

COMPREHENSIVE COMMUNITY BASED REHABILITATION
IN TANZANIA

2018 - 2022

CCBRT FIVE YEAR STRATEGY



PATRON

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ACRONYMS

CCBRT	Comprehensive Community Based Rehabilitation in Tanzania
CPD	Continuous Professional Development
DALYs	Disability Adjusted Life Years
FIGO	International Federation of Gynaecology and Obstetrics
HMIS	Hospital Management Information System
ICRC	International Committee of the Red Cross
OPD	Outpatient department
PDCA	Plan Do Check Act/Adjust

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INTRODUCTION



With nearly a quarter century experience in disability, rehabilitation and maternal, newborn and child health care, CCBRT enters this new five-year strategic period 2018-2022 with renewed enthusiasm. In the coming five years, CCBRT seeks to expand its service delivery calibre and capacity, further strengthen its management

system and sustainability, and grow into an even larger role nationwide through professional development, innovative solutions and targeted health programmes. CCBRT's services will more than quadruple in this strategic period to support the national healthcare system.

A portrait of a smiling woman with dark skin and short, dark hair, wearing a light blue hospital gown. She is standing with her arms crossed, looking directly at the camera. The background is slightly blurred, showing what appears to be a clinical or hospital setting.

CONTEXT

SUB-SAHARAN AFRICA HAS 11% OF THE WORLD'S POPULATION AND 24% OF THE GLOBAL BURDEN OF DISEASE WITH ONLY 3% OF HEALTH WORKERS AND 1% OF FINANCIAL RESOURCES.

These challenges are exacerbated by chronic medicine and consumable shortages, inadequately equipped facilities and low levels of health education. In Tanzania, a country ranked 151/188 on the Human Development Index with over 1/3 of the population below the basic needs' poverty line, the situation is dire.

Poverty is a significant barrier to accessing quality healthcare. Living with a disability compounds this challenge: worldwide, people living with a disability tend to both be poorer and have more healthcare needs than people without disabilities. As in other countries, many people and children with disabilities in Tanzania do not have equal access to health care, education and work opportunities, and face exclusion from community life. In addition, many are not

able to access the specialist services they require due to cost, scarcity of service providers, distance and transport barriers. Many families with a person with a disability spend 15% of their budget on healthcare, one third more than households without a disabled family member.

In Tanzania, only an estimated 3.1% of people with disabilities receive income from paid employment. Most children with disabilities, due to cultural misconceptions and social stigma, remain at home. Illiteracy among disabled Tanzanians is 48%, compared to 25% among non-disabled. More than 4.2 million Tanzanians live with a disability, the human resources for health shortage is at 56%, and barely a third of health facilities are resourced to perform even basic service provision.

Dar es Salaam, the country's urban centre – with more than 10% of the population already – is expanding at one of the fastest rates worldwide into a megacity by 2025, and the health infrastructure is in crisis. Nationally, spending on health services in Tanzania is low: just 11% of government spending, or roughly 2% of the country's GDP, is allocated to health services.

Poor access to basic and comprehensive emergency obstetric care in Tanzania manifests as high national maternal mortality rates, neonatal mortality rates and incidence of obstetric fistula, a disabling condition caused by prolonged or obstructed labour without timely medical intervention. Access to quality maternal and newborn health

care is limited by shortages of human resources for health, essential equipment and supplies. Further contributing to poor outcomes is the unmet need for family planning.



IN TANZANIA, THE NEED FOR DISABILITY & MATERNAL HEALTH SERVICES IS SUBSTANTIAL

- More than 1 million people live with visual impairments
- Approximately 2,200 children are born annually with clubfoot
- Approximately 250,000 people are in need of assistive devices
- Thousands of people live with treatable orthopaedic conditions
- Approximately 3,000 children are born with cleft lip/palate each year
- More than 3,000 women develop obstetric fistula annually
- Tens of thousands of women have high risk pregnancies each year

VISION, MISSION & VALUES



Since opening in 1994, CCBRT has grown to become the largest rehabilitation and disability service provider in Tanzania through its ophthalmology, orthopaedic and rehabilitation, plastic and reconstructive surgery, and maternal and newborn health services. CCBRT operates the country's largest obstetric fistula programme and leads in cleft lip/palate and clubfoot treatments. CCBRT integrates disability health and maternal and newborn healthcare through primary, secondary and tertiary prevention. CCBRT's work contributes to the implementation and upholding of the United Nations

Convention on the Rights of People with Disabilities as well as within the wider global development context - the Sustainable Development Goals - as a specialised health care provider.

