



Comprehensive Community Based Rehabilitation in Tanzania

Changing Lives, Changing Communities

2008 REPORT

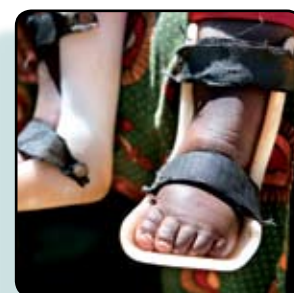
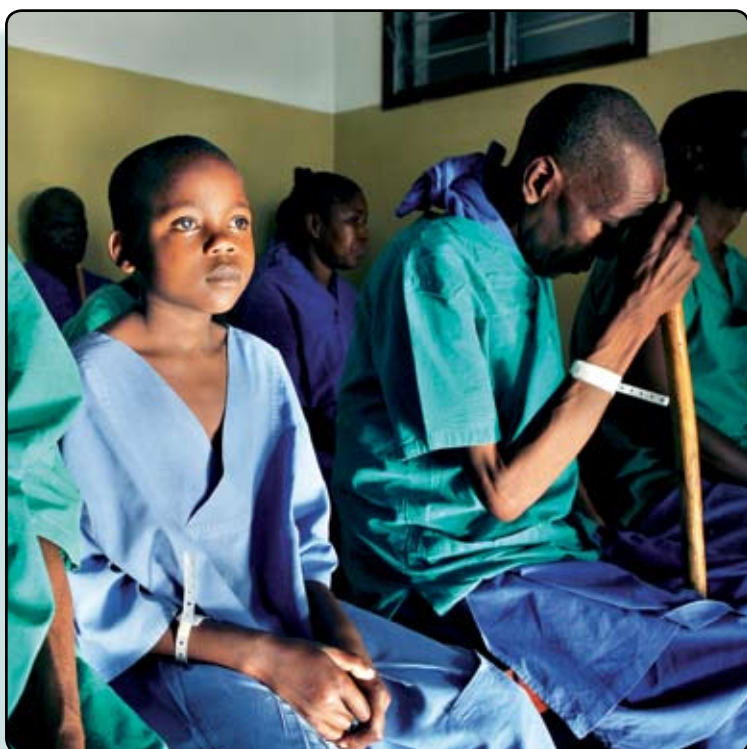


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CCBRT: Tanzania's leading provider of professional medical, rehabilitation and social services for people with disabilities.



THOMAS'S STORY

Thomas was born with clubfeet – a congenital deformity where the feet turn inwards. His mother, 28 year old Lolisea, remembers the day of his birth, “I was afraid to see my child like that. Afraid because I didn't know how I was going to look after him, how he would ever walk or go to school but I just left it to God to sort out.”

Thomas learned to walk on the outside edges of his feet but mobility was increasingly difficult as he grew. Whilst visiting her parents in Dar es Salaam, Lolisea heard about CCBRT through a radio announcement. “We are farmers and it is hard to save money from growing cassava and maize. I was trying to save up to take Thomas to a good doctor but it was taking a long time to put aside enough money. Thomas is two years old now, so when I heard that CCBRT treated children under five for free, I brought him straight away.”

The thought of putting her son through an operation frightened Lolisea. But on entering the ward at CCBRT's disability hospital, she was reassured. “I saw other children looking happy, wearing proper shoes and walking well. The mothers told me that their children had been like Thomas before treatment began and that I should not worry.”

Thomas was admitted to CCBRT's orthopaedic ward and had surgery (a Turco procedure) in September 2008. After six weeks in plaster casts, splints were fitted. These splints will need replacing as Thomas grows to ensure that his foot remains in the correct position and that the condition does not recur. After a few years, he should be able to stop wearing the splints. His feet should remain in the correct position enabling Thomas to walk normally and live a full and independent life.



FOREWORD

“Reading Lolisea and Thomas's story (opposite) brings home to me the very essence of CCBRT. It is simply about helping the poorest people living with disabling conditions in Tanzania and giving them a better quality of life.”

CCBRT is also about a strong community spirit - the other mothers in the ward reassuring Lolisea that all will be well. Most patients hear about CCBRT through word of mouth so it is important that they have positive experiences and, in turn, spread the word about CCBRT's good services throughout the country. And the word is spreading. Increasing amounts of people are coming for treatment at CCBRT each year and we need more qualified medical staff to meet the rise in patient numbers.

CCBRT is about providing a better future; enabling a child to walk for the first time, an adult to see again, a woman to live a normal life once more after fistula surgery, a child with hydrocephalus to attend school for the first time. As well as its direct services, there has also been greater emphasis this

year at CCBRT on assisting people with disabilities to gain skills and find work so they can provide for themselves and their families. My involvement with this organisation spans nearly 15 years and I am consistently proud of what it is able to achieve.

These achievements have been made possible through the commitment and hard work of all staff members and the continued support of the Government of Tanzania and our partners. This support is more important than ever in the current global economic climate. On behalf of the Board, I thank the Government and our partners for enabling CCBRT to continue providing much needed services for the people of Tanzania.”

Dr Willibrod Slaa
Chairman of the Board of Directors, CCBRT

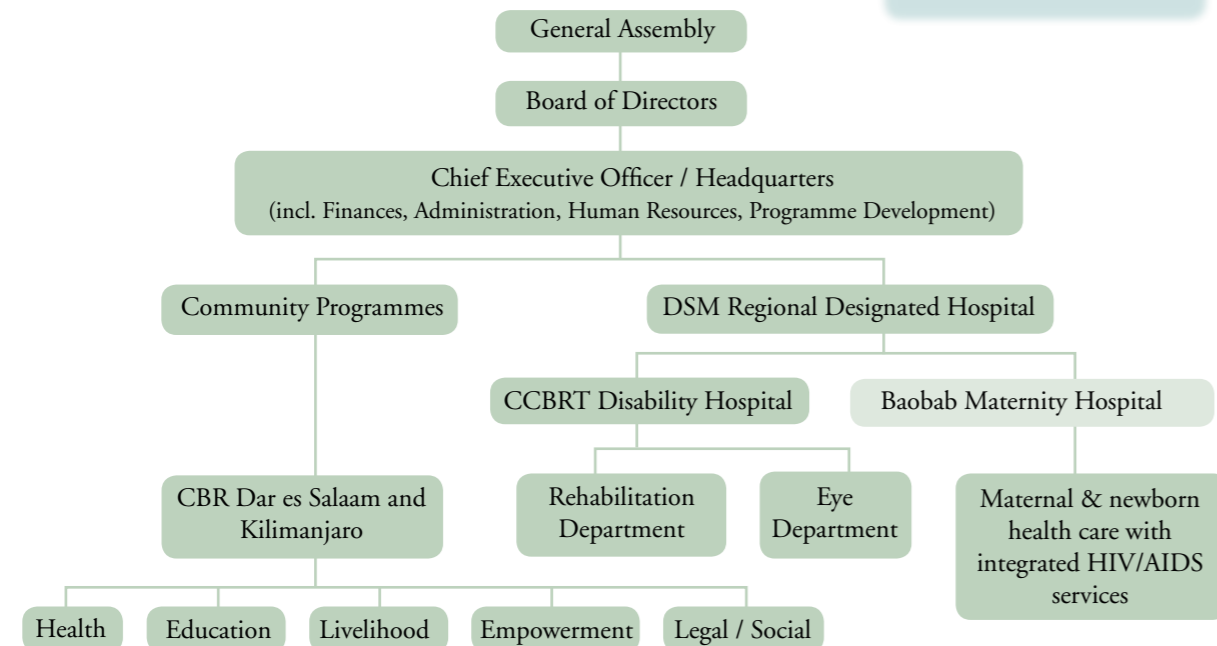


ABOUT CCBRT

Comprehensive Community Based Rehabilitation in Tanzania (CCBRT) is a locally registered non-governmental organisation (NGO) first established in 1994. It is the largest indigenous provider of disability and rehabilitation services in the country and serves a total population of 10 million people in and around Dar es Salaam, Kilimanjaro, Pwani, Morogoro, Mwanza, Tanga and the island of Zanzibar. Through its disability hospital, community programmes and outreach schemes across the country more than 120,000 people directly benefit from CCBRT's services each year.

Tanzania's National Strategy for Growth and Reduction of Poverty (known by its Kiswahili acronym MKUKUTA) recognises that people with disabilities are amongst the most vulnerable groups in Tanzania and considers them in national efforts to reduce poverty. CCBRT complements this by improving the quality of life of disadvantaged people living with a disability and HIV/AIDS by providing easier access to quality rehabilitative services and enabling them to play an active role in their communities. In so doing, CCBRT's activities contribute to the reduction of poverty in the country.

Organisational Chart



CCBRT's overall aim is:

To improve the quality of life of people living with disabilities, their family members and caregivers enabling them to become full members of society.

The main objectives are to:

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



EXECUTIVE SUMMARY

CCBRT laid out the foundations for its activities in the five year period up to 2012 in its Vision and Strategy documents. These outlined how CCBRT will focus on improving the quality and reach of its services going forward rather than increasing the quantities in direct service provision. Even so, during 2008 we carried out 92,000 consultations at the hospital, performed 10,000 operations and made 8,000 home visits to people with disabilities; more than in any other year previously. This is thanks to the dedication of the CCBRT team and due to some efficiency measures introduced over last two years.

