



Comprehensive Community Based Rehabilitation in Tanzania

2007 REPORT



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FOREWORD

In a country where approximately 3.5 million people live with a disability and half of those are children, there is clearly a great need for an organisation like CCBRT which has now grown into Tanzania's leading provider of disability and rehabilitation services. Over the last year there have been strides of progress across virtually all areas of its operation; from the number of surgeries performed at the Disability Hospital to the amount of people reached by its community programmes. Over the last five years the hospital has managed to double the number of cataract operations for children – giving them the gift of sight once more. This alone is a striking accomplishment. CCBRT also achieved a 16% annual increase in the number of orthopedic operations performed. Meanwhile, in just one year, CCBRT has significantly increased the number of children with special needs entering mainstream education. The fact that more people than ever before have been able to access CCBRT's services is a reflection of the continued hard work of CCBRT's dedicated employees who labour resolutely to help those in need.

CCBRT has emerged as one of the country's most reliable medical establishments. In recognition of that fact, the Government awarded it status as a Regional Designated Hospital for Tanzania at the end of 2007. The next few years will see a period of evolution for CCBRT with the establishment of a new Mother Child Health Hospital and a new Rehabilitation Centre along with a focus on making disability issues a more integral part of the mainstream development agenda.

We remain indebted, as always, to our partners, the Government of Tanzania and our other supporters who have backed us through our activities over the last year.

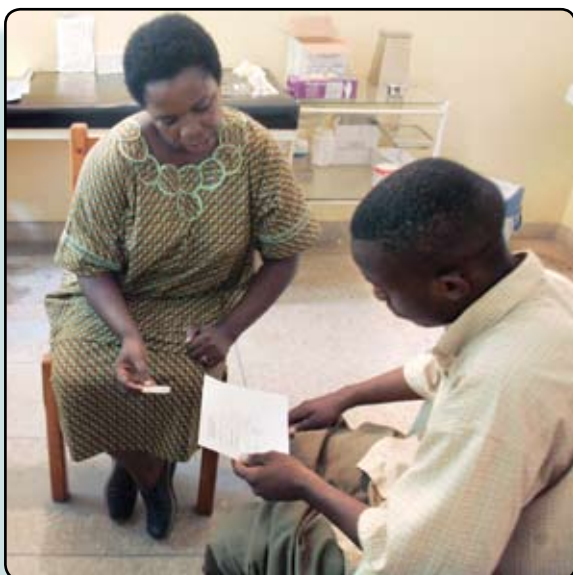
Dr Willbrod Slaa
Chairman of CCBRT's Board of Directors

EXECUTIVE SUMMARY

In a low income country like Tanzania, having a disability not only affects the health and functional abilities of an individual, it also impacts on the life of the individual and their family members. Very few people living with a disability in this country have access to appropriate basic services or even know they exist. CCBRT is a Tanzanian Non-Governmental Organisation (NGO) established in 1994 to support people living with disabilities. It is now the largest indigenous provider of disability and rehabilitation services in the country and serves around three million people in Dar es Salaam and several more million people in the surrounding regions.

Thanks to ongoing support from partners, the Tanzanian Government itself, and from many individuals, CCBRT now provides a wide variety of comprehensive medical and rehabilitative services and has the following three main objectives:

- To contribute to the prevention of impairments and HIV/Aids infections.
- To empower people with disabilities, HIV/Aids and HIV/Aids orphans to participate as equal members in society.
- To work towards an inclusive environment for people with disabilities, HIV/Aids and HIV/Aids orphans by mainstreaming disability issues into the development agenda.



Highlights from CCBRT's 2007 activities:

- Enabling 750 children with disabilities in and around Dar es Salaam and Kilimanjaro region to achieve an education. Without CCBRT's intervention they are unlikely to have ever entered the school system.
- 180 orphans were supported through school.
- 7,340 eye operations were performed, up nearly 5% on 2006 figures.
- Of those, 1,100 children had their sight restored/improved enabling them to have a better future (564 operations were for cataract).
- 36% year on year increase in the number of physiotherapy sessions at the Rehabilitation Department (12,000 physiotherapy sessions were conducted).
- A 28% increase in the number of operations performed on children under 5 years old.
- Nearly 73,000 consultations carried out in the Eye Department alone.
- 30 legal aid clients won their legal cases.
- Hundreds of training sessions, workshops and courses were arranged for staff internally, parents and care givers of people living with disabilities and for medics from inside and outside Tanzania.
- 31,730 voluntary counseling and testing interventions were conducted in collaboration with Dar es Salaam City Council.

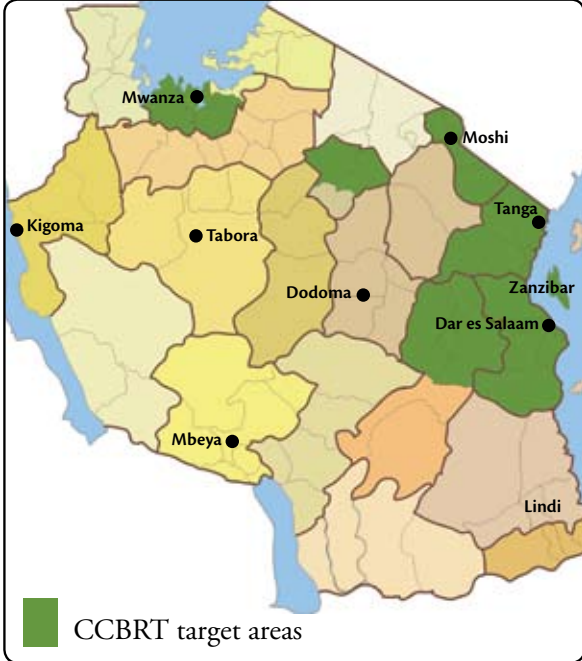
2007 saw a restructuring and renewed focus on the community services provided by CCBRT. This, plus the recruitment of a Community Programme Director helped to boost the number of referrals from community patients to the Disability Hospital to 6,500 in 2007 (from less than a 1,000 in 2005). This restructuring also means there is now a greater degree of cohesion between the Community Based Rehabilitation (CBR) programmes and the Holistic HIV/Aids Related Programme (HARP).

In its continuing efforts to maintain efficiency and ensure that funding goes to the people who are most in need, CCBRT introduced a number of measures designed to build on its internal efficacy. One of those being the introduction of performance related pay for its staff (see page 16) and a move to open ended, instead of one year, contracts. The introduction of the new payment structure was carried out in full consultation with staff across the departments. During this process, CCBRT developed a “one-salary-scaling” for the entire organization. Based on an annual 360 degree performance appraisal, CCBRT staff is now able to receive a salary increment.

