

# ANNUAL REPORT 2018



MOTHERS  
AND CHILDREN  
FIRST  
**1,000  
DAYS**



# ANNUAL REPORT 2018



**DOCTORS  
WITH AFRICA**  
CUAMM

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## ICON KEY



**MATERNAL AND  
CHILD HEALTH**



**NUTRITION**



**INFECTIOUS DISEASES**



**TRAINING**



**MONITORING,  
EVALUATION, AND  
RESEARCH**



**CHRONIC DISEASES**



**HOSPITALS**



**NATIONAL PROJECT**

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# THE SUM OF SMALL (GREAT) THINGS

by **Don Dante Carraro**  
Director of Doctors  
with Africa Cuamm

The first image from 2018 is of the Bibibidi **refugee camp** in the Yumbe district of Uganda. We have worked hard to grapple with a dramatic **regional emergency** in Uganda, Ethiopia, and South Sudan that has continued throughout the year. We have worked in the refugee camps and peripheral health facilities, in training local personnel and in hospitals, working closely with the local authorities.

Because our first priorities are always the needs of mothers and children, we have worked to connect communities and services, building referral systems to transfer obstetric emergencies. In February, we launched a **major new project in Sierra Leone**, seeking to turn an emergency into an opportunity. We recovered the ambulances donated during the Ebola emergency (which were at risk of being unused) to start a sort of national "911." This major undertaking is already producing its first results.

Our action in the field needs dialogue and assessment, as in the **conference "The Role of the Hospital in Primary Health Care,"** now in its third year, held in Pisa in early March with the aim of supporting quality cooperation. Put on with the Global Health Center of the Region of Tuscany, and the Sant'Anna School of Advanced Studies, the conference was an important learning opportunity involving leading Italian NGOs to improve assessment and transparency.

Throughout Italy, we have organized **opportunities to meet and discuss at many different levels.** In Rome, Vicenza, Padua, Bologna, Turin, Florence, Reggio Emilia, and Milan, we have joined forces with friends and high-profile spokespeople to engage communities to focus on Africa, tangible problems, demographic and migration dynamics, and the health of women and children in Africa and in our cities.

In many African countries, the crisis continues to affect the population, both in cities where the people are struggling more and more, and in rural areas, where there is dignified but very deep poverty, worsening day by day. This is why we accepted the invitation to work in a new difficult setting, a country in 188th place out of 188 on the Human Development Index, the **Central African Republic.** This is the newest frontier where we are acting, the new "furthest outpost." Our action officially started on July 1 during a field mission with the President of the Bambino Gesù hospital, Mariella Enoc. We know that Pope Francis (who visited Bangui at the start of the holy year) encourages us to rally to the cry of his "beloved children," the most vulnerable people of this devastated country.

**Italy-Africa-Italy,** we felt how deeply our fates are intertwined when on the morning of September 9 an airplane from Juba to Yirol in South Sudan crashed into the lake near the landing strip. This was a moment of sorrow mixed with relief; One of the 21 passengers on board was our young doctor from Catania, Damiano Cantone, who survived. Our relief for Damiano's survival joined with our sorrow for the loss of 18 victims, including 4 children. Their names didn't make the headlines, but these people and their families are dear to us.

This same sense of solidarity inspired "**ioconlafrica.**" In this simple but concrete gesture to give a voice to Africa, people took

pictures with their hands in front of their faces to share on social media with the hashtag #ioconlafrica [I'm with Africa]. From September to CUAMM's Annual Meeting, the #ioconlafrica campaign aimed to mobilize people, groups, and institutions to express their faith in this too often neglected continent. The project went from the virtual world to the real world of Piazza del Nettuno in Bologna, where a participatory installation was set up. Saturday, November 10, in Bologna: **Annual Meeting 2018.** We talked about Africa, our projects, our results, the difficulties and challenges met. We heard each other's stories and met face to face amidst smiles, greetings, handshakes, and hugs. Italy and Africa, together! It was a joining of passion, enthusiasm, hard work, and objectives. We feel a strong sense of responsibility to tell the people and institutions that believe in us about what we have done during the year.

Throughout the year, we have done so, including through original productions such as the 6-episode web series "**Niccolò Fabi a casa loro**", online at Repubblica.it since December. The series explores the many different ways of making a place "home," with small stories, extraordinary in their simplicity, about African men and women who want to be helped where their families are and where they live.

