



CCBRT Annual Report 2015



All photographs © CCBRT and Sala Lewis

Anyone who wishes to obtain copies of the photographs in this report should contact CCBRT's Communications Department: communications@ccbtrt.org.

Our sincere thanks to everyone involved in the production of this report and the designer, Jenn Chambless (jennchambless.com).

Patron

Hon. Mr. J. Ndugai, Speaker of the National Assembly of Tanzania

General Assembly

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

Board

Dr. W. Slaa (President)	Mr. B.K. Tanna (Vice Chairman)
Prof. G. Mmari	Mr. E. Mnyone
Mr. J. Sutton	Mr. E. Telemans



CCBRT Annual Report 2015

Contents

Word from the CEO and President of the Board	4
Background, Vision, Mission, and Working Principles	5
Where We Work	6
Why Disability and Maternal Health?	7
2015 Highlights	8
Eye Department	10
Ismail's Story	11
Orthopaedic Department	12
Rajabu's Story	13
Physical Rehabilitation	14
Amina's Story	15
Obstetric Fistula	16
Mabinti Centre	17
In-Community Work	18
CCBRT Moshi	20
Private Clinic	21
Other Departments	22
Maternal and Newborn Healthcare Capacity Building	24
Maternity and Newborn Hospital	26
Nia's Story	27
System Strengthening	28
Kupona Foundation	30
Partners	31
Financial Summary	32



As we develop as an organisation, we continue to grapple with big questions, like scaling and sustainability. Can we ensure that through the growth of our Private Clinic, which cross-subsidises care for the poorest patients at our Disability Hospital, we reduce our dependency on donations in years to come and allow CCBRT to stand on its own two feet? We are working towards making this goal a reality. In October, we broke ground on a new, expanded Private Clinic facility, which will meet growing demand from the Tanzanian middle class and move us forward in terms of self-reliance.

Our close relationship with the Government of Tanzania continues to be very important to CCBRT. Together, we have forged ahead to achieve tangible progress through our collaboration on capacity building in maternal and newborn healthcare in 22 facilities across the Dar es Salaam Region. Since the programme began, partner sites have experienced a ninefold improvement in the baseline standard of emergency obstetric care provided by these facilities.

I have no doubt that 2016 and beyond will bring their own unique challenges and successes for CCBRT. There is still so much work for us to do to achieve our vision, and we are so grateful for your support as we strive to realise a Tanzania free of preventable disability and maternal and newborn mortality. Please join us for the journey ahead!

- *Erwin Telemans*

Word from the President of the Board

I'm always proud of CCBRT's continuous innovation each year, and 2015 was no exception. Our services remain competitive, increasingly accessible and available to patients from all economic backgrounds. A personal highlight was seeing construction begin on the new Private Clinic, which on completion will mean that we can offer more of our clients optimum facilities while re-investing revenue into care provided at the Disability Hospital.

I have a long list of thanks to all those who supported CCBRT in different ways during 2015, so bear with me. Thank you, firstly, to our patients for choosing CCBRT. On behalf of the entire Board of CCBRT, thank you to all those who played a role in service delivery at CCBRT: from Erwin and the management, to nurses, cleaners, and administrators, all of whom, in different ways, make our success possible. Gratitude goes, of course, to our donors, who have walked with us through the many varied stages of CCBRT's journey. We value their contributions, support and expertise, and look forward to working together in the years ahead.

- *Dr Willibrod Peter Slaa*

Word from the CEO

2015 was a time of positive transformation at CCBRT. For me, the last year was a key moment in our organisational development, as we restructured to increase efficiency. Over the course of the year, we witnessed some wonderful highlights in our mission to end preventable disability and reduce maternal and newborn mortality, from taking prestigious second place as Tanzanian Employer of the Year, to opening the first operational facilities of our Maternity and Newborn Hospital.

CCBRT's evolution as a top provider of care is evident in all aspects of our work. In November, I participated in CCBRT's second trip to the world-renowned ThedaCare health centres in the United States for expert training in lean management in healthcare. The strategies learned from this inspirational visit have propelled us further into implementing our own lean initiatives here at CCBRT, focusing primarily on patient experience. In October, we began the first implementation of our new electronic Hospital Management System (HMS). HMS will revolutionise the way we currently manage information, freeing up nurses from cumbersome paper-based administrative tasks and improving our use of data through more accurate monitoring and evaluation systems.

These initiatives may not seem headline-grabbing, but they are critical to our future success and the promotion of our guiding principle, 'mkongjwa kwanza' ('patient first'). I am proud of the way our 479 staff members have worked tirelessly to roll out these transformative initiatives and usher CCBRT into a new era. My huge thanks to them for their hard work and commitment.

Background

CCBRT was founded in 1994 with a mandate to seek out individuals with cataracts in Dar es Salaam and refer them to local healthcare facilities for treatment. Once this work began, however, CCBRT quickly realised that there was a desperate need for comprehensive disability care that extended beyond cataracts. Since then, the organisation's mandate and services have evolved greatly. CCBRT now operates a Disability Hospital in Dar es Salaam that provides orthopaedic, ophthalmological, reconstructive, and rehabilitative services for patients either free of charge or at highly-subsidised rates. A satellite unit in Moshi – the House of Hope – provides comprehensive disability care and support to families in the Kilimanjaro Region. CCBRT also conducts mobile outreach clinics to medically underserved regions of Tanzania, and hosts support units at local healthcare facilities to provide community based physiotherapy and social support outside the walls of the Disability Hospital. In 2007, CCBRT's vision expanded once again to include the prevention of disability through the promotion of comprehensive maternal and newborn healthcare. While CCBRT's services have evolved significantly since the organisation was founded, the ethos of CCBRT's work has always been providing access to affordable, high-quality healthcare to all, regardless of their ability to pay. Today, CCBRT is proud to serve as the largest local provider of disability services in the country.



CCBRT's vision is 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
- Advocate and facilitate the inclusion of people with disabilities in all aspects of society, especially health, education, and employment
- Empower people with disabilities and their families
- Educate the community on the rights of people with disabilities
- Build capacity in quality managerial, medical and rehabilitative services to sustainably strengthen Tanzania's healthcare system

Working Principles

- Working in and with communities to reach disadvantaged people
- Ensuring long-term impact
- Strengthening capacity through sustainable strategies
- Working in collaboration
- Embracing the Public-Private Partnership with the Government of Tanzania
- Adhering to national and international standards
- Creating an inclusive organisation

Where We Work

Capacity building and eye outreach activities in Bombo Regional Hospital (Tanga) and Kabanga Mission Hospital (Kigoma)

Surgical and programme support provided throughout 2015

Fistula surgeries in six hospitals

Support for life-changing fistula surgeries and referral by M-Pesa to:

Selian Lutheran Hospital in Arusha Region, Kilimanjaro Christian Medical Centre (KCMC) in Kilimanjaro Region, Songea Regional Hospital in Ruvuma Region, St. Joseph Mission Hospital-Peramiho in Ruvuma Region, Nkinga Mission Hospital in Tabora Region and Kabanga Mission Hospital in Kigoma Region

Orthopaedic surgical camps

Iringa Regional Referral Hospital

CCBRT staff provide consultations, surgeries and capacity building for orthopaedic conditions six times a year

Eye outreach activities in Sekou Toure Regional Hospital (Mwanza)

Biannual visit from specialised CCBRT team with a mobile clinic to screen, treat and provide eye surgery to children

CCBRT Moshi

Since 1996, CCBRT Moshi's House of Hope has been the regional satellite centre of CCBRT's community based rehabilitation services

CCBRT Disability Hospital (Dar es Salaam)

Opened in 2001, the facility provides surgical and outpatient services for ophthalmology, obstetric fistula, orthopaedics and reconstructive surgery.

