

CCBRT is the largest indigenous provider of disability and rehabilitative services in Tanzania.

Welcome to the first edition of the CCBRT quarterly newsletter. Through this newsletter we hope to keep you up-to-date with some of our activities. A more comprehensive look at our developments can be found on the new CCBRT website which will be officially launched in the near future: www.ccbtr.or.tz

QUARTERLY HIGHLIGHTS

- **Moya Brennan sings for CCBRT**
- **Home Based Care returns to Government hands**
- **11,500 new eye patients**
- **461 orthopaedic operations carried out**
- **Recruitment service for people with disabilities set up**
- **Fact finding mission to Nigeria**
- **Programme Development Unit established**
- **Visitors from all over the world hear about CCBRT**

Special Visitors from Ireland

During the first quarter of 2008, CCBRT was delighted to welcome many visitors from all over the world and to show them the variety of work that is carried out here in Tanzania. The Prime



Irish Prime Minister Bertie Ahern being welcomed to CCBRT in January

Minister of Ireland Bertie Ahern along with the Ambassador for Ireland and the Minister of State for Development visited CCBRT in January. We are immensely

grateful for the Irish people's contribution to help us continue our work.

In March we enjoyed a high profile visit from Irish singer Moya Brennan. In conjunction with the Irish Embassy, Moya performed a one off concert for CCBRT at the Irish Ambassador's residence which was packed out. Also a Goodwill Ambassador for CBM Ireland Moya said "My visit to CCBRT will stay long in my memory....I feel very privileged to have experienced the spirit of people working there with their healing, helping hands. I am excited to have been a little part of such a huge and significant project."

Other visitors included the Canadian High Commissioner and Belgian Ambassador who came to learn more about our progress. We also welcomed a dele-



Moya Brennan chatting to a CCBRT patient

gation from the EU and Feed the Children. A number of CBM workers from Ireland, Australia, Canada and New Zealand came to exchange ideas and went on field visits.

In the Disability Hospital we were grateful for the hard work of visiting doctors, Dr Wayi in plastic and reconstructive surgery who assisted with cleft palate/lip and other reconstruction surgeries and Dr Raassen who helped us with complicated VVF repair cases.

New Jobs Service Set Up

One aspect of our Vision is to enable people with disabilities and HIV/Aids to contribute towards their families' livelihood. We aim to achieve this by economically empowering people with disabilities in conjunction with specialized organisations. Earlier this year, CCBRT joined forces with a local recruitment

firm, Radar Recruitment, with the long term aim of placing 500 people with disabilities, HIV/Aids and their care givers in jobs each year. Radar will set up an office on the current hospital site to offer training (for instance in English and presentation skills) and job placements. This service

is due to be up and running from August.

In line with this renewed focus on empowerment and rehabilitation, the current CBR programme is in the process of being re-organised into separate areas of specialization: Health, Education, Empowerment, Livelihood and Social Inclusion.

Trip to Nigeria Yields New Ideas



Project site in Nigeria

Community Programme Director Tom Bourez and his assistant Arbogast Kajuna headed off to Nigeria in January to experience first hand a successful CBR programme there. We are always looking to improve efficiencies and local partners (supported by CBM) are running a very cost effective programme in Nigeria whereby people who cannot afford to pay for services are asked to join an economic empowerment project and after an assessment are offered a loan for their business. As well as paying back the loan

they are also able to contribute to the programme services.

Tom and Arbogast visited a primary school where 50 children with hearing impairments are fully integrated with 50 children who are able to hear. All the children and the teachers are able to sign. While, a lack of teachers in Tanzania means this kind of inclusive education is harder to achieve, seeing it working in practice has given us something to aim for. CCBRT also learned some

good lessons from a vocational training project for people with disabilities where the client is trained in a trade/skill that he/she has shown interest in. This ensures that the skill is maintained once programme help is no longer necessary.

It was a very useful trip and several ideas gleaned from it (such as improving the level of contribution from the community and moving towards vocational training) are being implemented at CCBRT.

"We are keen to improve community contributions to our services and our trip to Nigeria gave us some good ideas as to how to take this forward"

Tom Bourez,
Community Programme Director

Hospital Update

It's been an exceptionally busy first quarter for the hospital and staff with over 18,300 consultations in the eye department and 2,360 new and follow up orthopaedic patients. On the surgical side, the doctors have performed over 1,800 eye operations and over 460 orthopaedic operations over the last 3 months. In other developments, we have created an internal central pharmacy run by Anna

Kajiru. A new pharmaceutical technician has been employed. By centralizing our pharmacy we have better control over the medicines given out and we are already saving costs.

Dr Richard Bowman attended the National Prevention of Blindness Committee meeting which also provided a good networking opportunity with other partners in eye care. Dr Wood and Hospital Director

Falk Winter visited Ngaugao and Ndanda Hospitals in Mtwara in South East Tanzania where Dr Wood conducted several days of eye screenings and eye surgeries and advised local doctors. A very successful joint collaboration took place between CCBRT and Amani – an NGO in Morogoro that helps children with disabilities - with many children from the screenings having operations at CCBRT.

New Unit Established



New recruit
Grace Rwegoshora

Within CCBRT Headquarters, a new Programme Development Unit led by Suzan Boon was established early in the year. In March, Grace Rwegoshora was recruited to the unit. A trained lawyer, Grace is experienced in programme co-ordination, networking and advocacy hav-

ing worked for UNHCR in Sudan, Uganda and Ethiopia. The unit will focus on capacity development, resource mobilization, developing partnerships (such as with the Mkukuta Disability Network already underway) and influencing policy to make mainstream development issues more inclusive for people with dis-

abilities. The immediate focus will be on education.

