



CCBRT

Annual Report

2013

Changing Lives,
Changing
Communities



PATRON OF CCBRT

Hon. Anne Makinda
Speaker of the National Assembly of Tanzania

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Word from the CEO

"This year was another inspiring year of growth and development at CCBRT. The results from our clinical efforts never cease to amaze me. Tens of thousands of consultations were conducted this year across all departments, and thousands of surgeries were performed in our Disability Hospital and through our partner facilities. Our obstetric fistula department continues to go from strength to strength with another record breaking year for the number of women receiving treatment for this debilitating condition. Now, with 713 surgeries conducted in 2013 at four designated sites across the country, we are one of the largest providers of fistula surgery in the world. This is an incredible achievement, and when I think of the number of women whose lives have been changed I am extremely proud of the team and their dedication to this programme.

Our priority this year has been preparing the organisation for the opening of a new facility. In the next few years, CCBRT's employee base will almost triple and we will move away from purely managing elective surgeries into the high pressure environment of emergency medicine. These changes require strong management, efficient processes and a cohesive team. In the first year of our new five year strategic plan, we restructured both the management team and the organisation in order to increase synergies between different programmes and to make the management structures more efficient. We are already reaping the benefits of merging our Community Programme

and Disability Hospital teams into a single disability programme. The increased coordination between clinical and community based care has ensured that our service provision is truly comprehensive. Merging the capacity building programme for maternal and newborn healthcare with the team managing construction and planning of the Maternity and Newborn Hospital has established a more solid line of communication and coordination between the two teams, strengthening our efforts to reduce maternal and newborn mortality in Dar es Salaam.

As we developed the new management structures we also took this opportunity to emphasise the importance of continuous improvement and lean management. A full time Leadership Development Coach was recruited to ensure that this ethos is a permanent fixture at CCBRT, and new Quality and Safety and Monitoring and Evaluation teams were established to focus upon operational excellence.

As we adjust our systems and prepare our teams for future growth, it starts to dawn on us how close we are to a new era at CCBRT. As we celebrate our 20th anniversary of service to the community in 2014, it will be a time of humble reflection upon our achievements and the lives that we have changed, as well as a time to look to the future and prepare for another 20 years of service to our patients, all in an effort to achieve our vision of a Tanzania where people have access to quality disability services as well as safe maternal and newborn healthcare."



Word from the President of the Board

"So much has been achieved since the last Annual Report that it is hard to believe it was only a year ago that I was asked to write this statement of reflection on our 2012 achievements. It is very comforting to see how the organisation is adjusting and preparing for future expansion without compromising patient care or safety. In a busy, high pressure and constantly changing environment it is easy to forget the main objective. But at CCBRT, the patient remains the top priority.

CCBRT's approach in 2013 has continued to be comprehensive. Clinical care, whilst important, is not the sole focus of this organisation's activities. I was particularly impressed to read about the achievements of the Advocacy Team this year. By advocating for their rights and representing their interests, CCBRT is working hard to eliminate the socio-economic barriers our clients face. With a very successful lobbying campaign surrounding the drafting of the new Constitution of Tanzania, I feel confident that the rights of people with disabilities are going to be well represented in the new laws of Tanzania.

The approach that CCBRT takes to its work in Tanzania is tailored to sustainability, and I am particularly pleased to see that the various partnerships established, both with the Government of Tanzania, health facilities across the country, and other NGOs, are thriving. CCBRT cannot achieve its vision for Tanzania in isolation, and this organisation's ability to maintain these strong relationships will be the key to future success. I look forward to another year of strong partnership and quality care for patients in 2014.



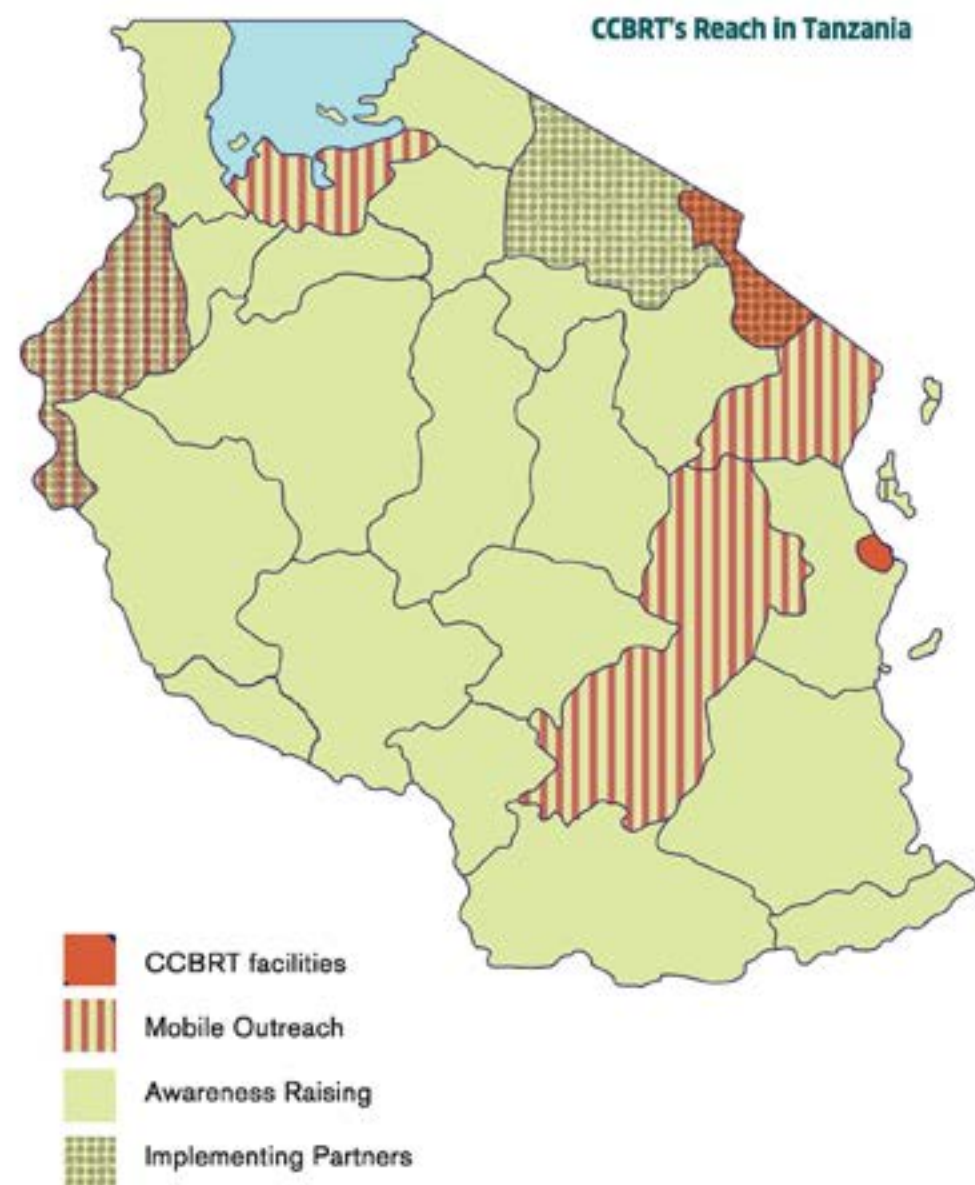
Background

In 1994, CCBRT was established as a Community Based Rehabilitation programme searching for people with cataract in Dar es Salaam. Since then CCBRT has grown to become the largest indigenous provider of disability services in Tanzania. CCBRT is a locally registered NGO aiming to empower people with disabilities and their families, improve their quality of life, and ensure access to medical and rehabilitative treatment. Committed to preventing disabilities wherever possible, CCBRT is also engaged in extensive maternal and newborn healthcare activities.

CCBRT serves some of the poorest members of the community and tries to remove as many barriers as possible to allow people to seek treatment. Every year, CCBRT changes the lives of over 1 million people in Tanzania. Immediate impact is achieved through the provision of services and capacity building and a wider long-term impact is seen through the strengthening of referral systems, health education and the inclusion of disability into mainstream services.

CCBRT is currently comprised of a well-established disability hospital, community programmes in and around Dar es Salaam and Moshi, a training programme, an advocacy unit and a comprehensive maternal and newborn healthcare programme. In close partnership with the Government of the United Republic of Tanzania, CCBRT is currently constructing a maternity and newborn hospital. Together, the Disability Hospital and the upcoming Maternity and Newborn Hospital form a Super Specialist Hospital for the Eastern Zone of Tanzania.

CCBRT reaches the poorest members of the community by offering subsidised care and treatment. Certain conditions, and all children under 5 years of age, are treated free of charge. Essential to the sustainable provision of high quality services is CCBRT's social enterprise model, which uses revenue from the CCBRT Private Clinic to subsidise other services and establish a more reliable income stream.



Vision, Mission and Working Principles

VISION:

A Tanzania where people have access to quality disability services as well as safe maternal and newborn healthcare

MISSION:

- Prevent disability
- Prevent maternal and neonatal mortality and morbidity
- Provide equitable access to affordable, quality medical and rehabilitative services
- Empower people with disabilities and their families
- Facilitate the inclusion of disability in mainstream services
- Build capacity in quality managerial, medical and rehabilitative services

WORKING PRINCIPLES:

- Working in and with communities to reach disadvantaged people
- Ensuring quality and long-term impact
- Strengthening capacities
- Working in partnership
- Embracing the Public Private Partnership with the Government of Tanzania
- Adhering to national and international standards
- Creating an inclusive organisation

CCBRT's strategy for the next five years sets the direction for the organisation as it works to realise its vision and mission. It outlines the organisation's focus on long term impact, managing growth, improving capacity, striving for excellence and securing a sustainable future. The strategy builds upon CCBRT's nineteen year presence as a provider of disability and rehabilitation services in Tanzania whilst enhancing the organisation's work in providing safe maternal and newborn healthcare services in the region.



Rationale

WHY DISABILITY?

In a country of 45 million people, it is estimated that 3.5 million people in Tanzania live with a disability. Employment, social integration and access to healthcare and education are all huge challenges for people with disabilities in Tanzania. As a result of stigma, inaccessibility of physical environments and a lack of awareness around available treatments, people with disabilities are some of the poorest and most marginalised in the community. The impact of a lack of access to education is clearly shown in the illiteracy rate among Tanzanians with a disability. At 48%, this is far higher than the 25% among people without disabilities. This has a direct impact upon a child's development and prevents them from acquiring the skills they need to secure gainful employment as adults. People with disabilities often live in severe poverty due to the challenge of securing a steady income and discrimination from their communities and wider society.