In this "sum of small (great) things" this year, we can't forget all the love we have received. **Teresa Saglio** passed away on March 6 in her Tanzania. She was a long-time volunteer nurse for CUAMM, named Knight of the Republic in 2003. She would speak about the privilege she had of spending 48 of her 91 years in Africa. Her life, until the end, was about being "with Africa" with her dedication, skill, and love for the poor. We feel profound gratitude for this and many other untold stories of dedication and courage. Only TOGETHER can we hope to meet the challenge of creating a more just world. I would also like to express gratitude for **our CUAMM team,** which conceived, coordinated, and implemented these moments of a year with their meticulous work behind the scenes, driven by passionate dedication.



# ABOUT US

[www.doctorswithafrica.org](http://www.doctorswithafrica.org)

## MISSION

Doctors with Africa CUAMM was the first NGO working in the international health field to be recognized in Italy and is the largest Italian organization for the promotion and protection of health in Africa. We work with a long-term development perspective. In Italy and in Africa, we engage our human resources in training and in researching and disseminating scientific knowledge, affirming the fundamental human right to health. Learn more at [doctorswithafrica.org](http://doctorswithafrica.org)

## STRENGTHENING HEALTH SYSTEMS

Doctors with Africa CUAMM affirms that strengthening health systems is our key strategy to meet health needs and fulfill the right to health of poor groups in Africa.

*Strategic Plan 2016–2030 p. 16*

## AREAS OF FOCUS

*“The priority issues define which health issues are addressed with which actions (what)”.*

*Strategic Plan 2016–2030 p. 21*



### MATERNAL AND CHILD HEALTH

Care for mothers and children is at the heart of what we do, providing and distributing effective services in the community, peripheral health centers, and in hospitals.

For instance, the “Mothers and Children First” program involved four countries (Angola, Ethiopia, Tanzania, Uganda) and ended in 2016 with results surpassing expectations.

In all the countries where we work we strive to raise awareness about the importance of pre- and postnatal visits and make sure pregnant women have free access to safe, attended births in health centers and hospitals through an effective ambulance and transport system.

Together, we aim for continuity and quality of care for infants and children.



### NUTRITION

We focus on nutrition education for both women during pregnancy

and for children in the delicate early stage of their lives. We support the period of exclusive breastfeeding up to six months, and we monitor children’s growth at birth and during their early months.

We also focus on fighting acute and chronic malnutrition.



### INFECTIOUS DISEASES

We support local health services to raise awareness among families and communities about major diseases. We provide support and quality treatment for malaria and tuberculosis in particular — so-called diseases of poverty — which can be fatal if not treated. We implement actions to fight HIV/AIDS, for which we have treatments that are effective, but difficult to provide over patients’ entire life spans.



### TRAINING

We support several schools and universities that train qualified health workers (midwives and nurses) and universities (doctors and specialists) with teachers and training material.

We also provide ongoing

training working side by side with health personnel in the hospitals, health centers, and public health departments.



### MONITORING, EVALUATION, AND RESEARCH

We always want to understand what impact our actions have, which is why we collect and analyze the data available and work to improve quality when needed. We also conduct full operational studies on specific aspects to guide and improve our strategy and modes of action.



### CHRONIC DISEASES

We support national policies, plans, and programs to treat infectious diseases by implementing cost-effective public health interventions on a district and regional level for prevention (screening), control, and treatment of cervical cancer, hypertension, and treatment of diabetes.



# WHERE WE WORK

[www.doctorswithafrica.org/en/where-we-work/](http://www.doctorswithafrica.org/en/where-we-work/)

Doctors with Africa CUAMM is currently active in 8 countries with:

**23**  
hospitals

**80**  
districts  
(for activities of public health, maternal and child care, fighting tuberculosis, malaria, HIV/AIDS, training programs)

