



# CCBRT IMPACT REPORT 2016

## Note from the CEO

2016 was a year of laying foundations to ensure CCBRT's future growth and impact, through ongoing construction of the Maternity & Newborn Hospital, new expanded CCBRT Clinic, offering private services, and the evolution of our Disability Hospital. Through the transformation of our Eye OPD based on lean principles, planning for our training centre – the long-term guarantor of clinical skills and sustainability here at CCBRT – operational improvements to quality and safety, and the further roll-out of our hospital management information system, we are building CCBRT's present and future capacity as a sustainable social enterprise. However, simultaneously growing and maintaining our operations as Tanzania's largest disability provider is impossible without significant up-front investment. We know the need is there, but we can't do it without your support: please help propel us forward into the next chapter of our journey.

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



67,878  
PATIENTS SEEN



10,959  
TOTAL SURGERIES



WORKING ACROSS  
32 SITES

## TANZANIA



50.1 million population

5.2 million population of Dar es Salaam

9.3% projected population growth in  
Dar es Salaam by 2025

4.2 million people living with a disability

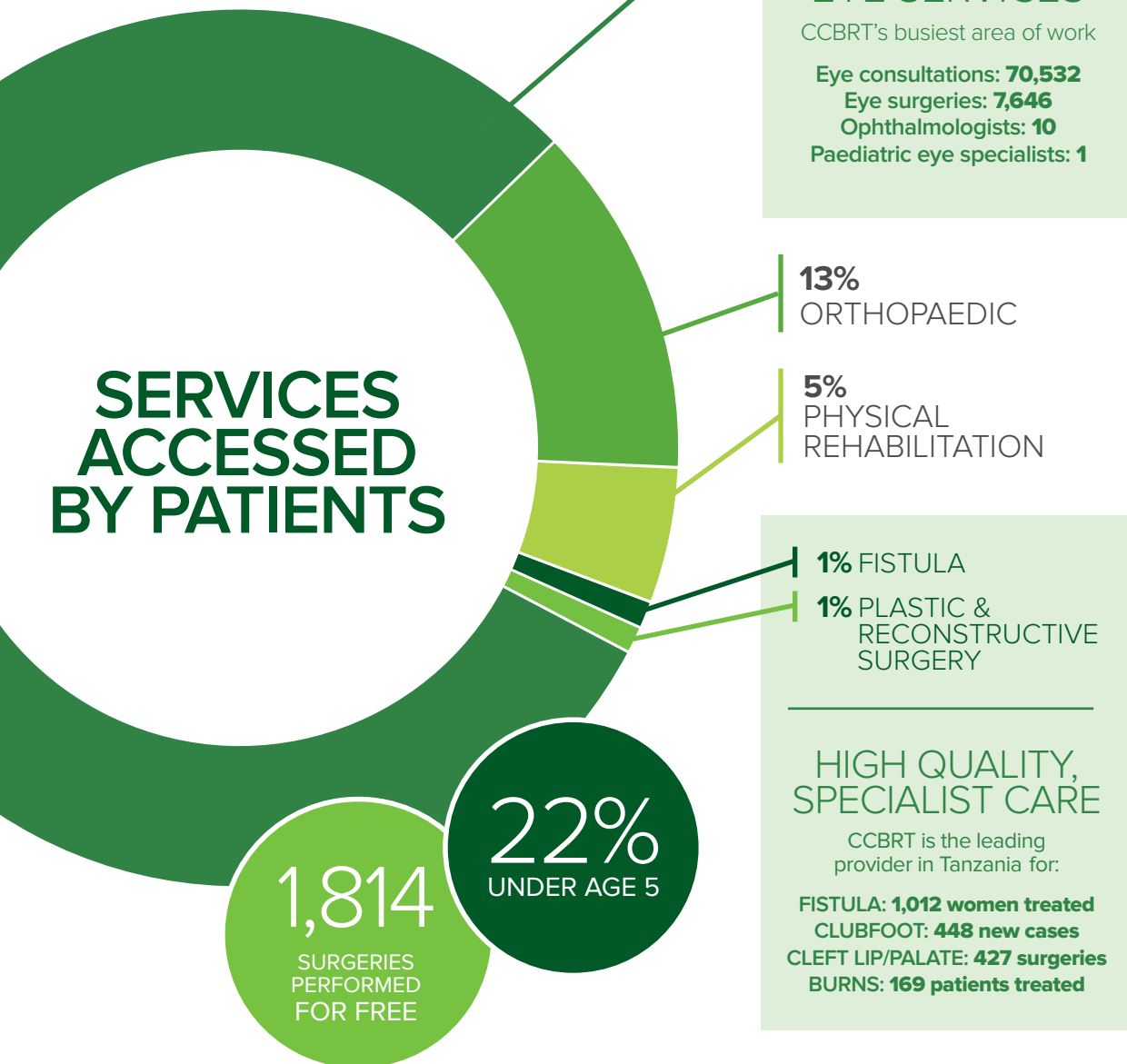
556 deaths per 100,000 live births  
maternal mortality rate