Due to its expertise, CCBRT sits on several national technical working groups, hosts a Prosthetic & Orthotic Centre of Excellence in partnership with ICRC Moveability Foundation and serves as a FIGO-accredited training site. Combined with a strong presence in the community and international reputation, this experience is also mobilised to advocate for the rights of people with disabilities and promote

disability inclusion through advocacy. CCBRT sees clients from across Tanzania – annually reaching more than 100,000 individuals for its disability services and impacting 160,000 mothers and newborns through its capacity building programme in Dar es Salaam region.

CCBRT has continued to grow in areas of service – expanding from only ophthalmology services to orthopaedics and physical rehabilitation (including a centre in Moshi) to obstetric fistula to maternal and newborn capacity building (in 23 partner facilities in Dar es Salaam) – consistent with national reputation and demand, since opening in 1994. From 2013 to 2017, 56,500 DALYs were averted for 11,300 patients through CCBRT's cataract, cleft lip/palate and obstetric fistula services alone. In just 2017, CCBRT supported over 100,000 consultations, 84,000 deliveries and

8,600 surgeries. The end of the 2013-2017 strategy external evaluation presents a comprehensive overview of CCBRT's successes and challenges. With insights from the evaluation in mind, CCBRT restructured in line with its new vision and mission and sustainability as a key driver.

CCBRT complements the national health system by serving a niche section of health care needs: ophthalmology, orthopaedics and physical rehabilitation, plastic and reconstructive surgery, and maternal, newborn and child health. For 2018-2022, CCBRT's focus will be on improving quality, efficiency and management of these four service areas. By improving hospital management, CCBRT will be a better carer for clients, a better partner for supporters and a leader for specialised healthcare in Africa.

OUR VISION

To be the leading provider of accessible specialised health services in Africa

OUR MISSION

To become a health care social enterprise serving the community and the most vulnerable with accessible specialised services and development programmes

OUR VALUES

Trust & Respect
Teamwork
Commitment
Innovation
Professionalism

2018-2022 STRATEGIC PRIORITIES

In line with its vision, mission and values, CCBRT has established its measurement for success in the coming five years, five strategic priorities and goals, with actions and key performance indicators that will be monitored throughout 2018-2022 (see Strategy Framework). CCBRT's service delivery targets - for each core service area - cut across this framework. Service delivery targets will be re-evaluated annually, as service data are analysed and actioned.



SUCCESS FOR CCBRT BY 2022 IS...

- Becoming an exemplary specialist health care provider with an efficient management system and a culture of continuous improvement that inspires others
- Valued, engaged and committed staff providing highest quality care and achieving excellent client outcome & experience
- Increased access to specialised health services, especially for the most vulnerable
- Improved enabling environment for CCBRT through good governance and stakeholders' relationships

STRATEGIC PRIORITY 1 VALUED & ENGAGED STAFF



**GOAL: A HIGHLY ENGAGED
AND PERFORMING
WORKFORCE**

With more than 400 staff, over half of whom are clinical, CCBRT maintains expertise essential for quality specialised health care. During this strategic period, CCBRT's employee figures will grow as services expand and more clients are reached. This team is not only crucial to the daily delivery of high quality health care, but also drives organisational culture, values and working environment. With the crisis in human resources for health globally, and especially in Tanzania, CCBRT recognises the challenges coming with organisational growth and has prioritised this issue accordingly.

In 2018-2022, CCBRT is committed to developing a highly engaged and performing workforce, ensuring a collaborative, efficient and client-focused hospital. Internal communication will be improved and organisational values translated into action by being embedded into the day-to-day work. CCBRT will retain, attract and recruit staff who share the organisation's values and reflect the diverse community served. Staff will be engaged and trained to deliver, or support the delivery of, care in today's changing environment.



INDICATORS DEMONSTRATING PERFORMANCE IN THIS AREA

- % completion training plan implementation
- # of staff incidents reported
- % improvement of combined scores of retention, vacancies filled and attendance
- % staff undergoing performance reviews
- % increase in average score employee satisfaction surveys
- Ratio of output to staff (OPD visits/staff, surgeries/staff, bed-days/staff)



STRATEGIC PRIORITY 2

EXCELLENT CLIENT OUTCOME



**GOAL: A SAFE HOSPITAL
PROVIDING APPROPRIATE
AND SUCCESSFUL
TREATMENT IN LINE WITH
INTERNATIONAL
STANDARDS**

CCBRT will harness lessons learned from decades of speciality care to ensure safe, appropriate and successful treatment. CCBRT strives to become the safest health care provider in Tanzania. CCBRT's maternal and newborn capacity building programme, and work with other partner health facilities nationwide, has given the organisation ample knowledge of best practices and areas for improvement in order to ultimately ensure positive health benefits for clients seeking care.