In the 2007 Annual Report we outlined a number of specific goals for 2008 aiming at expanding our quality services. Many of these were attained during the year: we were awarded funding from the European Union for an economic empowerment project. Along with our partner, Italian NGO CEFA, we are establishing a day care centre and economic empowerment project for people with disabilities and their caregivers in a ward of Dar es Salaam and building work will commence soon. We have linked up with local recruitment firm Radar to provide training and recruitment services to people with disabilities. Following the award of funding from PEPFAR we have facilitated a study on HIV/AIDS and people with disabilities as the first phase in implementing a project to make HIV/AIDS services more accessible to people with disabilities.

CCBRT's infrastructure has been reorganised with the opening of a new clinic at the disability hospital site to accommodate more self funded patients. This has already made an important financial contribution towards our income. The Orthopaedic Workshop has been renamed the Prosthetic and Orthotic Department and a Mobility and Positioning Unit has been set up to manufacture devices which assist with mobility and positioning for people with disabilities (PWD). CCBRT now offers a more comprehensive rehabilitation package for clients with the introduction of Speech and Language Pathology in April.

We stepped up our advocacy efforts in 2008 with the establishment of a Programme Development office and the recruitment of an advocacy specialist. This has enabled CCBRT to make a more significant contribution towards lobbying for the rights of people with disabilities at national level and mainstreaming disability issues across government and development agendas.

In the second half of the year, good progress was made on the proposed Maternity Hospital (to be called the Baobab Maternity Hospital). A floor plan was compiled and reviewed; a number of discussions over financing took place with the Government and with interested partners around the world; a comprehensive project plan was drafted and is in the process of being finalised.

Community Programmes were restructured in line with WHO guidelines to give greater focus to empowering individuals with disabilities so that they can contribute to their own livelihoods and communities. Due to funding constraints, our Holistic and HIV/AIDS Related Programme (HARP) which comprised home based care, an orphan programme and a legal aid programme was closed. The orphans have been transferred to the care of PASADA – a local NGO while home based care services for people living with HIV/AIDS were transferred to government hands. The closure of the legal aid programme is particularly disappointing. Demand for the services was much greater than the funds available and without enough resources to maintain a high standard of service, the decision was made to outsource all ongoing cases to another legal aid NGO and close the programme. From hereonin, CCBRT will concentrate its efforts on providing HIV/AIDS services to people with disabilities.

Our limitations were also realised when, overwhelmed by numbers in the outpatient department, we had to close the gates to patients on a number of occasions. In the past we used to receive an average of 300 patients per day – this rose to 500 several times in 2008. With 320 staff and

limited facilities we regretfully had to ask people to return the following day where possible.

Financially, we were affected by a drop in funding levels due to the slowdown in the global economy in the second half of the year. Meanwhile, we are striving to be more financially self sufficient with

a more diverse income base to ensure the long term sustainability of our services. To this end, at the very end of the year we decided to recruit a dedicated Fundraiser in Tanzania and we looked into establishing an International Foundation to raise funds for CCBRT.

CCBRT Highlights 2008

10,000	operations performed
92,000	consultations (eye, orthopaedic, WF, spina bifida, hydrocephalus) carried out
55,800	new patients seen
11,700	physiotherapy sessions completed
2,250	appliances made by the prosthetic and orthotic unit
8,000	home visits to clients
105	blind adults trained in mobility and orientation
5,725	parents and caregivers attended support units
680	children with disabilities supported by CCBRT in school
90	children with disabilities enrolled in school for first time with CCBRT support
2,230	self funded patients treated at new clinic
500	people with disabilities expected to benefit annually from new recruitment and training service
300	CCBRT staff trained (some staff members attended more than one training session)

During 2008, CCBRT won support for the following new projects due to be implemented in 2009:

4,000	number of people expected to benefit over three years from new day care centre and economic empowerment project in Dar es Salaam funded by EU
150,000	number of people with disabilities expected to take up Voluntary, Counselling and Testing and other HIV/AIDS services over course of three year HIV/AIDS disability project funded by PEPFAR
11,340	number of people expected to benefit from three year innovative community based rehabilitation programme in Dar es Salaam funded by NZ Aid and cbm New Zealand.



DISABILITY HOSPITAL SERVICES

Direct service provision for the poorest people with disabilities in Tanzania has been and will remain CCBRT's core focus. Our six operating theatres, 180 hospital beds and seven consulting rooms were stretched to capacity for most of the year. In 2008, more PWD than ever accessed our services. 92,000 consultations (excluding physiotherapy) were carried out across the Eye and Rehabilitation Departments - 10,000 more than in 2007. 55,800 new patients were seen at the hospital over the course of the year an increase of 3,700 from 2007.

During 2008 some measures aimed at improving the efficient running of the hospital were introduced. An internal central pharmacy was established in the first quarter of the year and a new pharmaceutical technician was recruited. Centralising the pharmacy enabled better control over the medicines distributed and cost savings were made as a result. Following a tender process, six companies were awarded contracts to provide hospital medicines and other supplies. In the past, dependence on a sole supplier has led to inefficiencies and, occasionally, shortage of stock. We also invested in new computers at the hospital and some new equipment for the eye department.

The opening of the new clinic for self funded patients in June also provided an extra added service for patients and, simultaneously made an important contribution to the hospital income. This extra income was reinvested back into services for the poorest people in the country.

In May 2008, we introduced Speech and Language Pathology at the hospital for the first time with the employment of a dedicated Speech and Language Pathologist. 25 clients referred through the hospital are already regularly having regular sessions to improve their speech ability. The pathologist also works with the community programmes where the vast majority of her clients are children with cerebral palsy who need help with swallowing, breathing and communication. Going forward there will be a greater focus on training paramedic

staff at CCBRT and other institutions in Speech and Language Pathology.

As was confirmed once again in the staff appraisals carried out at the end of 2008, CCBRT's employees value the extra training and experience they gain through working with CCBRT. In the past, recruitment of good quality staff and retaining them has been difficult as higher pay frequently draws them away to other establishments. By making CCBRT a top quality place to work with attention placed on building long term skills we hope to achieve a better staff retention rate.

EYE DEPARTMENT

Service delivery

During 2008, 81,100 consultations were carried out in the Eye Department. This is 8,000 more than in 2007. Of these consultations, nearly 51,200 were new patients - 4,000 more new patients than in 2007. The surgical team performed over 8,000 eye operations and of the surgical procedures carried out, 56% were sight restoring cataract operations. Nearly 1,200 of these eye operations were for children – dramatically improving their life chances by restoring or improving their vision. A number of factors, including a more motivated workforce and tighter administrative procedures, led to the increased number of consultations and surgeries.



2008 Overview

81,102 eye consultations
51,192 new eye patients
8,116 total eye operations
1,185 eye operations on children
4,534 cataract operations (461 of those on children)

On a number of occasions during 2008, an extremely high volume of eye patients arriving at the outpatients area forced us to turn some people away until the following day and led us to call on the services of an extra doctor (from a cbm supported project) at Shinyanga hospital to help out. Tanzania has a shortage of qualified ophthalmologists and while we are working hard to build internal capacity, more eye doctors and qualified ophthalmologists are required if we are to meet the needs of the growing numbers of eye patients coming to us. To improve the quality of our services we invested heavily in some new equipment including a retino-scope (to enable improved diagnosis) and a combined A and B scan for the Ophthalmology department. All patients consulted will benefit from the introduction of the new ophthalmology equipment.

World Sight Day is observed around the world each year to concentrate global attention on vision impairment and blindness. With 80% of people living with blindness aged over 50, this year's focus was on the ageing eye and vision impairment in older people. Along with the world's ageing population the number of people with blindness from chronic conditions is also rising. Here in Tanzania, CCBRT played an active role in supporting World Sight Day. Leading up to World Sight Day on the 9th October we ran eye screening sessions in four centres within Dar es Salaam and these were conducted in collaboration with Lions Clubs of Dar es Salaam. A total of 770 people came for free eye checks. We also teamed up with the Ministry of Health and Social Welfare on eye screenings and surgeries in Kilwa area (East coast region). 36 surgeries, performed by one of our eye surgeons, took place there.

Networking and collaborations

By joining forces with other organisations, CCBRT is able to expand its area of reach across the country. Over the year we linked up with a number of other organisations to conduct screenings, surgeries and to share knowledge and ideas. Some of these link ups include:

- **Lions Clubs** – we joined forces for World Sight Day (see box) and during a two week fact finding visit to one of their centres in Bangkok we learned more about how Lions Clubs around the world carry out their eye workshops giving us some new ideas for running eye workshops back in Tanzania.
- **Muhimbili Government Hospital, Dar es Salaam** – we provided weekly training for two Paediatric Ophthalmologists there and joined forces on a paediatric outreach surgery clinic in Mbeya region also along with Kilimanjaro Centre for Community Ophthalmology (KCCO).
- **Ngaugao and Ndanda Hospitals in Mtwara in south east Tanzania** – one of our Ophthalmic surgeons advised local doctors and conducted screenings and surgeries there.
- **Amani** – we teamed up with this Morogoro based NGO which helps children with disabilities and many children from the screenings had operations at CCBRT.



RAMADHANI'S STORY

Born in 1928, Ramadhani eyes started to fail him in his 75th year. All his life, Ramadhani has worked the land growing rice and cassava in a village near Morogoro to feed his wife and sixteen children. But in recent years, his eyesight has become progressively worse. He says, "It was like a cloud came down over my eyes. Even the eye drops that the doctor near my home told me to use did nothing. I had to stop work as I just could not see anything."