CCBRT recognises the challenges that people with disabilities and their families are confronted with on a daily basis. The provision of comprehensive, affordable and accessible services is one of the key reasons for CCBRT's existence and extensive efforts are made to alleviate the obstacles, improve quality of life and empower people with disabilities to fulfil their potential.

WHY MATERNAL AND NEWBORN HEALTHCARE?

Tanzania is one of the top 10 contributors to maternal and neonatal mortality in the world. Every year, 8,000 women in Tanzania die due to complications of pregnancy and childbirth and 42,000 babies do not survive their first month of life. For every woman who dies as a result of complications during or arising from childbirth in Tanzania, it is estimated that 20 women will develop an injury, infection, disease or life changing disability.

Dar es Salaam is the largest city in the country. The population of Dar es Salaam is predicted to grow from approximately 4.3 million people today to over 7 million people by 2025. There are currently approximately 160,000 deliveries in the city each year, and this number will continue to grow with the population. Currently, hundreds of women die every year in the maternity facilities in Dar es Salaam and more than 10 babies die every day. Furthermore, thousands of people are living with disabilities including obstetric fistula, cleft lip/palate, clubfoot and congenital cataract because their impairment was not identified during or soon after delivery. Facilities in Dar es Salaam are overcrowded and overwhelmed and staff do not have access to the equipment or the training they need to provide safe, quality maternal and newborn healthcare.

In 2007, CCBRT signed an Memorandum of Understanding with the Government of Tanzania and embarked upon a partnership to provide safe, quality maternal and newborn healthcare in Dar es Salaam in order to prevent disability and help reduce the unacceptable levels of maternal and neonatal mortality in Tanzania.



Vital Statistics



>11,200

life changing surgeries



>108,000

consultations



7,769

eye surgeries



713

dignity restoring fistula surgeries



358

clubfoot surgeries



444

cleft lip/palate surgeries



126

burn related surgeries



1,110

orthopaedic surgeries



6,314

physiotherapy clients



35 WEEKS

of Intensive Training for parents of children with disabilities



>14,000

assistive devices provided to people with disabilities



1,276

children with disabilities accessing mainstream/special education



>500

ambassadors nationwide now using M-PESA to identify and refer patients for treatment



454

members of staff



230

beds in CCBRT Disability Hospital



100%

of regions reached by CCBRT activities



893

children under 5 years of age treated



6,461

patients given treatment/rehabilitation free of charge



467

Support Unit sessions for 7,985 families.



14 - 82 YRS

age range of fistula patients treated

Improving Access to Healthcare

CCBRT's services are either heavily subsidised or free of charge. CCBRT's staff are well trained, and services are effective. But it does not mean anything if the patients stay at home. There are three main obstacles that restrict a patient's access to healthcare; cost of treatment, cost of transport to hospital and a lack of awareness around the nature of the condition and the treatments available. CCBRT works to provide simple, innovative solutions to break down these barriers and ensure that its services are available to everyone that needs them.

HARNESSING THE POWER OF MOBILE TECHNOLOGY

In 2009, CCBRT's obstetric fistula services were free, but the wards were half empty. There were, and still are, thousands of women living with this condition in Tanzania. It was clear that they needed help- they just could not afford to travel to Dar es Salaam to ask for it. With over 5.3 million active users in Tanzania, M-PESA, Vodafone's mobile money transfer system, provides the perfect infrastructure for transferring funds for transport across an extensive network. Using volunteer ambassadors, CCBRT is able to send the money required to fund a patient's journey to hospital.



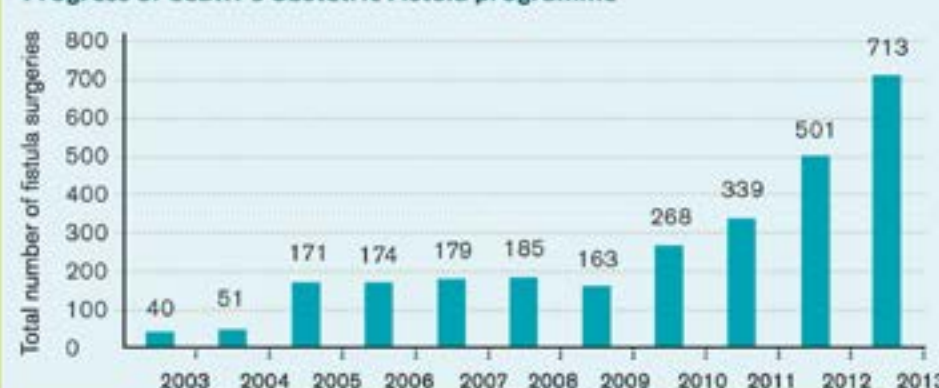
SPOTLIGHT: OBSTETRIC FISTULA

Women with obstetric fistula are often isolated from their community, and are living in shame due to their condition. CCBRT's network of ambassadors is tasked with looking for these women, identifying their condition, and facilitating their referral for treatment. In the first year of the programme, the number of women being treated for obstetric fistula at CCBRT increased by 65%. In 2013, 72% of obstetric fistula patients treated were referred via M-PESA.

Fistula: The Facts

- An estimated **3,000** new cases of fistula in Tanzania each year
- Backlog of approximately **28,000** women living with fistula without seeking treatment since 2000
- CCBRT treated **713** fistula patients in 2013.
- Over **500** ambassadors identifying and referring fistula patients for treatment across Tanzania.

Progress of CCBRT's Obstetric Fistula programme



SPOTLIGHT: CLEFT LIP / PALATE

People born with cleft lip/palate are regularly stigmatised by their community. It is not often known that the impairment can be treated, and the impairment is regularly associated with witchcraft or curses. Many children living with a cleft lip/palate do not attend school due to the fear of being bullied and if left untreated, cleft lip/palate can cause difficulties with feeding and malnutrition in infants. In 2013, CCBRT conducted 444 surgeries to correct cleft lips/palates. The success of CCBRT's use of M-PESA to refer patients also extended to cleft lip/palate with 291 patients referred using mobile technology via the CCBRT ambassador network, equating to 66% of patients given access to treatment through mobile technology.



CASE STUDY: CLEFT LIP / PALATE

Lidya's Story

It is a warm day in Dar es Salaam, and 2 year old Lidya is sitting with her mother on the crowded Orthopaedic Ward at CCBRT waiting for a surgery that will change her life. Lidya's mother is holding her close, and comforting her before a daunting procedure. Lidya is one of 10 children and when she was born with a cleft lip Lidya's mother didn't understand what had happened to her daughter. "I have 10 children and none of them have any health problems. It is only Lidya, who was born with this strange condition. When I first saw her I was very worried about what was wrong."

Cleft lip is a widely misunderstood condition in Tanzania. Many families do not understand that the condition is treatable with a simple surgical procedure, which is provided free of charge at CCBRT Disability Hospital. "When I was growing up, I used to see children, and even adults, with the same condition as Lidya, but I didn't know what it was. As soon as I saw Lidya I wondered how this could have

happened to me. I thought it was because I gave birth to her late in my life, or maybe it was because I had had so many children before Lidya."

It was not until Lidya's family were introduced to one of CCBRT's Ambassadors that they realised that help was available, and that Lidya would not have to live with her impairment for the rest of her life. Referred to CCBRT using mobile money transfer, Lidya arrived at CCBRT with two other children waiting for surgery.

I have confidence in the doctors and nurses at CCBRT. Since our arrival I have seen several children being taken into theatre and afterwards their lips have been fully repaired.

As Lidya and her mother waited for her surgery, Lidya's mother became increasingly convinced that she had done the right thing in bringing Lidya for treatment, "I have confidence in the doctors and nurses at CCBRT. Since our arrival I have seen several children being taken into theatre and afterwards their lips have been fully repaired. CCBRT provides life changing services. I will be very happy to see Lidya receive help, and I am very grateful to CCBRT and its partners for the support."



So how does it work?

- 1 An **Ambassador identifies** a patient with fistula or cleft lip/palate in a rural community
- 2 They call the toll **free CCBRT hotline**
- 3 The CCBRT team ask a few simple questions to **confirm** that the patient should be referred for treatment
- 4 The CCBRT team transfer money to the ambassador via **M-PESA** to cover the cost of transport to hospital
- 5 The ambassador buys a **bus** ticket, and escorts the patient to the right bus
- 6 The patient travels to CCBRT or the closest partner **hospital**. CCBRT is in constant contact with the driver to check on progress
- 7 The **patient arrives** and is escorted from the bus station to hospital
- 8 The patient is **admitted**, and receives surgery, rehabilitation, food and accommodation free of charge
- 9 When the patient is fully **recovered** CCBRT arranges for their transport **home**



SPREADING THE WORD

The level of awareness of disabilities, impairments and the treatments available is limited in Tanzania, particularly in remote areas. CCBRT conducts extensive awareness raising activities to ensure that the conditions treated and services provided are well known in the community.

Awareness campaigns were also broadcast around CCBRT's fistula and cleft lip/palate services and communities were also sensitised in the lead up to CCBRT's paediatric surgical outreaches for eye services in Mwanza.

Awareness Raising: The Facts

- Over **123,200 fliers/posters** distributed
- Over **7,300 radio spots** aired
- **182 TV spots** broadcast
- **1 Fistula Bulk SMS** sent nationwide
- **46 Cleft Bulk SMS** sent to 7 regions of Tanzania

The power of a single SMS

On a normal day, the CCBRT toll free hotline receives a maximum of 70 calls. In a normal 3 day period the maximum number of patients CCBRT would refer for treatment is 4. Following the broadcast of a Bulk SMS as part of CCBRT's awareness raising activities the CCBRT hotline received 544 calls in 3 days, referring 12 women for fistula treatment and confirming the details for hundreds of other people whose interest had been sparked by the campaign.

CASE STUDY: FISTULA

Asha's Story

When she was 38 years old, Asha gave birth at home. She was in labour for 3 days. Tragically her baby did not survive. After this terrible ordeal Asha realised that she could no longer control her urine. Concerned, she went to the hospital where she was given a catheter for a few days. However, as soon as the catheter was removed she was still leaking constantly. Nothing was done to provide a permanent solution to Asha's condition. Her husband left her, unable and unwilling to deal with the problem. "I did not understand the condition or know whether it could be treated." Consequently, Asha lived with fistula for 15 years.

Thank you very much for giving me my life back.

