



Changing Lives, Changing Communities

CCBRT Strategy 2013-2017

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Acronyms

CBR	Community Based Rehabilitation
CCBRT	Comprehensive Community Based Rehabilitation in Tanzania
CP	CCBRT Community Programmes
DH	CCBRT Disability Hospital
MH	CCBRT Maternity and Newborn Hospital
MNHC	CCBRT Maternal and Newborn Healthcare programme
UNCRPD	United Nations Convention on the Rights of People with Disabilities

A group of smiling children of various ages sitting together against a textured wall. The children are of African descent and are dressed in casual clothing. The background is a rough, grey concrete wall. The children are looking towards the camera with happy expressions.

Introduction

The CCBRT Strategy 2013-2017 sets the direction for Comprehensive Community Based Rehabilitation in Tanzania (CCBRT) in realising its vision and mission over the next five years. It outlines the organisation's focus on long term impact, managing growth, improving capacity, striving for excellence and securing a sustainable future. The strategy for 2013-2017 builds upon CCBRT's seventeen year presence as a provider of disability and rehabilitation services in Tanzania whilst enhancing CCBRT's work in providing safe maternal and newborn healthcare services in the region.

In developing the CCBRT Strategy 2013-2017 a thorough review of progress against the 2008-2012 Strategy and an analysis of trends and changes in the contextual environment were carried out. Inputs were collected from CCBRT service users, members of staff (including

managerial, medical, community programme and support staff), selected partners and external third parties. CCBRT is keen to recognise previous successes and to use these as foundations for future work. This strategy focuses on having a long term impact upon the community by improving the quality of both disability and maternal and newborn healthcare services, and by ensuring that CCBRT always works to achieve operational excellence.

During the period covered by this strategy the CCBRT Maternity and Newborn Hospital (MH) will become operational. With the growth of the organisation comes increased responsibility for long term provision of services, financial viability, and the ability to meet the needs of an expanding client base. In setting key strategic priorities for 2013-2017, CCBRT continues to strive for impact, quality and innovation in all aspects of its work.

About CCBRT

CCBRT is a locally registered non-governmental organisation established in 1994. From its inception, as a community based rehabilitation (CBR) programme, CCBRT has grown rapidly and is now the largest provider of disability and rehabilitation services in the country. Out of Tanzania's population of over 43 million people, an estimated 3.4 million people live with a disability.¹ These are often amongst the poorest people in society. CCBRT was established to empower people with disabilities and their families, ensure access to medical and rehabilitative treatment and ultimately to improve their quality of life. In an effort to prevent disability CCBRT engaged in improving maternal and newborn healthcare which has in itself become a key component of CCBRT's work.

CCBRT is currently comprised of a well-established Disability Hospital (DH), Community Programmes (CP) in and around Dar es Salaam and Moshi, a training programme and an advocacy unit. Departments at CCBRT's DH include ophthalmology, obstetric fistula, and orthopaedics and reconstructive surgery. CP operates in different parts of Tanzania carrying out and supporting awareness raising, early identification and referrals, mobile outreach and CBR programmes. In Dar es Salaam, CP includes a maternal and newborn healthcare (MNHC) capacity building programme which, in partnership with the Government's Regional Health Management Team,

aims at improving technical skills, infrastructure capacity and the referral systems of existing government facilities. CCBRT is in the process of establishing a specialised maternity hospital, the CCBRT Maternity and Newborn Hospital (MH), which will be a referral hospital for high risk cases in the region. CCBRT works in close collaboration and partnership with the Government of Tanzania, and together the DH and MH form the Super Specialist Hospital for the Eastern Zone of Tanzania. Training and capacity building are central to CCBRT's work and are provided for individuals and organisations in medical and rehabilitation fields as well as for CCBRT staff. CCBRT's advocacy unit operates at all levels in Tanzania and engages internationally in promoting disability-inclusion through research, lobbying, training and advice.

CCBRT aims to reach the most disadvantaged people and has put in place practices accordingly. Services are subsidised or free of charge for certain conditions and for all children under 5 years of age. A key part of realising sustainable provision of high quality services is the CCBRT Private Clinic. Revenue from the Private Clinic helps subsidise other services, reducing CCBRT's dependence on external funding and partners and also providing a more reliable and controllable income stream. The success of the Private Clinic is also an indicator of quality which is essential in all areas of CCBRT's work.



Definition of Disability²

Disability: an umbrella term for **impairments**, **activity limitations** and **participation restrictions**. It refers to the negative aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environmental and personal factors, e.g. negative attitudes, inaccessible transportation and public buildings, and limited social supports).