Construction ongoing on the adjacent Maternity and Newborn Hospital, due to open in 2018

Maternal and Newborn Healthcare Capacity Building Programme

22 partner facilities across Dar es Salaam Region

Working in close partnership with the Government of Tanzania



11 Support Units (Dar es Salaam Region)

Weekly sessions to track the progress of children with disabilities, conduct assessments, provide education and training and vital support for caregivers of children with disabilities

Mabinti Centre (Dar Es Salaam)

CCBRT project to empower women recovering from fistula surgery at CCBRT by teaching them entrepreneurial skills so that they can start their own business

Why Disability and Maternal Health?

In a country of 47.5 million people, it is estimated that 3.5 million Tanzanians live with a disability. CCBRT's integrated work in disability and maternal and newborn health focuses on preventing disability and minimising its limiting effects through treatment.

CCBRT knows the lasting, severe consequences that delayed detection of physical impairments in young children can create, like malnutrition in children with cleft lip/palate, painful mobility in children with clubfoot or other orthopaedic deformities, and learning difficulties for children with low-vision.

Beyond these immediate challenges, persons living with disabilities (PWDs) face stigma and significant barriers to participation in society, disproportionately experiencing poverty and exclusion from social and economic activities. It is estimated that only 51% of boys and 42% of girls with disabilities will complete their primary school education, leaving them without the skills needed to find work, support themselves, and contribute to the economy later in life.

Over the last two decades, CCBRT has strived to mitigate these impacts of disability through our advocacy and community-based rehabilitation work, while providing life-changing treatment at our Disability Hospital. But we want to go further and stem the tide of disability by improving systems of prevention, early diagnosis, and referral for treatment.

CCBRT's work has therefore expanded into the field of maternal and child health, a national health priority in a country where some 10,000 women die of complications related to pregnancy and delivery each year, and a further 200,000 women develop an injury, infection, disease or disability. Through a regional capacity building programme and the construction of our own Maternity and Newborn Hospital, CCBRT is building a Tanzania with better maternal care, less childbirth-related disease and disability, and better early identification and treatment of disability in newborns.



2015 Highlights

April

First Lady of Germany, Daniela Schadt, and then First Lady of Tanzania, Salma Kikwete, visited the Disability Hospital as part of German President Joachim Gauck's state visit to Tanzania. During their visit, the First Ladies toured the Orthopaedic Ward, Fistula Ward, Prosthetics and Orthotics Department, and construction site for CCBRT's Maternity and Newborn Hospital.



March

While in Tanzania to run the Kilimanjaro Half-Marathon, Christy Turlington Burns visited CCBRT with her organisation, Every Mother Counts. During her time at the Disability Hospital, she spoke with women in the Fistula Ward.

May

On May 23rd, we celebrated International Day to End Obstetric Fistula with the launch of a fistula awareness campaign. The launch event was hosted in Geita with Guest of Honour, then Deputy Minister of State for Regional Administration and Local Government, Majaliwa Kassim Majaliwa, now Prime Minister of Tanzania. Famous local artist Mrisho Mpoto and his colleagues travelled to 5 regions to spread awareness about fistula and tell communities that fistula treatment is free at CCBRT.



June

A new playground for patients was built at the Disability Hospital thanks to funds from Irish Aid, the Dar es Salaam Goat Races, Corona Society of Tanzania and the Wetzel Family.

Through collaboration with KCMC and Mwanza Regional Hospital, our Paediatric Eye Outreach team restored sight in 68 children in Mwanza.

We launched a partnership with Tigo Tanzania, who will support clubfoot clinics at CCBRT by providing USD \$150,000 in funding over the next three years.

August

In collaboration with Bank of Africa, CCBRT hosted a walkathon for clubfoot. H.E. Former President Ali Hasan Mwinyi led the 3 kilometre walk through Dar es Salaam that ended at CCBRT's Disability Hospital, where Bank of Africa presented CEO Erwin Telemans a cheque for USD \$100,000.



October

CCBRT hosted H.E. President Dr. Jakaya Kikwete before he left office, for a special thank you event at the site of the future CCBRT Maternity and Newborn Hospital.

Construction began on an expanded Private Clinic facility, set to open in 2017.



November

CCBRT celebrated the great progress achieved through our Maternal and Newborn Healthcare Capacity Building Programme as a five-year project sponsored by CBM Australia came to a close. The programme contributed to a 30% reduction in maternal mortality in the Dar es Salaam Region.



December

CCBRT celebrated taking second place at the Tanzanian Employer of the Year Awards!

The Mabinti Centre showcased 12 new bags at Swahili Fashion Week, where they also received the Humanitarian of the Year Award.

CCBRT signed a historic Memorandum of Understanding with Muhimbili University of Health and Allied Sciences (MUHAS). The agreement will provide post-graduate students with the opportunity to develop their clinical skills at CCBRT's Disability Hospital, as well as our future Maternity and Newborn Hospital. It will also provide CCBRT with a continuous stream of well-trained medical professionals to assist with care and treatment of patients.

Advocacy Officer Amon Anastaz was appointed Deputy Permanent Secretary in the Ministry of Constitutional & Legal Affairs by recently elected President John Magufuli. Amon will serve as one of three people with disabilities in Tanzania's Parliament.



86,765

EYE CONSULTATIONS

conducted at the Disability Hospital and through rural service provision

7,896

EYE SURGERIES

facilitated at the Disability Hospital and through rural service provision

5,609

eye consultations and 376 eye surgeries

PROVIDED FREE OF CHARGE for the poorest Tanzanians

27,072

OPTICAL DEVICES PROVIDED

628

PROSTHETIC EYES

manufactured on-site at CCBRT in Tanzania's only Artificial Eye Centre

Eye Department

The need

In 2015, eye care continued to be CCBRT's most sought-after service, as the Eye Department provided screenings, consultations, surgeries and low-vision devices to thousands of vision-impaired Tanzanians. Almost 70% of blindness and moderate and severe vision impairment in East Africa is treatable, and in Tanzania alone, more than 747,000 people are visually impaired. Without treatment, vision impairment can create barriers to access information, education, employment, and services within their communities.

Our work

As one of the largest eye healthcare providers in the country, CCBRT diagnoses and treats a range of eye conditions through surgery, clinical intervention and low-vision support. In 2015, the Eye Department had the highest patient load of any department in the Disability Hospital, performing 70,777 consultations and facilitating over 6,550 surgeries. The Eye Department's dedicated team of ophthalmic specialists provided treatment for eye conditions such as glaucoma, trauma, tumours, corneal problems, trachoma, and cataract, one of the world's leading causes of blindness.

To support those with low-vision, the Optical Department at CCBRT prescribes glasses, contact lenses and low-vision devices – such as telescopes, magnifiers, and domes – to correct visual impairments. Also on-site at the Disability Hospital is the Artificial Eye Centre, the only facility in Tanzania that manufactures prosthetic eyes.