Quality of clinical outcomes will be measured real-time to drive data-based decision making across the organisation. Clinical outcomes will be improved through education and training. Better health outcomes for more people in need will result from increased service delivery in line with this priority. Recognising that improvement is continuous, CCBRT strives to provide best quality health care in line with, or above, international best practices.



INDICATORS DEMONSTRATING PERFORMANCE IN THIS AREA

- % increase in service delivery volumes per year
- % increase in DALYs averted for clients treated at CCBRT
- SafeCare Level 5 and benchmark with international hospital
- % cataract clients with post-operative visual acuity of 6/6-6/18 four to eleven weeks after surgery
- % clubfoot clients who maintain zero Pirani score after one year of using a foot abduction brace
- % clients using lower limb prosthetic device a year after fitting
- % fistula clients who are dry six months after surgery
- # of maternal and newborn deaths



STRATEGIC PRIORITY 3

EXCELLENT CLIENT EXPERIENCE



GOAL: ALL CLIENTS ARE TREATED WITH PRIVACY, DIGNITY AND RESPECT AND RECEIVE THE RIGHT SERVICES AT THE RIGHT PLACE

By separating client outcome from client experience, CCBRT strives to distinguish the importance of both: the first on positive health and improved quality of life, and the second on clients' inherent dignity and respect. In 2018-2022, CCBRT will improve client involvement in treatment and engage with clients in re-designing processes and services, so as to meet their needs and improve their experience at the hospital.

Client feedback will continue to be solicited and responsiveness to concerns raised will be improved. As the leader in disability care and advocate for inclusion, CCBRT seeks to ensure inclusiveness of its own services and facilities. CCBRT wants to ensure the environment where care is provided is appropriate - be that on site at CCBRT or elsewhere. Important to ensuring excellent client experiences, CCBRT will increase access to essential health care services by improving affordability and strengthening care at other facilities.



INDICATORS DEMONSTRATING PERFORMANCE IN THIS AREA

- % increase in client satisfaction score feedback
- # clients served through outreach activities
- % improvement in CCBRT's disability inclusion score
- % reduction in OPD turn-around time



STRATEGIC PRIORITY 4

LEARNING & INNOVATION



**GOAL: A CULTURE OF
CONTINUOUS
IMPROVEMENT WITH A
FOCUS ON LEARNING AND
INNOVATION**

CCBRT will expand its learning and innovation, including the utilisation of technology, for the benefit of employees, clients and other stakeholders during the 2018-2022 period. The institutionalisation of a culture of continuous learning and improvement across all levels of the organisation will expand in the coming five years. In addition, the 'CCBRT Academy' will become operational during this strategic period to facilitate training and education opportunities for not only CCBRT staff but also human resources for health, management and related fields across Tanzania and beyond.

In the past CCBRT pioneered mHealth for client transport, piloted lean management techniques in health care, digitalised analysis of perinatal deaths in Dar es Salaam Region, improved client compliance through SMS reminders, and initiated a hospital management information system (HMIS) that will bring new data to the Tanzanian health sector. Innovations like these are essential to sustaining and expanding the impact of CCBRT's specialised health services in the coming years.



INDICATORS DEMONSTRATING PERFORMANCE IN THIS AREA

- # improvement ideas implemented
- % users entering data into HMIS (user density)
- % complete records (information density)
- # people trained through the CCBRT Academy
- # research initiatives CCBRT is involved in
- # staff receiving training including CPD



STRATEGIC PRIORITY 5

FINANCIAL SUSTAINABILITY



**GOAL: A FINANCIALLY
SUSTAINABLE SOCIAL
ENTERPRISE**

CCBRT seeks to become a financially sustainable social enterprise during this strategic period in order not only to improve the financial health of the organisation but also to ensure continued services for the most vulnerable. By creating financial accountability at all levels of the organisation, CCBRT will instil a business culture necessary to transition the organisation from a traditional non-governmental organisation mentality (fundraise and spend) to a social enterprise mind set (cost control and sustainability).