0.8 : 1 million ophthalmologists per  
population

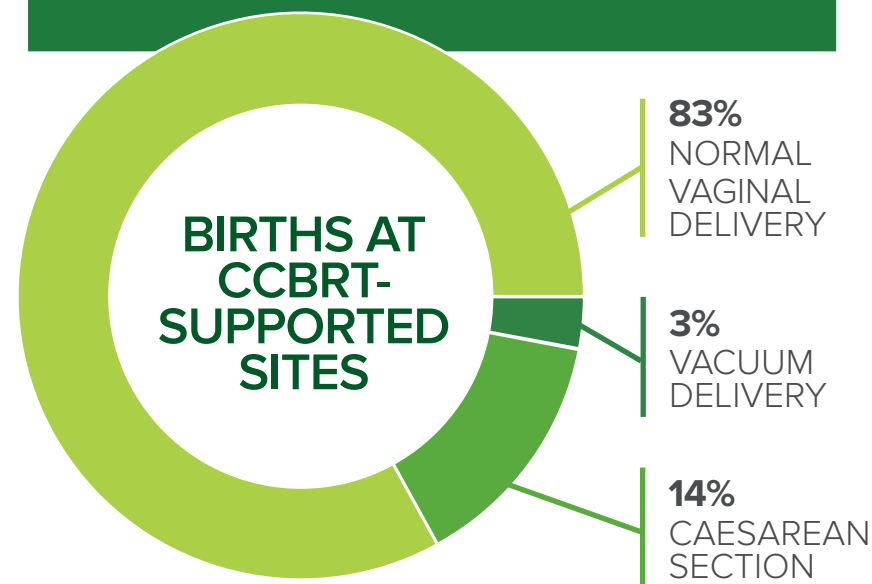
3,000 women estimated to develop  
obstetric fistula per year

# 2016

## IN NUMBERS



Partnerships with public health facilities under the Maternal & Newborn Capacity Building Programme: **23**  
Total births (excl. Muhimbili National Hospital): **75,351**



## OUR ROOTS

### COMMUNITY-BASED REHABILITATION

- Families supported: 5,553 (including 1,536 in Moshi)
- Home visits: 5,363 (60% conducted in Moshi)
- Assistive devices provided: 21,494