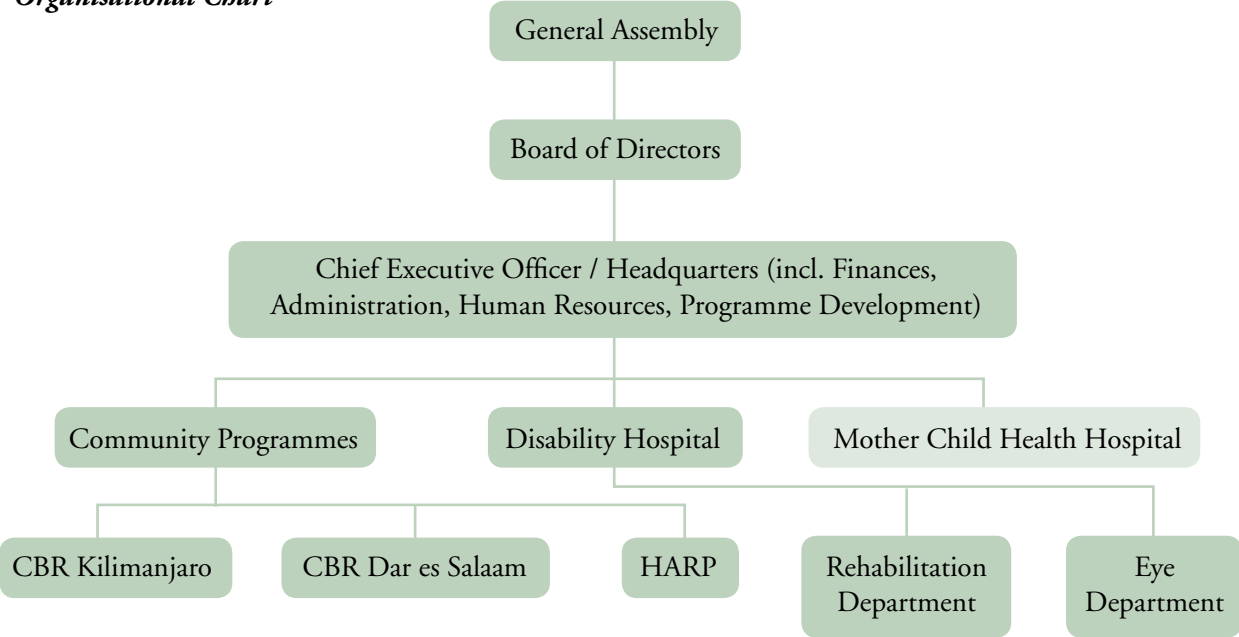
The event with possibly the greatest significance for CCBRT’s future was the signing of a Public Private Partnership between the Tanzanian Government and CCBRT which awards CCBRT with the status of a Regional Designated Hospital. This move makes CCBRT eligible for yearly financial support for some costs and is a very important development for the organisation.

Since the restructuring of its programmes, CCBRT’s organisational structure is the following:

CCBRT’s catchement area



Organisational Chart



HOSPITAL SERVICES

CCBRT's Dar es Salaam based Disability Hospital comprises an Eye Department and a Rehabilitation Department. Within the departments there are a number of consulting rooms, a total of six operating theatres and an area for physiotherapy and an orthopedic workshop. Surgeries are carried out for a wide variety of eye and orthopedic conditions such as club foot, VVF (fistula), hydrocephalus (fluid on the brain), burn scar contractures and cleft lip/palates. There are beds for 180 patients at the hospital and a further 64 beds are available at the hostel to accommodate people while hospital beds are occupied.

Patient treatment, care and follow up are the key elements of the Disability Hospital's work but there is also an active Training Unit on site. CCBRT believes firmly in the need for capacity development and has an extensive training schedule for doctors and nurses within Tanzania, doctors from developing countries outside Tanzania, in-house training for CCBRT staff, foreign students learning to be medics and visiting doctors.

EYE DEPARTMENT

During 2007, CCBRT's team of four eye surgeons and doctors (2 Tanzanian MMed, 2 expatriate MMed) performed 7,340 operations for adults and children who were partially or completely blind or who had deteriorating sight. The majority of those people are now able to see or are no longer at risk of becoming partially sighted. Over a 5 year period (2003-2007 inclusive) the Eye Department has achieved a 39% increase in the number of eye operations performed. As well as carrying out a vast number of consultations and conducting surgery, a great deal of time and effort in this department is placed in training up doctors and surgeons internally and externally in eye care. Along with fellowship training and foreign student placements, there is a continual rota allowing two Assistant Medical Officers to undergo cataract surgery training throughout the year. CCBRT is a unique training place for retina and pediatric ophthalmology in East Africa as well as for training in other areas of

eye work because of the high number of patients seen, excellent facilities and adequate supplies.

2007 Achievements

- 72,949 consultations completed. That is an increase of nearly 15% on the previous year and represents approximately 340 consultations per day.
- 7,340 eye operations were performed, up nearly 5% on 2006 figures.
- 1,100 of those operations were carried out on children under 16 years of age with approximately half those being cataract operations.
- Nearly half of the total number of eye operations were sight restoring cataract surgeries for adults. Without these operations, many adults and children would have become/remained unnecessarily blind.

By joining forces with other establishments, people with disabilities who are most in need have greater access to a variety of services. That is one reason why CCBRT places great emphasis on collaboration with other local and international institutions, organisations and government entities to share knowledge and expertise. Just a few of CCBRT's link ups with other institutions in 2007 were:

- During July, CCBRT's mobile eye unit ran clinics on Zanzibar. Eye surgeries were carried out for the first time at Mnazi Mmoja Government hospital in Zanzibar with the operations performed by doctors from that hospital in collaboration with CCBRT doctors. This was also a good example of our successful cooperation with Sightsavers International and the Military Hospital in Zanzibar.
- CCBRT doctors visited Tanga hospital 11 times to support the provision of eye surgeries and give technical advice and support to the local eye team.
- CCBRT eye team in collaboration with BAPS Charities conducted a very successful eye camp in Dar es Salaam.

- CCBRT's mobile eye team went to Mafia in collaboration with The Tanzanian Society for the Blind (TSB) to run a special outreach programme for children with eye problems.
- Close collaboration and exchange with CBM in training of ophthalmic professionals and in the reliable provision of eye services in Tanzania.

Events:

- To highlight World Sight Day, CCBRT joined up with three clubs of Lions Club in Dar es Salaam and the Vodacom Foundation and ran four days of eye screening around Dar es Salaam during which 1,132 patients were screened. CCBRT also linked up with the Ministry of Health to commemorate the day by doing eye screening and surgeries together in Bagamoyo.
- Teams led by two CCBRT ophthalmic surgeons visited Mwanza twice during the year to each carry out two weeks of outreach pediatric eye surgeries. Over 150 children received vital eye surgeries in this short period; an achievement which is unmatched in the history of eye care in Africa.



