



# CCBRT ANNUAL REPORT 2017

## Letter from the CEO

2017 was a year of change for CCBRT. The organisation restructured around our core clinical service areas: ophthalmology, orthopaedics and physical rehabilitation, plastic and reconstructive surgery, and maternal, newborn and child health. Additionally, 2017 marked the end of our latest five-year strategy, during which CCBRT prevented more than 56,500 years lived with disability for 11,300 cataract, cleft lip/palate and obstetric fistula patients. Our team also spent the year making final preparations for the 2018 opening of an expanded Private Clinic and state-of-the-art training centre (the CCBRT Academy).

Of course, some things haven't changed at all. We remain the largest provider of specialised disability and rehabilitative services in Tanzania. We continue to deliver the highest quality healthcare to the most vulnerable, providing free services to 21% of patients. We are proud to provide life-changing services to Tanzanians in need, and we couldn't do it without all our partners' support.

Yours faithfully,  
**Erwin Telemans**  
CEO, CCBRT



CCBRT's **vision** is to be the leading provider of accessible, specialised health services in Africa.



CCBRT's **mission** is to become a healthcare social enterprise serving the community and the most vulnerable with accessible, specialised services and development programmes.



CCBRT's organisational **values** are trust & respect, commitment, professionalism, teamwork and innovation.

# OPHTHALMOLOGY

CCBRT began identifying preventable blindness in Dar es Salaam in 1994. Today, eye services are still CCBRT's largest volume and most in-demand treatment area. An estimated 1.1 million Tanzanians are visually impaired, including 550,000 children, with preventable or treatable conditions, such as cataract, corneal scars, glaucoma and refractive errors. To address this need, CCBRT offers a range of specialised services from surgery to refraction to low vision therapy. **In 2017, average visual acuity (clarity of vision) for CCBRT's eye patients following surgery was 84% - above the World Health Organisation standard of 80%.**



65,682  
EYE CONSULTATIONS



6,367  
EYE SURGERIES



8,828  
SPECTACLES DISTRIBUTED

## PATIENT SPOTLIGHT

Four-year-old Majid is from the Morogoro Region of Tanzania, to the west of Dar es Salaam.

Majid loves going to school – his mother hopes he will be a doctor someday and knows he needs to study hard. But Majid struggled to focus on his classes. Due to severe pain in his left eye, he spent three months at home.

Majid's mother explained: "I decided to take him to the hospital when I noticed his eye was turning red. Doctors gave him eye drops, but they didn't work. He developed a white spot and was in even more pain."

Worried about her son, Majid's mother returned to the local hospital. There, doctors said that he had developed a cataract and referred him to CCBRT. It was Majid's mother's first time hearing the word "cataract," but she and her husband decided that seeking treatment at CCBRT was their only option.

It was also the best option. Upon arrival at CCBRT, Majid was diagnosed with developmental cataract and scheduled for surgery. His treatment – provided entirely free of charge – was a success.

With no pain or vision loss, Majid has now returned to school back in Morogoro. His mother still hopes he can become a doctor in the future, especially after receiving such high-quality medical care at CCBRT. She shared: "Thank you CCBRT and your supporters!"



# ORTHOPAEDICS & PHYSICAL REHABILITATION

CCBRT's orthopaedics and physical rehabilitation department serves patients' mobility needs through consultations, surgeries, treatments (Ponseti Method, physiotherapy or occupational therapy), and prosthetics and orthotics services. Orthopaedic conditions – like bone deformities, rickets and bow legs – are far more common in the developing world, primarily due to a lack of affordable, accessible treatment. The rehabilitation team provides therapy and devices to patients with lifelong disabilities. Our experts in Dar es Salaam continue to work closely with CCBRT Moshi to ensure that rural patients in the north can access services. **In 2017, the physical rehabilitation team in Dar es Salaam provided almost 65% more consultations and sessions than in the previous year.**



24,676  
ORTHOPAEDIC  
CONSULTATIONS



1,495  
ORTHOPAEDIC  
SURGERIES



8,236  
HOME VISITS

## INNOVATION SPOTLIGHT

Also in 2017, the department successfully adopted CCBRT's new hospital management information system, OpenClinic, for use in the operating theatre. Currently being rolled out in phases across the hospital, OpenClinic allows for electronic storage of all patient information at CCBRT: medical histories, lab work and more. These data make it easy for clinicians to track patients' progress, as most orthopaedic and rehabilitation patients visit CCBRT multiple times in the course of their treatments. In the orthopaedic theatre, OpenClinic is linked with CCBRT's imaging centre's diagnostics, improving clinical analysis with added environmental and cost benefits.