Training

In an effort to build capacity in the realm of ophthalmic care, throughout the year CCBRT continued to work with two partner facilities, Bombo Regional Hospital (Tanga) and Kabanga Mission Hospital (Kigoma) to strengthen the capacity and knowledge of staff in these facilities. Eye Department staff members performed outreach at these two facilities, as well as Sekou Toure Regional Hospital (Mwanza), to ensure that those who cannot travel to Dar es Salaam are still able to receive high-quality, affordable eye care. Additionally, the Eye Department offered an ophthalmic assistance training course for nurses both within and outside of CCBRT. The first course began in February and ran through June, and the second course started in July and ended in November. Together, these two courses trained 25 nurses in ophthalmic assistance. The Eye Department also trained four assistant medical officers in ophthalmology (AMO-Os) from Kilimanjaro Christian Medical Centre (KCMC) and two medical ophthalmology residents (MMeds) from Muhimbili University of Health and Allied Sciences (MUHAS), further strengthening the skill set of Tanzania's ophthalmic providers.

Ismail's Story

When Ismail was a baby, his mother suspected he had a sight problem.

Determined to ensure her son received treatment and support, Ismail's mother refused to be turned away from hospitals whose doctors said her son's eyesight was fine. Her persistence ensured that her son was diagnosed with a severe cataract, a condition that put his eyesight permanently at risk. After this diagnosis, Ismail was referred to CCBRT, where he underwent a successful operation to remove his cataract. Following the surgery, Ismail went back home but regularly attended CCBRT clinics so doctors could monitor his progress.

Eight years later, Ismail returned to CCBRT so that staff could investigate further problems he was experiencing with his eyesight. Ismail had developed glaucoma, a serious condition that causes a build-up of pressure in the eye. If Ismail had not attended the clinics, this condition would not have been properly diagnosed and treated, and Ismail's eyesight could have rapidly deteriorated. While Ismail's diagnosis was disheartening for his mother, she says they are lucky to have the love and support of their family, particularly her husband, Ismail's father. Ismail underwent another surgery at CCBRT to treat the glaucoma, and he received glasses manufactured at the Disability Hospital's Optical Centre to assist with his near vision. Ismail has since re-started school, and he now uses braille scripts to read.

After being invited by CCBRT's dedicated optometry staff, his mother now attends seminars on eye care with her son, and together, they are looking forward to a brighter future.





Orthopaedic Department

Cleft lip/palate

Cleft lip and palate are among the most common birth defects around the world. In Tanzania, approximately 2,500 children are born with cleft deformities annually. Untreated, the physical impacts of cleft lip and palate can be serious, potentially leaving a child unable to speak or eat properly, while stigma and popular misconceptions around cleft lip/palate are equally damaging. Most cleft deformities can be fixed with a simple surgery, ideally performed within the first 18 months of a child's life. Therefore, early identification and intervention are key.

In partnership with Smile Train, CCBRT conducted 397 surgeries in 2015, at no cost to patients. Patients included children and adults from across Tanzania, 318 of whom were referred via CCBRT's mobile technology programme, transportMYpatient. Through this programme, cleft patients who are identified by CCBRT's network of community cleft ambassadors receive money for transport to CCBRT via M-Pesa mobile money. On arrival at CCBRT, patients receive treatment, meals and accommodation free of charge. In 2015, CCBRT also helped to train 3 surgeons in cleft skills, raising capacity in Tanzania and beyond to restore even more smiles.

Clubfoot

Approximately 2,200 Tanzanian children are born per year with clubfoot, a deformity which curves the foot inward and downwards. At CCBRT, the Orthopaedic Department employs full-time professionals trained in the Ponseti Method, a course of casts and braces applied over time to manipulate the foot into the correct position, widely regarded as the gold-standard in clubfoot care. In 2015, CCBRT's Disability Hospital treated 554 new clubfoot patients, as well as a further 27 in Iringa and 38 in Moshi. A total of over 700 clubfoot patients were registered and received follow-up treatment with CCBRT in 2015.

CCBRT's Orthopaedic Department works to train healthcare providers throughout Tanzania on how to identify clubfoot in newborns, so that these babies can receive treatment through casting when the condition is easily treatable. In March 2015, CCBRT conducted trainings with physiotherapists and a doctor from three hospitals in the Dar es Salaam Region to enable them to set up weekly clubfoot clinics in each facility, supported by CCBRT. To date, 605 children have been treated for clubfoot at these three sites. CCBRT's orthopaedic specialists also performed tenotomy surgery on 175 children in 2015 who required more intervention to fully correct their conditions.

Other Conditions

The Disability Hospital's reputation for specialised orthopaedic care also extends into its work with various musculoskeletal conditions and reconstructive surgery. Last year, the Orthopaedic Department performed a total of 864 surgeries, some of which were reconstructive surgeries for burn patients. High-quality, affordable burn care is desperately needed in Tanzania, where very young children are disproportionately at risk from open fires often used in kitchens. Painful burn injuries can lead to a loss of mobility and burn scar contractures, often preventing children from attending school.

Rajabu's Story

Rajabu, age one, comes from a family of farmers in the rural south of Tanzania. When he was born with cleft lip, his family and community rejected him and his mother because of stigma and a lack of understanding of the condition.

Indeed, Rajabu's paternal grandmother told family and friends that Rajabu would have no chance of surviving.

Abandoned and without a support network, Rajabu and his mother went to live with his mother's side of the family. Their new community was very poor with little food available, and Rajabu was often ill during the first nine months of his life. One day, the family visited a regional hospital where a CCBRT ambassador told Rajabu's mother about the free cleft lip treatment available at the Disability Hospital in Dar es Salaam. Through CCBRT's innovative mobile money initiative, Rajabu's mother received funds to buy a bus ticket for her and her son to make the two-day journey to CCBRT, a journey they otherwise would have been unable to afford.

On arrival at the Disability Hospital, Rajabu's mother was encouraged by the transformations in the post-operative cleft patients she saw around her. After her son's successful operation, she was incredibly happy and positive about Rajabu's future. "My in-laws and neighbours spoke so badly of my son. They didn't know that cleft lip could be corrected and said that my son may not survive.

"I am anxious to go back and show them my son now. I would love Rajabu to be a doctor in the future so he can help others the way we have been helped by CCBRT."





Physical Rehabilitation

CCBRT's Physical Rehabilitation Department was established in January 2015 to bring Prosthetics & Orthotics, Physical Therapy and Occupational Therapy together under one roof. The Department takes a multidisciplinary and patient-centred approach to treatment, improving the patient experience, reducing costs and treatment time, and advancing health outcomes.

Prior to the reorganisation, CCBRT patients requiring a device to help them with mobility would typically receive assistive devices from the Prosthetics & Orthotics (P&O) team. CCBRT staff would briefly explain to patients how to use their devices before the patients returned to their communities, but patients lacked more in-depth support and follow-up from physiotherapists (PTs) and/or occupational therapists (OTs). The integration of the three units has addressed this disjointed approach, and each patient is now assessed by a team of PTs, OTs and prosthetists. These skilled team members work with patients – the majority of whom are children – to ensure that they receive the proper instruction and physiotherapy needed for them to correctly use their assistive devices.

The Department also employs a number of wheelchair technicians to fit, manufacture, and adjust special wheelchairs for patients with cerebral palsy. A mobile van, fitted out with the necessary tools, follows up with patients at their homes, where the technicians can adjust their wheelchairs. At the end of 2015, CCBRT began renovations on the physiotherapy treatment building for children. This space is used throughout the week for physiotherapy with young patients, and on Fridays becomes a support unit for children with disabilities and their parents, hosted by the Community Programmes Department.

Prosthetics and Orthotics

Sitting within the Physical Rehabilitation Department, CCBRT's Prosthetics and Orthotics (P&O) service centre serves a unique and vital function at CCBRT. To increase independent mobility for patients seeking rehabilitative services at CCBRT because of congenital abnormalities, trauma, infection, burns and animal bites, the P&O service centre manufactures a variety of prosthetic and orthotic devices, such as clubfoot splints, orthotic support devices, and polypropylene prostheses for both children and adults.