REHABILITATION DEPARTMENT

90% of the Rehabilitation Department's patients are children. During 2007, CCBRT maximized its efforts to boost awareness that early referrals to the Disability Hospital can raise the chances of complete correction of the impairment. Also, as of March 2007, CCBRT introduced a policy (ongoing) offering medical treatment to all children under the age of 5 completely for free. There were extensive efforts to ensure that as many people as possible were made aware of the new policy via media messaging (radio announcements/newspapers), leaflets and posters. During the year, the department performed operations on 1,255 children under the age of 5 for a range of orthopedic conditions. That is 28% more than in 2006.

Low cost – or in many cases free – health advice from the department was given to thousands of patients in the 8,946 consultations (some patients have more than one consultation) carried out last year. The department managed to more than double the number of consultations from the previous year.

Extensive internal training courses (such as in the fields of reconstructive and plastic surgeries) were conducted with the help of visiting doctors and other specialists from the US, UK, Germany and also a close collaboration with AMREF. CCBRT joined the Smile Train project and intensified its work with Women's Dignity Project in Tanzania.

At the end of 2007, CCBRT in collaboration with the Embassy of the Republic of Poland has started to expand the hostel space to ensure that more people with disabilities have access to quality rehabilitation services. The expansion is to be completed within the first half of 2008.

Patient treatment, care and follow up are the key elements of the disability hospital's work but there is also an active Training Unit on site.

CCBRT's Rehabilitation Department is divided into several areas of specialization.

Orthopaedic, Hydrocephalus and Spina Bifida Unit

This department takes care of the surgical needs of patients with club feet, bow legs, other congenital deformities as well as hydrocephalus and spina bifida.

2007 Achievements

- 1,881 orthopedic operations (including VVF – below) were performed. 16.2% more than were conducted the previous year.
- Over 1,250 surgeries were done for children under the age of 5, a 28% increase on 2006 figures.
- 267 operations were for children living with hydrocephalus or spina bifida.

Vesico-Vaginal Fistulae (VVF) Unit

In Tanzania, there are approximately 1,000 to 2,000 new cases of fistula each year. Under a third of births are assisted by properly trained midwives which means that many women endure prolonged or difficult births leading to fistula problems (leaking urine and sometimes faeces) post delivery. Apart from the risk of infections, these women often live their lives shunned by their families and communities (due to the often offensive smell) yet, even if they can afford it, many are too embarrassed to get on public transport to seek medical help. The good news is that there is an increasing awareness in Tanzania that fistula can be repaired, which removes social stigma.



2007 Achievements

- 181 fistula operations performed over the year.
- CCBRT trained doctors, nurses and students from other hospitals in Tanzania to recognize patients with fistula and to deliver pre and postoperative care. The Disability Hospital also trained doctors and AMOs to do simple repairs themselves.
- Training was offered again during 2007 to VVF patients post treatment. By providing them with information, they will return to their villages and raise awareness that cure is available.

Plastic and Reconstructive Surgery

In this area of the Rehabilitation Department reconstructive and plastic surgery is provided for those suffering from cleft lip/palate and burn scar contractures. The tendency in Tanzania to cook on fires and with oil means that there are a large number of related injuries, especially on children.

2007 Achievements

- 120 children received surgery to repair their cleft lips.
- A number of visiting surgeons helped CCBRT to achieve its targets and also gave extra training to and shared their expertise with CCBRT medics.

Physiotherapy Unit

Physiotherapy is a vital part of the rehabilitation process for many patients whose abilities can be improved with exercises. The majority of young patients have cerebral palsy. While many clients come to the unit under their own initiative, many are referred by the CBR programme for intensive treatment at the hospital. Improved coordination between the CBR programme and the physiotherapy unit saw a steady increase in clients over the last year. Many children with cerebral palsy require

ongoing physiotherapy which can greatly improve their mobility and, therefore, quality of life.

2007 Achievements

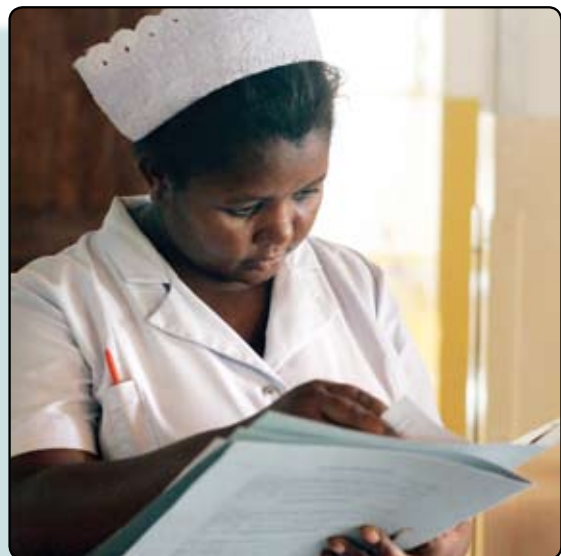
- 1,031 patients treated (up from 811 in 2006).
- The department also managed to vastly increase the number of physiotherapy sessions it conducted from 8,716 in 2006 to 11,933 in 2007 (up 36%). This increase was attained in part with the help of many visiting physiotherapists and occupational therapists who actively supported CCBRT staff.
- 2 physiotherapists learned about the Bobath technique in Rwanda.

Orthopedic Workshop

CCBRT has its own orthopedic workshop on site at the Disability Hospital. Here, many devices which can greatly assist patients in improving or restoring their mobility are produced using local materials where possible in order to keep costs down. Its highly qualified new manager will further streamline internal processes to serve the increasing number of patients well. The follow up of patients from surgery who need orthopedic appliances has been improved as has collaboration with similar projects in Tanga and Lindi. Towards the end of the year the Orthopedic Workshop started a restructuring process aiming at further diversifying to also offer mobility and positioning devices and improving the quality of existing products.

2007 Achievements

- 1,893 orthopedic appliances such as artificial limbs, splints, calipers and walking aids were produced at CCBRT's orthopedic workshop. That is an increase of 300 on the previous year.
- 429 clubfoot splints were made for children.



COMMUNITY SERVICES

COMMUNITY BASED REHABILITATION (CBR) PROGRAMME, DAR ES SALAAM

This programme's objective is to directly improve the lives of people living with a disability, their family and care givers at community level. CCBRT's CBR Programme in Dar es Salaam services an area with approximately 3,000,000 people in and around the city. By actually working in and with communities, many people who would not otherwise know about CCBRT's community services or who cannot afford medical care are able to access services which directly benefit them. The programme carries out numerous activities which are organised as follows:

- Rehabilitation Services (home visits, support units, mobility and orientation for irreversibly blind adults)
- Epilepsy Treatment (medication, integration and reintegration of children into regular primary schools)
- Education (for children with physical disabilities, hearing impairments and who are mentally challenged)
- Detection and Identification
- Training
- Collaboration with other/similar sector organisations to build capacity and avoid duplication of efforts.