## EXTERNAL TRAININGS

**BUILDING EXPERTISE**  
Clinicians trained: **1,329**

**EXPANDING OUR REACH**  
Ambassadors trained: **717**

**ADVOCATING FOR INCLUSIVITY**  
Professionals, local government, teachers: **845**



# REACH

 **22**  
YEARS OF  
OPERATION

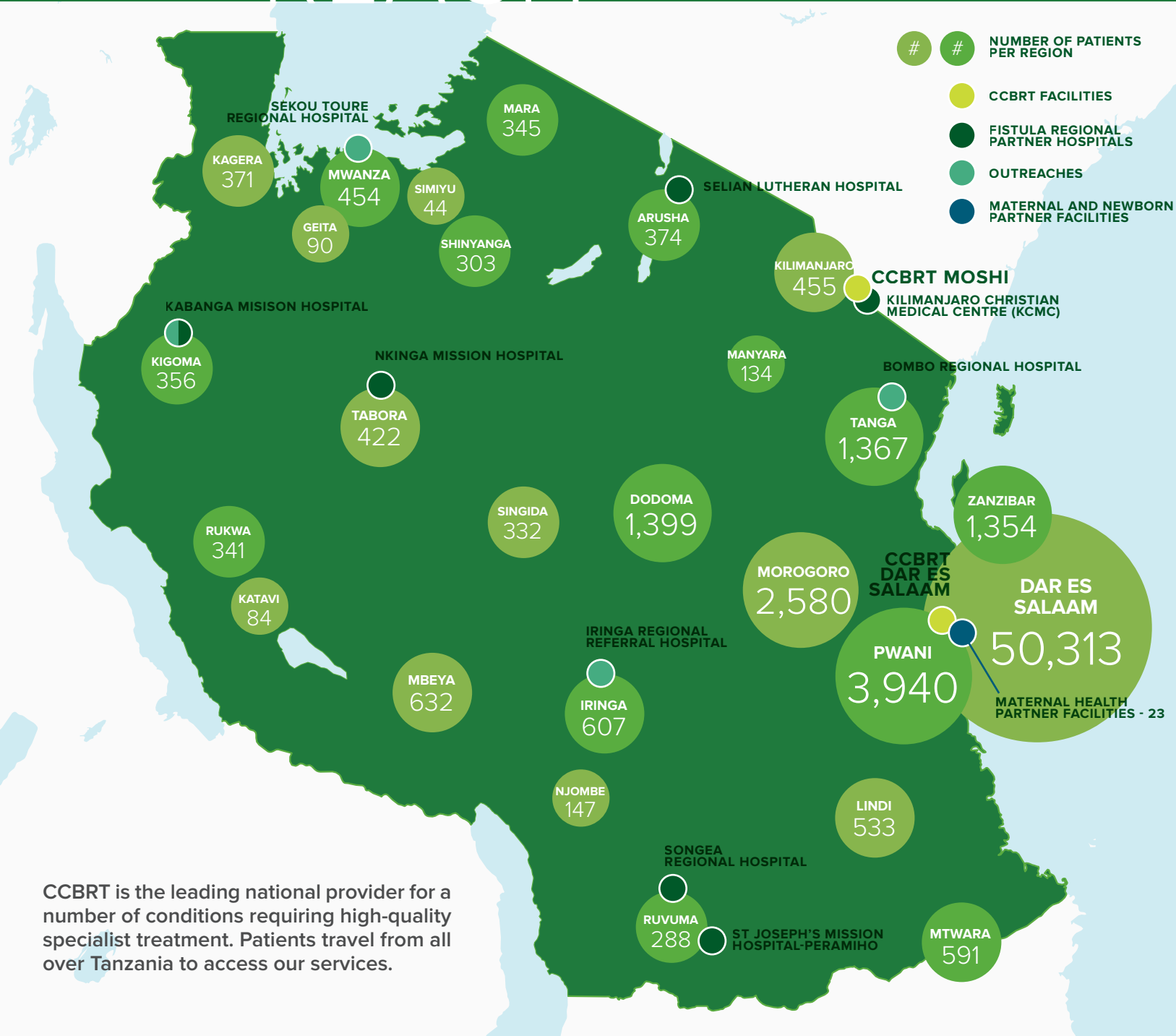
 **493**  
STAFF  
MEMBERS

 **9**  
YEARS IN  
GOVERNMENT  
PARTNERSHIP

 **33**  
FUNDING PARTNERS

 **3,737**  
SMS TREATMENT  
REMINDERS SENT

 **881**  
PATIENTS REFERRED  
VIA MOBILE MONEY





# IMPACT



## CASE STUDY: TRAINING

Sister Intisar Ahmed Saleh witnessed her first delivery in nursing school: “That night I cried to my mother ‘I’m so sorry for everything that happened!’ meaning that I made her give birth! The woman looked like she was in so much pain! I wanted to change that, so I decided to become a midwife”.