Asha faced daily struggles and was ostracised from her community. "I wanted to pray in my local mosque, but was unable to because people complained about the smell. It made me feel isolated and depressed". Asha did receive support from her second husband and her relatives, who helped her with farming, fetching water and cooking. But it was not until her stepson heard about CCBRT's fistula programme on the radio that she thought her condition was treatable. A CCBRT ambassador helped to arrange Asha's journey to hospital after receiving the money for the ticket from CCBRT via M-PESA. Asha is incredibly grateful to CCBRT for their help. "Thank you very much to CCBRT. If I had a lot of money I would have given them a gift, but all I can say is thank you very much for giving me my life back."



BRINGING SUSTAINABLE SERVICES CLOSER TO THE COMMUNITY

In previous years, CCBRT focussed its attention upon taking its services to different areas in Tanzania and performing surgeries/consultations in the field. But this was not a sustainable option. In order to improve the sustainability of service provision, and to ensure that quality services are available all year round CCBRT is gradually moving away from mobile outreach services and is instead working to build the capacity of partner facilities to provide treatment for people with disabilities. In 2013, CCBRT held a two-week training in Kibaha for 25 clinical officers. The training was designed to improve their skills in basic eye examination, treatment and referrals. This ensures that patients have permanent access to services in their local community.

CCBRT has built partnerships with various facilities across the country that receive financial support, technical advice and capacity building from CCBRT teams to ensure that they can provide high quality services throughout the year. In 2013, CCBRT supported the provision of services for people with cataract in Tanga and Kigoma, training their surgical teams and providing financial support for 713 cataract surgeries. Furthermore, 200 of the 713 fistula surgeries conducted this year were performed at 3 partner facilities; Kabanga in Kigoma, KCMC in Moshi and Selian Lutheran Hospital in Arusha. CCBRT's partnership with Mwanza Regional Hospital continued in 2013, with the implementation of 2 paediatric surgical outreach trips. A CCBRT surgical team travelled to assist in the provision of consultations, surgeries and to facilitate referrals where necessary in order to address the significant gap in service provision in the region.

In order to achieve the ultimate goal of the provision of sustainable services, CCBRT continued to explore the potential for decentralisation of services through **social franchising**. The plan is for CCBRT to create a standardised package for use by CCBRT and external partner facilities. The package will include standardised treatment and process protocols, standards of care documents, training plans, quality assurance tools, a management improvement plan, and a monitoring and evaluation framework. If partner facilities meet the strict standards for quality and safety then they will be able to use the CCBRT brand to promote their services, and will receive the full endorsement of CCBRT to encourage patients to seek treatment at a facility that is closer to home.

Definition: Social Franchising

Social franchising is the development of a standardised package that enables facilities and organisations to replicate the services provided at CCBRT. If the facility adheres to strict quality and safety standards, they will be able to use the CCBRT brand to promote their services.



Early Identification and Follow Up

CURE BEFORE CARE, YOUNG BEFORE OLD

Cure before care is one of the founding principles of CCBRT. Early identification of impairments and follow up are vital to ensure that clinical solutions are permanent. That is why all children under 5 are treated free of charge; to encourage parents to bring them for treatment at a young age. Support is also provided for the transport costs associated with attending regular follow up sessions, particularly for children with clubfoot. In 2013, as part of the revised 5 year strategy, CCBRT placed particular emphasis upon improving follow up rates and raising awareness around the importance of early identification. In 2013, 893 children under 5 years of age received treatment free of charge from CCBRT.

Following the success of the use of mobile technology in patient referral, CCBRT decided to expand its reach into the mHealth space by introducing mobile technology to improve follow up services. In 2013, a new initiative was introduced using Community Rehabilitation Workers. If a family have not attended sessions at CCBRT support units for more than 2 weeks, the Community Rehabilitation Workers now call the family directly to check on the progress of the child and to find out why their attendance levels have dropped. This ensures instant follow up with the family, and avoids time consuming and inefficient home visits. Support units are an important part of the rehabilitation of children with disabilities, ensuring that regular physiotherapy and occupational therapy exercises are conducted correctly and that assistive devices are being used appropriately. Furthermore, these support units provide a valuable support network to parents who are able to socialise with other parents of children with disabilities. Regular contact with a trained rehabilitation worker also gives parents the confidence to care for their child, and the security of having their questions answered by a trained professional. In 2013, 2,886 follow up calls were made to clients in support units.

Follow up calls to fistula patients continued in 2013 as part of CCBRT's comprehensive holistic care programme to ensure the full rehabilitation and reintegration of patients. Surveys are conducted via mobile phone 6 months after the date of operation, and questions cover both their medical, psychological and social welfare. Should the survey reveal that the patient is still leaking, she is immediately referred back to the hospital for additional treatment.

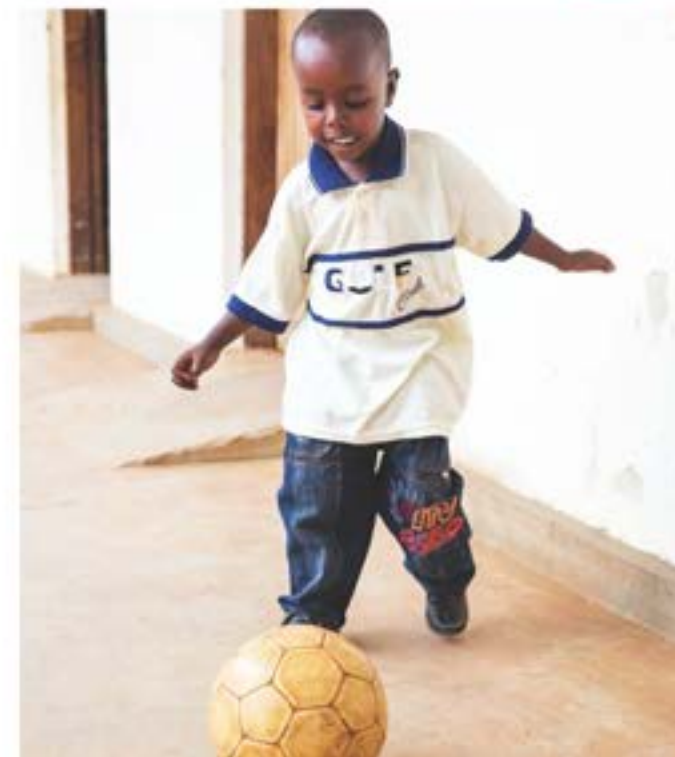
Results from the 2013 surveys were encouraging, and show that CCBRT's holistic care programme is having the desired impact upon the lives of women treated.

Results from 2013 fistula patient follow up surveys:

- 91.4%** of women were completely dry, showing a high success rate of surgeries conducted under the programme
- 47%** of women remember the vital discharge instruction that they require a C-Section for all future deliveries- a significant improvement from 2012.
- 94%** of women say their operation was life changing
- 95%** of women are able to participate in more community activities (eg attending village meetings, going to their place of worship) than before their operation
- 96%** of women have more self-esteem than before their operation

SPOTLIGHT: CLUBFOOT

Follow up is important for all conditions treated at CCBRT, but nowhere is it more vital than in the treatment and correction of clubfoot. Regular follow up is required up until the child is 4 years old in order to ensure that the impairment is fully and permanently corrected, provided the impairment is identified at birth. Regular castings and wearing of the Ponseti clubfoot brace are vital to ensure that the impairment does not return, and this requires regular attendance at CCBRT's clubfoot clinics, provided in both Dar es Salaam and Moshi. CCBRT sends SMS reminders to parents of clubfoot patients both four days and one day before their scheduled appointment to improve attendance rates, and through this continued commitment to follow up CCBRT managed to maintain the low drop-out rate of 10% at clubfoot clinics. In 2013, CCBRT treated 444 new clubfoot patients either through surgery or more conservative Ponseti treatment in Dar es Salaam and 3,794 clients returned for follow up treatment. The team in Moshi provided the same life changing treatment to 69 babies at its clubfoot clinic.



CASE STUDY: CLUBFOOT

Mohammed's Story

Mohammed is a regular face at CCBRT. He has been coming to clinic appointments at the Community Based Rehabilitation Programme in Moshi since he was 3 days old, and the team have watched him grow into a happy, engaging little boy. After nearly 4 years of treatment, including casting, an operation and wearing braces every night since he was 3 months old, there is now very little sign that Mohammed ever had clubfoot.

Because they had been sensitised by the CCBRT team on the importance of early identification it was a matter of days before doctors referred Mohammed to CCBRT and treatment to correct the clubfoot began. "We were worried about him at first," says Mohammed's father, "but as soon as we knew it was treatable we knew it was then down to us to ensure that he got the help he needed."

Mohammed's father is one of the few that attend appointments regularly; this responsibility usually falls to the mother. But since the very beginning, Mohammed's parents have been sharing the responsibility for their son's care. Now that Mohammed is in the final phase of treatment, his father reflects upon the last 4 years. "The most difficult thing to manage is the

balance between working and taking Mohammed to his appointments. Every time we attend the clinic with Mohammed we lose a day's wage." The money provided by CCBRT for transport is clearly a great help. Despite this support it is clear that Mohammed's father's dedication is deeply rooted, and that it wasn't just the financial support that acted as an incentive. "My son had a problem and needed help. If

CCBRT didn't provide transport costs it would have been a lot harder, but I would have found a way."

I never thought I would be able to play football with my son. Now thanks to CCBRT we can play and run together.

It has been a very long journey to get to this point, and it has taken a lot of effort and commitment from

his family to ensure that Mohammed's condition could improve so remarkably. The last four years have been tough for Mohammed's family, but as he plays football with his father in the CCBRT garden it is obvious that they would make these sacrifices all over again. "I never thought I would be able to play with him like this. I did everything I could to help him, and now, with the support of CCBRT, he can run around and play like every other child."

Comprehensive Treatment and Long Term Impact

ENSURING INJURIES ARE NOT LEFT UNTREATED

CCBRT's Orthopaedic and Reconstructive Surgery Department treats many children with impairments that can cause serious health complications if left untreated. In 2013, CCBRT conducted 874 orthopaedic surgeries for a variety of conditions including congenital bone deformities such as bow leg and dislocated hips. A lack of access to treatment following trauma can also cause serious impairments. Burns are a common injury in Tanzania where most people cook on small charcoal or kerosene stoves or open fires. Many patients treated at CCBRT for burns are children who have suffered serious injuries due to accidents in the home. When not treated properly burn scars can lead to loss of mobility and prevent a child from participating in day-to-day activities or from attending school. CCBRT conducts surgical interventions such as burn scar contracture releases and skin grafts, as well as physiotherapy, in order to reduce the impact the injury will have upon a child's future development. In 2013, 126 burn-related interventions were conducted at CCBRT Disability Hospital.