The P&O service centre is also proud to serve as home to African Operations for the International Committee of the Red Cross Special Fund for the Disabled (ICRC-SFD). At the P&O service centre, ICRC-SFD hosts intensive training modules for prosthetists and orthotists on a specific skillset to manage a particular pathology or injury. With support from partners such as the Tanzania Training Centre for Orthopaedic Technologists (TATCOT) throughout 2015, CCBRT and ICRC-SFD hosted prosthetists and orthotists from Cameroon, Myanmar, Pakistan, Senegal, Somalia, Mali, and India for training that will increase their skills and improve the quality of care that they provide to their communities.

In 2015, CCBRT's technical staff produced

1,192

ORTHOTIC DEVICES AND 70 PROTHESES

The P&O service centre saw an average of

20

PATIENTS DAILY IN 2015

Amina's Story

Although Amina was born without a leg, nothing stops her from engaging with the world.

At birth, Amina's mother Rebecca was devastated to discover that her child was missing a vital limb. The doctors at the hospital advised Rebecca to bring her daughter to CCBRT to see what they could do to help her child. When Rebecca arrived at the Disability Hospital with her daughter, she was amazed by the reception and care that she and Amina received. At the prosthetic and orthotic service centre, Amina was fitted with a small prosthetic leg, provided free of charge. At first, Amina did not feel comfortable using her prosthetic limb. However, her mother brought her back to CCBRT to attend regular rehabilitation clinics, where Amina learned how to move comfortably with the device. Now, Amina is happy with her prosthetic leg, and she sits and makes small movements all by herself. She can play with her friends and lead a normal life for an energetic toddler, and she will continue coming to CCBRT for rehabilitation and new prostheses as she grows up. Since her daughter can now move comfortably, Rebecca is less worried about Amina's future, and she has more time to clean, cook, and work part-time jobs. "I am speechless," Rebecca says when she is asked to describe her experience with CCBRT. "I could not afford to buy a prosthetic leg on my own. All I can say is thank you to CCBRT."





Obstetric Fistula

It is estimated that there may be as many as 21,400 women in Tanzania with untreated symptoms of obstetric fistula, a devastating childbirth injury caused by prolonged, obstructed labour without timely medical intervention. A fistula is formed when extended pressure from a baby's head in the birth canal cuts off blood supply to the soft tissue, which dies and forms a hole, leaving women incontinent and facing uncontrollable leakage of urine, faeces or both.

Untreated, obstetric fistula can lead to chronic medical, social and psychological problems. The unpleasant smells from constant leaking mean women suffering from fistula are often abandoned by their husbands and pushed out from their families and/or communities. Many people still believe that women with fistula are cursed and that the condition is a punishment for a woman's misdoings. Family support may be withdrawn, and women may find themselves living in complete social isolation, excluded from daily activities.

LAST YEAR CCBRT'S DISABILITY HOSPITAL AND 6 REGIONAL PARTNER HOSPITALS REPAIRED A TOTAL OF

920 FISTULAS

Since CCBRT's fistula programme started in 2003 over 3,000 women have undergone fistula surgery at the Disability Hospital.

Fistula can be prevented if women in labour are provided with adequate and timely emergency care when complications arise. That's why CCBRT's engagement in extensive maternal and newborn healthcare capacity building activities is crucial to ensure that more women can access emergency obstetric care.

In order to identify patients and educate communities, individuals, local government and health facilities about fistula, CCBRT's fistula team conducted outreach visits to five regions in 2015. We reach individuals living in medically underserved areas of Tanzania through multimedia campaigns and our network of over 500 ambassadors, who work in-community to identify women with fistula and refer them to CCBRT for treatment. Since CCBRT recognises that cost is a huge barrier to treatment, we support six regional hospitals in their provision of fistula care, as well as provide identified fistula patients with money for transport via the M-Pesa mobile money system.

CCBRT is also an International Federation of Gynaecology & Obstetrics (FIGO)-accredited training centre. Since receiving accreditation in 2014 we have trained, coached and mentored 10 fistula surgeons from across sub-Saharan Africa.

Mabinti Centre

While CCBRT provides medical treatment for fistula as a physical injury, psychosocial support is needed after surgery to help women heal from the emotional trauma caused by fistula. In 2007, the Mabinti Centre was founded with the goal of providing holistic support to women who have received treatment for fistula at CCBRT.

As a project of CCBRT, the Mabinti Centre seeks to empower former fistula patients and support their recovery by teaching them entrepreneurial skills so that they can start their own business. Over the course of a year, women are trained at the Mabinti Centre in a variety of technical skills, including sewing, screen-printing, batik, beading and crochet. Accompanying these activities, the trainees also practice their English and learn critical entrepreneurial skills, such as budgeting, in order to have a comprehensive foundation in business and communications.

In a supportive and safe environment, the trainees are also able to heal from the psychological effects of fistula. Together, the women participate in yoga and art classes, which provide them with healthy, creative outlets. In addition to the entrepreneurial facet of the programme's curriculum, life skills – such as decision-making, HIV/AIDS prevention, family planning and nutrition – are also taught throughout the year to ensure that every woman can leave the Mabinti Centre with the confidence to become a healthy and successful member of their community. The Mabinti Centre also seeks to assist current fistula patients at CCBRT with their recovery journey. Twice per week, a Mabinti Centre staff member visits the fistula ward at CCBRT's Disability Hospital, where she teaches crochet to women awaiting or recovering from fistula surgery.

At the end of the training programme, every Mabinti Centre graduate is supplied with a business starter kit, containing a sewing machine, scissors, a supply of fabric and a calculator. For one year following the training programme, Mabinti graduates receive support and follow-up visits by Mabinti Centre staff to answer any questions the graduates have, ensure that their business models are sustainable, and check in on the physical and emotional health of each woman. Also, a production unit at the Mabinti Centre employs graduates to help make large orders of items sold at the Mabinti Centre. The revenue from these orders helps subsidise the operational costs of CCBRT and the Mabinti Centre.

NUMBER OF TRAINEES AT THE MABINTI CENTRE IN 2015:

10

NUMBER OF WOMEN IN THE FISTULA WARD WHO PARTICIPATED IN CROCHET TRAINING TAUGHT BY A MABINTI CENTRE EMPLOYEE TWICE PER WEEK:

589

AGE RANGE OF TRAINEES: 18-36

NUMBER OF MABINTI CENTRE STAFF:

10





In-Community Work

Community Programmes

CCBRT's Community Programmes Department work is rooted in community based rehabilitation for persons living with disabilities. With a vast breadth of activities, from epilepsy clinics to awareness raising in schools, the Department encompasses many projects that provide services to people living with disabilities and reduce societal stigma around various conditions. Thanks to the Department's work, 5,932 families were supported through community based rehabilitation in Dar es Salaam in 2015 alone.

Central to the Community Programmes Department's work is the operation of 11 support units in the Dar es Salaam Region for children with disabilities and their caregivers. The units meet weekly in churches, schools, and other centres of community life to conduct assessments, track the progress of children with disabilities against established treatment plans and provide health education alongside Community Rehabilitation Workers (CRWs). In bringing families together, support units also provide vital psychosocial support for caregivers of children with disabilities.