After her training, Intisar joined CCBRT’s Maternal & Newborn Healthcare Capacity Building Programme, which trains staff in 23 partner sites throughout Dar es Salaam. Working with the team has deeply ingrained standards in her everyday work. During an external Standards-Based Management & Recognition (SBMR) assessment, Intisar received an astounding 100 percent. Her mentor Dorcas Jiyadi noted, “Intisar is a champion of delivery and resuscitating newborns”.

**Her dedication is clear, and she admits to having trouble sleeping: “Late at night I call the wards to check on my patients,” she admitted. “I can’t go to bed knowing they are at risk”.**

When coaching mothers during labour Intisar cheers them on, yelling, “Push push push!”. “When I get a healthy baby I always clap and cheer, I just can’t help myself!” She reflected, “I want all mothers to have safe respectful care. I want every mother to enjoy giving birth - not regard it as a punishment”. The evidence shows that she is doing a great job - indeed, twice patients have named babies after her.

## CASE STUDY: REHABILITATION

Twelve-year-old Moses lives in rural Moshi, northern Tanzania. After complications at birth, he developed cerebral palsy. He did not cry or breastfeed for two days and needed help to breathe properly. Despite his difficult start, doctors did not warn his family that he might develop a disability.

When his family realised he was much less active than their previous three children, they took him to a local health clinic. From there he was referred to CCBRT Moshi, CCBRT’s community based rehabilitation centre in Kilimanjaro Region, northern Tanzania.

**CCBRT advised the family to put sustained effort into Moses’ rehabilitation, and were trained in physical and occupational therapy exercises. “It was not so hard”, Moses’s grandmother said lovingly - “we could see improvements right away”.**

CCBRT Moshi’s expert team have worked with Moses since he was a newborn, and are practically part of the family. When asked about his improvements, they beam, recalling when he was completely unable to walk, talk, use his hands, or hold up his head. He has made remarkable progress after 11 years of therapy with CCBRT, and last year began walking independently. He has started school and can now count to 10 and write numbers up to five. “We are hopeful he will continue to grow and improve”, said his sister.



# GROWTH AND CHANGE

Throughout 2016, CCBRT sought to invest in expertise and innovative solutions to the challenges of increasing demand and pressure on resources, building operational capacity, and laying the foundations for our long-term sustainability. Comprising the existing Disability Hospital, the Maternity & Newborn Hospital and new expanded CCBRT Clinic – both currently under construction – CCBRT's services are evolving and growing to meet the future needs of the Tanzanian population.

The CCBRT Clinic, offering private services, will underpin the organisation's sustainability and capacity to provide quality care to the most vulnerable in society for years to come. The new, expanded clinic is set to open in late 2017, as demand for private services at CCBRT continues to increase. Considering that CCBRT's unaudited own revenue in 2016 was a 24% increase on that of 2015 – thanks to the contribution of the existing Clinic – the income-generation potential of the new Clinic building is huge. Projections made in 2016 estimate that for every two patients treated at the new Clinic, one patient will receive subsidised care at the Disability Hospital.

2016 saw further work to prepare the Maternity & Newborn Hospital for opening. On-the-job training and mentoring of existing staff went on, while others continued in long-term training programmes, ensuring the hospital can provide quality care from day one. CCBRT's Training Centre, located within the new hospital, will open at the same time, providing a critical long-term solution to maintaining and building

expertise. With an initial focus on levelling the skills of all clinicians at CCBRT to a universally high standard, the training centre's programmes – currently in development – will include skills for both disability and maternal and newborn care. The Centre will have a sustainable business model, and will create an 'international faculty', fostering long-term international academic collaborations, further positioning CCBRT as a resource for the region.