GIVING OBSTETRIC FISTULA PATIENTS THE CHANCE TO REBUILD THEIR LIVES

CCBRT is committed to treating patients as individuals, and to ensuring that the treatment provided addresses the entire impact of the impairment. It is not enough to treat the medical condition without addressing the social and psychological impact that accompanies living with a disability.



Hadija lived in shame and total isolation for 10 years before she finally received treatment for fistula at CCBRT. Following her surgery, she enrolled at the Mabinti Centre. This decision changed her life forever.

SPOTLIGHT: THE MABINTI CENTRE

The "Mabinti Centre" ("mabinti" = "girls" in Kiswahili) is a project of CCBRT's community programme and trains young women who have been treated for fistula at CCBRT in screen-printing, sewing, beading and crochet. During a 12-month course the trainees develop the knowledge and the skills they need to establish an income and become financially independent. At the end, each graduate is supplied with a starter kit containing a sewing machine, scissors, a supply of fabric and a calculator. The women are from very poor families and rarely have access to education. At the Mabinti Centre they learn a range of important skills such as entrepreneurship and English as well as life skills including: decision making, communication, family planning and HIV/AIDS prevention. Follow up and support are provided for one year after graduation. Ten women were enrolled and trained on the programme in 2013 and focus was placed upon providing follow up support to graduates as they enter the daunting first year of setting up a business or seeking employment. Home visits to graduates and regular refresher courses were held throughout the year and the 2012 graduating class have made excellent progress since their training. One graduate is currently employed at Muhimbili Cancer Hospital, training the parents and caregivers of children on the cancer ward in crochet, and two are employed full time at the Mabinti Centre, making products for sale in the showroom. Other graduates have started their own small businesses.

Six ladies who graduated at the end of 2013 were immediately enrolled onto the Mabinti Centre's Binti Doll programme. The flagship product of Mabinti, the centre regularly receives bulk orders for the small beaded dolls for both local and international clients. In order to keep up with the demand, the Mabinti Centre outsources the production of these dolls to graduates. This programme provides a significant supplement to the graduates' income and enables them to work from home as they build up their own business and care for their family. One graduate also uses her skills to support patients and caregivers at CCBRT Disability Hospital, teaching crochet to 709 people in 2013.

"Mabinti is the best defined example of social reintegration that we have seen."

Conrad Person, Director of Corporate Contributions, Johnson & Johnson

SPOTLIGHT: MOSHI

SUPPORTING LIVELIHOODS

Poverty and hunger are two major obstacles that CCBRT faces when working to provide rehabilitation services and improve the quality of life of people with disabilities and their families. As well as facing the challenges of raising a child with a disability or living with a disability themselves, clients face additional obstacles including a lack of clean water, health services, sanitation, shelter, education and access to information

CCBRT has found an innovative way to address the issues of poverty and hunger amongst the clients of its Community Based Rehabilitation programme in Moshi. Complementing traditional rehabilitation services for people with disabilities and their families CCBRT works in partnership with Heifer International and Future Sense to create a regular source of nutrition and income. In addition to the home visits from physiotherapists and occupational therapists, as well as the provision of wheelchairs and other assistive devices to improve the client's interaction with their environment, families are given either goats or chickens, and the training they need to rear them.

Rich in Vitamin A goat's milk provides a much-needed source of nutrition for the family. Furthermore, a litre of goats' milk (which is more expensive than cows' milk) can sell for as much as \$1 on the local market. Always focused upon the sustainability of our initiatives, CCBRT ensures that other families can benefit from the same investment, with the first two female offspring of a particular goat being passed on to other families in the programme, and the third being returned to CCBRT. Chickens also provide a sustainable source of nutrition and income from the eggs they produce. In 2013, 151 families were supported by CCBRT livelihood activities.

Livelihood projects: The Facts

Goat's milk is rich in **Vitamin A**

A litre of goat's milk can sell for as much as **\$1** on the local market

Providing **eggs** for the family with their own chickens allows families to save money

151 families supported by CCBRT livelihood activities (including the Heifer International Goat Programme and FutureSense chicken project)



CASE STUDY: CLUBFOOT

Grayson's Story

Deep in rural Moshi, 3 year old Grayson is walking with his brothers and friends, carrying water to their house. It is clear that this is a very close knit group of boys. When Grayson sees strangers he is nervous and shy, but his brothers reassure him and comfort him when he grabs for their hands.

Grayson was referred to CCBRT for clubfoot treatment at just 5 days old, and his mother kept every single clinic appointment despite the effort required to travel to the centre. Now, Grayson is only required to wear a brace at night for one more year before he can be formally discharged from CCBRT's Community Based Rehabilitation programme.

It is remarkable that Grayson's mother was so responsive to the need for treatment. When Grayson was born with clubfoot, neighbours blamed Grayson's mother, saying that she must have mocked another child with clubfoot and that this was her punishment. Grayson's mother knew this was not the case, but still blamed herself. "When I was pregnant with Grayson I didn't have any appetite. I thought that maybe it was my fault he was born like this, because perhaps I didn't give him enough nutrients before he was born." Support from physiotherapists and Community Rehabilitation Workers at CCBRT helped Grayson's mother to realise that this wasn't the case. "CCBRT helped me to understand that it wasn't my fault."

CCBRT focuses on all 5 pillars of Community Based Rehabilitation; health, education, empowerment, livelihood and social. It was clear that the family would be able to benefit greatly from being enrolled in one of CCBRT's livelihood initiatives. CCBRT, in partnership with Future Sense, enrolled Grayson's family onto a programme that provides livestock to enable people to earn a regular, sustainable income as well as provide food for their family. Grayson's family were given 10 chickens and were trained in how to care for them. Since the first group of chickens were donated, Grayson's family have been able to sell 7 chickens at over USD 5 each, and now have eggs for the family to eat. "We do not need to buy eggs from the market anymore. With the money we have saved we have been able to hire a small piece of farm land. I also plan to buy more chickens and sell their eggs at the market. This extra money will mean that I can keep some aside should one of the children get sick, and I will also be able to afford to send Grayson to school".

The help that Grayson and his family have received from CCBRT and their partners has made Grayson's mother a strong advocate for CCBRT. "There is another child nearby that has clubfoot, just like Grayson. I have already encouraged the family to go to CCBRT to get treatment, and have told the Community Rehabilitation Worker that she should visit this child and try to help them."

As the physiotherapist expresses satisfaction over Grayson's progress, and Grayson's mother tends to her chickens and farm, it is clear that the future is now looking very bright for the whole family.

LEADING CLIENTS WITH VISUAL IMPAIRMENTS OUT OF THE DARKNESS

CCBRT's Eye Department does outstanding work every day to restore sight to thousands of people. As one of only 3 facilities in Tanzania providing paediatric eye services, and one of the few organisations in Tanzania to perform vitreo retinal surgeries, CCBRT provides highly specialised services for the people of Tanzania. For those people whose blindness is permanent CCBRT provides support to ensure that they are able to live as full a life as possible.



SPOTLIGHT: EYE

CCBRT's Eye Department continued to thrive in 2013. With 84,700 consultations and 7,769 surgeries the department continued to be CCBRT's biggest service provider this year. CCBRT's ophthalmic specialists provide treatment for a variety of different eye conditions, but demand for cataract surgery remained high. In 2013, 57% of all eye surgeries conducted in the standard clinic were sight restoring or enhancing cataract surgeries.

Eye Services 2013: The Facts

84,700 consultations

7,769 eye surgeries

57% of standard clinic eye surgeries sight restoring or enhancing cataract surgeries

42 people with permanent blindness/visual impairment provided with orientation and mobility training

Orientation and Mobility trainings are provided by Community Rehabilitation Workers to reintegrate or integrate a visually impaired or blind person into their home and community enabling the client to interact with their surroundings safely. Throughout the year 42 people benefited from the programme, and CCBRT also adopted recommendations from an international consultant including the introduction of refresher courses for community workers, as well as the provision of a new type of white cane that has proven to be more effective and user friendly.

Orientation and Mobility Training: What does this actually mean?

Clients are visited 3 times a week for 7 months. Sessions include the following:

- **Sensory awareness:** gaining information about the world through hearing, smell, touch
- **Spatial concepts:** realising that objects exist even if not heard or felt, and understanding the relationship that exists between objects in the environment
- **Searching skills:** locating items or places efficiently
- **Independent movement:** which includes crawling, rolling, walking
- **Sighted guide:** using another person to aid in travel
- **Protective techniques:** specific skills which provide added protection in unfamiliar areas
- **Cane skills:** use of various cane techniques to clear one's path or to locate objects along the way
- **Daily Living Skills** such as washing and cooking

CCBRT's work in long term rehabilitation is also extended to eye patients through the provision of artificial eyes. CCBRT's Artificial Eye Centre produces custom made prosthetic eyes to clients. For eye patients whose condition is so severe that their eye cannot be saved, these services are life changing. Having one eye can bring stigma in schools and in the communities, and this stigma can prevent a child from attending school for fear of being bullied, or can prevent an adult from securing employment. In 2013, CCBRT received invaluable support from a specialist Consultant Maxillofacial Prosthodontist from the UK, who volunteers his time every year to join CCBRT and support the team, conducting consultations with patients and sharing his skills and experience with the CCBRT team to build their capacity to conduct such highly skilled work. This support enabled CCBRT to manufacture and fit 228 artificial eyes to international standards in 2013.



CASE STUDY: EYE

Jovit's Story

Jovit, 12, was 8 years old when he was involved in an accident on his bike. In the accident, Jovit sustained a serious injury to his right eye, and was treated at his local mission hospital. There seemed to be no concerns following this treatment, but a few years later Jovit was faced with a frightening situation. He was losing his sight.

Worried for his son and the impact that this injury would have upon his future, Jovit's father took him back to the same mission hospital.

"At the hospital they booked an appointment for Jovit to see an eye specialist from Nairobi who was expected to arrive within a week." Jovit's father hoped that he would be able to arrange for the treatment his son needed, but unfortunately it was not possible. "I could not manage. I just didn't have the money for the consultation and medicine." Jovit and his father had no choice but to return home, unable to afford the treatment to restore Jovit's sight, and unsure whether they would ever be able to find a solution. Things looked hopeless, until Jovit's father heard an announcement on the radio. "I heard about the availability of much more affordable eye services from CCBRT."

When CCBRT visited their village, Jovit's father made sure that his son was seen by the visitors. When the CCBRT team recognised that Jovit had a traumatic cataract, he was immediately referred to the specialist surgeons at CCBRT's Disability Hospital for treatment. Jovit received heavily subsidised surgery, rehabilitation, food and accommodation during his stay at CCBRT. His surgery went well, and a few days later he returned home. Jovit has now returned to school and can continue his classes with much clearer vision.