Impairments: problems in body function or alterations in body structure (e.g. paralysis or blindness)

Activity limitations: difficulties in executing activities (e.g. walking or eating)

Participation restrictions: problems with involvement in any area of life (e.g. facing discrimination in employment or transportation)

Disability and Maternal Health in Tanzania

- 7.8% of the Tanzanian population lives with a disability³
- Maternal mortality rate in Tanzania is 454 maternal deaths per 100,000 live births⁴; and for every woman who dies in childbirth, around 20 more suffer injury, infection or disease⁵
- Tanzania is one of ten countries in the world contributing to 61% of all global maternal deaths and 66% of neonatal deaths⁶
- Children with a disability are less likely to go to school; illiteracy rate among Tanzanians with disabilities is 48% compared to 25% among people without disabilities⁷
- People with disabilities are more likely to be unemployed; among 25,000 employees in Dar es Salaam only 0.7% had a disability⁸

A photograph of a woman in a red headscarf with yellow and blue floral patterns, holding a young child in a white shirt. Another woman in a purple and white checkered shirt is visible in the background, working with red thread. The scene is set in a room with wooden furniture and various items on a table.

CCBRT's Vision, Mission and Working Principles

CCBRT's Vision is:

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

CCBRT's Mission is to:

- 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

CCBRT's Working Principles are:

- 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

Reflections on CCBRT Strategy 2008-2012

Between 2008 and 2012, CCBRT made strong progress against all its strategic objectives. This section reflects on achievements over the past five years and identifies areas which CCBRT will continue to build upon under the new CCBRT Strategy 2013-2017.

Contribute to the prevention of impairments and strengthen early identification

The MNHC capacity building programme and the establishment of the MH are key strategies in the prevention of impairments. The capacity building programme commenced in 2010 and is focused on 16 government health facilities covering over 75 per cent of all facility-based deliveries in the Dar es Salaam region. Construction of the MH began in 2011, and it is due to open in 2014. The MH will provide specialised maternal and newborn healthcare services for high risk cases referred from other facilities in the Eastern Zone. The capacity building programme will be ongoing even once the MH is operational in order to further strengthen the referral facilities.

Expand reach of services

The mobile outreach programme increased its geographic coverage through partnerships with other facilities. The introduction of a network of ambassadors to identify and refer people in need of CCBRT services and the use of a mobile money transfer system to cover transportation costs have proven very successful in improving access and overcoming transport barriers. Between 2009 and 2011, fistula surgeries increased by 109 per cent and

cleft lip/palate patients by 203 per cent. This initiative will be expanded during the coming years to include children with eye conditions which, if left untreated, could lead to blindness. As a result of the MNHC programme there has been a visible rise in the number of early referrals from health facilities in Dar es Salaam. CCBRT also saw an increase in children with clubfoot presenting at an early stage after promoting non-operative treatment and introducing community clubfoot clinics; the latter is another initiative which CCBRT intends to develop further.

Strengthen quality of medical and rehabilitative services to ensure sustainable outcomes

CCBRT put considerable emphasis on improving the quality of its services. Assessments and audits were conducted and actions were taken accordingly, including: the establishment of a quality and safety unit, an anaesthesia department, and the re-focus of orthopaedic services to essential orthopaedics. Surgical outcomes are measured regularly against international standards. Quality standards in the maternal health facilities in Dar es Salaam have improved by an average of 20 per cent due to collaborative efforts. Quality will remain a priority for CCBRT.

Deliver comprehensive community based rehabilitation

CP was restructured to be in line with the World Health Organisation CBR guidelines in order to strengthen interdisciplinary collaboration and maximise rehabilitation outcomes. An important





addition to CP services was the establishment of special seating clinics in Dar es Salaam and Moshi, which is particularly beneficial for children with cerebral palsy. Children with cerebral palsy form the largest client group in CCBRT's CBR programmes (over 50 per cent of clients). The intensive and life-long rehabilitative support which is often required is only provided by a limited number of CBR programmes including CCBRT. CCBRT has established partnerships to increase the economic status of families of children with disabilities. Access to economic opportunities is highly valued by clients and their families, and this is an area which deserves further exploration and expansion.

Mainstream disability

A three-year HIV/AIDS & Disability project aimed at the inclusion of disability in HIV/AIDS awareness raising strategies and improving access to voluntary counselling and testing and treatment was successfully completed. Another milestone was the establishment of the advocacy unit which promotes accessibility and disability inclusion in mainstream services. CCBRT focuses its efforts on providing training and advice on disability related issues to organisations, service providers and government institutions. With the ratification of the United Nations Convention on the Rights of People with Disabilities (UNCRPD) and the enactment of the Person with Disabilities Act 2010 by the Government of Tanzania, CCBRT's advocacy work will only become more important.