Through better budget management and utilisation, improved forecasting and monitoring, and clear delegations of authority, CCBRT will strengthen its financial situation. CCBRT aims to utilise Dar es Salaam's growing population and rising demand for quality healthcare services to cross-subsidise free or low-cost treatments provided to vulnerable clients by opening a new facility for its private services.



INDICATORS DEMONSTRATING PERFORMANCE IN THIS AREA

- % revenue increase
- % reduction in cost/service
- % earnings after interest, tax and depreciation/operating expenses
- # of subsidised and free clients



CONCLUSION

THE SYNERGIES AMONG CCBRT'S 2018-2022 STRATEGIC PRIORITIES WILL FURTHER CCBRT'S PROGRESS IN THE COMING YEARS.

By highlighting the organisation's commitment to excellence, CCBRT's new strategy will achieve strong results internally (human resources, financials) and externally (clients, partners) with a clear focus on quality and sustainability.

CCBRT would not be able to aim for these goals without the continued support of many partners, technical, financial, academic and others, including the Government of the United Republic of Tanzania. The Memorandum of Understanding between CCBRT and the Government reflects this public-private partnership and lays the groundwork for sustained collaboration

to enhance the Tanzanian health system and the health of people in need of specialised disability, maternal and newborn care. CCBRT looks forward to continued collaboration with partners in the coming five years, whose support is essential to ensuring CCBRT's impact.

CCBRT sees opportunity in the next five years: for more people to receive the quality care they deserve, for mothers and babies to access treatment early enough to prevent mortality and disability, for health professionals to grow and serve communities in need, and for it to be a leader in accessible, specialised health care and innovative programmes across the country and beyond.



STRATEGY FRAMEWORK

VISION, MISSION, VALUES & STRATEGIC PRIORITIES

VISION	To be the leading provider of accessible specialised health services in Africa				
MISSION	To become a health care social enterprise serving the community and the most vulnerable with accessible specialised services and development programmes				
VALUES	Trust & Respect - Commitment - Professionalism - Teamwork - Innovation				
SUCCESS IS...	<ul style="list-style-type: none"> • Becoming an exemplary specialist health care provider with an efficient management system and a culture of continuous Improvement that inspires others • Valued, engaged and committed staff providing highest quality care and achieving excellent client outcome & experience • Increased access to specialised health services, especially for the most vulnerable • Improved enabling environment for CCBRT through good governance and stakeholders' relationships 				
STRATEGIC PRIORITIES	1. Valued & Engaged Staff	2. Excellent Client Outcome	3. Excellent Client Experience	4. Learning & Innovation	5. Financial Sustainability
	Involved staff	First time right	Timely	PDCA thinking	Net cash
	Developing talents	No harm	Accessible	Creative solutions	Efficient
	Value each individual	Best practice based work	Attentive	Evidence-based solutions	Accountable

GOALS 1-2, ACTIONS & KEY PERFORMANCE INDICATORS

	GOALS	ACTIONS	KEY PERFORMANCE INDICATORS
STRATEGIC PRIORITY 1	A highly engaged and performing workforce	<ul style="list-style-type: none"> • Improve internal communication • Retain, attract and recruit staff who share the organisational values and reflect the diverse community served • Engage and train staff to continue to deliver, and support the delivery of, care in a changing environment • Improve working environment for staff • Improve staff recognition 	<ul style="list-style-type: none"> • % completion training plan implementation • # of staff incidents reported • % improvement of combined scores of retention, vacancies filled and attendance • % staff undergoing performance reviews • % increase in average score employee satisfaction surveys • % of employees with a disability • Ratio of output to staff (OPD visits/staff; surgeries/staff; bed-days/staff)
STRATEGIC PRIORITY 2	A safe hospital providing appropriate and successful treatment in line with international standards	<ul style="list-style-type: none"> • Measure quality of clinical outcomes real-time to inform day-to-day service provision • Acquire and maintain SafeCare highest level. Identify and benchmark with similar international hospitals • Increase volumes of service delivery 	<ul style="list-style-type: none"> • % increase in service delivery volumes per year • % increase in DALYs averted for clients treated at CCBRT • SafeCare Level 5 and benchmark with international hospital • % cataract clients with post operative visual acuity of 6/6-6/18 four to eleven weeks after surgery • % clubfoot clients who maintain zero Pirani score after one year of using a foot abduction brace • % clients using their lower limb prosthetic device a year after fitting • % fistula clients who are dry six months after surgery • # of maternal deaths • # of newborn deaths