Jovit's father is incredibly grateful to CCBRT and its partners for their support. "There are so many people in our village who have eye problems. Thank you for seeing the importance of reaching poor and marginalised people like us."



REHABILITATION AND ENHANCED MOBILITY

In 2013, work started to refurbish and expand the Prosthetics and Orthotics Workshop at CCBRT, which manufactures and fits custom made prosthetics and orthotics devices for people with disabilities. The devices provided through the workshop change the lives of patients who have undergone amputations or have other mobility challenges that require the use of assistive devices. CCBRT, in partnership with International Committee of the Red Cross/Special Fund of the Disabled (ICRC/SFD), works to ensure that access to physical rehabilitation services and assistive devices is available for all patients.

In 2013, ICRC/SFD, a leader in the field of physical rehabilitation, relocated its regional training centre to the premises of CCBRT in Dar es Salaam. This partnership will enable CCBRT to upgrade its existing facilities, services and training provision. In addition to providing rehabilitation and prosthetics/orthotics services for children and adults, CCBRT's workshop will become a designated international training centre and will provide training for students from Tanzania's Training Centre for Orthopaedic Technologists as well as international students from other ICRC supported rehabilitation centres in Africa. CCBRT and ICRC/SFD will also provide in-house training for existing members of the CCBRT team to improve and refine their specialist skills.

OUR SOCIO-ECONOMIC CONTRIBUTION TO TANZANIA

In 2013, one of CCBRT's key projects, the EmployAbility project, came to an end. Here, CCBRT looks back on the significant achievements of this project to advocate for the employment rights and opportunities of people with disabilities, and reflects upon the significant socio-economic contribution that CCBRT has made to Tanzania over the last 5 years.

Employment of people with disabilities

Exclusion of people with disabilities from the workplace, either through discrimination or inaccessible work environments, costs Tanzania TZS 768 billion (\$480 million) every

year - 3.76% of the country's GDP. Between 2011 and 2013, CCBRT's Advocacy Unit spearheaded efforts, in partnership with Radar Development, Tanzanian Union of Industrial and Commercial Workers (TUICO) and the Government of Tanzania, funded by the European Union and CBM, to improve the awareness of Tanzanian organisations of their legal responsibilities in employing people with disabilities, as well as empowering people with disabilities and assisting them in their search for employment. Three surveys covering the health, education and private sectors revealed that, whilst employers are generally keen to give people with disabilities the opportunity to work, current rates of employment for these people remain low. In the private sector, just 0.4% of the 20,568 employees covered by the survey were people with disabilities. In addition, awareness of the relevant national legislation – notably the 2010 Persons with Disabilities Act, which requires employers with more than 20 employees to reserve 3% of jobs for people with disabilities – was low. CCBRT is leading by example in this area, as 4.5% of employees are people with disabilities. Through CCBRT's efforts and those of its partners, significant achievements were made in improving employment opportunities for people with disabilities.

The EmployAbility Project: Key Achievements

- **3** surveys conducted in the health, education and private sectors to provide data on the employment of people with disabilities and awareness around relevant legislation.
- **12** companies trained on disability awareness.
- **32** TUICO staff recruited and trained as disability champions.
- TUICO disability committee formed.
- **66** people with disabilities placed in employment.
- Accessibility assessments carried out in 3 companies.

Mainstreaming Disability

Physical impairment is not the only contributing factor to disability. CCBRT's clients also face environmental and social barriers. This means that policies need to be introduced and implemented to protect people with disabilities, and people with disabilities need to be empowered to understand and exercise their rights. CCBRT's technical expertise, strong presence in the community and national and international recognition enables the team to strategically advocate for the rights of people with disabilities in Tanzania.

IMPROVING ACCESS TO EDUCATION

People with disabilities often face significant challenges when accessing education. Many teachers are not equipped with the skills they need to teach a child with a disability, and children with disabilities are often excluded from activities by their classmates, discouraging them from attending classes regularly. CCBRT works with the community, schools and teachers to improve the accessibility of education, and to improve the inclusion of children with disabilities into mainstream schools. In 2013 the team conducted 284 primary school visits in the three municipalities of Dar es Salaam and trained 120 teachers on disability issues. Furthermore, CCBRT also supported the renovation of six classrooms at Mugabe Primary School's Deaf Unit, which provides classes in sign language for children with hearing impairments. In both Dar es Salaam and Moshi, a total of 1,276 children were supported with gaining access to mainstream or special needs education.

Access to Education: The Facts

284	primary school visits conducted
120	teachers trained on disability issues
1,276	children supported with gaining access to mainstream or special needs education



SPOTLIGHT: **ADVOCACY**

CCBRT's Advocacy Unit works in partnership with several NGOs, Disabled Persons Organisations and Government bodies to conduct research, lobby the government and other development actors and facilitate trainings in disability awareness. In 2013, the main focus was upon ensuring that the rights of people with disabilities are recognised and protected in the redrafting of the Tanzanian Constitution, as well as ensuring that vital, quality healthcare is accessible to all.

In 2013, CCBRT joined with SightSavers International, Shivyawata, and DOLASED to organise and coordinate meetings with senior government representatives to lobby for the representation of people with disabilities amongst the members of the Special Constituent Assembly in the drafting of the new Constitution, and the use of sign language interpretations during deliberation sessions. This lobbying was extremely successful; 20% of members of the Special Constituent Assembly are people with disabilities and 3 members of the CCBRT team were nominated to become Representatives. Furthermore, key Government offices confirmed that they would work to ensure that sign language needs were taken into account during deliberations.

CCBRT also promotes the importance of accessible healthcare, to ensure that people with disabilities are not excluded from accessing vital maternal healthcare services and potentially life-saving information. In 2013, efforts continued to ensure that healthcare services in Dar es Salaam are accessible to people with disabilities. Three videos were made with sign language content to explain the danger signs in maternal and newborn healthcare and 400 copies of information and educational materials around maternal healthcare were printed in braille and distributed to health facilities operating under the Regional Capacity Building Programme for Maternal and Newborn Healthcare. A five day training for 27 healthcare providers in sign language was held along with refresher courses to 35 more. The general safety of people with disabilities was also a priority in 2013, with the launch of road safety

signs at 6 crossing points in Dar es Salaam, including on the road to the CCBRT Disability Hospital, in partnership with the National Committee for Persons with Disabilities on Road Safety.

CCBRT works closely with the media to cultivate their understanding of disability issues and encourage further advocacy through media channels. In 2013, 23 journalists were trained in disability awareness and inclusion, stressing the importance of sensitivity in reporting. CCBRT will maintain a close relationship with these journalists in the future to develop close contacts with members of the media that will be able to champion our cause.

Advocacy: The Facts

6,000	copies of disability employment surveys distributed
20	places for people with disabilities allocated on Special Constituent Assembly
sign	language interpretation to be provided during deliberations of Special Constituent Assembly
3	members of the CCBRT team nominated to be representatives on the Special Constituent Assembly
3	sign language videos developed on Danger Signs in Maternal and Newborn Healthcare
400	copies of maternal healthcare educational messages printed in braille
62	healthcare providers trained in sign language in Dar es Salaam
23	journalists trained in disability awareness and sensitive reporting
safety	signs to protect people with disabilities at 6 road crossings in Dar es Salaam.

CASE STUDY: **ADVOCACY**

Shehe's Story

Shehe Sentawa is a journalist from the Tanzania Daima daily newspaper. In 2013, Shehe participated in one of CCBRT's one day disability awareness trainings for journalists in Dar es Salaam. Journalists in attendance were asked not only to be sensitive when reporting around disability, but also to raise awareness within society that people with disabilities should be given equal opportunities in all spheres of life.

"I am very appreciative of the training on the general understanding of disability matters, the use of appropriate language when reporting on disability, and the role of the media/journalists in raising awareness around disability in mainstream services and programmes.

Before the training at CCBRT, I wasn't very conversant in disability related issues and I used to regard persons with disabilities as dependent and in need of assistance. I thought they were unproductive. As a journalist, even my reporting on disability issues carried such an attitude and the language was not friendly. Now that I have participated in the training, my attitude towards persons with disabilities has changed completely. I no longer see them as an object of charity. Instead I understand that people with disabilities have the same range of rights as everyone else and that they can play great roles in the community. People with disabilities have talents and can contribute significantly to national development. This change in my perception was highly influenced by the trainers at CCBRT. They are both living with a disability, but regardless of their

disabilities they were able to deliver an excellent training, and no one could think of their impairments. I was amazed by their abilities to teach and explain things based on their personal experiences.

In the months since the training, I have been motivated to keep writing different articles around disability in our newspaper and I have managed to report many different disability issues from different parts of Tanzania. As a result, many persons with disabilities and parents/guardians of children with disabilities have called me and our media house to seek assistance with treatment for themselves or their children. They have also been asking us where to take their children with disabilities for schooling. I am proud that we are directing them to the appropriate hospitals where they could seek such treatment, and also to the schools which can accommodate their children.

CCBRT's training empowered me through knowledge of disability issues. I shared these lessons with my colleagues at the newspaper, and as a result the Management of Tanzania Daima newspaper has agreed to spare a space specifically for reporting on disability issues. Furthermore, fellow journalists and editors are now respecting persons with disabilities and the discriminatory and derogatory language which was previously used in our reports is no longer accepted.

I know that the media sector has a big role to play in liberating this community and I am determined and proud to be part of the team that is striving to bring those changes.



Community Ownership

CCBRT aims to ensure that the benefits of its services are permanent. In light of this, CCBRT has reviewed the level of direct involvement in community based activities, instead opting to provide the support and guidance communities need to take ownership of their own support services. Many caregivers were wary when CCBRT first took a step back, but their confidence grew throughout the year and an incredible response has been seen. At the beginning of the year 55 parents were trained to take a more active role in running the 11 support units in Dar es Salaam. Under the supervision and guidance of CCBRT's occupational therapists, parents are now responsible for client registration and assist with the rehabilitation process, supporting participants with the use of assistive devices. Parents and caregivers also took a leading role in organising the sports days for children with disabilities in 2013; events that were previously organised entirely by the CCBRT team.

In 2013, CCBRT also began the process for handover of the Manzese Day Care Centre entirely to parents of clients. A new community committee has been established to foster ownership and the committee members have been trained on the procedures of the day care centre as well as fundraising techniques.

CCBRT has also noted a positive improvement in the involvement of fathers in the care of children with disabilities and 2013 saw an increase in the number of fathers attending support unit sessions and assisting in the repair and collection of assistive devices.



