members from the Ministry of Health, the Ministry of Finance, the Attorney General's office, the Speaker of Parliament's office and the Regional Medical Secretariat's office. The Governing Committee has provided invaluable advice to CCBRT throughout the year and will continue to help CCBRT effectively advocate for the expansion of the partnership.

Support from the Government of Tanzania continued to be one of CCBRT's main sources of income in 2014, and provided for the majority of medicines (with the exception of certain specialised medicines). It is the largest health-related Public Private Partnership in the country. CCBRT is extremely grateful for the generous support provided by the Government of Tanzania and looks forward to working in partnership to improve access to quality and affordable healthcare services in Dar es Salaam and throughout the country.



“The Government of Tanzania recognises that CCBRT’s work plays a critical role in helping to ensure that citizens are able to access the health services to which they are entitled. This PPP helps to create an avenue through which CCBRT and the Government of Tanzania can work together to achieve their shared missions.”

– Tamaly Lutufyo, Director of Advocacy and Alliances



# CCBRT IN 2014

**298,478**

Pieces of medical consumables provided

**31,775**

X-Ray film and lab reagent kits supported

**7**

Years in formal partnership with the Government of Tanzania

**609,008**

Packages of medications, drugs and injections

**226**

Pieces of hospital equipment

## KUPONA FOUNDATION

In 2008, two former Ambassadors to Tanzania, Peter Maddens and Mark Green, from Belgium and the United States respectively, witnessed the work of CCBRT during their time in Dar es Salaam and saw an opportunity to mobilise support in the US for CCBRT's life changing efforts. This vision was realised in 2009 through the establishment of Kupona Foundation.

Kupona Foundation ('Kupona') serves as a bridge to Tanzania, helping to improve the lives of thousands of women, newborns and people living with disabilities by directly supporting CCBRT's efforts to improve access to high-quality healthcare. Support from Kupona comes in the form of funds raised from US-based companies, foundations and individuals, connections to technical experts to help build capacity and fill critical resource gaps, and increased awareness of CCBRT's work in the US. Working side-by-side with CCBRT, Kupona helps to direct resources to the people and programmes with the greatest need, with an eye towards transparency and long-term sustainability.

Throughout the course of the year, Kupona staff members visited CCBRT to participate in milestone events and engage with CCBRT leadership. Kupona was able to connect CCBRT with technical expertise in order to fill critical resource gaps and reinforce the team on the ground in Tanzania. Kupona facilitated the engagement of two Executive MBA teams from the Massachusetts Institute of Technology (MIT) and the University of California Los Angeles (UCLA) to work on strategic projects for the organisation as well as a Princeton in Africa fellow to support CCBRT's communications needs. Together with their broader ecosystem of donors, doctors, academic institutions and funding partners, Kupona continues to make it possible for CCBRT to empower Tanzanian individuals, families and communities, regardless of the economic climate.



“Through our direct relationship with CCBRT, we present an opportunity for our donors to support life-changing programs. By representing CCBRT in the US, we can uncover opportunities for collaboration that are not easy to see.”

- Abbey Kocan, Executive Director of Kupona Foundation



# KUPONA IN 2014

**\$565,409**

US dollars raised for CCBRT

**4**

New partnerships established by Kupona

**1**

Technical advisor sent to CCBRT from Kupona

**3**

Staff members at Kupona Foundation

**3**

Conferences attended by team members

**3**

Events held to generate support for CCBRT

**3**

Visits made to CCBRT in 2014

**6**

Years partnering with CCBRT

# CCBRT FINANCIAL INFORMATION

## 2014 Audited Financial Summary

	2014 TZS'000	2013 TZS'000
<b>INCOME</b>		
Donations	14,102,367	19,149,460
Government grants	1,786,496	1,719,621
Contributions by patients	4,701,032	4,291,863
Other income	1,737,157	1,081,784
Total income	22,327,052	26,242,728
Operating costs	(25,481,570)	(20,868,510)
(Deficit)/surplus for the year	(3,154,518)	5,374,218