During 2007, the programme sought to improve detection rates for a variety of disabilities. CBR staff treated nearly 5,670 people (mainly children) with a disability and referred them, where necessary, to the Disability Hospital and other specialized services for further treatment. These disabilities often result from spina bifida, hydrocephalus, epilepsy, visual impairments and cerebral palsy. The number of referrals to the Disability Hospital via the CBR programme is six times greater now than it was just two years ago. This highlights the success of the programme in identifying those in need and raising awareness about the services CCBRT is able to provide. The increase in referrals throughout 2007 is also due to the recruitment of a Director of Community Programmes (CP) and a restructuring process which fostered greater cohesion between the CBR Programme and all other programmes.

CBR staff work directly with parents and children with disabilities either at home, school or at one of CCBRT's 12 Community Support Units and giving them practical information and training. For instance, they learn about the importance of nutrition, their rights to education and daily living skills. Home visits enable Community Rehabilitation Workers (CRW's) to familiarize themselves with the patient's surroundings and to get to know family members and care givers so they can be involved in the rehabilitation process. A total of 2,000 clients received regular visits/follow ups by CRW's during 2007.

The Support Units serve as a useful resource centre for people (especially mothers and care givers) to meet weekly and receive information on disability issues. Attendees also exchange experiences on their child's disability. At these meetings, many other disabilities (eye problems, hearing impairments) have been detected by CRW's and the patients were referred to the Disability Hospital for treatment. Due to the growing popularity of the Support Units, 2 of them will be moving to larger premises nearby.

Attendance at regular school with other children is just what many young people living with disabilities wish for and integration can be a key part of their rehabilitation. But achieving any kind of education for these children is beset with barriers. One of CCBRT's most significant achievements is its efforts to integrate children with physical impairments into regular primary schools. During 2007, 300 children with disabilities (including hearing, physical, and mental impairments) enrolled in regular schools. That's a significant increase to the previous year. It was partly due to the provision of devices such as wheelchairs to support children with disabilities get to school. Also, additional training provided by CCBRT meant that more pupil assistants (42 as opposed to 32 in 2006) were available to assist children with disabilities in the classroom. Many teachers may object to having a child with a disability attend their class as they see it as a disruption or additional work load. CCBRT's specially trained pupil assistants are able to take on many of the support roles in the classroom.

2007 Achievements

- 330 children with disabilities enrolled into school, of which 196 have a hearing impairment.
- Training given to 42 pupil assistants.
- 3,643 home visits were carried out for children with disabilities.
- 4,581 clients regularly attended Support Unit meetings.
- 48 irreversibly blind adults trained in mobility and orientation skills.
- 3,521 people with eye problems identified by CRW's and referred to the Disability Hospital.
- 975 parents and pupil assistants trained about dealing with various disabilities.

Disability itself can be a result of poverty. For instance, medication for children with epilepsy is not expensive yet lack of access to it can make the difference between having an education and future job prospects and not being able to attend school. Epileptic children are often excluded from school. 317 children with epilepsy did receive medication and rehabilitation services during the year (an increase of approximately 200 from 2006) and 13 were successfully integrated into the school system. 95 parents of children with epilepsy received vital, and sometimes life-saving, training on how to properly look after their children.

Training

- Education on HIV/Aids and training in life skills were given to 94 children with hearing impairments.
- 164 parents of children with disabilities received week long intensive training in how to properly look after their child.
- Training was given to 42 pupil assistants to help them assist children with physical impairments at regular primary schools.
- 55 teachers received training in hearing aids and teaching methods for hearing impaired children.

- 250 Government nurses were trained to identify and refer children with various disabilities.
- Internally, there were several training sessions over the course of the year for all levels of CBR staff to enable them to improve their output. Also, several key members of the programme management attended workshops abroad (South Africa and Austria) in order to broaden their experience in CBR and exchange ideas and information with other stakeholders.

CBR PROGRAMME KILIMANJARO

In Northern Tanzania in the rural area of Moshi, a CBR programme operates along the same lines as the Dar es Salaam Community Programme although patients in need of hospital treatment are referred to the KCMC hospital in Moshi as the programme does not have its "own" disability hospital. The programme objective is to improve the quality of life for people living with disabilities and their families in the Kilimanjaro region, Arumeru and Karatu districts in Arusha region, Babati and Mbulu districts in Manyara and Lushoto district in Tanga region. During 2007, the specific aims were to increase the number of people with disabilities receiving rehabilitation and also to actively search for and treat people with reversible conditions (such as treatable blindness, club foot and burn scars) while at the same time assist in the integration of people with disabilities back into their communities.



The programme objectives were carried out in a variety of ways including: day clinics, home visits and community events to raise awareness about disabilities, to identify those in need, to advocate for a more positive attitude to disability within communities and to encourage parents to send their children to school. Rehabilitation efforts during 2007 were focused on family members and care givers taking on a major role in the rehabilitation process, improving hygiene in the homes and boosting knowledge of nutrition and daily living skills via home visits.

The biggest challenge during 2007 lay in increased health care costs. These included appliances, surgery and transport. It is hoped that greater collaboration going forward with other NGO's operating in the Kilimanjaro Region will help to alleviate this to some degree.

One of the most significant accomplishments of the past year was the result of the programme efforts to enroll more children with special needs into mainstream education. 292 children with special needs enrolled in regular schools during 2007 and 159 children with hearing and mental impairments were supported in special classes. This far exceeded the programme's target of seeing a total of 300 children enrolled during the year. 130 of the combined total were children with hearing impairments and 110 were mentally challenged. While some parents and head teachers opposed the idea of integrating children with special needs into the school system, a workshop helped to raise awareness of disability issues and dispel some of the myths associated with them. The workshop was facilitated by CBR Kilimanjaro in collaboration with officials from the Ministry of Education and was attended by over 30 head teachers.

One of the most significant accomplishments of the past year was the result of the programme efforts to enroll more children with special needs into mainstream education.

2007 Achievements

- 2,732 people with disabilities were treated and assisted – a 3% increase on the previous year.
- Of those, 1,217 were people who were either blind or had low vision and 450 had physical impairments.
- 451 children with special needs enrolled in schools.
- 14 children were given wheelchairs.
- 910 people with disabilities were assisted on the rehabilitation programme (assessed and assisted at their homes). 646 of these were children.
- The programme activities enabled 918 people to have eye operations at KCMC. 909 of these were for cataract – an increase of 100 on 2006. The increase was partly due to the kind donation of a motorcycle enabling the CRW to access more people.