GOALS 3-5, ACTIONS & KEY PERFORMANCE INDICATORS

	GOALS	ACTIONS	KEY PERFORMANCE INDICATORS
STRATEGIC PRIORITY 3	All clients are treated with privacy, dignity and respect and receive the right services at the right place	<ul style="list-style-type: none"> • Solicit client feedback and improve responsiveness to concerns raised • Improve disability-inclusiveness of services and facilities • Improve the environment that care is delivered in • Increase access to services, especially for those most at risk, through improved affordability, outreach and strengthening primary care levels 	<ul style="list-style-type: none"> • % increase in client satisfaction score feedback • # clients served through outreach • % improvement in CCBRT's disability inclusion score • % reduction in OPD turn around time
STRATEGIC PRIORITY 4	A culture of continuous improvement with a focus on learning and innovation	<ul style="list-style-type: none"> • Expand the utilisation of technology • Establish a supportive management system • Operationalise the 'CCBRT Academy' • Improve CCBRT's research environment 	<ul style="list-style-type: none"> • # improvement ideas implemented • % users entering data into HMIS (user density) • % complete records (information density) • # people trained through the CCBRT Academy • # research initiatives CCBRT is involved in • # staff receiving training including CPD
STRATEGIC PRIORITY 5	A financially sustainable social enterprise	<ul style="list-style-type: none"> • Instill a business culture with financial accountability and ownership across all levels of the organisation • Cross-subsidise free or low-cost treatments provided to vulnerable clients through partner and client revenue 	<ul style="list-style-type: none"> • % revenue increase • % reduction in cost/service • % earnings after interest, tax and depreciation/operating expenses • # of subsidised clients • # of free clients



SOURCES

Government Spending Watch. "2014 planned spending by the Government of Tanzania." GSW: London. 2015. From <http://www.governmentspendingwatch.org/spending-data>

Human Resources Development Directorate, Ministry of Health and Social Welfare. "Human Resources for Health and Social Welfare Country Profile 2013/2014." 2014.

Mathieu Maheu-Giroux et al. "Prevalence of symptoms of vaginal fistula in 19 sub-Saharan Africa countries: a meta-analysis of national household survey data. Lancet Global Health. 2015.

Ministry of Health and Social Welfare. "Human Resource for Health and Social Welfare Strategic Plan 2014 - 2019." 2014. From http://www.tzdpg.or.tz/fileadmin/documents/dpg_internal/dpg_working_groups_clusters/cluster_2/health/Key_Sector_Documents/HRH_Documents/20140908_HRHSP_Final.pdf

National Bureau of Statistics. "2008 Tanzania Disability Survey." Dar es Salaam. 2008. From http://www.tzdpg.or.tz/fileadmin/documents/dpg_internal/dpg_working_groups_clusters/cluster_2/education/TANZANIA_2008_DISABILITY_SURVEY_DRART_REPORT_NOVEMBER30.pdf

Oxford Economics. "African Cities: Bright Continent. African Cities Income and Consumer Spend Outlooks to 2030." 2014. From <http://www.oxfordeconomics.com/my-oxford/projects/274618>

Tanzania Clubfoot Care Organization. "About Clubfoot." From <http://clubfoottanzania.org/about-clubfoot/>

Tanzania National Bureau of Statistics. "Integrated Labour Force Survey." 2014.

Thomas Raasen. "VVF Treatment and Training through Outreach Services: AMREF Experience." East and Central Africa Journal of Surgery. 2006.

UNDP. "UNDP Human Development Report." 2016. From http://hdr.undp.org/sites/default/files/2016_human_development_report.pdf

UNICEF. "Maternal and Newborn Health Disparities in Tanzania." 2016. https://data.unicef.org/wp-content/uploads/country_profiles/United%20Republic%20of%20Tanzania/country%20profile_TZA.pdf

World Health Organisation. "Guidelines for Training Personnel In Developing Countries for Prosthetics And Orthotics Services." 2005. From <http://apps.who.int/iris/bitstream/10665/43127/1/9241592672.pdf>

World Health Organisation. "Health Expenditure Indicators." WHO: Geneva. 2015. From <http://apps.who.int/nha/database/Select/Indicators/en>

World Health Organisation, "The World Health Report." 2006.

World Health Organisation. "World Report on Disability." 2011. From http://www.who.int/disabilities/world_report/2011/report.pdf

MEDIA

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