Financial Statements for the Year Ended 2014

	2014 TZS'000	2013 TZS'000	2012 TZS'000
<b>ASSETS</b>		(Restated)	(Restated)
Non-current assets			
Property, plant and equipment	30,466,022	26,403,423	10,879,617
Intangible asset	9,911	34,741	69,483
Non-current receivables	32,607,343	30,586,808	8,062,040
	63,083,276	57,024,972	19,011,140
Current assets			
Inventories	2,369,197	1,920,266	2,365,603
Accounts receivables	11,786,879	12,794,831	11,801,550
Bank and cash balances	15,595,971	17,683,202	25,072,503
	29,752,047	32,398,299	39,239,656
<b>TOTAL ASSETS</b>	<b>92,835,323</b>	<b>89,423,271</b>	<b>58,250,796</b>
<b>RESERVES AND LIABILITIES</b>			
<b>RESERVES</b>			
Retained surplus	9,346,104	12,363,595	6,989,376
Revaluation reserve	1,903,377	2,134,055	-
Total reserve	11,249,481	14,497,650	6,989,376
<b>LIABILITIES</b>			
Non-current liabilities			
Capital grant	27,590,448	24,302,945	10,947,941
Current liabilities			
Deferred income grants	52,319,122	49,607,391	39,226,018
Accounts payables	1,676,272	1,015,285	1,087,461
	53,995,394	50,622,676	40,313,479
<b>TOTAL LIABILITIES</b>	<b>81,585,842</b>	<b>74,925,621</b>	<b>51,261,420</b>
<b>TOTAL RESERVE AND LIABILITIES</b>	<b>92,835,323</b>	<b>89,423,271</b>	<b>58,250,796</b>

NOTE: THESE ARE AUDITED FINANCIAL STATEMENTS

# LIST OF PARTNERS IN 2014

CCBRT recognises that without our partners, none of our life changing work would be possible. On behalf of all of our staff members and patients - thank you.

- The Government of the United Republic of Tanzania
- African Reflections Foundation
- Alischild Foundation
- Aggreko
- BAPS Charities
- Bona Officia
- Community Action for People with Disabilities in Africa (CAPDA)
- CBM
- Children in Crossfire
- Church of Latter Day Saints Humanitarian Programme
- Corona Society in Dar es Salaam
- Danish International Development Agency
- Dar es Salaam Charity Goat Races
- Dar es Salaam Independent School (DIS)
- Department of Foreign Affairs, Trade and Development, Canada
- DIWA
- Drilling for Hope
- Ein Herz für Kinder
- EKN: Embassy of the Kingdom of the Netherlands
- Elma Philanthropies
- Federal Republic of Germany
- Fistula Foundation
- FK-Fredskorps- University of Bergen
- International Committee of the Red Cross, Special Fund for the Disabled
- International Federation for Spina Bifida and Hydrocephalus
- Irish Aid
- Johnson & Johnson
- Kupona Foundation
- Light for the World
- KfW
- Motivation
- NORAD - Norwegian Agency for Development Cooperation
- Nuffic
- Porticus
- Princeton in Africa
- Smile Train
- Sumaria
- Swedish International Development Cooperation Agency
- Swiss Agency for Development and Cooperation
- Swiss Philanthropy Foundation (WISE)
- The Charitable Foundation
- The Liliane Foundation
- Tigo
- Tim Manchester Family
- United Nations Population Fund
- Vodacom Foundation
- Vodafon Foundation in partnership with USAID
- WonderWork

CCBRT would also like to thank all individual donors and sponsors who helped to support our mission in 2014.





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[communications@ccbrt.or.tz](mailto:communications@ccbrt.or.tz)

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Designed by Africa Inside Out



Comprehensive Community Based Rehabilitation  
in Tanzania (CCBRT)  
P.O. Box 23310  
Dar es Salaam, Tanzania  
+255 (0) 22 2601543  
[communications@ccbrt.or.tz](mailto:communications@ccbrt.or.tz)  
[www.ccbrt.or.tz](http://www.ccbrt.or.tz)  
[www.facebook.com/ccbrttz](http://www.facebook.com/ccbrttz)  
[@CCBRTTanzania](https://www.instagram.com/CCBRTTanzania)



Kupona Foundation  
Registered in the U.S. a 501(c)(3)  
not-for-profit-organisation  
12 Bensonhurst Avenue  
Saratoga Springs, New York 12866  
[info@kuponafoundation.org](mailto:info@kuponafoundation.org)  
[www.kuponafoundation.org](http://www.kuponafoundation.org)  
[www.facebook.com/KuponaFoundation](http://www.facebook.com/KuponaFoundation)  
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