2007 – Other Developments

- The CBR Support Centre (House of Hope) which was established in 2005, continues to be the focal point of CBR services in the region. The centre runs intensive training sessions for care givers (predominantly mothers) on how to look after and improve the abilities of their child. Also, services are offered to children who would not otherwise be able to access rehabilitative care due to the large distances involved. 518 people with disabilities attended intensive rehabilitation weeks during 2007; approximately half of whom were children under the age of 5.
- Visits to several health clinics and dispensaries were made and staff educated on how to prevent some impairments.
- School visits helped to identify children with chronic otitis media and refer them for treatment.
- There has been a steady drop in the number of children with chronic otitis media. This can be attributed to better ear care from parents and care givers as a result of ongoing collaboration

with the Ear, Nose and Throat Department at KCMC hospital and the CBR programme.

HOLISTIC HIV/AIDS RELATED PROGRAMME (HARP)

Due to several factors which include lack of education and inaccessible information, people with disabilities are more vulnerable to contracting HIV/Aids than people without a disability, yet they are rarely included in HIV programmes and are less likely to benefit of any type of service delivery. In addition, people with disabilities are more likely to become victims of sexual abuse while parents of disabled children are more likely to get HIV/Aids. This is because disability often comes hand in hand with poverty and sex (forced and/or unprotected) may provide some income for the person with a disability or for a single mother with disabled child.

In 2004 CCBRT established a specific programme to educate people with disabilities and their care takers about HIV/Aids. All the CRWs are educated about HIV/Aids and have been trained by a CCBRT counsellor on how to bring the subject up delicately with families and how to share information. CCBRT will be making a concerted effort over the coming years to ensure that people with disabilities are routinely included in mainstream HIV/Aids initiatives and education programmes.

Living with HIV/Aids can affect many different aspects of family life. In order to prevent the spread of HIV and improve the quality of life for Aids patients and their families, CCBRT established the HARP programme in 1996.

Working in the community either at people's homes or at government hospitals or clinics, CCBRT offers a number of services namely: testing, voluntary counselling before and after the test and care to patients in their own homes. This work is done in collaboration with the Dar es Salaam City Council. Legal aid and treatment (including Anti Retroviral Treatment – ARV's) are also services provided through this collaboration.

CCBRT staff work in conjunction with up to 40 government nurses who all make home visits to patients (Home Based Care (HBC)). During these home visits adherence to ARV is checked, clients are given advice on subjects such as the importance of good hygiene and diet, the main care giver is offered training, and medication for various ailments is provided. The rate of home visits to HBC clients has been falling steadily over the last two years. Around 8,000 home visits were made in 2007 (compared to over 12,000 in 2005). This can be attributed to the improved condition of the client after receiving ARVs. However, there is a steady increase in the number of counseling sessions required. These are carried out before and after testing. During 2007 there were just under 66,000 pre and post test counselling sessions compared to 62,000 in 2006.

2007 Achievements

- Nearly 32,000 VCT clients took HIV tests – a huge rise on the previous year (20,000).
- Just under 66,000 VCT sessions took place in collaboration with the DCC last year. A 6% increase on 2006.

HIV/Aids - Legal Aid

CCBRT's Legal Aid Programme assists parents, at no cost, to plan for and secure a future for their children. Many legal problems for spouses and children can occur when partners/parents die. The Legal Aid Unit consists of two lawyers and five other legal aid assistants, whose offices are located at the three district hospitals in Dar es Salaam, next door to the HIV testing units where most people are tested for HIV.



2007 Achievements

- The client base increased from 200 in 2006 to around 250 in 2007. This jump in the number of clients served is partly due to a concerted effort within CCBRT to raise awareness in the communities about the availability of this particular service.
- Over 30 cases were won for legal aid clients.
- CCBRT signed a Memorandum of Understanding with the Government of Tanzania to continue with its Legal Aid Programme on the premises of the governmental hospitals.

Despite efforts to raise awareness about CCBRT Legal Aid services, the willingness of clients to talk about the availability of the service to others is limited. In Tanzania, there is still a stigma attached to people living with HIV/Aids. There is also a fear of talking about one's death and an unfamiliarity with any type of legal issues. These factors combined mean that few people are happy to reveal they have been helped by the Legal Aid Programme.

Orphans Programme

The Orphans Programme developed from the HIV/Aids and legal aid services. Many parents who arranged their will with the help of CCBRT later died leaving children behind. The purpose of the scheme is to continuously monitor the psychological, financial and social well-being of orphans into adulthood. The objective is to ensure these children remain in their familiar (family and school) environment and develop into healthy and independent adults. Their well-being is monitored by a network and collaboration of over 20 government teachers and four CCBRT fulltime supervisors. The programme has a specific aim of nurturing orphans on the programme through school and they are provided with books, bags, pens, uniforms etc to enable them to complete their education.

2007 Achievements

- 180 orphaned children supported at home and school.
- 2,712 school assessments carried out to ensure school attendance and performance.
- 2,490 home assessments carried out to ensure children are coping in a supportive environment.

MOBILE OUTREACH PROGRAMME

The Mobile Outreach Programme looks after the needs of thousands of people with eye problems and other types of physical disabilities every year. These are people who would not otherwise have access to eye and other health care services due to distances, transport costs or lack of means to pay for medical costs.

CCBRT assists to train local people in basic eye and health care in conjunction with local partners such as government clinics, missionary hospitals and other social institutions. A CCBRT screening team conducts screening sessions in a particular area at regular intervals. Those in need of surgery that can be performed at CCBRT are transported by bus to and from the Disability Hospital for operations. These people working in rural areas perform a vital service by collaborating to bring the patients to the hospital where operations can be performed in safe sterile environments by high quality staff. CCBRT asks for a contribution according to the ability to pay to cover the costs of the entire procedure. The average contribution from patients during 2007 was 5,000 Tanzanian shillings. However, many patients are unable to contribute and are hence treated for free.



TRAINING

Building capacity within CCBRT itself, within Tanzania and further afield in Africa is an essential part of CCBRT's activities. Training or education in various forms is undertaken in each of CCBRT's department and programme areas. Skills are shared amongst staff, with external professionals and with patients and their families. In order to attract and maintain the best employees, training is viewed as an essential and integral part of CCBRT's activities and, therefore, CCBRT's Headquarters has its own Training Unit.