Ramadhani remembers the exact date he last saw anything at all – April 12th 2008. Cut off from social activities, he remained at home frustrated by his dependence on others and forced to stop working. Brought to CCBRT by his grandchildren, some of whom live in Dar es Salaam, Ramadhani

was diagnosed with cataract. He jokes with the CCBRT nursing staff ahead of his operation. "They tell me that this time tomorrow my sight will have returned. I just don't believe them," he laughs.

During the 30 minute operation, a small incision was made in his eye, the lens containing the cataract was removed and a plastic lens inserted. Just minutes after the dressing is removed the next day, Ramadhani's sight begins to return. He is incredulous. "I can see my grandson sitting here at my bedside. I am looking forward to seeing all of my grandchildren again. That is the best thing about having my sight restored."

Ramadhani is also keen to return home and see his shamba (farm) again; delighted that he is able to check the crops with his own eyes.



Staff changes

There were a number of personnel changes in this department in 2008. Half way through the year, our Paediatric Ophthalmologist returned to the UK for a year's sabbatical and he was replaced by another Paediatric Ophthalmologist from the UK for a year's work here. One eye doctor left to pursue further studies and, in June, we recruited a new Ophthalmologist and Vitreo Retinal Surgeon. This surgeon will also assist in increasing CCBRT's specialisation in glaucoma. The introduction of sub speciality clinics at CCBRT should further improve the quality of services offered and a three year research programme on glaucoma to assess the best form of post surgery treatment (5FU or Beta radiation) will be conducted. The comparative research will be the first of its kind in Africa and its findings could change the way glaucoma is treated in Africa. As already mentioned, a new Speech and Language Pathologist joined the team.

REHABILITATION DEPARTMENT

Demand for the services provided by our doctors and surgeons is ever increasing as more and more people around the country hear about the affordable and quality treatment available at CCBRT. The Rehabilitation Department comprises:

- an Orthopaedic Unit (clubfoot, bow legs and other bone related conditions) and Hydrocephalus/Spina Bifida unit,
- a Plastic and Reconstructive Unit (burn scar contractures, cleft lip/palate),
- a VVF (fistula) Unit,
- a Physiotherapy Unit,
- and a Prosthetic and Orthotic Workshop.

We had hoped to build a new rehabilitation centre in 2008 at the disability hospital site to centralise our services and enable a greater level of organisation. However, lack of funds means that this has regrettably not happened yet.

Support from the Embassy of Poland did enable us to build a new hostel. The hostel will be used for patients and their families recovering from surgery who do not need to be on the ward full

time, for those having intensive physiotherapy but live too far away to come in on regular occasions and for those awaiting surgery who live far away. The hostel is also used by parents and caregivers of children with disabilities (CWD) from far away, when they come for week long training sessions on their child's condition (run by the community programme team). The construction work on the hostel is complete but the extra beds are not yet installed.

Service delivery

2008 Overview

10,790	consultations were carried out
1,880	orthopaedic operations performed (35% were for children under 5 with clubfoot)
1,527	orthopaedic operations were on children (80% of the total)
180	Hydrocephalus and Spina Bifida surgeries were completed (99% children)
185	women with fistula received surgery
130	cleft lip/cleft palate operations were performed (90% on children)
11,700	physiotherapy sessions were carried out (almost 90% of clients are children)

The department is divided into several units each focussing on specific disabilities.

Orthopaedic, Hydrocephalus and Spina Bifida Unit

Here we treat patients (mostly children) with clubfeet, bow legs and other deformities from birth along with children born with Spina Bifida (meaning 'split spine') and suffering from Hydrocephalus (water on the brain). The damage caused by Spina Bifida can lead to difficulties with mobility, bladder and bowel problems and sometimes, paralysis. There is no cure for Spina Bifida – the operations performed at CCBRT are to repair the defect in the patient's back. But CCBRT can assist with physiotherapy, training parents in catheter insertion, and by providing mobility and positioning devices.

OMARI'S STORY

Judith had no concerns when the time came to give birth to her child. It was her fifth pregnancy, it had progressed smoothly and there been no complications with the births of her other four children. The family are farmers, living on around 1,000 Tanzanian shillings (just over half a euro) a day from selling produce such as potatoes, maize and beans grown on their small plot in Mafinga, southern Tanzania. There was no extra money for, or access to, any dietary supplements such as folic acid during Judith's pregnancy.

Once Omari was born, during a normal delivery in a health centre, the health workers immediately noticed a large lump on the base of his spine. Judith says, "I was afraid, I had never seen such a thing. I thought he would die from this lump." Omari was referred to a local hospital which later referred him to CCBRT.

Omari has Spina Bifida. This is where one or more of the vertebrae in the spine do not form properly in early pregnancy, leaving the nerves in the spine

unprotected and leading to damage of the central nervous system. It is believed that taking a folic acid supplement from a month before conception to the end of the 12th week of pregnancy could lead to a 70% reduction in the risk of Spina Bifida. The nerve damage can result in bladder and bowel problems, muscle weakness or complete paralysis.

Unfortunately, Omari has a severe case. The CCBRT surgeon has removed the lump and closed the hole at the base of his spine to prevent infection entering but Omari is paralysed from the base of his spine downwards. He will never walk or have movement in his legs. But CCBRT will support Judith in many ways: by offering training on catheter insertion for Omari when he is older, by teaching her physiotherapy techniques to try and improve Omari's muscle tone and by providing mobility and positioning devices as he grows up. Judith says, "I know it will be hard looking after my son, but at least I am now at CCBRT with people who understand my son's condition and who can help me."



Many babies born with Spina Bifida also have Hydrocephalus (water or fluid on the brain). Hydrocephalus can be congenital (from birth) or acquired as a result of other factors such as premature birth, brain haemorrhage, tumor or meningitis. The condition can be treated by removing excess fluid from around the brain by inserting a shunt to drain the fluid away or by performing an ETV procedure. The effects of Hydrocephalus vary from learning difficulties to visual and incontinence problems to paralysis.

While we performed 180 Spina Bifida and hydrocephalus surgeries last year, this is 85 fewer than in 2007. The programme has been under threat for a while now due to funding and technical challenges. But towards the end of 2008, the International Federation for Spina Bifida and Hydrocephalus stepped in with an emergency injection of funds to enable the programme to continue for a few more months.

CCBRT treats more patients with hydrocephalus and spina bifida than any other hospital in Tanzania and it is the only hospital to perform the ETV procedure – important for its lower infection rate. It is extremely important that CCBRT continues to offer treatment and support to children with Spina Bifida and Hydrocephalus.

Plastic and Reconstructive Unit

CCBRT sees hundreds of children and adults each year who have suffered horrific burns (often as a result of cooking over open fires) or who have been born with cleft lip or cleft palates. Impairments, which if left untreated could mean a life of exclusion and isolation for the sufferer. Over the course of 2008, we carried out nearly 130 cleft lip/palate operations, 120 of these were for children. Staff on the unit also benefited from the experience of a visiting reconstructive surgeon from Kenya who lent his expertise and assistance during several days of surgeries.

GLORY'S STORY

"My father disowned me the day I was born. When he heard about my lip, he said that I could not be his child because there was no history of cleft lips in his family. He said I must be another man's child and although I grew up in the same house as him, he has always ignored me."

Now Glory has a loving family of her own. Married with three children, she and her husband farm maize and cassava in a rural area near Bagamoyo about an hour north of Dar es Salaam by car. The hardest part of growing up, she says, was when the other children used to laugh at her at school.

Despite her proximity to Dar es Salaam, with the family very poor and with little access to newspapers or other forms of communication she just didn't know where to go to get help. Finally at the age of 32, she heard about CCBRT through a visitor to the village and she travelled to the disability hospital in search of treatment.

Just a few days after the half hour operation to repair her cleft lip, Glory is overjoyed with the result: "I keep looking at my face in the mirror.

Soon I will look just like other people. To see my face changed in this way is unbelievable."



Vesico-Vaginal Fistulae (VVF) Unit

With less than half of all births in Tanzania attended by a trained midwife or doctor, childbirth can be a very dangerous time for mothers and children. Thousands of women each year acquire disabling conditions, such as fistula, as a result of long or obstructed births.

During 2008, over 500 consultations (new and follow up) took place at CCBRT for women with fistula and we performed nearly 200 fistula surgeries for women, dramatically improving their quality of life.



SOPHIA'S STORY

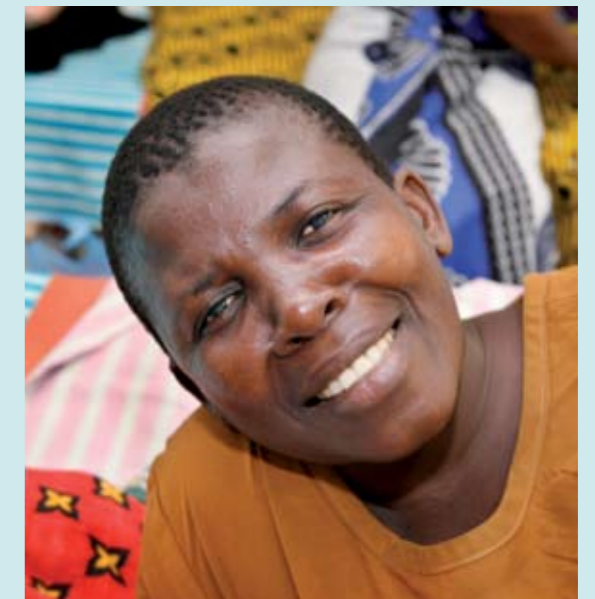
Sophia went into labour with her first child at home near Kilwa on the Tanzanian coastline in 1985. The baby was full term and Sophia and her husband were looking forward to the arrival of their child. After two days of contractions at home, in great pain and afraid, Sophia knew she needed to seek medical help. With no other transport available or affordable, she rode for two hours on the back of her husband's bicycle to the nearest health clinic where she had an emergency caesarean section. But it was too late. Even before she went under general anaesthetic, she was told that the baby had died because of the long labour. When she awoke from the operation, not only did Sophia have to come to terms with the loss of her only child, she was told that during the prolonged labour, a hole had developed in her bladder. The doctors then said they were unable to repair it.