**3**  
schools for nurses and midwives (Lui, Matany, Wolisso)

**1**  
University (Beira)

**2,915**  
staff members, of which

**275**  
auxiliary workers

**331**  
international Europeans of whom

**300**  
italians

## SOUTH SUDAN

**5**  
hospitals (Cueibet, Lui, Rumbek, Yiroi, Maridi)

**1**  
midwifery school (Lui)

**155**  
human resources

**1,494**  
human resources

## ETHIOPIA

**3**  
hospitals (Turmi, Wolisso, Gambella)

**1**  
school for nurses and midwives (Wolisso)

**94**  
human resources

## SIERRA LEONE

**6**  
hospitals (SJOG Lunsar, PCMH Freetown, Pujehun CMI, Bonthe, Makeni, Bo)

**132**  
human resources

## CENTRAL AFRICAN REPUBLIC

**1**  
hospital (Bangui)

**15**  
human resources

## UGANDA

**2**  
hospitals (Aber, Matany)

**1**  
school for nurses and midwives (Matany)

**115**  
human resources

## MOZAMBIQUE

**3**  
hospitals (Beira, Montepuez, Pemba)

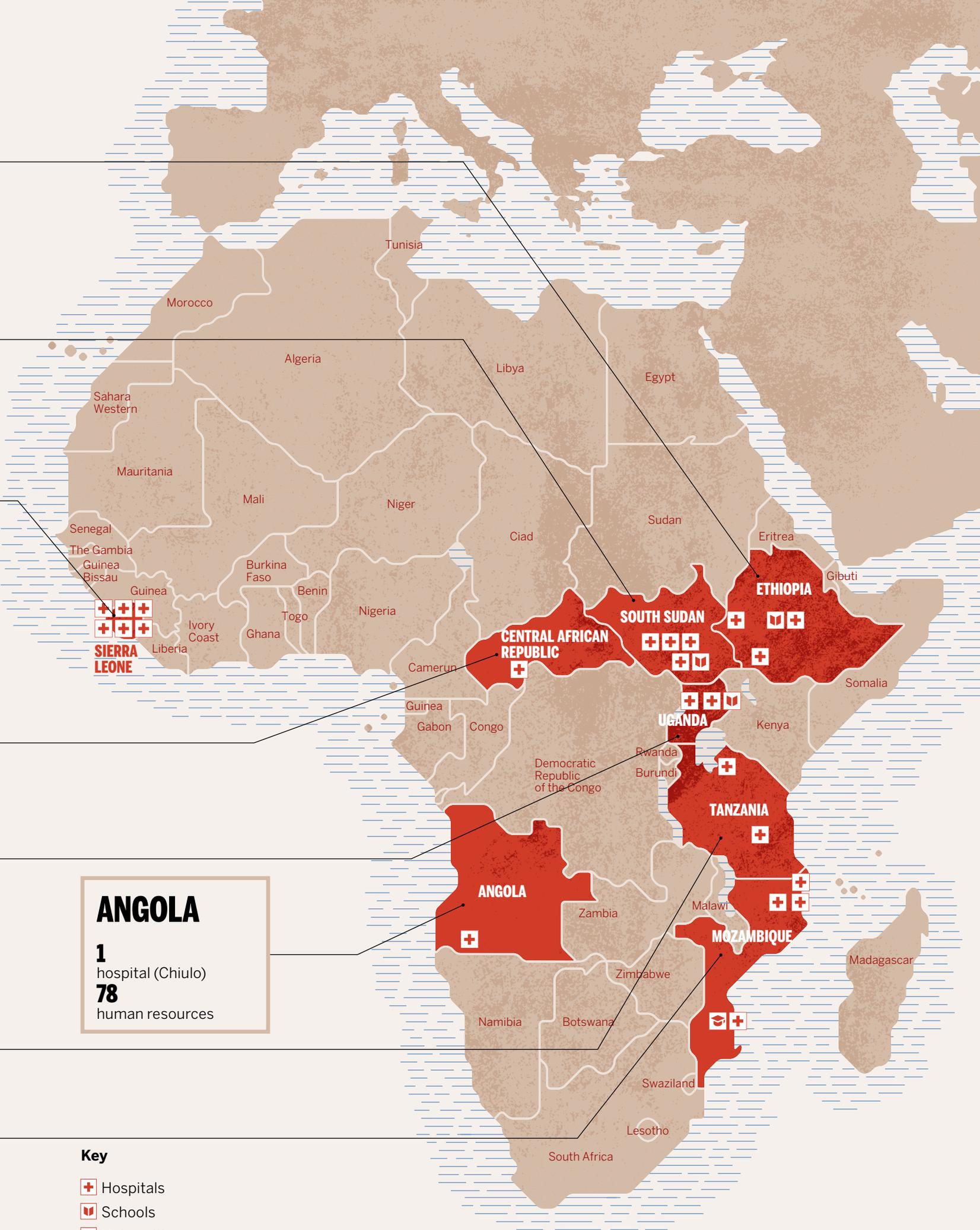
**1**  
university (Beira)