# PLASTIC & RECONSTRUCTIVE SURGERY

Patients born with cleft lip/palate and victims of burns or other accidents often face severe stigma in their communities due to their treatable disabilities. **As plastic and reconstructive services are a focal area in the coming strategic period, CCBRT is expanding these services in order to reach more patients in need - such as the 3,000 babies born with cleft lip/palate and the thousands of burn victims annually.** After complex surgery, many reconstructive patients need assistive devices and/or physical therapy, which can be provided by CCBRT's rehabilitation team.



100% CLEFT LIP/PALATE PATIENTS TREATED FOR FREE

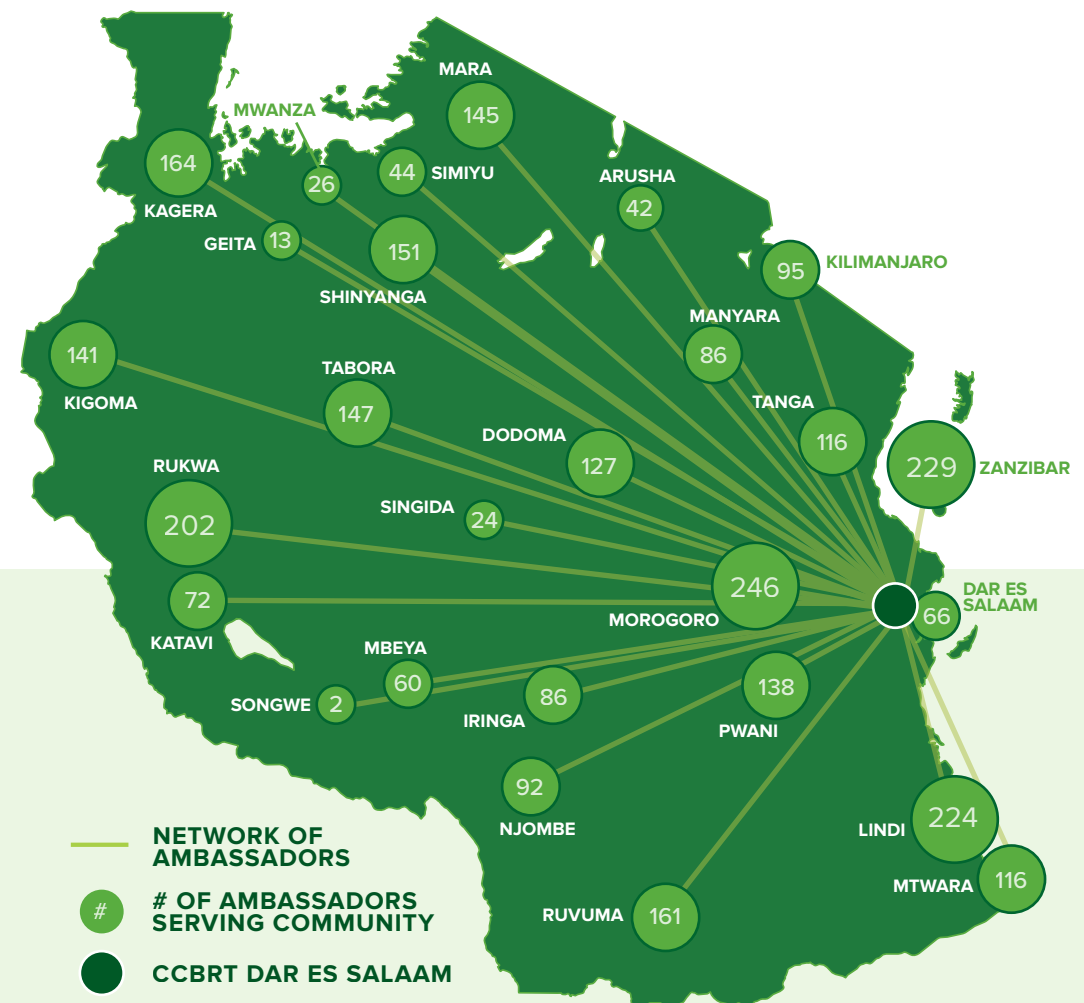


311 CLEFT LIP/ PALATE SURGERIES

3 DOCTORS TRAINED IN PLASTIC AND RECONSTRUCTIVE SURGERY

## INNOVATION SPOTLIGHT

The majority of CCBRT's cleft lip/palate patients are referred with transportMYpatient, a mobile technology programme. Through this mHealth initiative, patients identified by CCBRT ambassadors receive money for transport to CCBRT via mobile banking. CCBRT's outreach network covers the entirety of Tanzania - the map shows the number of ambassadors working to inform each community of health issues and refer them to life-changing treatment.



# MATERNAL, NEWBORN & CHILD HEALTH

CCBRT's maternal, newborn and child health department operates Tanzania's largest nationwide obstetric fistula identification, referral and treatment programme. To help remove barriers to access, CCBRT covers the cost of all fistula patients' treatment, accommodation and meals throughout the course of their care. **CCBRT's Mabinti Centre celebrated its tenth anniversary in 2017.** The latest cohort of its 100 graduates - 10 former fistula patients who joined Mabinti in 2016 - received advanced training, allowing them to further develop new skills on their path to successful entrepreneurship.