For the next twenty three years Sophia, a millet farmer, lived with fistula. She leaked urine constantly and, because of the odour, people shunned her and she rarely engaged in social activities. Ten years later, Sophia's husband left her. Living in such a remote area, communication was not easy and there was no available money to seek medical treatment for her condition. Then, more than two decades after the death of her child, she heard a radio announcement that would change her life.

Sophia heard on the radio that her condition was treatable. Supported by her new husband,

Abdallah – a fisherman, she made her way to the nearest hospital – several hours away by local bus. However, they were told there that her condition was too difficult to treat and she was referred to CCBRT.

Once she had borrowed and saved enough to pay for the bus journey to Dar es Salaam, Sophia arrived at CCBRT and underwent Vesico-Vaginal Fistula surgery. Sophia is now dry for the first time in twenty three years. She says, "All I ever wanted was a child; a family of my own. But I am 40 now and I know I will never have another chance of having a baby. But even if I cannot have a child, I am happy to finally be 'free'. At least now I can start living a normal life just like other people."



Raising awareness about fistula

Our VVF ward has 20 beds and most of our patients come for treatment for birth related conditions, mainly fistula. But because of the embarrassing nature of the problem, many women hide themselves away and may not even know that their condition is treatable. So during 2008 we made a concerted effort to raise awareness about VVF to encourage more women to come forward for treatment.

We co-operated with a local TV documentary crew on a programme about fistula in Tanzania. The programme, aired on the national TV network and created in collaboration with Muhimbili Government Hospital, focussed on the causes of fistula and how and where it can be treated. The filmmakers have interviewed women around the country about living with fistula and during the research phase for the programme, a number of women came forward to CCBRT for treatment. Several women recovering from surgery on the VVF ward at CCBRT also willingly took part in the programme. We hope that the programme will encourage more women to come forward to us for treatment.

In the course of their clinics around the country, the mobile team also refers women with fistula to the hospital. The mobile team has linked up with some local partners in Dodoma region and we are seeing an increasing number of referrals from this area. CCBRT also spoke at a meeting arranged by local government in Kinondoni – an area of Dar es Salaam. This was to inform doctors and nurses in the area about CCBRT services and to encourage the medical officers to refer any patients with fistula to CCBRT for treatment.

Fistula training

Two representatives from CCBRT have become founder members of the International Society of Obstetric Fistula Surgeons. The Society aims to ensure a high standard of fistula repair and treatment services in the world, share expertise and combine training efforts as well as undertake research in obstetric fistula. CCBRT is the only

regional training centre for fistula. Two trainees (from Tanzania) spent a month at CCBRT's disability hospital gaining experience in fistula surgery. They then returned to their hospitals and put the experience gained at CCBRT into practice whilst referring complicated cases to CCBRT. We are also looking at ways in which CCBRT can contribute further to the number of fistula surgeries undertaken in the region and two directors went to Ethiopia's Fistula Hospital on a fact finding mission about this.

Physiotherapy Unit

In 2008, the physiotherapy unit carried out 11,700 sessions for clients. The total number of clients accessing this service was 887, almost 90% were children and many of these children had cerebral palsy (CP). Physiotherapy can considerably help improve the capabilities and mobility of a child with cerebral palsy and with early treatment; children can go on to enjoy a full and near-normal life.

Prosthetic and Orthotic Unit

CCBRT has had its own orthopaedic workshop on site to construct aids for the improvement of positioning and mobility for people with disabilities. In line with World Health Organisation (WHO) terminology, the orthopaedic workshop is now called the Prosthetic and Orthotic Unit and has been reorganised. Over the year, 2,250 appliances were made; the majority of these being walking aids and orthopaedic appliances such as splints. This is 19% higher than the total amount produced the previous year. In order to better support physiotherapy clients (mostly children with CP), a Mobility and Positioning Unit was set up part way through the year to manufacture special devices for their needs. Two technicians were assigned to the unit and four different items of machinery were purchased for it. The unit can produce walking frames, standing frames (37 made in 2008) special chairs for children with CP (eight made in 2008), corner chairs (two made in 2008) and a metal wheel for a range of motion exercises on arms and shoulders.

ABDALLAH'S STORY

Agnes Mbega, from Temeke just outside Dar es Salaam, believes her son's cerebral palsy is attributable to his birth. The mother of five explains that although the pregnancy was smooth, Abdallah's birth was not. "Abdallah was in breech position when it was time for him to be born. After a seven hour labour he was born by vacuum extraction legs first. They could not do the caesarean operation at the health centre where I was and no doctors were there at the time."

A few weeks later, Agnes noticed that her son was moving his hands and upper body but his legs were motionless. She took him back to the local hospital which eventually referred Abdallah to CCBRT where he was diagnosed with cerebral palsy. Agnes is well supported by her family and community: "All the other children still call his name and want to play with him. But the problem for me is that I need to carry him all day so I cannot work."

Every week since he was first diagnosed, Agnes has been taking her son to physiotherapy sessions at a support unit run by CCBRT near the family home. She remembers her first visit, "The health workers

placed him on a table and gently manoeuvred his legs to see if there was any movement. There was not. Now, after a few months of exercises he is able to push his legs back against pressure. It is a very big improvement."

Even so, three year old Abdallah is unable to walk or even sit unaided. The trunk muscles in his chest are not functioning so he falls to the side if he tries to sit unsupported.

Abdallah is being fitted for a special seat made at the CCBRT mobility and positioning unit. The seat has supports that allow Abdallah to sit without falling to the side and can also slot into a wheel chair. His mother is delighted with the devices, "This seat and chair will really help me. Because all day every day someone has to hold Abdallah and this is very limiting. Now, I can put Abdallah in the seat and know he will be safe or I can wheel him to my family and friend's houses and they can help to look after him. He can feed himself as his arms will be free instead of supporting himself. It will leave me with more time to earn money sewing to try and pay for the family expenses."



Technical Workshop

Throughout 2008, staff from our Zonal Technical Workshop maintained equipment at CCBRT and travelled the country carrying out essential maintenance at other hospitals. The purpose of the Workshop is to maintain and repair medical equipment (microscopes, scanners etc) for CCBRT and other local hospitals such as in Morogoro, Singida, Lindi, Dodoma and in Dar es Salaam. 14 hospitals, including CCBRT, benefited from these services last year with 75% of these hospitals served being mission hospitals. During the course of carrying out this maintenance our staff also train up other people in how to look after their medical equipment.

THE CLINIC

So that CCBRT can be more self sufficient over the long term, we have been trying to raise the level of patient contributions to hospital expenditure. To help us achieve this goal, at the beginning of June, a new clinic was opened on the disability hospital site in Dar es Salaam for patients who can afford to pay the full cost of treatment and who are

happy to pay a fee for fast track and pre-booked appointments. The clinic provides treatment for a range of eye and orthopaedic needs such as hip and knee replacements. Speech and Language Pathology is also offered through the clinic.

Mindful of our aim to serve the very poorest people in the country, the rise in self funded patients will subsidise the cost of treatment for poorer patients as any income from the clinic will be reinvested back into CCBRT. Since the opening of the clinic in June, 2,200 patients came for treatment there. Most came for eye consultations while 380 were orthopaedic patients. Over 78.5 million Tanzanian shillings (around US\$62,000) were collected from the consultation fees between June and December contributing an important income for reinvestment back into the hospital.

A few months after the clinic's opening we conducted a small assessment of the services and of the patients utilising them. A small survey revealed that many patients were prepared to pay more towards their medical care at CCBRT once they knew that the extra money would go towards operations for the very poorest people in the country.



MOBILE OUTREACH SERVICES

Thousands of patients each year make their own way to the disability hospital in Dar es Salaam for treatment and consultations. But one of CCBRT's unique strengths is its mobile outreach team. Throughout the year, the mobile unit, regularly working with other local partners, visits remote (often rural), parts of the country offering screenings. Thus ensuring that people who otherwise would not have access to services (whether through lack of funds or awareness that their condition is treatable) are seen and treated. While the team can carry out simple eye surgeries on location, complicated cases and orthopaedic as well as VVF cases are referred to the disability hospital.

Over the year, the team did over 60 trips to 37 different areas outside of Dar es Salaam visiting 14 new areas for the first time. Throughout the year, 24,000 consultations were carried out by the mobile team. That is nearly 5,000 more consultations than were carried out in 2007. This increase was achieved by greater participation of local partners, training of village health workers who increased referrals as well as continued community mobilisation through posters and radio. The team referred 840 clients for surgery at CCBRT. CCBRT's long term plan is to involve more Tanzanian partners in carrying out surgeries in local stations around the country. So during 2008, 1,240 surgeries were carried out in collaboration with local hospitals at different stations such as Tanga (12 times), Zanzibar (5 times), Mwanza (twice), Mbeya, Mafia and Pemba (all once). CCBRT medical staff work together with doctors and nurses from local hospitals during these surgeries.