**66**  
human resources

## TANZANIA

**2**  
hospitals (Songambele, Tosamaganga)

**120**  
human resources



**ANGOLA**  
 1 hospital (Chiulo)  
 78 human resources

**Key**

-  Hospitals
-  Schools
-  Universities

# POSTCARDS FROM 2018

February 5



July 1



June 26



## February 5, Kampala

A special moment of encounter and celebration took place at the residence of the Italian ambassador in Uganda, in the presence of volunteers, partners and institutions, in order to retrace 60 years of Doctors with Africa CUAMM presence and to highlight future perspectives.

## June 26, Dar Es Salaam

Local institutions and staff organized an event at the Italian embassy to celebrate the 50th anniversary of Doctors with Africa CUAMM activities in Tanzania. That day was the opportunity to revive the intervention in the country.

## July 1, Bangui

The beginning of the activities in Central African Republic was officialised during a field mission, in the presence of Mr Don Dante Carraro, Doctors with Africa CUAMM director, and Mrs Mariella Enoc, the president of Bambino Gesù Hospital.



**April 11, Rome**

Emergency in South Sudan.  
 At Casino dell'Aurora Pallavicini, an event to call attention to the South Sudan situation, with Paolo Gentiloni and Mario Calabresi.

**November 11, Bologna**

At the Manzoni Theater and in Piazza del Nettuno in Bologna, supporters, volunteers, and friends of CUAMM came together for our Annual Meeting to celebrate a year of working with Africa. Guests included Loi Thou, Director General of the Ministry of Health, South Sudan. Piero Badaloni and Tiziana Ferrario hosted the event.

**December 11, Padua**

Opening of the Doctors with Africa CUAMM info point in Via San Francesco in Padua, open to the public to get information on our actions in the field, participate in meetings, and buy gifts to support us.

# AFRICA REPORT

**DOCTORS WITH AFRICA CUAMM'S ACTION IN AFRICA IS AT THE CENTER OF WHAT WE DO. SINCE 1950, WE HAVE BEEN STRIVING TO CREATE RESPECT FOR THE BASIC HUMAN RIGHT TO HEALTH AND TO MAKE HEALTH SERVICES AVAILABLE TO ALL, ESPECIALLY THE POOREST AND MOST MARGINALIZED GROUPS. WE CREATE LONG-TERM HEALTH SERVICE PROJECTS: IN HOSPITALS, IN SMALL HEALTH CENTERS, VILLAGES, AND UNIVERSITIES.**





# NUMBERS, FACES, AND STORIES

## SCOPE AND COMPARISON

Numbers can tell us many truths, but they can become too abstract without proper interpretation and contextualization. Let's compare the statistics of some countries where we work with those of Italy. These comparisons can give us a frame of reference to help us understand what the people we help need and remind us **there is a face and a story behind every number**.

The countries where Doctors with Africa CUAMM works are **highly diverse**, including in geography. Their areas range from Sierra Leone's 72,000 km<sup>2</sup> to Angola's 1,200,000 km<sup>2</sup>. Italy has an area of 300,000 km<sup>2</sup>, a quarter of that of Angola, less than half that of Mozambique; but in Italy has more than twice the population of either of these two countries.

Working on the furthest outposts means moving across these vast, sparsely populated lands **to support hospitals and health centers in the remotest areas** and getting to villages that aid has trouble reaching. **Moving personnel, doctors, and materials is often part of what makes it complex**. While in some parts of Ethiopia, it takes an hour and a half to get across 100 km — not much different than in Western countries — but covering the same distance in South Sudan takes more than three hours, which becomes endless during the rainy season (which can last up to six months) and in the areas most affected by insecurity and instability due to factional fighting.