As an estimated 3,000 Tanzanian women continue to develop this isolating condition each year, CCBRT also focuses on its prevention through high-quality maternal healthcare provision. The Maternal and Newborn Healthcare Capacity Building Programme worked in 23 Dar es Salaam health facilities in 2017, improving quality of services for thousands of Tanzanian mothers. Maternal, newborn and child health services will significantly increase in the coming years, as CCBRT prepares to open a new facility to support these activities in late 2019. This hospital will serve high-risk patients (including former fistula patients, those with disabilities and teenage mothers) during their pregnancies and deliveries.

94% FISTULA PATIENTS  
REPORTED BEING DRY 6 MONTHS AFTER SURGERY



738  
FISTULA  
SURGERIES



84,625  
DELIVERIES AT  
CAPACITY BUILDING SITES

## PATIENT SPOTLIGHT

Koku, born in the Kagera Region of Tanzania, became pregnant when she was 18 years old. Her delivery was very difficult. She recalled, "Only after three days of labour and much suffering, my mother organised to take me to a health centre. As there was no means of transport in my community they had to carry me on a bicycle. It took us three hours to reach there." After examination, the doctors confirmed it was a stillbirth, and the only option was to pull her baby out.

Even before she was discharged, Koku knew something was wrong: "I was leaking urine uncontrollably. The doctors at the health centre did not have the capacity to help me and worse enough they discharged me without telling me what I was suffering from."

After she returned to her community, Koku faced social stigma around fistula in all parts of her life. She explained, "My own mother abandoned me, so I left home to live with my grandmother. But she was extremely ashamed of me, too, and said I smelt bad. When friends and relatives visited home, my mother locked me in a room."


Twenty-seven years later, a CCBRT ambassador passed by Koku's village. Koku remembered, "When he came we chatted a bit, then he gave me a flyer about fistula to read. As I was about to finish reading, he asked me if I knew anyone with such problems, and I said to him, 'it is me!'"

The ambassador called CCBRT and together they organised for Koku's transport to receive treatment at CCBRT, for free. She is one of hundreds of women who underwent a successful fistula repair at CCBRT in 2017.