2008 Overview

24,000	consultations
1,200	eye operations
840	people referred to disability hospital for surgery
37	different locations visited

Key highlights for the mobile team during the year were two trips to Mwanza in northern Tanzania during which the team, in conjunction with local partner KCCO, worked efficiently and carried out 160 eye surgeries on children. Other highlights are the continued support provided by CCBRT to Tanga Eye Unit and its mobile programme along with completion of the renovation of Bububu Military Hospital Eye building in Zanzibar. This was done in collaboration with the Ministry of Defence and with support from the German army. Regular eye screening sessions took place in Zanzibar in conjunction with Bububu Military hospital which conducted the screenings and with Mnazi Mmoja government hospital where surgeries were carried out. Only complicated cases were referred to the CCBRT disability hospital. CCBRT surgeons have been assisting surgeons from Mnazi Mmoja hospital during the operations.



COMMUNITY SERVICES

COMMUNITY BASED REHABILITATION PROGRAMMES

Restructuring

In line with CCBRT's focus on rehabilitation and empowerment, the community programmes were re-structured into separate areas of specialisation: Health, Education, Livelihood, Empowerment and Social Inclusion early in 2008. This re-organisation is according to the WHO's guidelines on community based rehabilitation (CBR). Communication between the different programme components has been improved by moving the CBR office closer to the other programme offices at CCBRT HQ.

There is now one overall manager in charge of the Kilimanjaro Community Programme and the Dar es Salaam Community Programme. This was done to achieve more coherency in programming and to offer more support to the team based hundreds of miles to the north of Dar es Salaam. There was also a change in management of the Kilimanjaro Programme with two new co-managers taking on the main role.

In other changes, our HARP programme (Holistic HIV/AIDS services) fell victim to lack of funding and was closed. This means that our long running legal aid programme was closed to new clients and current clients were transferred to another local NGO called Laseha which provides legal aid. In September, we handed over 1,200 case files to Laseha, 450 of these were active cases and 39 were being heard in court. Over the last four years the number of people accessing our legal aid services had doubled. We did intend to extend the services to protect children with disabilities (for instance if they had been victims of sexual abuse) but this plan is on hold until we can secure further funding. We will continue to refer clients in need of legal aid to Laseha. Our orphan programme fell under HARP and so was also closed. We linked up with local NGO PASADA¹ which has taken over care of the orphans (financial and co-ordination). And the home based care aspect of HARP was returned to Government

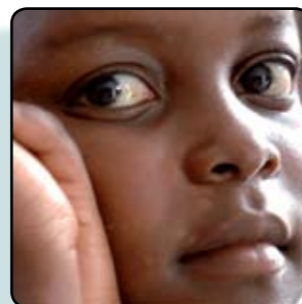
hands as was agreed when the programme was first established. The move allows CCBRT to prioritise disability and HIV/AIDS, a so-far often overlooked component of HIV projects.

Service Delivery

Where CCBRT differs from many other health based organisations is its focus on the rehabilitative aspect of care. CBR is recognised by the WHO as being an effective approach towards rehabilitation and to the equalisation of opportunities for PWD. Our community workers carried out nearly 8,000 home visits during the course of the year bringing support and advice to 1,400 clients.

Part of the work of our community team is advising parents of CWD of their child's right to an education, liaising with schools to accept the child and assisting with the enrolment process. During 2008, we supported a total of 680 CWD in schools. CCBRT was instrumental in enabling 90 of these children to enrol in school for the first time in 2008. We also trained 38 pupil assistants to help the children with disabilities at school and in the classroom.

For the first time, we were also able to offer Speech and Language Pathology through weekly sessions at our support units. Approximately 15 parents/caregivers and their children per session came to learn about topics such as how to stimulate speech, language development, feeding and the role of play. We also introduced a speech and language section during the monthly intensive training sessions for parents of children with disabilities and began screenings for hearing loss during these meetings.



2008 Overview

7,990	home visits conducted	680	children with disabilities supported in schools
1,400	clients receiving services	2,200	parents / caregivers received training
5,725	people in total came to weekly support unit sessions	105	blind adults trained in mobility and orientation
90	children enrolled in schools for the first time	110	assistive devices provided to clients

SULTANI'S STORY

Sultani is completely blind. He sees, "nothing but darkness". The 54 year old from Mabwepande, a rural area outside Dar es Salaam in Tanzania, lost his sight in 2004. By the time Sultani sought help for his failing sight, it was too late. He was diagnosed with glaucoma and no surgery could improve the condition. For several years he barely left the mud and wattle one roomed house he shares with his brother and sister in law, only occasionally venturing to sit in the sun on the step outside.

"Losing your eyesight is a complicated thing," Sultani explains, "Sometimes you just want to be quiet but other times you feel angry. People would taunt me, quietly coming to the house and then shouting to make me jump with fright. To them a blind man who cannot contribute anything is a joke, but for me it is a serious thing."

Sultani has never been to school. He never learned to read or write and has been a subsistence farmer his entire life. The loss of his sight removed even that from him.

When CCBRT's mobile screening unit visited his village a year ago, Sultani met the community workers who said they could give him more independence and enable him to work again. During this mobility and orientation training, Sultani learned how to use a cane to feel his way, he was shown how to do domestic skills by touch and feel, and he was given the option to join in with an economic activity. Sultani chose farming.



"Before the training, I was feeling bad. I was just doing nothing and was frustrated. But after the training I can walk the kilometre from the house to the shamba (plot of land) by myself. I was shown how I could grow crops and how to feel for which plants are weeds and which are not."

Recently, Sultani harvested his first crop of mchicha (local spinach) for sale. "The people from the market came to collect it from here. I made 8,000 shillings (around four euro) from one crop. With that money I was able to buy clothes, soap and flour to contribute to the household. That day I was very happy."

¹ PASADA is a well established community based organisation which specialises in Holistic HIV and AIDS service provision for the most vulnerable groups in society.

Introducing efficiencies

Along with the restructuring of community programmes a number of changes were introduced during the year to improve our services still further:

The follow up process for clients on the community programmes was made easier with the help of a phone line sponsored by Vodacom. Having a dedicated phone and phone line just for this purpose meant that we were able to more easily contact clients, to arrange appointments with them and to ensure follow up appointments to visit them in their homes were made. A total of 15 patients per month were contacted via this new service. Prior to this, the team had to use more expensive mobile phones or wait for office phones to become free.

The carbonized booklets introduced at the very end of 2007 for CBR field visits were used during 2008. Previously field workers would have to write up every home visit three times (copy for client, administration and fieldworker) leading to mistakes and time wasted. As well as being quicker for the field workers, having one standardized assessment form has led to more consistent and uniform client records.

In 2008, we also introduced a new database which contains a comprehensive log, accessible by both the hospital and community programme team, of all relevant information pertaining to CCBRT clients. For instance, each time a client receives a home visit or attends a support unit the information will be recorded. It is the first time that the data has been centrally computerised in this way and it will enable even greater co-operation between the hospital and community programmes. The database will also facilitate a much improved reporting line and provide greater financial transparency. Information inputted into the database can also be disaggregated by various means such as gender, impairments and locations and so we will be able to see where particular patterns or trends may be emerging. While there were initial teething problems with some of the data entry, we hope to have smoothed these out very soon and during 2009 we will really see the benefits and efficiency of the new system.

In due course, all patients discharged by the hospital will automatically be logged onto the database where community programmes will follow up each case to make sure that appointments are kept and home visits are provided where necessary.

Events, networking and awareness raising

- For the first time in 2008, the support units and community programmes introduced activity days for children with disabilities. Five activity days attended by over 300 children (mostly with cerebral palsy and hearing impairments) took place in Dar es Salaam and Kilimanjaro. The feedback from parents was very positive and we will continue to run these events through 2009.
- In Dar es Salaam, a CCBRT occupational therapist and a team of foreign students have been showing parents and caregivers in the communities how to make devices such as standing frames or special seats for people with disabilities (mainly children) from affordable and available materials such as bamboo. The students were carrying out a study on appropriate technology in the community and have produced a handbook detailing their findings.
- CCBRT linked up with the UK based international disability and development organisation Motivation to introduce high quality wheelchairs and other mobility devices. Motivation is generously providing a trainer to the CBR programme in Kilimanjaro who will share skills with the team on how to make special wheelchairs and seats for people with disabilities.
- We collaborated with the mobile outreach team during their visits to five wards in and around Dar es Salaam in order to raise awareness about the CBR services we offer (in addition to hospital services). A band, made up of blind adults, sang songs to help spread the word about CCBRT activities.
- We arranged a one day workshop attended by 46 representatives from Disabled People's Organisations (DPOs) and 28 nurses who work in maternal and child health. The purpose of the day was to foster greater collaboration between us and to further clarify the services CCBRT

EMPOWERING LIVES

During 2008 we directed greater attention towards skills training for people with disabilities to reduce their reliance on others and to enable them to contribute to their and their families' livelihoods. Across our community programmes in Dar es

Salaam and Kilimanjaro we have doubled the number of blind adults receiving mobility and orientation training over the year to over 100 and in many cases (as in the case of Sultani on page 19), we have also successfully trained adults in activities which enable them to be more economically self-sufficient.

Recruitment Service Introduced

CCBRT joined forces with the leading recruitment firm in Tanzania - Radar Recruitment - early in 2008 with the long term aim of placing 500 people with disabilities, HIV/AIDS and their caregivers in jobs each year. This branch of Radar - Radar Development - has set up an office on CCBRT's premises and has hired a member of staff to run the project. Radar will offer training (for instance in English and presentation skills) and job placements for PWD and people infected with and affected by HIV/AIDS. CCBRT will direct people from community programmes and from the hospital wards towards Radar's services to help them find jobs. CCBRT will also liaise with other DPOs in Dar es Salaam to raise awareness about this jobs service. Caregivers and people with disabilities from the Mbagala Day Care Centre (opposite) will also be referred to Radar for jobs and training advice.