Build capacity

CCBRT continued to provide practical medical and rehabilitation trainings. Sub-speciality fellowships were introduced and attracted ophthalmologists from across Africa. CCBRT trained community health workers, nurses and midwives on the causes and prevention of disabilities, available treatment and the referral process. In 2011, the MNHC programme trained over 800 health professionals from facilities in Dar es Salaam in basic emergency obstetric and newborn care, infection prevention and other related topics, and continues to provide regular follow-up within the health facilities. Training was also provided for CCBRT staff.

Strengthen CCBRT's capacity and organisational processes

CCBRT expanded and upgraded its Private Clinic facilities resulting in a significant increase in income generated from patients. Diversification of income was further achieved through local fundraising and through the establishment of Kupona Foundation, an international foundation based in New York. CCBRT established a human resources department and invested in management systems to strengthen internal controls and improve efficiency. An external assessment of support services resulted in an organisational restructuring. As CCBRT grows a concerted effort to improve its capacity and operations will be required over the next five years.



Strategic Priorities for 2013-2017

Priority 1: Long Term Impact

CCBRT's goal is: A long term positive impact on the lives of people by improved access to comprehensive and mainstream services, strengthened early identification and referral systems, and increased treatment completion rates

To achieve this, CCBRT will:

- Expand early identification and referrals of specialised services
- Intensify follow-up and improve health education
- Expand inclusion of disability into mainstream services

Priority 2: Sustainable Growth

CCBRT's goal is: To be driven by its mission, strategy and available resources, and to be prepared to respond to unanticipated external factors and changes

To achieve this, CCBRT will:

- Define core services
- Increase community ownership
- Develop into a social enterprise

Priority 3: Capacity Building

CCBRT's goal is: A scalable, sustainable model to build internal and external capacities as a means to improve quality and to strengthen disability and maternal and newborn healthcare services in Tanzania

To achieve this, CCBRT will:

- Establish a training centre
- Continue maternal and newborn health care capacity building
- Explore social franchising models

Priority 4: Operational Excellence

CCBRT's goal is: A high quality, professional service and improved governance and operational efficiency

To achieve this, CCBRT will:

- Improve systems and operations
- Invest in career development and performance
- Improve monitoring and evaluation

Priority 1: Long Term Impact

In Tanzania, as in many other countries, people with disabilities often do not have equal access to healthcare services, education or employment opportunities and face social exclusion from community life. Disability is complex, dynamic and multidimensional. While people with disabilities regularly do require healthcare intervention it is equally important to address existing inequalities as well as environmental and social barriers. It is estimated that up to 50% of disabilities can be prevented with adequate maternal and newborn healthcare and early identification and referrals but existing health facilities are unable to cope with the demand for their services. CCBRT has already made significant achievements in: early identification and intervention which are essential for attaining a long term impact; reaching more people in need of its services; improving the quality of the disability and maternal and

newborn healthcare services available; and implementing advocacy initiatives. CCBRT still faces challenges in achieving long term impact due to high drop-out rates from children's eye and clubfoot interventions. Without complete and regular follow-up treatment such interventions are unlikely to have the intended outcome in the long-term. With Tanzania's ratification of the UNCRPD and the enactment of the Persons with Disabilities Act 2010, there has been growing recognition of the rights and needs of people with disabilities. There are now important opportunities to influence government, service providers, private sector and development actors to include disability in policy and practice. As a respectable stakeholder in the field of disability and maternal and newborn healthcare services, CCBRT needs to explore ways of increased engagement in policy dialogue.

CCBRT's goal is:

A long term positive impact on the lives of people by improved access to comprehensive and mainstream services, strengthened early identification and referral systems, and increased treatment completion rates.

To achieve this, CCBRT will:

Expand early identification and referrals of specialised services. The successful network of ambassadors initiative will be expanded to cover other conditions. The MNHC programme will continue to ensure increased numbers of early referrals from Dar es Salaam health facilities to the DH, and will contribute to the establishment of effective referral systems for maternal and newborn healthcare services.

Intensify follow-up and improve health education. A follow-up team will be tasked to remind patients to attend appointments and follow treatment protocols. Innovative methods will be

applied such as using mobile phone technology. Improved health education is part of the strategy to raise awareness among service users and their families on the importance of full completion of treatment.