Health numbers are the hardest to compare, and they are the statistics most recurrent in this report. The lyrics of "La Strada per l'Africa," a performance made to address the issue of unequal health, **inspired by the stories of Doctors with Africa CUAMM workers**. A piece of one song:

*"83: life expectancy in Italy, 50: if you're born in Sierra Leone. When we lose a friend at 50 years old, we say that he died young and his life was cut short. And that's true. Or at least that's true in our world. Because, in another world, dying at 50 years old is the norm.*

*44: the average age of the population in Italy, 16 in Uganda, 17 in Mozambique, 19 South Sudan. Imagine two cafés: one whose regulars are quiet fifty-year-olds and another with a bunch of kids. We're getting older and older, and they're getting younger and younger.*

*35 out of 1,000, the mortality rate in Italy, 157 out of a thousand in Angola. 3.5 compared to 157.*

*The news for mothers is no better. Four mothers out of 100,000 die in childbirth in Italy, 480 out of a hundred thousand in Mozambique, 789 in South Sudan, 1,360 in Sierra*

*Leone. The pain of those 4 out of 100,000 is no different than that of those 1,360. But the numbers tell of two different worlds. In one, these are terrible, but extremely rare events, and in the other, a tragedy on a massive scale".*

This report seeks to provide an account of the results achieved by the many people who work every day **to strengthen the health systems** of the countries where we are active.

For instance, what does it mean that CUAMM made 83,160 attended births possible in Uganda in 2018? It means that CUAMM helped achieve a number of attended births very close to those in the region of Veneto, according to Italian Ministry of Health data. In Ethiopia, we made 17,534 attended births possible, roughly equivalent to those in the Marche in Italy. And so forth: Mozambique is like Tuscany, South Sudan like Liguria.

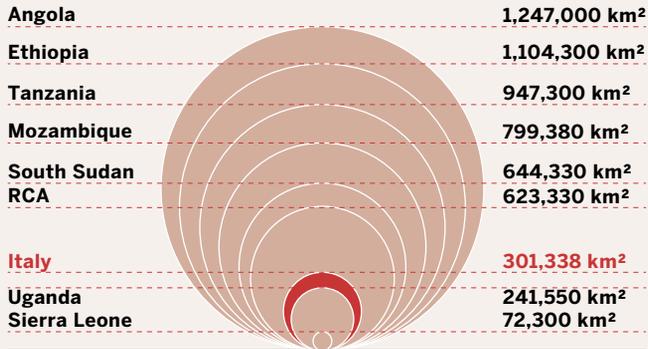
Similarly, we can look at Italian statistics to help us understand **hospital data**. The San Pietro Fatebenefratelli Hospital is one of Rome's leading hospitals and attends about 4,400 births per year (source: CedAP). The Princess Christian Maternity Hospital is the largest maternity hospital in Freetown, Sierra Leone's capital, and had 7637 births in 2018. The hospital in Wolisso, Ethiopia, counted 4,630, almost the same number as that in the Gemelli Clinic, also in Rome.

**How many doctors are there to attend the births as well as everything else?** In Italy, 1 for every 253 inhabitants; in Sierra Leone, 1 for every 41,600 inhabitants; in Angola, 1 for every 7,000; in Uganda, 1 for every 8,300; in Mozambique, 1 for every 18,100; in Tanzania, 1 for every 33,000; and in Ethiopia, 1 for every 40,000. The situation in South Sudan is so unstable that it is impossible to gather any statistics.

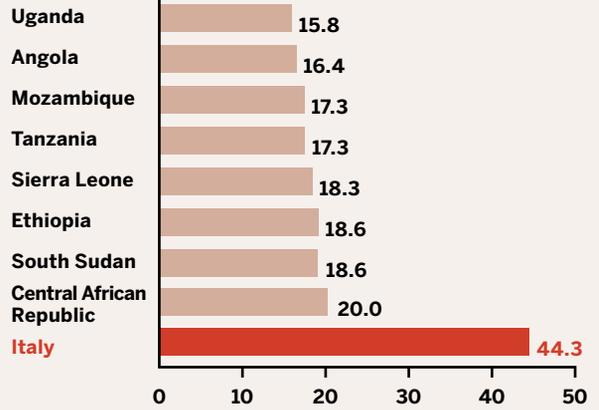
For Doctors with Africa CUAMM, this is what it means to work at the furthest outposts with passion and tenacity **to strengthen all levels of the African health system**.