**IN 2015, TOTAL ATTENDANCE
FROM CHILDREN AND THEIR CAREGIVERS
AT 11 CCBRT SUPPORT UNITS'
WEEKLY SESSIONS WAS**

15,648

Recognising that a key factor in the success and sustainability of initiatives like support units is community ownership, CCBRT social workers actively support and empower parents of children with disabilities to form their own self-help groups, meet independently and organise activities. Many of these parents – 500 in total – attended World Cerebral Palsy Day events in October in Dar es Salaam.

The Community Programmes team often works with children who have multiple conditions, like cerebral palsy and epilepsy, or hydrocephalus and spina bifida. Responding to the unique requirements of these conditions, the Department hosted six epilepsy clinics in 2015. 226 children with epilepsy were provided with medication by the team, and a total of 622 parents and caregivers were trained on general information about epilepsy, proper management of drugs for treatment and nutrition for their children.

Through home visits and follow-up facilitated by Community Programmes, 795 assistive devices were fitted to children with disabilities in 2015, allowing them to achieve normal alignment and improve hand function, motor skills and posture. 341 of these children are also supported at school by the Department, where they can now fully participate in class. To further break down barriers to educational opportunities for children with disabilities, the team trained 64 headteachers and 117 teachers on disability inclusion in 2015. To improve accessibility, the Department also facilitated the construction of two accessible toilets at Kunduchi Primary School, eliminating a key barrier to education for 25 children with disabilities at that particular school.

Outreach

True to our ethos of care within the community, CCBRT continued our efforts in 2015 to bring specialised services closer to the people who need them, as well as to build capacity in rural hospitals across Tanzania. In a country as large as Tanzania, where many people live in rural and isolated communities with poor transport links, ensuring that all Tanzanians are able to access the care they need to live full and productive lives is an important priority for CCBRT.

The northwestern Lake Zone is one of the fastest growing areas in Tanzania, with a current population of around 25 million people. Eye services in the region are extremely limited, so in 2015 CCBRT conducted paediatric surgical outreach visits at Sekou Toure Regional Hospital in Mwanza, northwest Tanzania. In June and November, two ophthalmologists, two ophthalmic nurses, an anaesthesiologist and a programme manager went to the field for 2 weeks.

Across two CCBRT outreach clinics, a total of 483 children were screened and 173 operations conducted, 116 of them for cataracts. 59 children received spectacles, and a further 44 were referred to central medical facilities like CCBRT, KCMC and Muhimbili for more complex treatments.

As previously mentioned, CCBRT also provided capacity building for mobile eye outreach clinics to Bombo Regional Hospital (Tanga) and Kabanga Mission Hospital (Kigoma) throughout 2015, with a clinician sent to observe surgeons conducting cataract operations and a consultant to offer programmatic support. As a result, both eye units were able to complete a total of seven successful outreach clinics in their regions. In addition, CCBRT held six orthopaedic surgical camps at Iringa Regional Referral Hospital in the southern highlands of Tanzania, performing life-changing operations on over 80 people and offering orthopaedic consultations to just under 550.





CCBRT Moshi

Located in the Kilimanjaro Region of northern Tanzania, CCBRT Moshi is the regional satellite of CCBRT's community based rehabilitation services.

Built in 2005, CCBRT Moshi's rehabilitation centre, the House of Hope, provides intensive therapy, as well as clinical and social support to children with disabilities in the Moshi community. The need for disability services in the Region is great, and in 2015, CCBRT Moshi supported a total of 2,077 families of children with disabilities.

CCBRT Moshi focuses on increasing the community's access to quality disability services for a range of conditions, including spina bifida, hydrocephalus, cerebral palsy, and congenital clubfoot. In 2015, CCBRT Moshi conducted six weeks of intensive treatment for 138 children with spina bifida and hydrocephalus, focusing on lifelong care, bowel and bladder management and post-operative care.

729 CLIENTS RECEIVED REHABILITATION AT HOME

597 CHILDREN WITH DISABILITIES received rehabilitation services through CCBRT-established outpatient clinics

CCBRT Moshi provides not only rehabilitative services, but also assistive devices to help children with disabilities become more independent. In 2015, over 100 wheelchairs were issued, and all devices were produced or adapted locally. Care also extends outside the walls of the House of Hope. In partnership with 10 government nurses, CCBRT Moshi staff made 3,821 home visits in 2015 to monitor clients' progress, 193 of which were to maintain wheelchairs that had previously been distributed. Many of the families visited were encouraged to attend weekly physical rehabilitation sessions run by CCBRT Moshi in one of their 16 nearby community support units. A clubfoot clinic specialising in the Ponseti Method was also held every Friday at CCBRT Moshi in 2015, with all treatment to the 100 attendees - over a third of whom were new patients - provided free of charge.

CCBRT Moshi also supported 336 children with disabilities in schools with follow-up and support with enrolment, as well as general teacher training. 38 parents and their children attended a week of intensive sign language training and were then linked to schools where they could enrol their hearing-impaired children for the 2016 academic year.

Private Clinic

As CCBRT's services have evolved over the years, so has the organisation's commitment to financial sustainability. In an effort to reduce the organisation's reliance on donor funding and meet the growing demand from Tanzania's burgeoning middle class for high-quality healthcare, in 2004, CCBRT opened a Private Clinic, which helps subsidise the cost of care provided to low-income patients at the Disability Hospital.

As an innovative social enterprise, the Private Clinic offers patients the same clinicians and clinical services as the Disability Hospital, but at an adjusted price. Patients who are willing and able to pay more for amenities – such as online scheduling for appointments and private consultation rooms - contribute to the cross-subsidisation model that allows CCBRT to serve the most vulnerable members of the Tanzanian community.

Since the Private Clinic opened its doors 11 years ago, the demand for ophthalmological, orthopaedic, and rehabilitative care from Tanzania's growing middle class has increased significantly. To meet this demand, CCBRT broke ground on a new, expanded Private Clinic in 2015. Set to open in 2017, this larger facility will be home to an optical shop, a physical therapy hall, consultation rooms, two procedure rooms for outpatient procedures, diagnostic equipment for ophthalmology and orthopaedic needs, and administrative space, which will allow the facility's staff to treat three times the clinic's current patient volume. The increased revenue generated from the expanded Private Clinic will allow CCBRT's Disability Hospital to treat more low-income patients, and decrease the organisation's reliance on outside funding from generous donors, moving CCBRT further along its evolution to become a self-sustaining enterprise.

WHEN THE EXPANDED PRIVATE CLINIC FACILITY IS OPENED, REVENUE IS EXPECTED TO INCREASE FIVEFOLD

THE NEW, EXPANDED PRIVATE CLINIC IS PROJECTED TO SEE 50,000 PATIENTS EACH YEAR WHEN IT BECOMES OPERATIONAL IN 2017

THE PRIVATE CLINIC SAW 17,000 PATIENTS IN 2015





Advocacy

In 2015 CCBRT's Advocacy Unit strengthened its growing reputation as an expert on disability and disability inclusion. From providing technical advice to both private and government bodies on disability inclusiveness, to holding sign language classes for CCBRT staff, the Advocacy Unit embodies CCBRT's mission to empower people with disabilities and facilitate their inclusion in all aspects of life.

In the last year, the Advocacy Unit collaborated with a total of 58 organisations, corporations and government bodies, including UNICEF. Four of these organisations – GIZ, Plan International, Marie Stopes Tanzania and WeWorld – proactively sought the Unit's growing consultancy services on disability inclusion.

It was an exciting year for the representation of disability issues at the highest levels: lobbying work undertaken by the Advocacy Unit in collaboration with other disability rights organisations resulted in a shift in responsibility for disability issues to a higher level, from the Ministry of Health and Social Welfare to the Prime Minister's office. We said a fond farewell to one of CCBRT's Advocacy staff, Amon Anastaz, who lives with a visual impairment, when he was appointed by the President as Deputy Permanent Secretary at the Ministry of Justice & Constitutional Affairs. This terrific achievement reflects significant progress made for the inclusion of PWDs in public life.