CCBRT chosen as partner for ILO programme

Following CCBRT's participation in a stakeholders meeting organised by the International Labour Organisation (ILO) (in partnership with Irish Aid) on the economic empowerment of women and people with disabilities, CCBRT was selected by ILO as a partner in the WEDGE programme (Women's Entrepreneurship Development & Gender Equality) which also targets people with disabilities and people living with HIV/AIDS. It focuses on capacity building.

Day Care Centre planned

In conjunction with CEFA, an Italian NGO, CCBRT is planning a major project which will contribute towards the economic empowerment and social inclusion of around 4,000 people from vulnerable groups over a three year period. The project is to establish a day care centre in Mbagala, a Dar es Salaam ward. The EU has agreed funding for the venture which will provide creche facilities and therapy for children as well as jobs skills training for parents and caregivers. The plan is to also introduce vocational training and community activities at the centre. Community workers at the day care centre will supervise CWD while their caregivers use the time to look for work. Radar will also be involved in this project by providing jobs skills training. Land and a disused building have been identified by the Roman Catholic parish there for potential use, and building work will shortly commence. Towards the end of the year, CEFA and CCBRT gave a presentation to the local authorities in Mbagala to raise awareness about the purpose of the day care centre.



Economic empowerment project for women

Mabinti is a pilot project set up at the very end of 2007 to stimulate economic empowerment for disadvantaged women (orphaned and after fistula (VVF) surgery). CCBRT facilitates some of the logistics of Mabinti and directs women from Dar es Salaam towards the project when they are due to leave the hospital after fistula surgery. In just one year, 25 women have been trained in tailoring, screen printing, beading, life skills, english and entrepreneurship. Proceeds from sales of the items such as bags, linen and lamp shades are reinvested in the project. After training, these women will maintain the skills they have learned by working from their own homes. The project provides them with the tools and equipment they need to start a small business on their own.



Mkombozi income generating project

This externally run project is for people with disabilities and mothers of children with disabilities. CCBRT has guided most of the people on the project towards it – helping them to earn an income often for the first time. They have been trained how to sew and do embroidery and are able to do the work in their own homes. The group meets weekly at CCBRT disability hospital where many of the project participants come to collect medicine or for appointments either for themselves or for their children. During the meetings they receive extra skills training and they are paid for each item of embroidery they bring. The linen is then sold at fairs and in shops around the country. Some people earn up to US\$50 (approximately 40 euros) a month – roughly equivalent to the minimum wage.

THE BAOBAB MATERNITY HOSPITAL

CCBRT, together with the Government of Tanzania, is planning to establish a new maternity hospital based at the current disability hospital site in Dar es Salaam. On this new land donated by the government, the hospital will provide maternal and newborn health and HIV/AIDS services to mothers and children, thereby preventing/reducing maternal and child mortality and disability. It will also provide training to future generations of maternal and newborn health staff, HIV/AIDS and disability medical / nursing staff in Tanzania.

Plans for the new hospital advanced steadily over the course of 2008. With support of two international consultants on Maternal Health and HIV/AIDS, CCBRT management has reviewed the strategic outline and will complete the Strategy Plan 2009-2013 in February 2009. The team has conducted an extensive consultative process with key national and international stakeholders to ensure that the new services answer the health needs of the region. The CCBRT Board has approved the name of the hospital - Baobab Maternity Hospital - and the logo design for it.

In the latter part of the year, we had a number of useful meetings with stakeholders and potential partners for the future development of mother and newborn child care services in Tanzania and for financing the building of the new maternity hospital. We are aiming to have secured most of the financing for the construction of the new facilities by the middle of 2009.

With the assistance of an international architect, we reviewed the floor plan for the new hospital and this is now finalised. We were in the process of identifying an architect to take the plans to the next stage - a full architectural design and a detailed costing. It is hoped that construction can begin by the end of 2009.

A new fundraising website for the hospital was designed and will go live in mid 2009. A TV production company has been tasked with creating a promotional DVD for the new maternity hospital (and for CCBRT in general) and this will go into production early in 2009.



TRAINING

Training remains an integral part of what we do. Training is provided internally for all staff members and externally for families and caregivers of PWD as well as for visiting doctors, nurses and students from other organisations both here in Tanzania and abroad. In 2008 we signed Agreements with several international Universities including: Minnesota and Bergen regarding training programmes for their physiotherapy students and with Toronto and Hogeschool from Amsterdam to provide clinical placements for Occupational Therapy students. We have also entered into an Agreement with the Tanzania Training Centre for

Orthopaedic Technologists (TATCOT) based at KCMC hospital in Moshi whereby students from there will come to our orthopaedic workshop to do their practical training on manufacturing orthopaedic appliances.

The Training Unit was updated in 2008; some rooms were renovated and new computers bought and installed. The 2008 staff appraisals confirmed that employees regard CCBRT's emphasis on training as a valued component of their jobs and it contributes significantly to staff motivation levels.

I was so pleased to be able to go on the course to learn about the Bobath approach. People from all over the world with experience in the approach actually came here to Tanzania to teach us. Since the training, I have utilized new ways to improve optimal life functions for children with cerebral palsy and other disabled children that I would not have thought of before.”
Zulekha Abdallah, CCBRT Physiotherapist

Anna Magingo is the 'in charge' nurse on the orthopaedic ward. She has been working at CCBRT for the last six years and was attracted to the organisation because of its accent on training. Anna is in the first year of a three year social worker course. Her studies are subsidised by CCBRT and, once qualified, she is looking forward to sharing her new skills with her colleagues and patients. "Many of our patients are from rural areas and have never seen a place like CCBRT. They are often very afraid. We take time to show them around and reassure them that they and their children will be well looked after. On my course I am learning how to communicate better with people and how to anticipate problems."



Training highlights

Internally:

- 300 of CCBRT's 320 staff received some form of training the year. Some staff members attended more than one training session.
- Hospital staff received training in areas such as low vision therapy, repair of ophthalmic instruments, Bobath physical therapy, Ponseti technique (for treatment of clubfoot), infection control and critical care.
- Community programme staff received training in areas such as eye assessments, computer skills, Bobath, HIV/AIDS and nutrition, reproductive health, sign language, appropriate seating for children with disabilities
- The head of the Prosthetic and Orthotic Unit went for six months training to UK at the University of Strathclyde
- Nine visiting doctors from UK, US, Kenya, Denmark, Switzerland, The Netherlands shared their expertise with us.
- Two managers attended a Resource Mobilisation Conference in Kuala Lumpur. They came away with fresh ideas for fund raising techniques. They also travelled to Manila to learn more about advocacy techniques from cbm and other partners.
- The Finance Manager went for training on the International Financial Reporting Standard. Following this training, our financial statements are now being prepared in line with the International Accounting Standard.

Externally:

- During the year approximately 400 people received training and work experience with CCBRT. Some of them were:
- Four Paediatric Ophthalmic surgeons on Fellowship training
 - 250 Government nurses on a disability workshop
 - Two AMOs trained in Ophthalmology
 - Two doctors from Tanzania trained in fistula repair
 - Three self funded foreign students on short term physiotherapy placements

- Four students from TATCOT in Tanzania came for clinical placement in the Prosthetic and Orthotic department.
- 22 participants from Light for the World on a disability course learning about areas such as breaking barriers to rehabilitation services along with HIV/Aids and disability. They went on several visits to the field to experience our work first hand.
- 34 cbm employees from all over the world were hosted by CCBRT during two Global Training Programmes on Disability, Development and Rehabilitation
- 16 managers and coordinators from Kenya, Uganda, South Africa, Malawi, Ethiopia, Madagascar, Rwanda and Tanzania came to CCBRT for four weeks' Mobility and Orientation training in October. The course was designed to provide them with skills and knowledge to teach orientation and mobility to blind adults/ adolescents and to use their new experiences to train other CBR workers back in their respective countries.
- Numerous eye doctors and nurses around the country learned from the experience of CCBRT eye surgeons when they conducted mobile clinics.

Training for parents and caregivers:

- 900 parents and caregivers regularly attended weekly sessions in support units offering physiotherapy and general health advice
- Over 100 people attended monthly intensive training sessions focussing on a particular disability
- 51 people attended continence management training (five day courses, three held in the year)
- 105 blind adults trained in Mobility and Orientation – significantly improving their independence and quality of life.
- Parents and caregivers were shown how to make devices such as standing frames or special seats from affordable and available local materials such as bamboo.

One of CCBRT's main aims is to take an active stance in making disability issues part of the government agenda and part of the core development agenda. Networking with other stakeholders and DPOs and with government departments is a key element towards achieving this. Following the establishment of a Programme Development Unit at the start of the year and the recruitment of an advocacy specialist to the Unit, considerable progress was made in this area during the year.

Equal Opportunities for all

Ensuring gender equality throughout our services remains one of our aims (as laid out in our Vision 2008- 2012). With the introduction of the new database, we are now able to more easily analyse our client/patient information to ensure that we are achieving gender balance across the services we provide. Overall, equal numbers of men and women are accessing our services at the disability hospital. On the community programmes, 56% of people accessing our services are men/boys, and 44% women/girls. Cerebral palsy is more common in males which could go some way to explaining the higher numbers of males on the programme. At the hospital, more women come for consultations but slightly more men are being operated on. Reasons for this include the fact that women live longer and cataract (for instance) is more prevalent amongst older people. There is no medical reason why more men should be operated on and an explanation could be that men have greater access to resources for transport and treatment costs. However, the statistics regarding children show that more boys than girls are coming for both consultations and surgery and we need to be mindful of this in our awareness raising activities. In Tanzania, parents are generally more likely to seek treatment if they have a son with a disability than a daughter with a disability.

