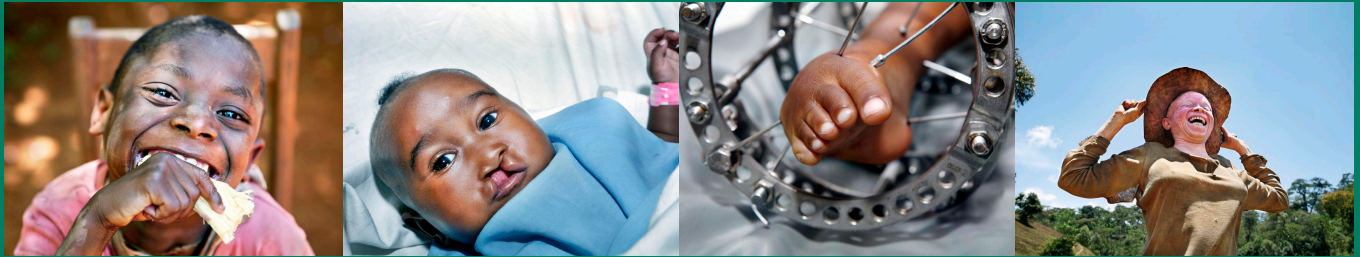


# CCBRT 2<sup>ND</sup> Partner meeting

Comprehensive Community Based Rehabilitation in Tanzania



May 21, 2009

**CCBRT is the largest indigenous provider of disability and rehabilitative services in Tanzania. Through its disability hospital, community programs and outreach schemes in Dar es Salaam and the surrounding regions and via its program in Kilimanjaro, more than 120,000 people directly benefit from CCBRT's services each year.**

## Partners - Visiting the hospital

CCBRT invited the partners for a guided tour on the premises, highlighting the unique character of the institute, which combines sight treatment, orthopaedic rehabilitation, reconstructive and fistula surgery, physical rehabilitation and the production of mobility and positioning devices under one roof.



Visiting the Hospital shows the importance of the interventions on the day-to-day life of the patients and adds to a better understanding of the complexity of the operational and logistic aspects that need to be considered to run such an institute. A

visit to the community outreach program, should be considered for a next meeting to show the comprehensiveness of the community based rehabilitation program.

## Progress since November 2008



Answering the request to become more proactive in fundraising, CCBRT proudly announced the establishment of the international foundation KUPONA in the United States, managed by Katie Johnson. The CCBRT office in Brussels is to be opened soon, and as a last initiative, a local fundraiser, based in Dar es

Diversification of partners has featured over the last three years as an important move to guarantee more stability in funding. This has proven its importance in the current international financial crisis as some partners were no longer able to support, or were forced to reduce their support to CCBRT. Due to the fundraising initiatives, CCBRT managed to invite new partners and thus the number of partners remained stable!

Apart from the reduction of some support staff as presented in the first meeting, CCBRT looked critically into the main cost drivers of the operations to further enhance the efficiency of the organisation. Consequently the decision was taken to introduce a procurement system for bulk purchase of goods and medicines, which resulted in a substantial reduction of cost. The maintenance of the car park is no longer outsourced, and is currently done in-house.

The fact that the Government of Tanzania has accepted to finance the personnel costs of the hospital staff is a huge achievement, following the signing of an MoU at the end of 2007. Thus far CCBRT has not yet developed a 10 year financial strategy, but the above-mentioned MoU is part of this strategy. It would be ideal to strive for four major income streams: being the Government of Tanzania, development partners (DPs), CCBRTs' international foundations and programme income, each contributing 25% of the core funds for the organisation. The current financial crisis reiterated the need for creating a financial reserve from its own income generating activities. However the other partners should acknowledge this management principle.

The financial situation is sound and the current deficit (excluding the expatriate staffing costs) will most likely be covered through new fundraising activities. CCBRT will discuss with CBM strategic planning vis-a-vis expatriate staffing needs. Where possible, CCBRT will hire national staff in key positions.