Disability Hospital Training:

Training services within the Disability Hospital itself are divided into several main areas:

- Training (in-house) for CCBRT Disability Hospital staff across all levels
- Training (external/abroad) for CCBRT Disability Hospital staff
- Training by visiting doctors and non-medical personnel
- Training for doctors, nurses and specialist from within Tanzania
- Training for doctors from outside Tanzania
- Elective training for foreign students

CCBRT was visited by approximately 20 doctors from all over the world (US, UK, Switzerland, Kenya, Germany) throughout 2007 who came to share their knowledge and expertise with CCBRT hospital staff. Included in the training provided by the external medics were sessions on: pediatric orthopedics, corneal grafts, plastic surgery (including cleft lip/palate repair), managing difficult VVF cases, improved handling of neuro cases especially for children with spina bifida and hydrocephalus,



pediatric ophthalmology and ocular prosthesis. Many other training sessions are provided annually for staff. Amongst them in 2007:

Internal:

- 25 nurses from the Orthopedic and Eye Departments received training on improving patient admission procedures.
- 18 nurses from both the above departments attended a refresher course on minimum standards and precautions in medical procedures.
- Six staff members (including a CBR field worker) attended a workshop on working with children with spina bifida and hydrocephalus.
- 28 staff members attended a seminar on improving customer care services.
- Two eye nurses visited Mvumi Hospital in Dodoma for three months to gain experience in ophthalmic work and improving nursing skills.

External:

CCBRT offers a number of training opportunities to applicants from outside the organisation. During 2007, three visiting doctors (two from Uganda, one from Sudan) received training at CCBRT's Eye Department in Pediatric Ophthalmology and cataract surgery.

A unique six month formal training package on Pediatric Ophthalmology is available to qualified students. The fellowship organiser and supervisor is a senior CCBRT ophthalmologist who worked at Moorfields in the UK, the world renowned specialist eye hospital. In order to give close focus and attention to the students, only two are accepted on to the programme at any one time. Two pediatric ophthalmic surgeons completed their Fellowships at CCBRT in 2007 and one surgeon from Sudan started his Fellowship towards the end of the year. In 2007, the CCBRT Ophthalmology Training Supervisor began to provide twice weekly training sessions on Pediatric Ophthalmology to doctors at Muhimbili National Hospital in Dar es Salaam in order to build up knowledge and skills locally in Pediatric Ophthalmology work.

Other examples of external training and information sharing:

- The orthopedic workshop has close links with a training college in Moshi (TATCOT). Four students of TATCOT attended CCBRT throughout the year for training in the fabrication of orthopedic appliances.
- Nine doctors from KCMC hospital in Moshi attended training courses at CCBRT's Eye Department throughout the year. These sessions varied from a 9 month training course on ophthalmic work (surgery and field work) to a 9 month practical training course on cataract surgery. With this training, these doctors are then able to carry out ophthalmology work in different hospitals all over the country.
- Two doctors and four nurses from hospitals in Tanzania came to CCBRT for training on VVF. The doctors gained practical experience in VVF repair under the supervision of CCBRT's highly experienced surgeon and the nurses underwent practical training in clinical care for VVF patients.
- Three doctors (from Pemba, Ndolage Hospital and from Musoma) received practical training on cataract surgeries and small incisions over the course of several months.
- Throughout the year, several students from universities across Tanzania gained valuable experience via CCBRT in a range of subjects from the causes of fistula to the treatment of club feet in children.
- Thirteen foreign students from the UK, US, Norway, Austria and the Netherlands received elective training on their chosen subjects (physiotherapy, fistula, ophthalmology). Foreign students are self funded and many students develop a long term interest in developing world issues as a result of their time spent in Tanzania.
- The Eye Department's mobile team visited Chalinze to provide educational training to village health workers, clinical officers and teachers from TSB about CCBRT services.

International

- Two of CCBRT's physiotherapists and an orthopedic technologist visited medical centres in Rwanda and Goma to research ways into extending CCBRT's services to children with cerebral palsy. The team also learned Bobath (physiotherapy) techniques in Rwanda.
- Four staff members visited Lahan hospital in Nepal to study improved work efficiencies. Three Nepalese visited CCBRT to assist in the efficiency drive.
- A CCBRT delegation (elected by the staff members themselves) visited Rwanda to investigate a Performance Based Payment system introduced by the Rwandan Ministry of Health. As a result of feedback from the visit, a performance based component was included in employees' contracts.
- The Pan African CBR Conference in South Africa was attended by two CCBRT managers. This helped to provide an insight into CBR methods used all over the world.
- The Chief Executive Officer visited CBM Australia and Germany on fact finding and information sharing missions.
- A month long Mobility and Orientation Training Programme took place at CCBRT in October with 15 participants from all over Africa (including Tanzania, Kenya, Burundi, Ethiopia). Staff working on rehabilitation programmes for the blind learned many new skills on the programme which they are able to put into use in their home countries immediately after attending the training.



OUR FUNDING

CCBRT strives to make high quality care accessible and affordable to the poorest people. Many people are treated for free and others make a contribution according to their capacity to pay. As of March 2007 all children under the age of five are treated for free. Last year, 20% of hospital expenditure was paid for with contributions from patients themselves. This money is then re-invested back into the hospital. The remainder of the budget came from our partners.

How the Payment System Works

Each day, hundreds of patients arrive at CCBRT for consultations and treatment. All patients are entitled to and receive the same standard of quality care regardless of any fee paid. Patients requiring hospitalization discuss with the Social Service Department and doctor the causes of the condition, the treatment, when to come and together they establish what contribution the patient is able to make. Persons who need only medication and/ or glasses can buy these at cheap rates at the hospital's pharmacy and optical centre. Patients can opt for additional extras along with their medical care. Some wealthier patients choose extras such as a private room with air conditioning, a wider choice of food or one bed for a family member. By paying for these further options they help to subsidize the cost of treatment for the very poorest. However much or little a person contributes, the quality of medical care remains the same for all patients.

"All-in-Price" for Surgery

CCBRT operates an "all-in-price" system for surgery whereby once a patient has provided the agreed contribution all costs are included such as the surgery itself, two months after care, accommodation and food. Many potential patients can be discouraged from seeking hospital care by the unpredictability of the costs involved. So a "one off" price dispenses with the uncertainty. People from the rural areas find this system particularly appealing as it enables them to plan their expenditure better with no hidden 'extras'.

The maximum amount any patient contributed to their eye or orthopedic treatment in 2007 was 70,000 TSH (approximately 40 Euro). Over 2,500 patients received eye/orthopedic care and treatment for free.