International Day of Persons with Disabilities

The global observance of International Day of Persons with Disabilities on 3rd December was an

opportunity to raise the profile of disability issues in Tanzania. CCBRT was more involved in planning activities in Tanzania to mark the day than ever before by supporting The Tanzania Federation of Disabled People's Organisations (SHIVYAWATA) which coordinated the events. CCBRT hosted a workshop for government and stakeholders while also raising sponsorship and producing 2,200 advocacy materials for a major march through Dar es Salaam and an event attended by 1,000 people. Throughout the event, an area was screened off for privacy and CCBRT offered free Voluntary Counselling and Testing (VCT) for HIV and AIDS. 40 people came for VCT, half of those were people with disabilities.

Marking the day provided a useful networking opportunity between the Ministry and civil society groups while tens of thousands of people in Tanzania were made more aware of the talents of people with disabilities and the life challenges they face through awareness raising materials and media coverage.

A few days after International Day of Persons with Disabilities, it was confirmed in the newspapers that Prime Minister Mizengo Pinda is to bring a new bill before Parliament which will better acknowledge and recognise the rights of people with disabilities in the country.



Making schools accessible to children with disabilities

We have also been lobbying the Ministry of Education and Vocational Training regarding accessibility of school buildings to people with disabilities. As a result of these advocacy efforts, CCBRT has been asked to give recommendations on modifications to construction guidelines in order to make all new school buildings accessible to people with disabilities in line with international standards.

Networking

CCBRT management had an encouraging strategic meeting with the Ministry of Health and Social Welfare over the development of a national plan for early intervention for children with disabilities. The plan has been broadened out to cover more than prevention and early identification of children with disabilities. Later in the year, we joined stakeholders from the government, civil society and the private sector in the Joint Annual Health Sector Review. The aim of the three day workshop was to agree on milestones and the Health Sector Strategic Plan. The meeting was useful in ascertaining national developments in the health sector with maternal health, the shortage of health workers in the country and the possibility of public-private partnerships high on the agenda.

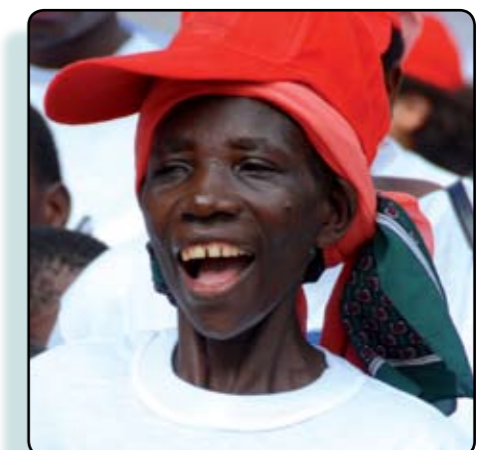
National Eye Care Plan workshop – CCBRT was represented at this workshop for the Tanzanian Government's National Eye Care Plan attended by groups from the Ministry of Health, the Government run Muhimbili hospital and other Partners of the Ministry. At the last workshop four years previously, one target had been the establishment of a Paediatric Ophthalmology Fellowship at CCBRT. We could report back that two Tanzanian Ophthalmologists had attended the Fellowship training programme at CCBRT and were now leading Paediatric Eye Departments at KCMC training hospital in Moshi and Muhimbili. CCBRT attended the National Prevention of Blindness Committee meeting which

also provided a good networking opportunity with other partners in eye care.

A workshop on the Ponseti technique (a non-surgical technique to correct clubfoot) took place at the end of May at Muhimbili Orthopaedic Institute (MOI). The session was organised by the Ponseti International Association, cbm, MOI and CCBRT and was well attended by people from all over Tanzania, 6 of whom were from CCBRT. CCBRT already adopts this method and the workshop introduced the Ponseti technique to other hospital personnel throughout the country, who should, in turn advocate use of the method in their regions where appropriate.

MKUKUTA Disability Network

This network is a country-wide alliance of DPOs and NGOs established in 2005. With a mandate to "make poverty reduction inclusive", the network works to ensure that people with disabilities are included in the process of implementing Tanzania's Poverty Reduction Strategy. In the middle of 2008, CCBRT and cbm signed a Memorandum of Understanding with the MKUKUTA Disability Network (MDN) to provide organisational support. CCBRT and MDN developed a proposal and secured funding for the network from cbm Head Office. CCBRT will support the network on its strategic planning and provide advice on project management, administration as well as in communication and reporting.



Fostering greater community involvement in CBR services

During a visit to a CBR project in Nigeria at the beginning of the year, we were impressed by the level of community participation and contribution PWD made to their community services. As well as having a vested interest in the successful running of the project, community members also contributed financially towards it. We resolved to try and introduce measures to our community programmes which fostered a greater level of community participation and ownership of the services in order to make them more sustainable in the long run.

Encouraging wider community participation is a strong component of the Mbagala economic empowerment and social integration project (see page 21) starting in 2009. It is also a key element of another project we will begin in 2009 in Manzese, one most of the most impoverished wards of Dar es Salaam, home to some of the most vulnerable groups in Tanzania. The project will be funded by NZ AID (New Zealand's International Aid & Development Agency) and cbm New Zealand.

The project is designed to encourage a greater degree of community partnership/ownership and aims to show how community owned services and support can enable PWDs and their caregivers/families to become active members of society. We are establishing a community day-care centre at which places for children with a disability will be prioritised. The centre will be run by two trained caregivers along with a group of volunteers. These will be mothers of CWD and they will do weekly shifts to help run the programme. The centre will also be used for community activities such as recreation, trainings, and events for PWD's, caregivers and residents of the local area. In addition to support unit sessions, home visits and mobility and orientation training, self-help groups made up of PWD, caregivers, family and community members will be set up and literacy courses will be arranged to help the target group become involved in economic activities. So, all members of the community will be involved in assisting in the integration of PWD to social and economic activities. 1,140 people are expected to directly benefit and 10,400 indirectly during the

three year course of the project. The overall goal is that, at the end of the project, the community members will be able to run many aspects of the service themselves.

People living with albinism

Throughout the year, the horrific killings of people with albinism in Tanzania have made news around the world. Many albinos have been brutally killed for their body parts. Some witch doctors say they can use albino body parts in a potion to make people rich while others are attacking people with albinism in the belief that it is the result of a curse being placed on the family. In order to raise awareness and educate children and adults about the condition both in Tanzania and abroad, CCBRT linked up the Tanzania Albino Society with a Belgian photojournalist. It is hoped that this tie-up could lead to a mobile exhibition on people with albinism and result in a book about the condition to be distributed in schools throughout Tanzania.



DISABILITY AND HIV/AIDS

People with disabilities have an increased risk of contracting HIV/AIDS. Yet they are less likely to benefit from HIV/AIDS prevention and treatment programmes and are often excluded from receiving information about HIV/AIDS. CCBRT believes that if the prevalence of HIV/AIDS is to be reduced in Tanzania, all people, especially those with disabilities, must be included in HIV/AIDS prevention, counselling, testing and treatment programmes. In our Vision plan, we outlined our aim to extend HIV/AIDS services to people with disabilities and, over the course of 2008, we made significant steps forward in this area.

2008 Overview

- PEPFAR funding awarded to major CCBRT/cbm project on HIV/AIDS which will be implemented in close collaboration with national stakeholders.
- CCBRT received free HIV/AIDS testing kits from the government for VCT
- CCBRT ran VCT sessions in screened off area at International Day of Persons with Disabilities



Making HIV/AIDS services accessible to PWD

The most important development was the news in October that we had been awarded funding from PEPFAR (The U.S. President's Emergency Plan for AIDS Relief) for a joint CCBRT/cbm US disability and HIV/AIDS project to make HIV/AIDS services more accessible to people with disabilities. CCBRT, in collaboration with cbm US and local partners in Tanzania (including the Tanzania Commission for AIDS - TACAIDS) will set up a project which aims to give people with disabilities and their caregivers better access to appropriate HIV/AIDS interventions. It will do this by equipping HIV/AIDS and disability organisations with the right tools to make HIV/AIDS services more accessible. Prior to the project's implementation, a study - financed by GTZ - will provide the first picture on HIV/AIDS amongst people with disabilities in the country. CCBRT has been assisting in the co-ordination of this on behalf of TACAIDS. The findings from this study should be ready in the first quarter of 2009.

Free HIV/AIDS testing kits arrive

Each morning in the waiting area of the disability hospital, CCBRT holds an awareness creation session on health issues (such as clubfoot, eye problems and HIV/AIDS). After these sessions, some people, while they wait for their appointments, choose to go for counselling and testing. Last year, CCBRT started to receive free HIV/AIDS testing kits from the government as part of the agreement reached when the home based care aspect of CCBRT's Holistic HIV/AIDS Related Programme was handed back to the government. The kits are also used for hospital patients and by the community rehabilitation workers for clients wanting tests in their own homes.

CORPORATE DEVELOPMENTS

During 2008, we realised the benefits of some of the measures introduced in 2007 to improve staff motivation (such as performance based pay, staff appraisals, open ended contracts, improved internal communication procedures) with a lower staff turnover and a more enthused workforce. This is evident from the significant increase in numbers of consultations, operations and home visits during the year even though staff numbers have not been raised.