CCBRT also brought clinical experts on board in 2016. Dr Cyprian Ntomoka, President of the Tanzanian Ophthalmological Society, joined in December as Head of Eye, bringing in-depth knowledge to CCBRT's eye services. Dr Pedro Coruja also joined us as Head of Imaging with years of international experience in the radiography and imaging field, overseeing the opening of CCBRT's new Imaging Department – a vital component of our revenue generation going forward.

As well as advancing the physical structures and human resources necessary for growth, CCBRT continues to

invest in organisational improvements. 2016 was a significant year in CCBRT's use of lean management techniques. Following years of work developing a leaner culture at CCBRT, CCBRT's Eye Outpatient Department (OPD) was selected as the first 'model cell' and in September 2016 changes were made to the layout of the unit to create a more logical patient flow, eliminate waste and promote greater efficiency. Following a week of closure and intensive training, the OPD reopened to encouraging results: within the first week, CCBRT was able to treat 20 per cent more patients than in the week prior to closure.

Other strategies to maximise quality of care were carried out in 2016. The work of CCBRT's Physical Rehabilitation Department was expanded and refocussed to integrate a number of multi-disciplinary teams (including physical and occupational therapists, prosthetists and orthotists and community rehabilitation workers) with our on-site orthopaedic work.



**CCBRT cannot continue its life-saving work nor achieve a sustainable and stronger health system in Tanzania without your support. Please donate online today:**

**[www.ccbirt.org/donate](http://www.ccbirt.org/donate)**

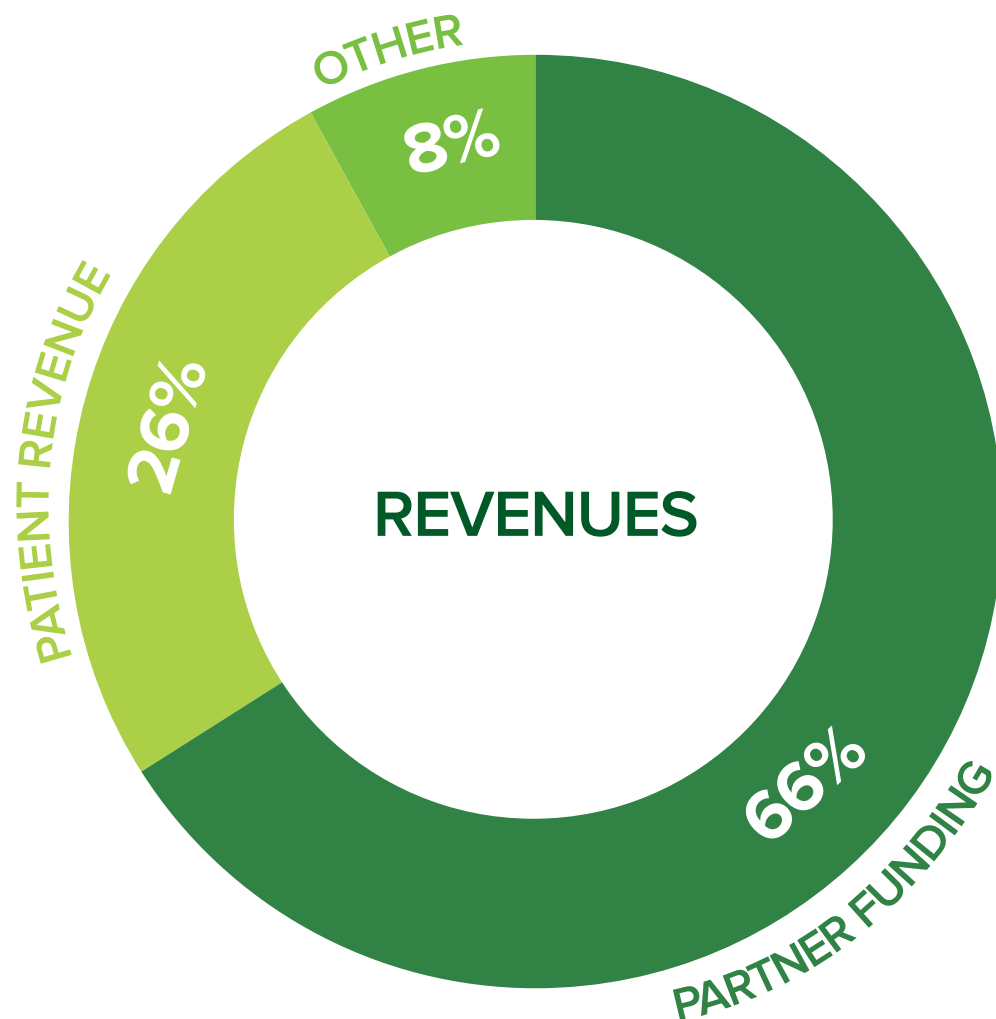
**\$162** provides one adult cataract surgery