The Advocacy Unit continues to make headway in dismantling the barriers to participation in all spheres of life faced by PWDs. Recognising that continued ignorance and discrimination towards children with disabilities by school teachers is still a huge problem, the Unit conducted extensive activities in schools in 2015, reaching a total of more than 10,000 pupils. Ten schools in and around Dar es Salaam were targeted with messages delivered through interactive drama performances by drama professionals, followed by discussions and other creative activities. A total of 95 teachers in Kinondoni Municipality also benefitted from intensive training from the Advocacy Unit on disability types, rights, policies, inclusive practices and national strategy in cooperation with the Ministry of Education and Vocational Training in 2015.

Family Planning

CCBRT's Family Planning unit, Tim's Corner – named after the late Tim Manchester, a friend and supporter of CCBRT – has gone from strength to strength in its second year of operation. In 2015, the number of people seeking family planning services near-tripled, with 332 sexual and reproductive health service clients in total.

The multi-purpose Tim's Corner kiosk was refurbished in 2015 and continues to provide free and confidential

reproductive health information and family planning services in a welcoming and accessible environment. CCBRT's dedicated Family Planning Nurse, Nurse Stella, acquired new skills in cervical cancer screening, in addition to her current work with patients, offering family planning counseling and a variety of family planning methods including male and female condoms, pills, injectables, IUDs and implants.

Tim's Corner also engaged in family planning seminars for community workers, and lively events were held for World Contraception Day and Valentine's Day, after which the kiosk noted a 60% increase in customer numbers from the previous week!

Anaesthesia

CCBRT's Anaesthesia Department undertook a total number of 2,584 anaesthetics in 2015, almost two-thirds of whom were children under the age of 18.

The team of 11, strengthened by the arrival of a Consultant Anaesthesiologist, has continued to grow and develop its capabilities. In 2015 there was staff training in resuscitation, a revival of regular internal teaching, training to support the continued professional development of anaesthetist staff and the purchase of manikins for advanced life support training within the Department. A new oxygen manifold system, providing a continuous supply of oxygen and removing the dependence on individual bottles of it, has significantly bolstered safety. The Department's CPR training will soon be expanded to ward and outpatient staff with the use of the new manikin.

Medical Support Services

CCBRT empowers doctors and nurses with the tools and information they need to provide the best possible care to patients. In March 2015, CCBRT established its Medical Support Services Department, comprising pharmacy, X-ray and the laboratory, in a move to give the three units more cohesion and visibility across the hospital. Over the course of the year, the Department conducted 28,866 lab tests and 6,105 X-rays. In early August, a new pharmacist joined the team of seven, bringing an increased focus on departmental efficiency.



THE MATERNAL MORTALITY RATE IN TANZANIA IS

454

WOMEN PER 100,000 LIVE BIRTHS

NUMBER OF PARTNER FACILITIES:

22

AVERAGE NUMBER OF CLINICIANS WHO

who received training at a CCBRT partner facility in 2015:

135

NUMBER OF BABIES DELIVERED AT PARTNER FACILITIES IN 2015:

78,073

Maternal and Newborn Healthcare Capacity Building

2015 was a critical year in the fight to lower maternal and newborn mortality rates in Tanzania, which are among the highest in the world. Tragically, 8,000 women in the country die each year due to complications of pregnancy and childbirth, such as obstetric haemorrhage, obstructed labour, and infection. It is estimated that over 80% of these maternal deaths could be prevented if pregnant women had access to antenatal care, skilled birth attendants during delivery, and comprehensive emergency obstetric care.

CCBRT's Maternal and Newborn Healthcare Capacity Building Programme began in 2010 in collaboration with the Government of Tanzania to alter this stark reality. Through an innovative collaboration with the Regional Health Management Team, the Council Health Management teams, and the greater Dar es Salaam community, CCBRT's Maternal and Newborn Healthcare Capacity Building Programme aimed to strengthen skills and expand the knowledge of clinicians, raising the quality of maternal and newborn care in existing health facilities.

In 2015, CCBRT's Capacity Building Team trained health care providers in a range of interventions and techniques, including both basic and comprehensive emergency obstetric and newborn care, antenatal care, surgical skills, anaesthesia, and neonatal care, including Kangaroo Mother Care. In addition, they provided on-the-job mentoring; coached local staff according to Standards Based Management & Recognition (SBMR) assessment gaps; implemented Perinatal Problem Identification Programmes (PPIP), a standard of closer monitoring during pregnancy to identify problems and prevent adverse outcomes; and provided equipment and medicine worth 180,000,000 Tanzanian shillings. Awareness raising through drama and performance has also helped disseminate messages about danger signs in pregnancy and the rights of PWDs within communities. Ensuring that PWDs are not left behind when it comes to maternal health, CCBRT staff have also taught healthcare providers how to communicate in sign language.

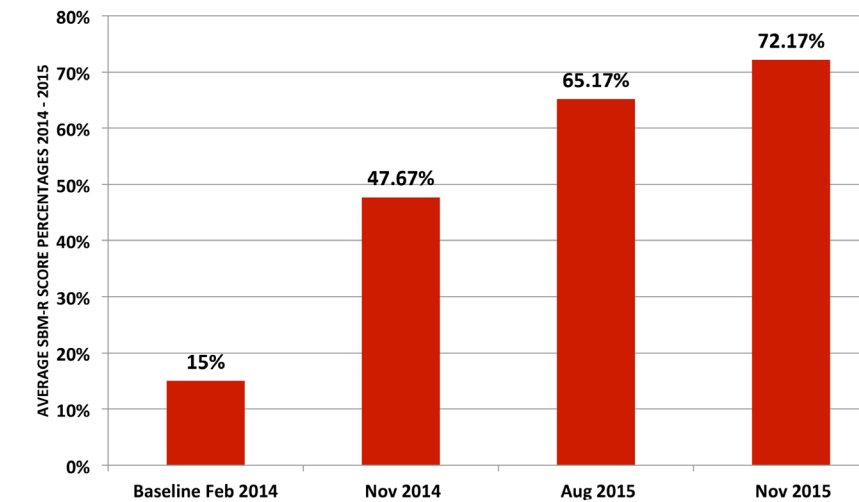
Monitoring each quarter by the Regional Health Management Team and CCBRT Capacity Building Team included joint assessments and improvement meetings at all partner facilities. In 2015, all 22 facilities experienced decreases in stillbirths, neonatal deaths and maternal deaths from 2014's end-of-year rates.

In November, CCBRT marked the end of a successful and substantive five-year capacity building project supported by CBM Australia. Since the project began, the work of CCBRT and partners contributed to a 30% reduction in maternal mortality in the Dar es Salaam Region. This effort to strengthen the capacity of service providers in local facilities also allowed local health centres, hospitals and dispensaries to absorb some of the demand for quality maternal and newborn care, significantly reducing

the burden placed on overcrowded referral hospitals. Effective referral systems are also being established in order to ensure that lower level facilities are better utilised, and that municipal hospitals focus solely on more complicated cases. In the partner facilities, CCBRT staff are promoting the importance of early identification of disability, tying in our work between disability care and maternal health. As a result, our Disability Hospital has seen an increase in the referral of babies with conditions such as clubfoot, and in 2015, over 600 patients under five years old were referred to CCBRT by the Capacity Building Team.