# LOOKING BACK

## 2013-2017



2017 was the final year of our 2013-2017 organisational strategy. This guiding document prioritised long-term impact, sustainable growth, capacity building and operational excellence. An evaluation of the successful five-year period revealed the following key results:

### CAPACITY BUILDING:

MORE THAN  
**5,000**  
MATERNAL & NEWBORN  
HEALTH WORKERS  
TRAINED

### OPERATIONAL EXCELLENCE:

MORE THAN  
**20%**  
INCREASE  
IN EYE PATIENTS  
SERVED

### LONG-TERM IMPACT:

MORE THAN  
**56,500**  
DISABILITY-ADJUSTED  
LIFE YEARS  
AVERTED

### SUSTAINABLE GROWTH:

PATIENT REVENUE  
**DOUBLED**



# LOOKING FORWARD

## 2018-2022

The evaluation of our last five years has also informed plans for our next five years. In line with its findings, CCBRT restructured and created a new vision and mission - with sustainability as a key driver. From 2018 to 2022, we'll focus on the following strategic priorities:

Valued & Engaged Staff

Excellent Patient Outcome

Excellent Patient Experience

Learning & Innovation

Financial Sustainability

## SUSTAINABILITY

In 2018, CCBRT will operationalise an expanded Private Clinic, tripling its capacity to serve patients who are able to pay. By reinvesting these funds to provide free and subsidised treatments, CCBRT commits itself to serving the most vulnerable Tanzanians. This social enterprise model will reduce funding volatilities and strengthen stability, allowing us to continue changing the lives of people with disabilities, mothers and babies for years to come.



# FINANCIALS

## Statement of Comprehensive Income

Income	2017 TZS (Billions)	2016 TZS (Billions)
Revenue	25.5	25.6
Other Income	1.3	1.5
Operating costs	(29.7)	(32.3)
<b>Operating Loss</b>	<b>(2.9)</b>	<b>(5.3)</b>
Finance income	.9	
Finance costs	(2.8)	.5
<b>Loss before income tax expense</b>	<b>(4.8)</b>	<b>(4.8)</b>
Income tax expense	-	-
<b>Net loss for the year</b>	<b>(4.8)</b>	<b>(4.8)</b>

## Statement of Financial Position as of 31 December 2017

Assets	2017 TZS (Billions)	2016 TZS (Billions)
<b>Non current assets</b>		
Property, plant and equipment	43.9	36.8
Intangible asset	.4	.4
Grant receivables	25.4	24.2
	<b>69.8</b>	<b>61.3</b>

## (Statement of Financial Position Continued)

<b>Current assets</b>		
Inventories	2.4	2.7
Trade and other receivables	2.3	2.9
Grant receivables	7.6	15.2
Bank balances and cash	13.6	12.7
	<b>25.9</b>	<b>33.5</b>

<b>Total Assets</b>	<b>95.7</b>	<b>94.9</b>
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Reserves & Liabilities	2017 TZS (Billions)	2016 TZS (Billions)
<b>Reserves</b>		
Retained surplus	(.8)	3.9
Revaluation reserve	1.3	1.5
	<b>.5</b>	<b>5.4</b>

<b>Non current liabilities</b>		
Deferred income grants	29.6	39.1
Bank loan	6.7	2.3
Capital grant	34.5	30.9
	<b>70.8</b>	<b>72.4</b>

<b>Current liabilities</b>		
Deferred income grants	21.3	14
Trade and other payables	3.1	3.1
	<b>24.4</b>	<b>17.1</b>

<b>Total Reserve &amp; Liabilities</b>	<b>95.7</b>	<b>94.9</b>
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## PARTNERS

CCBRT couldn't serve Tanzanians in need without the support of generous partners from around the world.\*

### CBM

Danish International Development Agency

BILD hilft e.V. „Ein Herz für Kinder“

Federal Republic of Germany through KfW

Fistula Foundation

Global Affairs Canada

Human Development Innovation Fund

### Irish Aid

Johnson & Johnson

Lavelle Fund for the Blind

Light for the World Belgium

Rotary International

Swiss Agency for Development & Cooperation

Smile Train

Vodafone Foundation in partnership with USAID

*\*These supporters contributed more than \$100,000 to our projects in 2017.*

Additionally, CCBRT's US-based sister organisation, Kupona Foundation, raised over \$1,500,000\* in financial and in-kind support in 2017 to fund our programmes.

*\*Unaudited figures*





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