Expand inclusion of disability into mainstream services. CCBRT's advocacy unit will expand the provision of disability support services and lobby for increased disability-inclusion. The unit will collaborate with CP in facilitating the engagement of people with disabilities and their families in local advocacy initiatives.

Priority 2: Sustainable Growth

With an annual population rate increase of 4.4 per cent Dar es Salaam has become the 3rd fastest expanding city in Africa (9th fastest in the world). The population is expected to reach over 5 million by 2020.⁹ This is already challenging existing infrastructure such as roads, power supply and access to clean water, and is testing the capacity of existing health facilities to deliver efficient and quality services. Together with this rapid population growth, there is a fast emerging middle class. CCBRT has experienced the impact of these trends at the DH with an overall rise in the number of walk-in patients and with those opting for Private Clinic

services increasing from 4 per cent in 2009 to 15 per cent in 2011. The number of clients in the CP is high and community support units are becoming overcrowded. The demand for CCBRT services continues to grow whereas maximum capacity is close to being reached given the current resources available and the manageability aspect. Existing maternal healthcare facilities in the Dar es Salaam region are heavily congested, overburdened and unable to meet the demands for their services. The need for improved referral systems in maternal healthcare will only become more important as the population increases.

CCBRT's goal is:

To be driven by its mission, strategy and available resources, and to be prepared to respond to unanticipated external factors and changes.

To achieve this, CCBRT will:

Define core services. CCBRT will establish and communicate its core services in order to: strengthen impact and outcomes, better allocate resources, set and manage expectations of service users, clarify roles and responsibilities with partners, and align with CCBRT's mandate, national policies and (inter)national guidelines and standards. An important aspect is the development and institutionalisation of protocols for disability and maternal and newborn healthcare related services to guide the interventions, referrals and engagement in partnerships.

Increase community ownership. Concerted efforts will be made to encourage parents, caregivers and communities to play a greater role

in children's development and to take increased ownership of rehabilitation activities. CCBRT will develop a transition plan and hand-over the responsibility of running community-based support unit sessions to parents and caregivers.

Develop into a social enterprise. CCBRT will move towards developing the organisation as a social enterprise and operate in a more business-like manner while maintaining its social mission. CCBRT will increase its own income through: the expansion of the existing and the construction of new Private Clinics for both disability and maternity and newborn services, the implementation of other opportunities for income generation, and strengthening fundraising efforts through Kupona Foundation.

Priority 3: Capacity Building

Tanzania's health sector is highly understaffed; the staffing stands at 35% of the actual need according to defined staffing norms.¹⁰ Shortages are both in the public and private sector and concern all cadres from clinicians, nurses, midwives, physiotherapists to health administrators. CCBRT also faces challenges in filling vacancies which, without mediation, will only become more widespread with the opening of the new MH, required expansion of existing services due to increased demand, and further sophistication and specialisation of services provided. Another challenge is the skills-set required for delivering quality services and improving efficiency which requires a different human resources development approach than is currently in place. Among the Government strategies to address staffing shortages

are strengthening human resources planning, maximising effective utilisation, and increasing production and improving quality of training. CCBRT is already now considered an important facility providing training in different disciplines, especially in medical and rehabilitation-related fields. Mainstream development organisations, companies and service providers are also increasingly seeking advice from CCBRT on disability inclusion, an area in which limited expertise is currently available. Capacity gaps relate not only to the availability of human resources but also to infrastructure, equipment, management and systems that combined require a holistic approach and close collaboration with key stakeholders. This is the strategy CCBRT applies in its MNHC capacity building programme.

CCBRT's goal is:

A scalable, sustainable model to build internal and external capacities as a means to improve quality and to strengthen disability and maternal and newborn healthcare services in Tanzania.

To achieve this, CCBRT will:

Establish a training centre. CCBRT will establish a training centre for internal capacity building which will gradually open up to external individuals and organisations. The training centre will provide medical and rehabilitation as well as management related trainings. CCBRT will expand linkages with national and international training institutions to support the provision of quality training.

Continue maternal and newborn healthcare capacity building. MNHC capacity building interventions, including training and mentoring, will continue even once the CCBRT MH is operational. CCBRT will continue to work in close collaboration with government health facilities to ensure the

capacity exists to manage maternal and newborn healthcare and to decrease overburdening in facilities across Dar es Salaam.

Explore social franchising models. CCBRT will explore the opportunities of creating a social franchising model as an innovative way of empowering other medical and rehabilitation service providers and expanding the reach of accessible service delivery across Tanzania. A needs assessment will inform support to be provided which can include medical and managerial training, the organisation of awareness and mobile outreach and provision of treatment protocols.