CASE STUDY: COMMUNITY OWNERSHIP

Richard's Story

When CCBRT arrives in a neat courtyard in rural Moshi, the team is greeted enthusiastically by a happy little boy. Followed closely by his family, Richard runs up to the team to shake their hands and lead them into his home. Richard is 10 years old, and was diagnosed with Down Syndrome shortly after he was born. Richard's parents had seen other people with Down Syndrome before, but they didn't understand what it was until the team from CCBRT were able to explain it to them.

Richard has difficulty at school, as his condition makes it difficult for him to concentrate for long periods of time. He can be disruptive and as a result the teachers have asked him to stay at home. Richard's parents understand, but they are still very frustrated, "We also found it difficult to communicate with him at first, but now we have found a way. We tried to teach him at home but he still had the same problems with concentration."

These are just some of the challenges that parents of children with disabilities face on a daily basis, and the frustrations and challenges can often make it very difficult for them to cope with such a big responsibility. CCBRT does its best to engage both parents in the care of their child as much as possible, and Richard's father attends the Fathers' Meetings held at CCBRT. "It gives me the chance to talk to other fathers that have children like Richard." When the Occupational Therapist from CCBRT asks Richard's father if he will attend the next Fathers' Day Richard's father looks surprised, "Of course, how could I miss it?"

Support and guidance provided at the Fathers' Day sessions have given Richard's father the confidence to support Richard's development. Accepting that Richard will always struggle with academics, his father has since identified potential in other areas. "He is very good with tools. He can use a saw, a plane and a hammer and I haven't taught him any of that. He has just picked it up by watching me around the house and on our farm." As Richard demonstrates his skills to the CCBRT team, he is very focused and enthusiastic, and Richard's parents watch proudly as they admire his handiwork. Turning to the team, Richard's father beams, "I am going to help him to develop his skills. I am going to teach him how to be a carpenter, and when he is old enough he will be able to earn his own income with his trade."

The support from CCBRT has been an enormous help to Richard's parents, enabling them to understand Richard's condition, adapt to his specific needs and to have the confidence to let him socialise with his peers and live an independent life, "When he was younger it took a lot of time and energy to look after him. We used to go to CCBRT for weeks of training because he didn't develop as quickly as other children. It took him a long time to learn to stand and walk. But now he is very independent. He has lots of friends in the village. It took them some time to get used to his ways, but now they are his friends. Now, as long as we know where he is and who he is going to see we let him walk around the village and play with the other children."



SPOTLIGHT: INTENSIVE TRAINING

Weeks of Intensive Training are provided on a regular basis to parents and caregivers of children with disabilities through CCBRT's House of Hope in Moshi to give them the confidence and skills they need to provide the best level of care they can to their children. In 2013, 35 Weeks of Intensive Training were provided to 400 families. With lodging provided at the hostel at the centre, parents live and train with like-minded people, and at the same time occupational therapists, physiotherapists and technicians review the skills of the parents and progress of the child. Based on the review of progress, adjustments are made to treatment plans and assistive devices wherever necessary.



CASE STUDY: WEEKS OF INTENSIVE TRAINING

Rehema's Story

Rehema was 3 months old when her mother started to realise that there was a problem. On taking her to the hospital it was revealed that Rehema had cerebral palsy and epilepsy. Doctors gave Rehema's mother medication to manage the epilepsy, and encouraged her to seek support at CCBRT to ensure that Rehema would receive the physiotherapy she needed. Convinced that the medication would help both conditions, Rehema's mother decided not to seek any additional help. Rehema's mother had accepted her daughter's condition, and did not see it as a burden to care for her child. It wasn't until Rehema was 2 years old that her mother understood that CCBRT would be able to relieve the pressure of caring for a child with a disability and would be able to greatly improve Rehema's quality of life.

When Rehema first arrived at CCBRT for treatment, she was unable to sit up and had no neck control. She simply lay on the bed all day. Now, following 11 years of physiotherapy and other rehabilitative support provided by CCBRT, Rehema is strong enough to sit on the edge of a bed without assistance. Her independence and

mobility have greatly increased, especially since CCBRT provided Rehema with a customised wheelchair. "The wheelchair has been extremely helpful, especially as Rehema started to grow" says Rehema's mother, as CCBRT technicians make adjustments to the wheelchair. "It was getting difficult to carry her around. Now she is able to move around and get out of the house. I can take her to church and she is able to socialise with her siblings and other children in the village."

I never thought I would see her sitting alone without any assistance. It feels so good to see her like this.

the support of their community. "They all welcome Rehema. In fact they are the ones that told me about CCBRT and encouraged me to seek help. They tell me that one day I will succeed and Rehema will succeed, that I just need to keep taking care of her and everything will work out well. And I believe them."



Social Enterprising

The provision of free or heavily subsidised treatment for poor patients could not be sustained without an innovative business model. In order to ensure greater financial sustainability and in response to an unpredictable financial climate, CCBRT made a pledge to reduce the financial dependency of the organisation on donor funds. In 2004, as part of the organisation's evolution into a social enterprise, CCBRT established a private clinic. Under what has become known as the "Robin Hood" system, the treatments of the poor are subsidised by encouraging the rapidly growing Tanzanian middle class to pay a higher price for their treatment in the Private Clinic. The system redistributes 'profits' from those services to cover losses incurred when treating the poor. Patients accessing treatment through the Private Clinic benefit from extra services (such as faster outpatient treatment, a private room, shorter waiting lists for surgery, a choice of surgeon, a choice of meals, and a more luxurious environment). However, the quality of medical care itself is identical for patients of all incomes. In 2013, 52% of the total patient income at CCBRT was generated from 11% of procedures conducted. In 2013, CCBRT conducted 1,354 private surgeries and 2,199 private/fast track physiotherapy sessions.

CCBRT plans to build on this success and expand the Private Clinic so that even more funds are reinvested in the provision of services to poorer patients at the CCBRT Disability Hospital.



Prevention is better than cure

In light of staggering maternal and newborn mortality and morbidity statistics in Tanzania, the Government of Tanzania made tackling MDGs 4 and 5 a priority. Through an innovative Public Private Partnership, CCBRT and the Government of Tanzania have joined together to develop and implement a comprehensive intervention that will improve the capacity of healthcare providers in Dar es Salaam, strengthen the healthcare system and ensure that the women in Dar es Salaam and the Eastern Zone of Tanzania have access to quality maternal and newborn healthcare.

Definitions: Maternal and newborn mortality and morbidity

Maternal mortality: The death of a woman as a result of complications during pregnancy or during/after delivery

Newborn mortality: The death of a child in the first 28 days of life

Maternal/Newborn morbidity: The development of an injury, infection or life changing disability as a result of complications during pregnancy or during/after delivery

CCBRT MATERNITY AND NEWBORN HOSPITAL

CCBRT Maternity and Newborn Hospital will serve as a referral centre for emergency and high risk deliveries in Dar es Salaam and the Eastern Zone of Tanzania. Construction began in December 2011, and in 2013 the project continued to thrive. The progress is remarkable, and a beacon of hope is now emerging from the landscape of Dar es Salaam. Excellent progress was made on the Laundry and Kitchen and these facilities will be ready to serve the Disability Hospital in 2014. Construction is on track to reach full completion at the end of 2015, and the facility will open its doors to patients at the beginning of 2016.

CCBRT's environmental strategy continued to be implemented in 2013 with measures introduced to reduce the use of water, energy and artificial ventilation, and the black water treatment plant is already processing waste from the Disability Hospital which will eventually begin to generate grey water for irrigation and biogas for cooking.

Inclusivity and accessibility strategies are also reflected in the architectural plans, ensuring that all areas of the facility are accessible to patients, staff and visitors with disabilities.

CCBRT Maternity and Newborn Hospital by numbers

Since construction began:



>248,000 hours spent on construction



4,620 tonnes of concrete



81,445 concrete blocks



22,988 metres of electrical cable



11,467 square metres of roofing



BUILDING CAPACITY IN DAR ES SALAAM

In parallel to the construction of the Maternity and Newborn Hospital, CCBRT has embarked upon an extensive capacity building project in the region of Dar es Salaam. In close partnership with the Regional Health Management Team, CCBRT works to improve capacity at 16 government health facilities in Dar es Salaam, providing training to enhance the technical knowledge, skills and practices of health service providers as well as providing improved infrastructure and equipment. CCBRT also provides continuous follow up support and on the job training, to encourage a culture of continuous improvement and development.

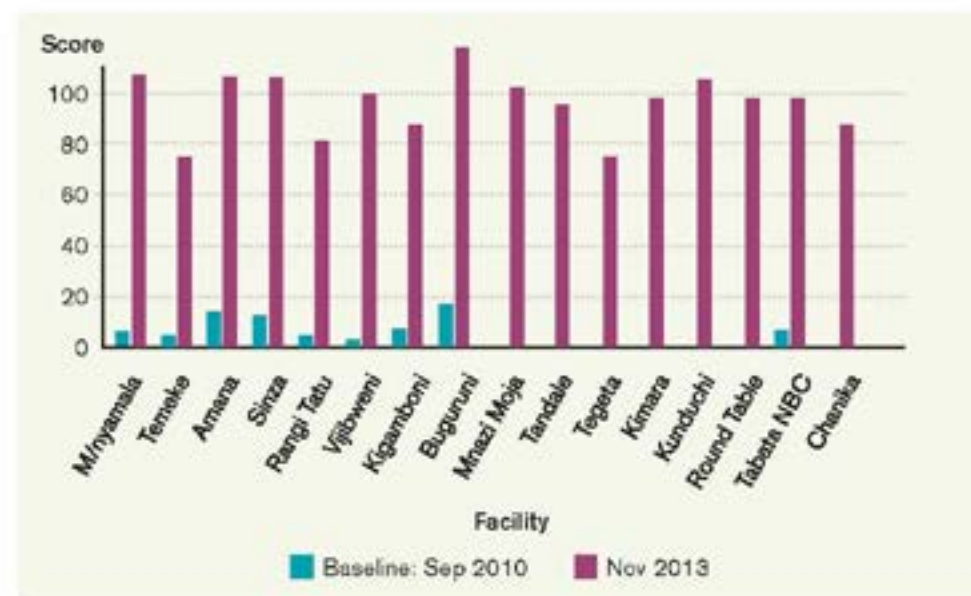
Number of people trained through Regional Capacity Building Programme for Maternal and Newborn Healthcare

Training Provided	Number of people trained in 2013
Basic Emergency Obstetric Care	183 (since 2010)
Continuous Medical Education in top causes of maternal and newborn deaths	19 ward in charges
Assisted Deliveries	225 Labour Ward staff
Anaemia and HIV in pregnancy	269 Labour Ward staff
Kangaroo Mother Care	66 Healthcare Workers

Improved capacity regarding Emergency Obstetric and Neonatal care has been another priority target in the programme. There have been significant improvements in the standards of quality and safety at the 16 different facilities in Dar es Salaam. In 2013 the average level of quality in the facilities, based on a Standards Based Management and Recognition (SBM-R) assessment, has improved by 69% since the baseline assessment in 2010.