While CCBRT endeavours to be more self sufficient financially, the majority of CCBRT's expenditure - 80% in 2007 - was paid for by the generous contribution of partners and individuals from within and outside Tanzania. Some of our partners in 2007 were:

CBM
European Union
PACT
AMREF
Liliane Fonds
DFID
Mathis Eye Foundation
If International
Embassy of the Republic of Poland
Tanzanian Government
Vodacom Foundation
Johnson & Johnson
Tanzacat
Dorothea Rischewski
Irish AID
Lions Club Dar es Salaam
The Dar es Salaam Charity Goat Races
Campbell Family Foundation
The Charitable Foundation
SYNOS
BAPS
Australian Aid Programme (AusAID)

CCBRT sincerely thanks each and every partner and individual who has contributed.



CORPORATE DEVELOPMENTS

The most significant corporate development in 2007 for CCBRT was the signing on 24th November 2007 of a Public Private Partnership between CCBRT and the Government of Tanzania to establish CCBRT as a Regional Designated Hospital. This new designated hospital will include a new Mother Child Health Hospital and a new Rehabilitation Centre to be built on additional land adjacent to the current Disability Hospital site. Having this status makes CCBRT eligible for yearly financial support from the Government through the ordinary national budget for staff as well as consumables. Other corporate advancements include:

BOARD CHANGES

Mr Geert Vanneste who was part of the core team that set up CCBRT in 1994 resigned from the Board of Directors along with his wife as they left Tanzania to return to Belgium. Two new members were voted onto the Board of Directors: Erwin Telemans (current Chief Executive Officer) and Professor Mmari who brings a wealth of experience from the academic world.

STAFF MOTIVATION

Several measures were introduced during 2007 that purported to involve CCBRT staff more in various internal processes to stimulate greater motivation and loyalty to the organisation. Throughout the year, several meetings were held with staff to plan the future for CCBRT. All staff members were invited to contribute their ideas and several initiatives from these meetings resulted in inclusion CCBRT's five year 2008-2012 Vision document.

In addition, CCBRT introduced performance based payment for all staff members of CCBRT. This provides additional incentives for CCBRT's staff to excel in their work and to receive an additional top up of salary. The system involves a 360 degree performance assessment against set targets on an annual basis. The system has been developed in a participatory approach by a team of CCBRT staff members from all organisational units, which consulted other organisations who

work with similar systems. In November 2007, the first round of staff appraisals was successfully implemented. In a bid to improve job security and to induce staff members to build up a career path within the organisation, the decision was taken towards the end of 2007 to end the traditional one year contract for staff members. As from 2008, staff will be employed on open ended contracts.

INFORMATION EXCHANGE

In March, an Health Education Unit was established within the Disability Hospital itself. The unit holds five sessions each day to provide information to patients on the activities of CCBRT and general disability issues. The aim is to encourage a greater number of referrals and follow ups.

Monthly information sessions for staff were introduced to keep employees fully up to date with CCBRT events such as visitors arriving and new developments. Feedback boxes were also placed all over the CCBRT compound to encourage the exchange of ideas and information.

So that information currently held by CCBRT can be utilised more effectively, a database linking up the various CCBRT programmes has been developed and introduced. This is expected to also provide a greater degree of quality assurance.



PUBLIC RELATIONS

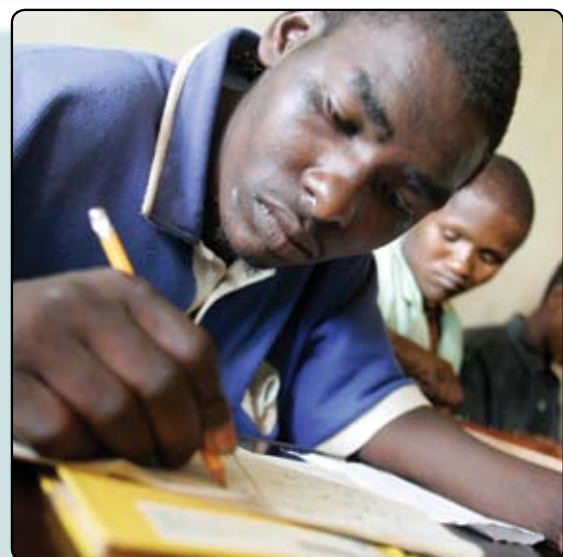
CCBRT over the last year has made a concerted effort to keep partners, the Government, and other interested parties informed and up to date about developments within the organisation. This has taken the form of pamphlets, stories explaining how real lives are being changed for the better by CCBRT services and a regular newsletter is soon to be introduced. CCBRT has also developed an extensive Vision and Strategy Plan outlining current activities and those planned for the future. Copies of those documents are available on request or to be found as download on the renewed CCBRT website.

In order to raise awareness amongst potential patients about the broad range of services provided by CCBRT, several explanatory leaflets have been produced in English and Kiswahili and distributed broadly amongst the communities.

OVERSEAS VISITORS

We were delighted to receive visits from a number of esteemed guests over the last year. Some of these visits included:

- Cherie Blair, wife of former UK Prime Minister Tony Blair, who toured the hospital and had a particular interest in VVF surgery.
- Isabell Werth, one of the world's best dressage riders and ambassador of CBM Germany who came to see the activities of the CCBRT Disability Hospital.
- Various delegations from CBM Member Associations (New Zealand, US, Australia) visited the hospital and a number of the community projects.
- A group from IF International – another of CCBRT's long standing and valuable partners spent one week with us seeing first hand the work undertaken in the Community Rehabilitation Programme.
- A similar project to Tanzania's CCBRT is planned for Kampala in Uganda. During March Chief Executive Officer Simon Bridger from the project there visited CCBRT to learn from its experiences.



THE FUTURE*

CCBRT'S OBJECTIVE

CCBRT's main objective is and will remain to contribute to the reduction of poverty by improving the quality of life of disadvantaged people living with a disability and/or HIV/Aids by providing access to quality rehabilitative services and enabling them to play an active role in their community. In the years ahead, CCBRT wishes to expand the reach of its services to enable more people with disabilities to benefit from them.

EMPOWERING LIVES

CCBRT also plans to place greater emphasis on empowering people with disabilities via collaborations with other partners. CCBRT follows a 'twin-track approach' to disability whereby specific disability initiatives which empower the participation of people with disabilities in their communities are supported at the same time as disability is mainstreamed into all strategic areas of development work.

Over the next two years, CCBRT will support a pilot project on economic empowerment for disadvantaged women and HIV/Aids orphans. The project aims to provide them with skills such as sowing, printing, making handicrafts and how to run a business. The resulting products are sold, thus enabling the women to earn a living. In addition the CCBRT Community Rehabilitation Programme has joined forces with CEFA, an Italian NGO, to develop economic empowerment activities as well as a job centre for people with disabilities and thereby increase the number of people with disabilities contributing to their family income.

