

Rehabilitation International
Global Disability Development Fund / Africa Fund
Final Report

1. Executive Summary: the template below is only a guideline; however, please do not go over 5 pages.
2. Appendix with photos, links to materials made and other supporting materials.
3. Financial Report, signed by your finance manager, all Project Holders and Representative of your Board of Governors

Project: IMPROVEMENT & EXPANDING REHABILITATION SERVICES	Report No.: 2
Organization: COMPREHENSIVE COMMUNITY-BASED REHABILITATION IN TANZANIA (CCBRT) Hospital	Name of Project-in-charge: LUCY KAVISHE
Approved Funding: (USD) 100,000	Actual amount spent: (USD) 100,038
Reporting Period: MARCH 2019 – FEBRUARY 2020	

Executive Summary (not more than 5 pages):

1. Brief overview of your project and objectives
 - a. Improved child development outcome
 - b. Improved mobility for people and children with disability
 - c. Improved and expanded follow up services

2. Key output, outcomes and how you have measured them (as in the original proposal: if these were achieved or not and your comments)

Objective1: Improved child development outcomes

Output 1:
 Parent Carer Trainings (PCTs): A total of 113 Parent Carer Trainings (PCTs) clinics have been conducted which focused on training parents/guardians on proper handling techniques such as lifting and carrying children living with disabilities during feeding. Parents/Guardians are taught on the importance of playing with their children at home and how child functional growth is connected to child ability to play.

Outcome 1:
 We have noticed an improvement of parents' behaviour on how they lift and carry their children while they attend PCT clinics and also during home visits. More parents have also adapt a new behaviour of playing with their children seen them making toys using local available materials

Objective 2: Improved mobility for people and children with disabilities

Output 1:
 A total of 4 Seating Outreach clinics have been conducted. During these clinics children in need of appropriate wheelchairs and devices are assessed and provided

with an appropriate wheelchair. CCBRT has access, prescribe and fit 109 CWD with wheelchairs and supportive seat and 32 wheelchairs were repaired and maintained so that their health is improved and can participate fully to their community. On top of that also CCBRT provide user training to their parents on how they can take care their children while in the wheelchair that is how to position them properly, how to transfer them, how to manage different parts of the wheelchair and how to push the Wheelchair in different terrains.

Early intervention for good progress including prescribing and providing the device to the child with disability at early stage of growth will prevent secondary disability caused by poor positioning. A total of **66 (Male 35 Female 31)** clients were given orthopedic devices at KCMC

Immediate result seen in children is a change in posture which enables them to fully participate in their environment without full time supervision. The children were able to maintain joint alignment which helped them intervene rehabilitation programs and those undergoing operations helped them improve gait pattern.

Outcome 2:

Children with disabilities who have mobility limitations which hinder them from participation in their day to day activities like playing, going to school, feeding, communication and interaction to the own community are now actively participating in these activities. Parents are able to work while seen their children closer to them therefore these changed families economic status as they are now able to do some income generating activities.

Objective 3: Improved and expanded follow-up services

Output 3:

CCBRT has got committed 9 Community Rehabilitation workers who are based in their own local communities. The government health workers were also trained on basic rehabilitation and wheelchair services provision so that they can team up CCBRT Community Rehabilitation Workers during field visits.

For this period the Community Rehab Workers were able to support 370 clients in the Community where **444 (Male 253 Female 191)** Were visited at home **264 (Male 132 Female 125)** in the Community Support Unit. During their visits despite rehabilitation activities they also managed to do minor repair and maintenance of wheelchairs and supportive seat.

Nutritional issues is the major challenge to children with disability in the community, the community rehabilitation worker (CRW) also detect and refer children with nutritional challenges to come to the training so that they can be seen by nutrition specialist.

During Home visits CRW also visits families with Livelihood projects, the issue of poverty reduction in the families with Children with disability, livelihood project is among the activity which contributed to outstanding changes by improving nutrition, economic status in the families of Children with disabilities. The goat project is the party of CRW responsibility during Home visits in collaboration with Community development department.

Outcome 3:

Increased commitment of partner organization and local government authority in planning and consulting CCBRT Moshi for basic wheelchair training on minor repair and maintenance of wheelchair that are distributed in their working areas.

3. Challenges and Issues arising and solutions:

The need for our wheelchair & supportive devices services and follow up is higher compared to the number of technical and clinicians available to meet the need.

Refurbishing of worn out wheelchairs for sustainability and environmental friendly projects to ensure we reduce wheelchairs related waste from our environment.

We have noticed that to achieve our target CCBRT Moshi could have achieved much more if we had an additional Land Cruiser for field home visit to increase our numbers. At the moment we do have only one land cruiser which is a challenge we are doing our best to manage.

4. Self-evaluation and Lessons Learned

We have observed good postural support for the children who received wheelchairs. An improvement in postural; support has also lead to a decrease in pneumonia cases for children who are on GMFCS Level 4 and level 5.

Early intervention and provision of the device for good progress for child with disability prevent secondary disability due to poor posture earlier on in life. Further, there is led dependency on care takers as they grow allowing their parents and guardians more time to participate in socio-economic activities.

5. Suggestions for dissemination

At CCBRT, majority of our clients who receive comprehensive rehabilitation services continue to be our ambassadors when they reintegrate back to their community through sharing their life changing stories. We reach out to patients across the country in our Dar es salaam offices giving us a wider platform to reach out to the rest of Tanzania in need of our services.

6. Recommendations (both for your own organization and other organizations working in the same thematic areas)

Given the nature of rehabilitation services, it is a continuous process as opposed to a one-off hence we would recommend multi-year funding in order to fully track impact. Single year funding is better than nothing but overall impact may not be felt in one year of evaluation.

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Reviewed and Endorsed by: ANASTASIA MELIS – Chief Human Development Officer

Date: 31-03-2020