SBM-R Assessment Scores in 16 maternal health facilities in Dar es Salaam (November 2013)



CCBRT also facilitates infrastructure development, in partnership with the Regional Health Management Team, in 13 of the 16 facilities operating under the programme. This includes increasing the space, improving patient flows and layouts of the labour wards, upgrading the theatre facilities and introducing measures such as ramps, disability toilets and showers to enhance the accessibility of facilities to people with disabilities. In 2013, CCBRT completed minor renovations and improvements at 4 sites in order to improve their infrastructure and ensure that the facilities are able to provide the level of care patients require and deserve. Furthermore, vital gaps in equipment were filled through the distribution of equipment across all 16 facilities according to their needs. Maternity wards and theatres at three key sites were also officially handed over to the Region following major refurbishments and equipment installation.

Impact to date

Indicator	Baseline	Dec 2013
BEMONC sites providing services 24/7	0	9 (56%)
SBM-R standards	15% at 9 sites	72% at 16 sites
Number of women treated for fistula at CCBRT coming from Dar es Salaam	37	28
Number of children with cleft lip/palate referred for treatment from Dar es Salaam	25	105
Number of children with clubfoot referred for treatment from Dar es Salaam	374	519

An increase in the number of early referrals for impairments shows an increased capacity of teams at the maternity facilities in Dar es Salaam to identify impairments and refer for treatment. Furthermore, a decrease in the number of fistula patients coming from Dar es Salaam shows an improvement in the quality of care women are able to access during childbirth. These results show the direct relationship between improved maternal and newborn healthcare and the prevention of disability.

IMPROVING ACCESS TO FAMILY PLANNING

CCBRT recognises that access to family planning services is one of the most successful strategies in improving maternal and child health. Approximately 50% of all 19 year old Tanzanian women are either pregnant or already mother to their first child. On average, Tanzanian women bear 5-6 children during their reproductive years. Early and frequent childbearing has serious consequences for the health of girls and women. To put it simply, provide access to family planning services and unnecessarily dangerous pregnancies can be prevented. In light of this fact, Family Planning services will be integrated into the new CCBRT Maternity and Newborn Hospital. In anticipation of the opening of the new facility, work began in 2013 to establish a multi-purpose kiosk at CCBRT Disability Hospital. Services provided at the kiosk will address the unmet need for family planning services at the same time as raising awareness and creating further demand. CCBRT will provide a combination of family planning information, education and communication in the kiosk and actual

family planning services in the adjoining clinic in partnership with several key stakeholders. This innovative programme is set to launch in 2014, and has been afforded the generous support of the Manchester Family, in memory of Tim Manchester, a long-time friend and supporter of CCBRT and advocate of family planning.

Family Planning: The Facts

- Approximately 50% of all 19 year old Tanzanian women are either pregnant or already mother to their first child.
- On average, Tanzanian women bear 5-6 children during their reproductive years.
- Access to family planning services is one of the most successful strategies in improving maternal and child health.
- CCBRT will provide a combination of family planning information, education and communication in the kiosk and actual family planning services in the adjoining clinic in partnership with several key stakeholders.

STRENGTHENING THE REFERRAL SYSTEM IN DAR ES SALAAM

CCBRT Maternity and Newborn Hospital will be a referral facility for emergency and high risk cases in the region of Dar es Salaam and the Eastern Zone of Tanzania. In order for facilities in the region to function effectively, the referral system needs to work properly. Patients need to be referred in a timely manner, and lower level facilities should only refer cases to CCBRT that are truly emergencies/high risk cases.

In 2013, in collaboration with the Regional Health Management Team, CCBRT conducted an exploration of the referral system for mothers and newborns in Dar es Salaam. The exploration yielded many important insights as to how the absence of clear guidelines and referral criteria hinders timely and relevant referrals, and the lack of blood, supplies and electricity plays a disproportionate role in referrals from lower to higher levels. These insights contributed to the update and direction of the strategic plan for CCBRT's Maternal and Newborn Healthcare Programme, while the capacity building programme has initiated the development of referral criteria and guidelines, together with stakeholders.



CASE STUDY: MOBILISING YOUR TEAM

Deodata's Story

"Strong leaders create strong teams" says Deodata Msoma. And nowhere is this more apparent than at Temeke Hospital in Dar es Salaam, where clinical standards have been steadily improving under the inspired leadership of Deodata in her role as matron. Deodata believes that good communications laid the foundations for the changes at Temeke. "You have to start by getting everyone on board, especially those who are most resistant to change. Explain what you are doing, and why you are doing it. Then you need to get everyone else talking."

Before I came here, the different units of the hospital were very separate. The laboratory didn't talk much to the pharmacy, and the labour ward didn't talk much to either. When the Regional Capacity Building Programme for Maternal and Newborn Healthcare began and I was transferred here, I explained to my colleagues: 'If a mother is bleeding heavily and there's no blood available, she's going to die. Everything may be functioning fine in the labour ward, but if the laboratory or pharmacy let you down, then you aren't going to get the results you want.' Each part of the hospital plays its role in good outcomes

Strong leaders create strong teams.

for mothers and babies, and you have to make everyone see that. It's not so difficult. Simple changes, like having someone from each department on the ward round each day, help to remind us of the part we all play in looking after our patients."

Pulling together as a team appears to have been a critical factor in improving clinical standards at Temeke. At the start of the programme in 2010, the hospital was meeting just 4% of its clinical standards; by June 2013, that had risen to 63%. "Our new quality assurance checklist provides a very visible way of seeing which department is doing well and which isn't. It's important to give people assigned roles, and to be honest about who is letting down the team. Make people feel responsible; then see them start to improve!"

Transparency, accountability and communication are some of the keys to Deodata's success as she has led her team to make huge transformations in clinical standards in Temeke Hospital. Congratulations to Deodata, a true Champion of Change!



Building healthcare capacity across the continent

CCBRT focuses upon building the capacity of healthcare providers in Tanzania and across the wider continent, to ensure that healthcare professionals can provide the quality of care that all patients deserve. CCBRT is committed to training external partners and passing on the team's experiences and expertise as a quality care provider. In 2013, CCBRT's Eye Department was particularly active in this area. Two Assistant Medical Officers from Kilimanjaro Christian Medical Centre finished their practical training, and have received the clinical and surgical exposure to become proficient cataract surgeons. Furthermore, one MMed student from Muhimbili University of Health and Allied Sciences completed a six week training course at CCBRT Disability Hospital. Three fellows, from Kenya, Uganda and the Democratic Republic of Congo, also graduated in paediatric ophthalmology following training at CCBRT. In the Rehabilitation Department, each year 7 diploma and bachelor students from Tanzania Training Centre for Orthopaedic Technologists complete their clinical/field placements at CCBRT to gain exposure to a large range of patients and conditions. CCBRT looks forward to increasing the number of trainee technicians that will be received following the expansion of the workshop and training centre.



Operational Excellence: Doing a lot, and doing it well

ENCOURAGING A CULTURE OF CONTINUOUS IMPROVEMENT

CCBRT encourages a culture of continuous improvement amongst its team. Training for all staff on the scientific method of problem solving was introduced in 2013, encouraging teams to make problems visible, get to the root cause of problems and introduce solutions that are simple to implement and have a permanent impact. In 2013, the commitment to this training was reinforced by the recruitment of a full time Leadership Development Coach. Through the permanent programme now in place, CCBRT aims to have 80% of staff members in all departments trained in the first level of this programme by the end of 2014, becoming certified 'yellow belts' in the scientific method of problem solving. By the end of 2013, 100 staff members had completed the 'yellow belt' training sessions, and 9 real improvements were made at CCBRT in the areas of safety, quality, delivery, staff engagement, client satisfaction and financial responsibility.

Teams also continue to implement 5S, Six Sigma principles in the Disability Hospital to improve the quality and safety standards in the hospital, reducing clutter and improving hygiene and health and safety education amongst clinical staff.

MONITORING AND EVALUATION

CCBRT is keen to ensure that teams are reflecting upon their achievements, understanding future plans, and measuring progress against their goals. That is why, in 2013, work began to develop a formalised monitoring and evaluation system. Key performance indicators for 24 departments within CCBRT were developed in collaboration with Heads of Department and staff members and an indicator information sheet was developed along with departmental flows to develop a clear process for data collection. Baseline data for 17 departments was collected and data collection for the remaining 7 departments is planned for January 2014. Data is analysed on a monthly basis, stored in a dashboard and results are shared with



Heads of Department and relevant staff members to ensure a keen awareness of progress and future targets.

CCBRT is also working to encourage ownership of the organisation's five year strategic plan amongst individual employees. In 2013, CCBRT collaborated with several partners to develop a draft monitoring and evaluation framework. The framework includes a logic model, performance measurement framework (including indicators, targets, data collection methods, and frequency), and service delivery targets. The framework will be used to monitor the progress of all departments towards meeting the long term goals of CCBRT. This exercise marks the beginning of a Monitoring & Evaluation Department at CCBRT and will be followed by the creation of individual M&E Frameworks for all departments.

HOSPITAL MANAGEMENT SYSTEM

With significant growth on the horizon CCBRT recognised that its systems needed to grow and improve in response, to ensure that the organisation can manage two major facilities and continue to provide quality, safe healthcare services to patients. The development and implementation of an integrated electronic Hospital Management System is designed to improve the entire system of care management including patient registration, treatment, test results, discharge and billing. In 2013, the project progressed well, with a dedicated team established to support the Project Manager in the implementation of the programme. Current processes in the Disability Hospital were analysed, and future processes were developed along with a comprehensive understanding of exactly what is required from a new Hospital Management System. Multiple vendors were identified and evaluated and a short list of 8 vendors was established. The Request for Proposal was drafted and will be sent out to vendors in early 2014. Significant improvements to the IT infrastructure at CCBRT were also made in advance of the implementation of the new Hospital Management System to ensure that basic systems are able to support more advanced technical requirements.