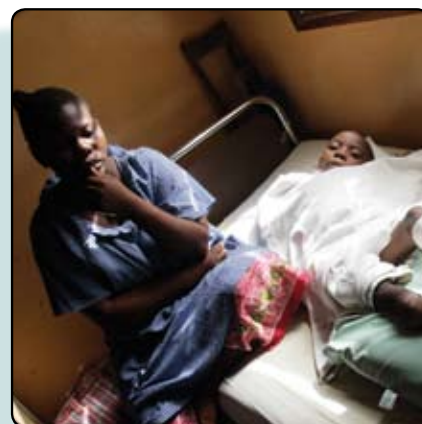
CCBRT's main objective is and will remain to contribute to the reduction of poverty by improving the quality of life of disadvantaged people living with a disability and/or HIV/Aids

FUTURE DIRECTIONS

CCBRT has identified several main development challenges in the field of disability. There is a need to improve access to health (especially in mother and child health care) and HIV/Aids services and build awareness about the availability of such services. More emphasis on rehabilitation efforts involving families and communities is required, mainstream development issues should be more inclusive of people with disabilities and there is a need to create equal opportunities for all people living with disabilities and/or HIV/Aids and their care givers so they can participate fully and actively in society. In the coming years, CCBRT aims to address these challenges in various ways.

EXPANSION OF CCBRT'S INFRASTRUCTURE

An extension of CCBRT's current facilities is necessary so that more comprehensive services can be provided. CCBRT will expand its rehabilitation centre to offer a more comprehensive rehabilitation package including speech and language therapy and the production of mobility and positioning devices to children with life long disabilities. In addition, the Board of CCBRT and the City Council of Dar es Salaam have joined efforts to create a **Mother Child Health Hospital** with an integrated HIV/Aids aspect. The new hospital will not only provide mother and child health and HIV/Aids services to mothers and children, thereby preventing maternal and child mortality and disability, it will also provide training to future generations of MCH/HIV and disability medical and nursing staff in Tanzania.



* Documents containing a deeper insight into CCBRT's Vision and Strategy Plans for 2008-2012 are available on request or as downloads on the CCBRT website.

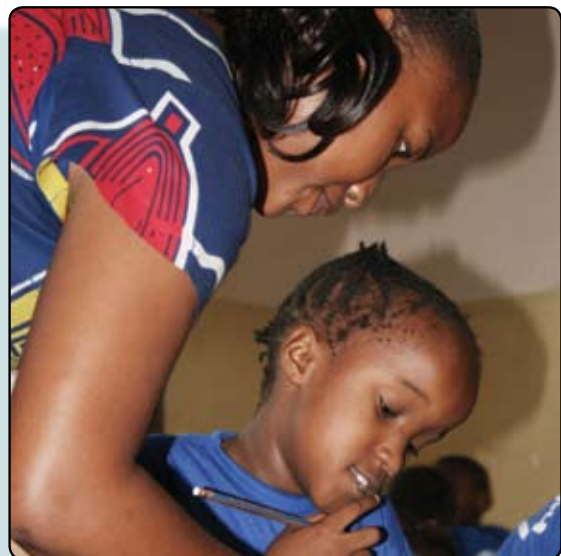
FUNDING

While some hospital expenditure is paid for via patient contributions, the levels will not be sustainable going forward. Therefore, it is still necessary to build up more diverse lines of funding to avoid too much reliance on a particular partner. To this end, a private service department is planned which will try to attract a greater number of wealthy patients to the hospital. Possible additional services for private patients are hip replacements, as well as Speech and Language Therapy and Physiotherapy at the new Rehabilitation Centre. The increase in self funded private patients will, in turn, subsidise the cost of treatment for poorer patients.

There are also plans to set up a specific fundraising unit within the organisation so that efforts can be more clearly concentrated in the right area. Co-operation with major local partners (such as Irish AID, The Vodacom Foundation, Standard Chartered Bank and others) will also be strengthened to extend the reach and efficiency of CCBRT services.

CCBRT wishes to stimulate more community participation in the hospital and its rehabilitation services via some degree of community ownership. Two senior managers will be traveling to Nigeria in the first quarter of 2008 in order to see what lessons can be learned from similar schemes there.

CCBRT has identified several main development challenges in the field of disability. There is a need to improve access to health (especially in mother and child health care) and HIV/Aids services and build awareness about the availability of such services.



CCBRT'S FULL RANGE OF SERVICES IS AS FOLLOWS:

HOSPITAL: CONSULTATIONS & SURGICAL

- Eye screening
- Surgery for cataract, glaucoma, trauma, tumours, trachoma and laser treatment for diabetes
- Orthopedic operations (club foot, cleft lip/cleft palate, burns, other congenital deformities)
- Neurosurgical operations (spina bifida, hydrocephalus)
- VVF (fistula) operations
- Physiotherapy, occupational therapy, speech and language therapy, consultations and advice
- Manufacturing of orthopedic appliances

IN THE COMMUNITY

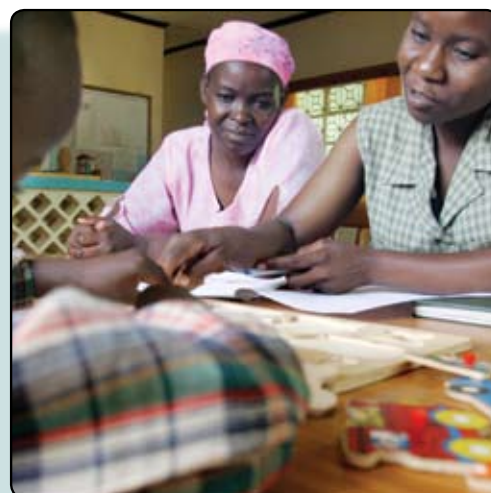
- Mobile outreach programme - identification of people with disabilities and referral to specialised services
- HIV/Aids - improving the quality of life of people affected by HIV/Aids through counselling and testing, medical treatment and home based care
- Educational, medical and counselling support to HIV/Aids orphans
- Integrating children with disabilities into regular schools
- Addressing disabling environments and attitudes in the communities
- Empowering people with disabilities, HIV/Aids, and HIV/Aids orphans to participate as equal members in society, including the provision of legal aid support

TRAINING

- Train senior and junior administration and management staff
- Extensive training services for medics and students from inside and outside Tanzania
- Intensive training courses for parents of children with disabilities
- Comprehensive training programmes for internal staff (all programmes)
- Six month formal training package on Pediatric Ophthalmology (4 people annually)
- Surgical experience for cataract surgeons

“In a country where approximately 3.5 million people live with a disability and half of those are children, there is clearly a great need for an organisation like CCBRT which has now grown into Tanzania’s leading provider of disability and rehabilitation services.”

Dr Willbrod Slaa, Chairman of CCBRT’s Board of Directors





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