Other developments at HQ include a major internal review and restructuring of the finance system. All the separate programme finance systems have now been centralized and we are seeing improved efficiencies already.

CBM Workers Trained in Disability and Development



In February, CCBRT hosted the first Global Training Programme on Disability, Development and Rehabilitation for CBM. 17 participants from across CBM's operations attended and the course facilitators

CBM Training at CCBRT in February

came from every continent where CBM is represented (except Latin America). In other training news, 5 CCBRT staff members attended a course on Bobath technique in Tanga run by teachers from all over the world. Bobath is a physical therapy that tries to improve motor skills and is used to treat children with cerebral palsy and other impairments.

10 nurses received practical training to improve various skills which they are already putting to good use in the hospital. The hospital also hosted several foreigners on short term physiotherapy placements (self funded) who have been sharing their experience with local staff. We provided Catheter training for nearly 40 parents.

Four students from TATCOT came for several weeks attachment to the disability hospital to learn about making orthopaedic appliances.

“As well as service delivery we want to focus on mainstreaming disability into development issues”

*Erwin Telemans
Chief Executive Officer*

Community & Corporate Developments

On March 1st, the Home Based Care aspect of our HARP programme returned to government hands as was agreed when HARP was first established. This means that the programme nurses who were employed by CCBRT are now employed by the government and HARP no longer exists. However we do continue to provide Legal Aid services and aim to expand them further. The move allows CCBRT to prioritise *disabil-*

ity and HIV/Aids – a so far often overlooked component of HIV projects. A joint CBM/CCBRT proposal for funding focusing on HIV/Aids amongst people with disabilities has been submitted to PEPFAR and is through to the second stage.

Other developments:
●Good progress was made during key meetings with the government

over the Mother Child Health Hospital. A consultant has been hired to develop the project plan.

- We 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.
- A database developer has been contracted to progress our database to improve follow ups and reporting.

And the Rains Came

Here in Tanzania, the long rains (called masika) arrive in mid - March lasting until the end of May. While we are often desperate for rain, its arrival frequently results in severe flooding particularly in the heavily populated parts of Dar es Salaam. Many staff experienced problems with damage to their homes due to the severity of the rain so CCBRT gave all 320 staff members an emergency payment

of 75,000 Tsh (approx US\$62) which they used to fix their properties and help their families. Many staff members take around 2 hours just getting to and from work and transport has become expensive with the rising cost of fuel. With local transport services under even greater pressure with the rains, we have been able to help staff with their journeys with our new bus, generously donated by CBM New

Zealand. The bus is also used to help to transport patients when not being used for staff journeys.

A section of our perimeter wall at the hospital also collapsed under the weight of the rain and this required fixing.



CCBRT's new staff bus which has been invaluable during the rainy season

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Our Governance Structure

We consider ourselves very fortunate to have such an active and participatory General Assembly and Board. As individuals and as a team, they bring invaluable experience from many different fields not to mention enthusiasm for the tasks at hand! The Board Members are selected from the General Assembly and work closely with CCBRT.

GENERAL ASSEMBLY

Chairman:
Dr. W. Slaa
Vice Chairman:
Mr. B.K Tanna

Mrs. P. Machange
Mrs. R. Mollel
Prof. G. Mmari
Mr. Nyirenda
Mr. E. Mnyone
Dr. A. Kinasha
Mr. K. W. D. Kihomano
Mr E. Telemans

THE BOARD

Dr. W. Slaa
Mr. B.K. Tanna
Mr E.. Telemans (CEO)
Prof. G. Mmari
Mr. E. Mnyone

HEADS OF DEPARTMENT

Hospital Director:
Falk Winter
Assistant to Director
Tamaly Lutufyo
Community Programmes
Director:
Tom Bourez
Assistant to Director
Arbogast Kajuna

Our Partners

Towards the end of March, top level meetings took place between CCBRT management, CIDA, DFID and Irish Aid looking at funding and co-operation possibilities.

A three day partner meeting between CCBRT and CBM also took place in Arusha at the end of February. We had useful discus-

sions with a representative from the Table Top charity in the first quarter of the year.

As of the end of March, our confirmed partners for 2008 funding so far are: CBM, EU, AusAid, USA/JJ I, Standard Chartered Bank UK, Irish Aid (and proceeds from Moya Brennan's concert in Dar es Salaam)

SYNOS, IST Alumni, Well-tanztag, TCF, Mathis Foundation, Charity Goat Races, Rotary Club.

Every contribution helps to change lives for the better. To our partners; past, present and future; our heartfelt thanks.



Haika Mawalla
Personal Assistant to the
CEO

Our People

26 year old Haika Mawalla has been PA to the Chief Executive, Erwin Telemans for one year. Working at CCBRT is, she says "...everything a job should be. No two days are the same and I am learning something new every day". Haika came to CCBRT following a degree in Law and Politics at University in Australia and volunteer work at the Interna-

tional Criminal Tribunal of Rwanda in Arusha. A desire to contribute something to society lead Haika to turn down job opportunities in the corporate sector and work for an NGO. She says highlights of the job include getting to know some of the patients at the hospital, arranging visits for high profile guests and learning more each day about disability

issues. She believes that one of the most challenging aspects of her work is keeping up with disability issues which she describes as constantly evolving. "The last year has been a steep learning curve," admits Haika, "It's a full time job keeping up with the extent of CCBRT's work. But it is rewarding knowing that my job is helping people, albeit indirectly."