BASIC EMERGENCY OBSTETRIC AND NEWBORN CARE SBM-R* SCORES AT 6 PARTNER FACILITIES IN DAR ES SALAAM FROM 2014-2015

Improvement in Quality, Emergency Obstetric Care Provided By 6 New Partner Health Facilities



An increase in SBM-R scores reflects an improved quality of basic emergency obstetric and newborn care

NUMBER OF CAESAREAN-SECTIONS PERFORMED AT PARTNER FACILITIES IN 2015:

9,680

AVERAGE SBMR* SCORES OF 22 PARTNER FACILITIES:

70%

*Measured using the Standards Based Management Recognition tool (SBMR) developed by Jhpiego, an affiliate of Johns Hopkins University





Maternity and Newborn Hospital

In 2007, the Government of Tanzania approached CCBRT to leverage our reputation for clinical excellence and tackle the problem of poor maternal healthcare in Dar es Salaam. In response, CCBRT implemented a dual approach: strengthening the system in facilities across Dar es Salaam through our Capacity Building Programme, while constructing our own Maternity and Newborn Hospital to support high-risk patients.

Now in its fifth year of construction, CCBRT's Maternity and Newborn Hospital is approaching the finish line. Mid-2015 saw the completion of phases one through four of construction, with the works totalling USD \$10.3 million to date. At 22,000 square metres, the site comprises nine blocks, six of which will house the majority of the hospital's clinical services, including six theatres, 14 delivery rooms, intensive care units for mothers and babies and a high-dependency unit. As a referral centre for emergency and high-risk pregnancies – such as women with disabilities and those with a history of obstetric fistula – the hospital expects 12,000 deliveries to take place in the facility each year. The on-site laboratory will eventually be used by the Disability Hospital, as well as other shared services such as the sterilisation department.

2015 was a key year for progress in preparations for the Maternity and Newborn Hospital's opening in early 2018. Two components of the Maternity and Newborn Hospital – the medical store and the laundry facility – are now operational, and in October, these facilities were officially inaugurated by H.E. Former President Dr. Jakaya Kikwete. The kitchen, with a capacity to serve all CCBRT staff and patients, was fitted in 2015 and will open in early 2016.

Recruitment of future staff is ongoing, and new staff are currently providing technical assistance at government health facilities across the Dar es Salaam Region that are supported by CCBRT's Maternal and Newborn Healthcare Capacity Building Programme. With support from hospital planning consultants, six workstreams – clinical, quality & safety, referral, HR Development, finance and ICT and facility management – were established to lead the work that needs to be done in order to operationalise the new hospital. The process to engage a construction management company for the final phase of construction was close to completion by the end of 2015, with an expected start in the first quarter of 2016.

Nia's Story

As the Assistant Nurse In-Charge at Buguruni Health Centre, Nia spends around nine hours a day on her feet.

Since 2004, Nia has worked as a registered nurse at Buguruni, one of Dar es Salaam's busiest health centres. In 2010, Nia began working in the labour ward, where demand for maternal and neonatal services was high. That same year CCBRT began a comprehensive Maternal and Newborn Healthcare Capacity Building Programme to help reduce maternal and newborn mortality and morbidity in the Dar es Salaam Region. CCBRT partnered with Buguruni with the goal of strengthening the capacity of the facility's staff by providing clinical expertise, training and much-needed equipment. Through this collaboration, the nurses and doctors at Buguruni learned new skills, procedures and techniques to ensure that every patient received respectful, high-quality care. "CCBRT has been so helpful to us through the trainings and facilities they provide," Nia says. "Now, I can deliver babies using the vaccum technique. I can handle emergencies like eclampsia and post-partum haemorrhage thanks to my training from CCBRT."

In the labour wards today, Nia is as busy as ever admitting patients, coaching women through their deliveries, and providing post-natal care to new mothers. She is proud of the work she does and the progress Buguruni has made: it is now one of CCBRT's top-performing partner facilities. Of course, challenges still remain – emergency transport and ambulances are desperately needed – but Buguruni's overall achievement to date in making motherhood safer for Tanzanian women is tremendous.

Nia says proudly, "Buguruni is performing so well now. Before the trainings, the health centre scored 12% on baseline assessments. Now, it has scored 95%."





System Strengthening

CCBRT has invested in strengthening a number of internal systems to become more efficient, safe, and effective at providing high-quality care to a high volume of patients.

Lean management

While CCBRT strives to serve as many people as possible, high patient volumes can lead to long waiting times and congested wards within the Disability Hospital. In an effort to reduce waiting times and eliminate waste, CCBRT has implemented a number of lean management strategies. Since 2011, our multi-pronged efforts to implement lean management strategies has helped to streamline processes, improve patient satisfaction, empower staff and build organisational excellence.

Through the support of Kupona Foundation, CCBRT brought lean management consultant Chris Kita to CCBRT in early 2015 to assist with increasing the efficiency and quality of care provided in the Disability Hospital. After analysis of quantitative data on patient volume and waiting times, the Eye Outpatient Department (OPD) was selected as a model cell through which to pilot lean practices.

Outside of the Disability Hospital, CCBRT provided lean management support to Kabanga Mission Hospital's Eye Unit. A CCBRT team visited Kabanga at least once per quarter throughout the year to support the facility and lead training on the '5S' methodology (Sort, Set, Shine, Standardise, and Sustain) for Kabanga's staff.

Additionally, members of CCBRT's Senior Management Team attended a conference in the United States hosted by ThedaCare in November 2015. The team acquired knowledge and skills to create more efficient systems, with the ultimate aim of transforming how the organisation works. CCBRT hopes to build on lean progress to date with a focus in the coming year on further development of the model cell in Eye OPD and the integration of CCBRT's 'True North' values at individual unit levels.

Human resources

Over the course of 2015, CCBRT's Human Resources Department developed and implemented a number of new internal policies to increase staff satisfaction and encourage professional

development across the organisation. These new policies, including a rewards and benefits scheme and an overtime policy, demonstrate CCBRT's commitment to responding to the needs of staff members and providing them with support so that they can excel in their roles. A Human Resource Information System (HRIS) was also selected to be rolled out in 2016. This online system will store all staff files and resources in a central, easily-accessible repository, and allow staff to request time off electronically, reducing paper waste and administrative time for managers.

In December, these efforts were recognised by the Association of Tanzania Employers (ATE), who awarded CCBRT with two prizes at their annual awards ceremony. CCBRT was honoured to receive the Inclusion and Diversity Award, as well as the runner up prize for Tanzanian Employer of the Year, presented by Tanzanian Prime Minister Majaliwa Kassim Majaliwa.

ICT/Hospital Management System

In July, CCBRT's Disability Hospital began using electronic medical records, an exciting and much-needed step in increasing efficiency, organisation and sustainability within the hospital. At the end of the year, CCBRT prepared for the launch and rollout of our HMS (Hospital Management System). The search for a strong information technology system began in 2012, and in September of 2015, CCBRT signed a contract with Vrije Universiteit Brussel (VUB) for an HMS called OpenClinic. Implementation of OpenClinic began in October, and moving forward, we will now use electronic technology to register patients and book surgeries, as well as to digitise forms, bill patients, and index medical supplies. As Phase One of the system's rollout is launched, OpenClinic will allow clinicians to spend less time on administrative duties and more time caring for patients. The information system will also provide more robust and centralised data to help us improve our services.

Thanks to our partnership with Tigo, CCBRT sent more than 7,800 clients reminder messages this year via SMS. Follow-up appointments are crucial for the full recovery of many patients, and through the utilisation of Tigo's mobile platform, CCBRT has been able to dramatically lower the treatment dropout rate among patients, specifically those who are attending clubfoot clinics.