Salaam, was recruited early this year.  
([www.kuponafoundation.org](http://www.kuponafoundation.org))

Regarding the support from the Development Partners, it is worthwhile mentioning that Irish Aid has accepted to fund the strategic plan and it is hoped that other DPs will follow this initiative. This is also in line with the Paris Declaration and the Accra High Level Forum outcomes, which leave decision autonomy with the recipient country and or organisations.

## Other achievements

The twin track approach, presented during the first partner meeting is gaining momentum. While it was observed that advocacy and lobbying required more pro-activeness, it can now be mentioned, that CCBRT discussed with the Ministry of education guidelines for school constructions, ensuring easier access for pupils with a disability. Discussions are ongoing with



the Department of social welfare in reviewing the disability policy of 2004 and its adaptation to recently ratified UN conventions.

The national strategy for growth and reduction of poverty, MKUKUTA, introduced disability indicators. CCBRT acknowledges this important achievement. As progress can be improved, CCBRT would like to contribute in developing strategies to achieve these disability targets. Knowing that such achievements are a combined effort, CCBRT has actively looked for partnerships with other disability organisations.

On May 29, CCBRT will organise its first Open Door Day, bringing the work of CCBRT closer to the people and presenting the community work next to the work of the hospital.

Another important event will take place on June 2, celebrating the launch of the strategy paper for the new Baobab Maternity Hospital.

## Partners views and contributions, a round table discussion

The discussion focussed on communication and collaboration. The aim was to exchange ideas on how to improve working relations and ensure better communication, especially between CCBRT, fundraising entities and their donors.

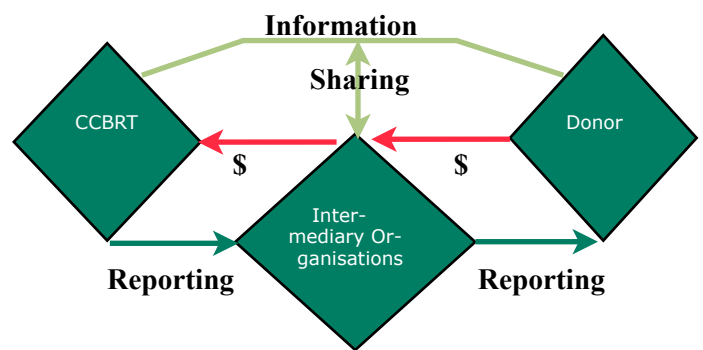
CCBRT receives funding through intermediary organisations that get contributions from individuals, government, foundations and other sources. These intermediary organisations sign a contractual arrangement with their donors, and a performance arrangement with CCBRT. These intermediary organisations are closer to the donor and are better placed to make the communication tailor-made and meet the requirements of the donor. This is their specific role, while CCBRT has to ensure comprehensive narrative and financial reports. The format for such a report will be discussed between CCBRT and the intermediary organisations. The produced information and the accepted format will be used in a selective way by the intermediaries towards

their donors, thus taking the reporting burden from CCBRT. With each of the intermediary organisations there is need to develop a gentlemen's agreement to discuss communication and elaborate mutual expectations.



This could be an interesting entry point for harmonisation of the reporting requirements between the different intermediaries.

Communication to donors on "what they fund" is essential, and therefore a shift in approach might be important. Stressing that donors "contribute to projects" and do not "finance projects" will slowly contribute to the funding of the core strategy. To create transparency and accountability it is important that CCBRT will develop unit prices for the various interventions, including overhead costs, and put mechanisms in place that avoid "double counting." Planning will include the annual number of interventions and reporting will assess progress against this plan.



Main communication in this triangular constellation will remain through the intermediary organisation. However specific more content oriented information can flow directly, provided that this information is shared with the intermediary organisation.

In the same line, the intermediary organisation will discuss with the donor on the freedom of budget reallocation and inform CCBRT on the rules of the game.

## CCBRT: Next steps

**There is need to address the strategic financial plan and present it in the next meeting as "work in progress." This will include the establishment and justification of a financial reserve**

**CCBRT will work towards the development of gentlemen's agreements with the intermediary organisations**

**The reporting needs and requirements will be discussed with the intermediary organisations, diminishing the variety of demands that reaches CCBRT.**