Priority 4: Operational Excellence

Between 2008 and 2012, CCBRT put considerable emphasis on improving its operational structure and systems. Assessments and audits were conducted across the organisation, covering support services and organisational processes as well as medical and rehabilitative services. As a result both a quality and safety unit and an anaesthesia department were established, there was a re-focus to essential orthopaedic services, and organisational

restructuring took place within certain departments and programmes. In the process of developing a design strategy for the MH there has been significant focus on implementing lessons learned and ensuring international standards and best practices are adhered to. As CCBRT grows in size increased operational efficiency and controls will be critical to maintain quality and manageability.

CCBRT's goal is:
A high quality, professional service and improved governance and operational efficiency.

To achieve this, CCBRT will:

Improve systems and operations. CCBRT will put in place a fully integrated management system, streamline work processes, and increase standardisation and protocols across the organisation. Lean Six Sigma and 5S approaches will be applied to improve the efficiency of internal operations. To eliminate energy disruptions CCBRT will invest in energy saving and power back-up systems.

Invest in career development and performance. CCBRT will continue to strengthen its human resources function in order to enable

and support organisational growth and to facilitate increased operational efficiency, controls and staff engagement. This will be done through clear, transparent, accessible human resources policies, processes and procedures. Efforts will include standardisation and expansion of training and investing in career development.

Improve monitoring and evaluation. Monitoring and evaluation systems for the entire organisation will be put in place to facilitate measuring progress against targets, the outcome and impact of interventions, and compliance.

Key Service Delivery Targets 2013-2017



Disability services	
Eye consultations	460,000
Rehabilitation department consultations	90,000
Eye surgeries	35,000
Clubfoot treatments (new patients)	1,500
Cleft lip/palate surgeries	2,500
Other orthopaedic and reconstructive surgeries	5,000
Obstetric fistula surgeries	4,650
Community services	
Families supported through CBR	6,000
Special seats fitted	1,000
Children with disabilities in schools	1,500
Maternity and newborn services*	
Antenatal care visits	137,500
Deliveries (caesarian sections)	45,800 (18,500)
Postnatal care visits	91,600
Immunisation visits	458,000
Family planning sessions	45,800
Integrated prevention of mother-to-child transmission of HIV	45,800
Training	
People trained in disability inclusion	1,000
Maternal healthcare professionals trained	4,000
Professionals trained (medical, rehabilitation, management)	1,500

*All targets for maternity and newborn services relate to the period mid-2014 to 2017

Overview of Finances

This section describes how CCBRT will finance activities set out in the CCBRT Strategy 2013-2017. Currently, CCBRT's main sources of income are through: the public-private partnership with the Government of Tanzania, partnerships established with external stakeholders, patient contributions (from the DH and the Private Clinic), and fundraising (both at the international and local levels). Under this strategic plan an emphasis has been placed on further diversifying funding sources, core funding and on increasing and improving financial self-sufficiency through income generated at CCBRT's Private Clinic.

Government of Tanzania

CCBRT works in close collaboration and partnership with the Government of Tanzania. In 2007, CCBRT and the Government entered into a public-private partnership under which the Government provides a contribution towards human resources and running costs. CCBRT will continue to foster its partnership with the Government of Tanzania and will sign a new memorandum of understanding.

Patient Contributions

CCBRT has decided to path the way towards increased financial independence and sustainability by enhancing its own income generation through private patient contributions. It has been decided to envisage a public versus private patient ratio of 60/40. Successful efforts have been made to improve CCBRT's Private Clinic services and its collaboration

with health insurance companies has proven to be promising. Similar to a social enterprise, all profits made from private patient payments are reinvested into CCBRT in order to subsidise services or provide them free of charge for certain conditions and for all children under 5 years of age. This step forward is one of CCBRT's actions to become less dependent on partners.

Partners

Currently, over half of CCBRT's income is donated by CCBRT's major partners. To ensure sustainable programmes, CCBRT envisages long-term partnerships with its partners and strongly encourages unrestricted funding to support its core budget. To decrease overhead costs, CCBRT encourages its partners to acknowledge its annual and bi-annual reports as CCBRT's main reporting tools.

Fundraising and Other Sources

Kupona Foundation was founded in 2009 in New York to solely support CCBRT's fundraising activities targeting the fundraising market in the United States. International fundraising is complemented with local fundraising efforts through events and engagement with partners from the corporate sector in Tanzania. Income from Kupona Foundation is steadily growing and together with the locally raised funds it will provide a significant contribution to the financing of the 2013-2017 Strategy.





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