Kupona Foundation

Vital to CCBRT's sustainable growth is the support we receive from Kupona Foundation, our sister organisation in the United States.

Founded in 2009, Kupona connects CCBRT to a diverse community of donors, technical experts, academic institutions, and partners to mobilise funding and activate awareness for our life changing programs. Kupona's fundraising efforts, awareness-raising activities, and partnership development strengthen our ability to provide high-quality care for the most vulnerable communities in Tanzania.

In 2015, Kupona hosted several fundraising events to engage new partners, donors, and institutions in CCBRT's work. In July, a cocktail reception in New York City raised over \$15,000 USD and in October, Kupona's Fifth Annual Golf Outing raised over \$25,000 USD. Funds raised from both events contributed to the provision of high-quality maternal and newborn healthcare in Dar es Salaam.

Kupona mobilised technical support for CCBRT throughout the year, facilitating the visit of lean management consultant Chris Kita, who spent over a month at CCBRT teaching lean management principles and training staff in CCBRT's Eye Department. Kupona also seconded Dr. Sierra Washington, a Harvard trained obstetrician and gynecologist (OB/GYN), to CCBRT in the role of technical advisor to the Maternal and Newborn Healthcare Capacity Building Programme. Other key technical advisors provided critical assistance, strengthening our fundraising strategy and developing a financial model for the Private Clinic and Maternity and Newborn Hospital. Thanks to Kupona's partnership with Princeton in Africa, and with support from Johnson & Johnson, CCBRT welcomed two Princeton in Africa fellows, who were posted to the organisation for yearlong fellowships with the Communications and Programme Development Departments.

Kupona's commitment to finding innovative solutions to CCBRT's current challenges brought two Executive Master of Business Administration (MBA) teams to CCBRT in 2015. Five Executive MBA students from The University of California, Los Angeles (UCLA) Anderson School of Management visited CCBRT in March to conduct a strategic management research project designed to kickstart plans to establish a sustainable Training Centre at CCBRT, which will address the greatest challenge in Tanzanian healthcare today: a shortage of skilled workers. Kupona also facilitated the visit of another Executive MBA team from the Massachusetts Institute of Technology (MIT) Sloan School of Management. While on-site, the MIT team conducted market research and made strategic recommendations to support planning for CCBRT's evolution into a social enterprise. These partnerships illustrate the power of cross-sector collaboration and Kupona's commitment to building sustainable solutions to the challenges CCBRT faces on the ground.

Over the course of 2015, Kupona raised over \$830,000 in funds and in-kind donations for CCBRT, and welcomed a new partner – Direct Relief – to our collaborative community. The impact of this support is evidenced by the increased number of patients CCBRT is able to serve, and the ongoing evolution of our organisation into a highly-effective, sustainable social enterprise.

Partners

CCBRT would like to thank all of its partners for their continued support of our activities as we work to achieve our vision of a Tanzania where people have access to quality disability services as well as safe maternal and newborn healthcare.

- **The Government of the United Republic of Tanzania**
- **Alischild Foundation**
- **Bank of Africa**
- **Bona Officia**
- **Community Action for People with Disabilities in Africa (CAPDA)**
- **CBM**
- **Church of Latter Day Saints Humanitarian Programme**
- **Corona Society in Dar es Salaam**
- **Danish International Development Agency (DANIDA)**
- **Dar es Salaam Charity Goat Races**
- **Global Affairs Canada (GAC, formerly DFATD*)**
- **Dar Indian Women's Association (DIWA)**
- **Direct Relief**
- **Ein Herz für Kinder (BILD hilft e.V)**
- **Elma Philanthropies**
- **Federal Republic of Germany through KfW**
- **Fistula Foundation**
- **FK-Fredskorps-University of Bergen**
- **Heifer International**
- **Human Development Innovation Fund (HDIF)**
- **International Committee of the Red Cross, Special Fund for the Disabled (ICRC-SFD)**
- **International Federation for Spina Bifida and Hydrocephalus (IFSBH)**
- **Irish Aid**
- **Johnson & Johnson (J&J)**



- **Kupona Foundation**
- **Light for the World Belgium**
- **Nabaki Afrika**
- **Princeton in Africa**
- **SmileTrain**
- **Swiss Agency for Development and Cooperation**
- **The Charitable Foundation**
- **Tigo**
- **Tim Manchester Family**
- **Vicenza Regional Hospital**
- **Vodacom Foundation**
- **The Vodafone Foundation in partnership with USAID**
- **Wise Philanthropy Advisors**
- **WonderWork**

We are grateful to all the individuals and organisations that have provided financial and in-kind support to enable our work. We regret that our space is so limited that we cannot acknowledge everyone.

*DFATD (Department of Foreign Affairs, Trade and Development) name change to Global Affairs Canada was officially announced on 6 November 2015

Financial Statements

Statement of Financial Position as of 31 December 2015*

Assets	2015 TZS'000	2014 TZS'000
Non current assets		
Property, plant and equipment	32,403,085	30,466,021
Intangible asset	11,190	9,912
Grant receivables	20,271,798	32,607,343
	52,686,073	63,083,276
Current assets		
Inventories	2,980,553	2,369,197
Trade and other receivables	1,562,508	995,459
Grant receivables	28,297,122	10,791,420
Bank balances and cash	19,407,819	15,595,971
	52,246,002	29,752,047
Total Assets	104,932,075	92,835,323

Income

Donations	17,342,257	14,102,367
Government grants	537,350	1,786,496
Contributions by patients	5,975,790	4,701,032
Other income	1,579,681	1,358,593
Foreign exchange gains	2,213,515	378,564
Total Income	27,648,594	22,327,052

Reserves & Liabilities	2015 TZS'000	2014 TZS'000
Reserves		
Retained surplus	8,825,059	9,346,104
Revaluation reserve	1,631,582	1,903,377
	10,456,641	11,249,481
Non current liabilities		
Capital grant	28,470,091	27,590,448
Current liabilities		
Deferred income grants	62,942,107	52,319,122
Trade and other payables	3,063,235	1,676,272
	66,005,342	53,995,394
Total Reserve & Liabilities	104,932,074	92,835,323

Operating Costs

Operating costs	28,298,135	25,481,570
Surplus / (Deficit) for the year	(649,541)	(3,154,518)
Other comprehensive income	-	-
Surplus and comprehensive income for the year	(649,541)	2,755,954

*Not yet signed by auditors

Donations

With your support, we can continue to transform lives and communities in Tanzania. By donating to CCBRT today, you are helping us build a healthier Tanzania tomorrow.

\$25 USD

provides 5 physical therapy sessions for 1 patient

\$170 USD

provides surgery to restore a person's sight

\$1,000 USD

provides the equipment, supplies and clinical staff needed to perform an emergency Caesarean section at CCBRT's future Maternity and Newborn Hospital

To donate, please visit our website at www.ccbt.org/donate

Are you interested in forming long-term, impactful partnerships? If so, please contact CCBRT's Business Development Team at partners@ccbtr.org





PO Box 23310
Dar es Salaam, Tanzania

+255 (0)22 260 2192

communications@ccbrrt.org

ccbrrt.org

@CCBRTTanzania 

ccbrrtz 



Registered in the US as a 501(c)(3)
not-for-profit organisation

12 Bensonhurst Avenue
Saratoga Springs, NY 12866

info@kuponafoundation.org

kuponafoundation.org

 @KuponaFdn

 KuponaFoundation