The latter half of the year, in particular, was spent focussing on fundraising. The global economic collapse has resulted in a drop in funding levels at CCBRT and this has led to some partners being forced to reduce their pledges to us. The need to at least maintain previous funding levels for our core activities and to raise financing for the new Baobab Maternity Hospital necessitated the recruitment of a dedicated Fundraiser at the very end of the year (starting in January 2009) and to enter discussions with parties around the world about the possible establishment of an International Foundation specifically to raise funds for CCBRT. The long term sustainability of CCBRT was high on the agenda at a meeting of the General Assembly in August during which joint fundraising efforts with some of CCBRT's traditional partners were discussed.

Additionally, we were forced to make some cut backs. A number of non medical staff from the Dar es Salaam and Kilimanjaro programmes were made redundant, the car park logistics were reorganised and we had to reduce meals for patients from three to two a day.

Partner Meeting

CCBRT's main partners were invited to our first joint Partner Meeting on 4th November during which successes and challenges to date as well as future plans were discussed. Our financial position, reporting processes and efforts to improve our self sufficiency and long term sustainability were also discussed. All in all, it was a very useful meeting

for us and feedback from partners will enable us to improve our performance further.

We are deeply grateful to our partners of 2008. These included:

- cbm
- Tanzanian Government
- European Commission
- Irish Aid
- Australian Agency for International Development (AusAID)
- Caritas Luxembourg and Ministere des Affaires etrangeres / Direction de la cooperation au developpement.
- AMREF
- International Federation for Spina Bifida and Hydrocephalus
- International School of Tanganyika Alumni Association
- Johnson & Johnson
- Kinondoni Community Foundation
- KLM
- Light for the World
- Lilane Fonds
- Lions Clubs
- Mathis Eye Foundation
- Moya Brennan
- NBC
- NMB
- Rotary Club
- Sensorial Handicap Cooperation
- Standard Chartered Bank
- Synos Foundation
- Tanzacat
- Tarangini Cultural Association
- The Charitable Foundation
- The Dar es Salaam Charity Goat Races
- The Embassy of the Kingdom of the Netherlands
- The Smile Train
- Vodacom Foundation
- Welttanztag

Reporting Processes

During the year, we produced over 100 individual reports to meet our partners' reporting requirements. While we understand the need for accountability and transparency, producing these reports is extremely costly and time consuming. During the Partner Meeting, CCBRT management requested that partners consider funding against CCBRT's Vision 2008-2012 plan and accept one comprehensive feedback report annually. We also made efforts to keep our partners up to date with our activities by introducing a quarterly newsletter. This has been well received and will continue to be part of our communications activities going forward. Personal stories from the hospital and community programmes giving practical examples of how CCBRT has changed the lives of adults and children with disabilities over the year were also distributed to our partners.

General Assembly and the Board

The Board met three times during the year. The main discussion topics being plans and progress concerning the new Baobab Maternity Hospital as well as considering a long term strategy for the sustainability of CCBRT as an organisation.

The General Assembly met once last year. It was to be the last meeting of long standing and respected member Brigadier General (retired) Alexander Gwebe-Nyirenda who passed away on 20th December 2008 after illness. He was a committed member of the General Assembly for many years and he made an important contribution to CCBRT in that time. We offer our heartfelt condolences to his family and friends.

Visitors

Every year, CCBRT welcomes visitors from all over the world. Partners, government representatives, royalty, visiting medics and community rehabilitation workers have all come to CCBRT to see for themselves the nature of our work. In 2008,

over 300 people came to learn more about what we do, some of these were:

- Taoiseach (Prime Minister) of Ireland, Bertie Ahern
- Ireland's Minister of State for Overseas Development, Michael Kitt
- Duke and Duchess of Buccleugh
- David Blunkett, former British Home Secretary
- Ambassadors from Ireland, Germany, Sweden, Belgium, The Kingdom of the Netherlands
- High Commissioners from Canada and the United Kingdom
- Irish singer Moya Brennan who performed a one off concert for CCBRT at the Irish Ambassador's residence in Dar es Salaam and kindly donated the proceeds from the concert to CCBRT.
- Representatives from the EU, Feed the Children, Kitchen Table USA, Johnson & Johnson Foundation, Egglestone Group, KLM and NMB.
- Visitors from other NGO's, Motivation UK, CEFA, UNAIDS, IF International, APDK (Kenya)
- cbm representatives from Ireland, Australia, USA, Canada and New Zealand



FINANCIAL STATEMENT

Efforts to increase CCBRT's self sufficiency were high on the agenda at the Partner Meeting and at the General Assembly and Board meetings during the year. In 2008, approximately 20% of hospital expenditure was paid for by patient contributions. CCBRT operates a unique payment structure where patients only contribute what they can realistically afford to pay towards treatment, while some wealthier patients pay for the full cost of treatment and can opt for additional extras such as a private room and air conditioning. The poorest and most vulnerable people receive free treatment.

In 2008, following a major internal review, our finance systems were restructured. All the separate programme finance systems have now been centralised enabling better organisation and transparency. The new financial database will be fully up and running in early 2009. CCBRT was awarded with a Certificate of Merit from the Tanzania

Revenue Authority for good tax compliance in the Medium Taxpayers Category at the end of 2008. In order to reduce vehicle maintenance costs, our vehicle fleet was also overhauled with eight vehicles sold off, maintenance is now being carried out on site and two new buses for staff and patients were purchased. These changes to the car park logistics have already resulted in cost savings.

The heavy rains in the first quarter of the year resulted in some unexpected expenditure. Two large sections of the perimeter wall on the hospital compound collapsed and required fixing and a one off bonus was given to every staff member to help repair rain damage to their homes. Additionally, the rise in global oil prices, especially in the first half of the year, led to a sharp rise in the cost of fuel in Tanzania and this impacted on us. Our expenditure on fuel for 2008 was 25% higher than in 2007.

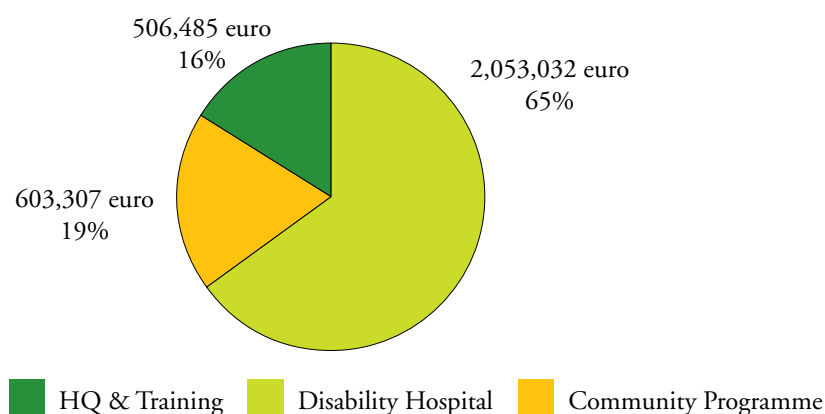
Financial Summary: January – December 2008

NB: Please note these are unaudited accounts

	Core budget (Euros)	Funds received (includes patient contributions)
	3,024,765 euros	3,162,824 euros
Total Expenditure	2,779,787 euros	2,779,787 euros
Committed funds*		300,000 euros
Total spending		3,079,787 euros
Balance	244,978 euros	83,004 euros

* Future Human Resources Development, Infrastructure Development / Capital Replacements etc.

Distribution of funds received 2008



The cost of eye and orthopaedic treatment (including surgery, hospital stay and after care) for general patients was 70,000 Tanzanian Shillings (approx 40 euro) in 2008, unchanged from 2007.

SUMMARY OF SERVICES

CCBRT OFFERS THE FOLLOWING SERVICES:

HOSPITAL: Consultations & Surgical

- Eye screening
- Surgery for cataract, glaucoma, trauma, tumours, trachoma and laser treatment for diabetes
- Orthopaedic operations (clubfoot, bow legs + other congenital deformities)
- Neurosurgical operations (Spina Bifida, Hydrocephalus)
- Plastic reconstructive operations (burn scar contractures, cleft lip/cleft palate)
- VVF (fistula) operations
- Physiotherapy, occupational therapy, speech and language pathology, consultations and advice
- Manufacturing of orthopaedic appliances
- Mobile outreach programme - identification of people with disabilities and referral to specialised services

COMMUNITY

- Addressing disabling environments and attitudes in the communities
- Empowering people with disabilities and HIV/AIDS to participate as equal members in society
- Recruitment services and training for people with disabilities
- Integrating children with disabilities into regular schools
- Paramedic services in the community
- Social work in the community
- Economic and social inclusion of PWD
- Epilepsy
- HIV/AIDS disability development

TRAINING

- Comprehensive training programmes for internal staff (all programmes/all levels)
- Extensive training services for medics and students from inside and outside Tanzania
- Six month formal training package on Paediatric Ophthalmology (4 people annually)
- Surgical experience for cataract surgeons
- Month long training for fistula surgeons (3 people annually)
- Intensive training courses for parents/caregivers of children with disabilities
- Training for village health workers on recognising various conditions





CCBRT Headquarters:
P.O. Box 23310, Dar es Salaam, Tanzania
Tel: +255 (0)22 260 1543 or 260 2192
Fax:+255 (0)22 260 1544
Email: info@ccbrt.or.tz
www.ccbrt.or.tz