**\$715** treats a child with clubfoot

**\$1,381** covers the cost of one woman's fistula surgery

# RESOURCES

OPERATING COST: **\$13,944,135**



## HOW WE USE OUR FUNDS



### HUMAN RESOURCES FOR HEALTH (HRH)

Tanzania's health sector is highly understaffed, with HRH shortages across all fields and cadres. There are only 0.8 ophthalmologists per 1 million people and a serious shortage of human resources in maternal and newborn healthcare: 7.74 per 10,000 of population, compared to the WHO recommendation of 22.8 per 10,000 people. An estimated 63,750 additional health workers will be required in Tanzania by 2024 in order to keep pace with population growth. Providing quality, specialised services and retaining expertise in this challenging climate requires significant investment in HRH.



# RESOURCES

## Statement of Financial Position as of 31 December 2016\*

Assets	2016 TZS (Millions)	2015 TZS (Millions)
<b>Non current assets</b>		
Property, plant and equipment	36.8	32.4
Intangible asset	0.3	0.01
Grant receivables	24.2	24.1
	<b>61.3</b>	<b>56.5</b>
<b>Current assets</b>		
Inventories	2.7	3
Trade and other receivables	3.6	1.5
Grant receivables	15.2	28.3
Bank balances and cash	12.7	19.4
	<b>34.3</b>	<b>52.2</b>
<b>Total Assets</b>	<b>95.6</b>	<b>108.7</b>

Reserves & Liabilities	2016 TZS (Millions)	2015 TZS (Millions)
<b>Reserves</b>		
Retained surplus	4.6	8.5
Revaluation reserve	1.6	1.6
	<b>6.3</b>	<b>10.2</b>
<b>Non current liabilities</b>		
Bank Loan	2.2	
Capital grant	31	28.5
	<b>33.2</b>	<b>28.5</b>
<b>Current liabilities</b>		
Deferred income grants	53.1	66.8
Trade and other payables	3	3.2
	<b>56.1</b>	<b>70</b>
<b>Total Reserve &amp; Liabilities</b>	<b>95.6</b>	<b>108.7</b>

<b>Income</b>		
Revenue	25.1	24.3
Other Income	2.2	3.7
<b>Total Income</b>	<b>27.2</b>	<b>28</b>

<b>Operating Costs</b>		
Operating costs	31.1	29
<b>Surplus/(Deficit) for the year</b>	<b>-3.9</b>	<b>-0.9</b>

\*Not yet signed by auditors



## SUPPORTERS

CCBRT is grateful to the following partners for their generous support in 2016\*. For the full list of supporting partners, click [here](#).

CBM

Danish International Development Agency

Ein Herz für Kinder (BILD hilft e.V)

Federal Republic of Germany through KfW

Fistula Foundation

Global Affairs Canada

Human Development Innovation Fund

Irish Aid

Johnson & Johnson

Light for the World Belgium

Swiss Agency for Development & Cooperation

Smile Train

Vodafone Foundation in partnership with USAID

\* contributions of over \$100,000 in 2016

In 2016, CCBRT's sister organisation, **Kupona Foundation**, raised over \$970,000\* in financial and in-kind support from U.S. based donors, to enable the continuation and sustainable growth of our programmes. *\*Unaudited figures*



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