INTERNAL TRAINING

As well as strengthening the infrastructure, staff members were also prepared for the introduction of a fully computerised system. CCBRT's dependence upon IT is set to increase dramatically in the near future, and many members of staff at CCBRT Disability Hospital do not have access to a computer as part of their daily tasks. Introduced in 2013 and set to continue into 2014, Basic IT skills trainings are part of CCBRT's aim to empower the team and build their capacity in order to constantly improve the quality of services and ensure that staff are ready for the big changes that are set to come in the next few years.

Training opportunities were also provided to clinical staff to ensure that their skills are constantly refreshed and refined. In 2013, one Optometrist attended a 6 month long training in paediatric optometry in India, 7 nurses received intensive training to become ophthalmic technicians and weekly monitoring sessions and trainings were held by Assistant Medical Officers and Senior Nurses for junior staff members. Furthermore, 2 eye doctors and 1 eye nurse attended the COECSA conference in Kigali and a team visited the Netherlands to learn about practical implementation of lean management and to gain insight into effective clinic set up and process flows to inform the planning for the new CCBRT Private Clinic.



Expanding our reach

For the second year in a row, CCBRT's U.S. based organisation, Kupona Foundation, nearly doubled the funds raised in the previous year. Through institutional and corporate support, individual giving, online giving and two fundraising events, Kupona raised over USD 573,000. Connections through Kupona led to CCBRT being prominently featured in the documentary film "The Right to Heal," a film on global surgery advocacy and the importance of bringing access to essential surgery onto the global health agenda. Organisational changes continued, as Kupona welcomed a new Executive Director in September and brought on three new members to the Board of Directors - including the former Executive Director, the founder of the International Collaboration for Essential Surgery and executive producer of "The Right to Heal," and a senior partner from a global management consulting firm. Under new leadership, Kupona began a strategic planning effort in December to align the foundation and position it for continued growth and support of CCBRT.



Working in Partnership

AN UNPRECEDENTED RELATIONSHIP WITH THE GOVERNMENT OF THE UNITED REPUBLIC OF TANZANIA

CCBRT's Public Private Partnership with the Government of Tanzania formalises the years of collaboration between the Government of Tanzania and CCBRT. Renewed in April 2013, the Public Private Partnership is an unprecedented arrangement in the healthcare sector of Tanzania, and sets out the contribution from the Government of Tanzania towards salaries, medicines and consumables, as well as the agreement to participate in joint efforts to support the development of the country. CCBRT is determined to ensure that its activities work within and in complement to national healthcare strategies, policies and procedures, and that the facilities managed under the CCBRT name do not operate in isolation from the wider healthcare system. CCBRT is also keen to bring its expertise in clinical care and management to the table as the Government of Tanzania works to build capacity, strengthen systems and improve quality of care.

In 2013 CCBRT continued to cultivate its strong relationship with the Government and to collaborate on key areas of service.



Behind the Scenes

GOVERNANCE

To ensure ongoing good governance of CCBRT, the CCBRT Board of Directors participated in an exposure visit to CBM Headquarters in Germany in 2013 in order to understand their governance structures. Furthermore, 5 board meetings, 1 General Assembly meeting, 3 senior management team meetings, 3 partners meetings and 2 all staff sessions were held to reflect upon progress and communicate future plans.

MANAGEMENT

In 2013, CCBRT underwent a significant restructuring exercise in order to streamline activities and focus upon its key strategic goals. The CCBRT Maternity and Newborn Hospital team merged with the Capacity Building Programme for Maternal and Newborn Healthcare to create a single Maternal and Newborn Healthcare Programme. CCBRT Community Programmes was also absorbed into the CCBRT Disability Hospital to create a single disability programme. This restructuring brings the CCBRT management structure in line with the two main areas of strategic focus; disability and maternal health.

As CCBRT works to create a lean management structure and to prepare the organisation for future growth, the Senior Management Team underwent a significant restructuring in 2013. The Deputy CEO returned from study leave, which was supported by CCBRT, and stepped back into her position and a new executive position, Chief Operating Officer, was established. An executive committee was formed, made up of the CEO, Deputy CEO, COO and CFO, and meets monthly to monitor progress towards key strategic objectives and take core decisions on the direction of CCBRT. There was a further reshuffle in the wider senior management team with two new roles; Director of Maternal and Newborn Healthcare and Director of Alliances, which will manage the relationship with the Government of Tanzania and other national and international bodies. New appointments were also made to the Director and Deputy Director positions in the Disability Hospital.



FINANCE

A new system for expense requisitions was implemented for all users in 2013. The aim was to improve allocations of funds and controlling of expenses. This implementation went along with the development of a Delegation of Authority (DoA), which indicates who is authorised to approve expenditures.

Budget holders were trained in how to budget, track expenditure and work within the new cost centre structure. These changes were implemented in order to improve the efficiency of purchasing, improved tracking of financial records and financial reporting. The finance team was also restructured in 2013 in response to increasingly complex demands and in anticipation of future organisational growth. The team was divided into three key sections; Controlling, Accounts and Treasury. The object of this structure is to balance work load, increase controls and improve efficiency.

PROGRAMME DEVELOPMENT AND SOURCES OF INCOME

In 2013, CCBRT's main sources of income came through the Public Private Partnership with the Government of Tanzania, partnerships established with external stakeholders, patient contributions (from the Disability Hospital and the CCBRT

Private Clinic) and fundraising (both at international and national levels). Under the new strategic plan, CCBRT also worked to emphasise the importance of diversifying funding sources and encouraging partners to provide unrestricted funding for the core budget.

The Programme Development team continued to provide support to programmes in monitoring the implementation of their activities, management of donor relationships and fundraising. The team managed 52 donor programmes/projects from 44 different partners in 2013. The team also gave input and support to the development of Key Performance Indicators, and the development of the Monitoring and Evaluation framework.

COMMUNICATIONS

In 2013, the Communications Team focussed upon communicating impact and establishing the systems and processes to improve the professionalism of Communications at CCBRT. New approval processes were defined and communicated to key departments across the organisation, and roles and responsibilities within the department were clearly defined. Work began on the development of brand guidelines and standard brand templates to bring consistency and professionalism to CCBRT's reputation and brand management and external communications, and a new website was developed to be launched in early 2014. The department continued to provide extensive support to teams in the development of information and educational materials and other awareness raising campaigns, and several events and VIP visits were coordinated. The team also responded effectively to different requests from various partners and supported the cultivation of key relationships with new and existing stakeholders. Efforts to promote CCBRT's work on an international level continued in close collaboration with core partners and the Kupona Foundation, and the team continued to build upon the success of social media efforts in 2012 to build CCBRT's audience. By the end of 2013, CCBRT had 363 likes on Facebook, and 311 followers on Twitter. The team also continued to ensure that CCBRT staff members are well informed of key news and updates. 12 internal newsletters were

compiled and distributed, and the use of Bulk SMS messages continued. New internal communications channels were also added, using TV screens on staff buses and plasma screens in the Disability Hospital to share the latest news.

PROCUREMENT AND SUPPLY MANAGEMENT

The capacity of the Procurement and Supply Management Teams continued to be developed in 2013, with increased focus upon timely orders and successful and regular stock checking. The procurement manual was completed and implemented and the new supply management manual was developed and approved in the middle of the year. External technical assistance was provided throughout the year in order to build capacity of the CCBRT team and improve processes in preparation for future organisational growth.

HUMAN RESOURCES

In 2013, the main focus in HR was upon the development of new policies and procedures for CCBRT. The capacity of the HR department was also improved with the recruitment of a new HR Officer and HR Trainer to strengthen the team in preparation for the large recruitment drive required for the CCBRT Maternity and Newborn Hospital. A specific position was created to manage the HR strategy for the new facility and plans for the recruitment of approximately 600 new staff members commenced in the last quarter of 2013.

IT

In 2013, the IT Department focussed upon strengthening the security of the CCBRT network, and improving disaster response capabilities. Regular network vulnerability assessments were conducted, and an improved back up system was established. New IT policies, including around terms of use and internet security restrictions, were developed and implemented across the organisation. Quality of service was paramount to the IT team this year, and the department worked hard to ensure that all users had access to quality troubleshooting and technical support throughout the year.

Financial Summary*

Indicator	Unaudited Accounts 2013 TShs '000'	Audited Accounts 2012 TShs '000'
INCOME STATEMENT		
Revenue		
Revenue	26,250,501	21,956,757
Expenses:		
Operating expenses	10,561,657	11,406,587
Salaries/payroll expense	10,213,202	7,152,625
Total - Expenses	20,774,859	18,559,212
Total - Income Statement	5,475,642	3,397,545
BALANCE SHEET		
Assets		
Cash and cash equivalents	17,656,367	25,072,503
Accounts receivable	4,014,175	1,599,264
Inventory	1,920,265	2,365,603
Property, plant and equipment	23,747,314	10,949,100
Total - Assets	47,338,121	39,986,470
Liabilities		
Accounts payable	986,582	1,087,462
Deferred and unearned revenue	9,246,116	20,130,034
Total- Liabilities	10,232,698	21,217,496
EQUITY		
Capital and Reserves	37,105,423	18,768,974
Total - Balance Sheet	47,338,121	39,986,470

* based on unaudited accounts



List of Partners 2013

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

- The Government of the United Republic of Tanzania
- African Reflections Foundation
- Annabelle
- Australian Agency for International Development
- Bank of Africa
- Barclays Bank Tanzania Ltd.
- CAPDA
- CBM
- Children in Crossfire
- Danish International Development Agency
- Dar es Salaam Charity Goat Races
- Dar es Salaam Independent School (DIS)
- Department of Foreign Affairs, Trade and Development, Canada
- Ein Herz für Kinder
- Elma Philanthropies
- Embassy of the Kingdom of the Netherlands
- Fistula Foundation
- FK-Fredskorps- University of Bergen
- Gulf for Good
- International Committee of the Red Cross, Special Fund for the Disabled
- International Federation for Spina Bifida and Hydrocephalus
- Irish Aid
- Johnson and Johnson
- Latter Day Saints Church
- Light for the World
- Lions Club
- KfW
- Motivation
- New Zealand Aid
- NORAD - Norwegian Agency for Development Cooperation
- Nuffic
- Price Waterhouse Coopers
- Rotary Club
- Standard Chartered Bank
- Smile Train
- Southcomm East Africa
- Swedish International Development Cooperation Agency
- Swiss Agency for Development and Cooperation
- The Charitable Foundation
- The European Union
- The Liliane Foundation
- The Vodafone Foundation in partnership with USAID
- Tigo
- Tim Manchester Family
- Twiga Cement

CCBRT would also like to thank all individual donors and sponsors who contributed to its activities in 2013.



CCBRT

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