Source: UNDP 2017

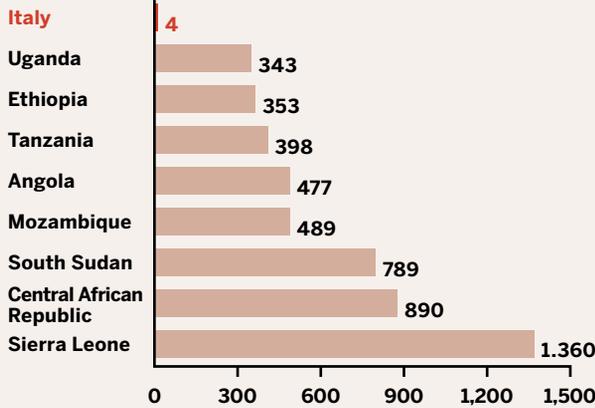
## AREA



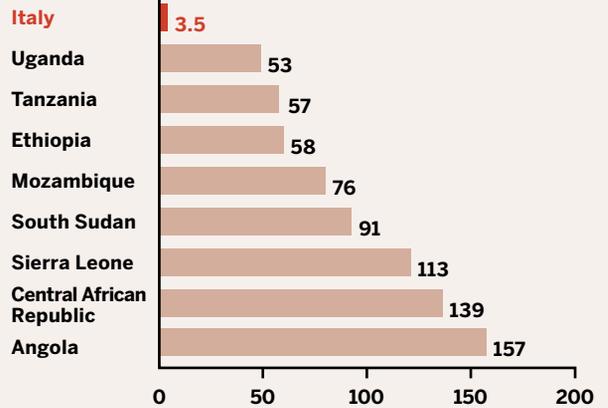
## AVERAGE AGE OF THE POPULATION



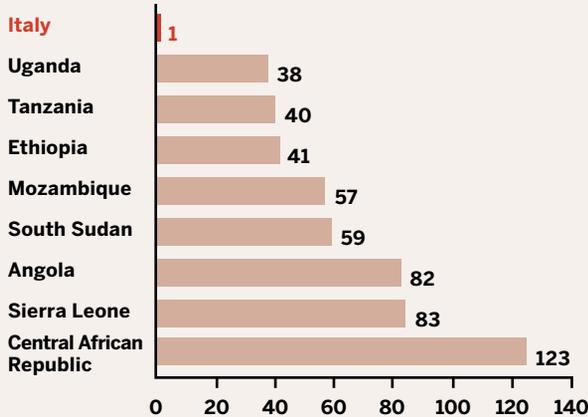
## MATERNAL MORTALITY of 100,000 live births



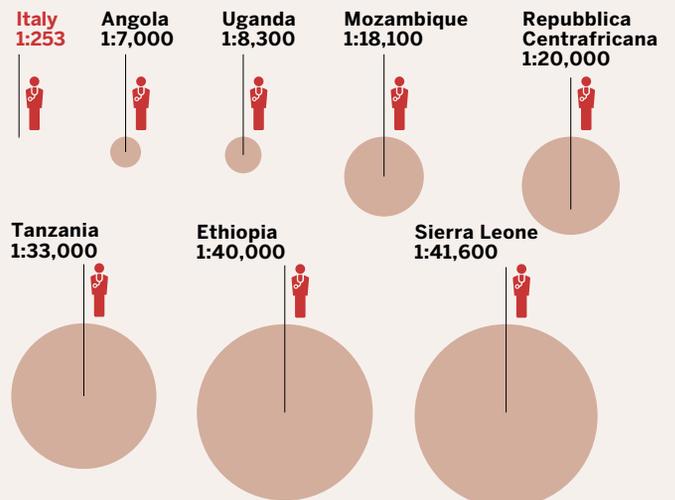
## MORTALITY OF CHILDREN UNDER 5 YEARS of 1,000 live births



## NEONATAL MORTALITY of 1,000 live births



## NUMBER OF DOCTORS



# SOUTH SUDAN FOCUS: A REGIONAL CRISIS

[www.doctorswithafrica.org/en/southsudan](http://www.doctorswithafrica.org/en/southsudan)

The humanitarian crisis in South Sudan, which began in 2013, has been called the “**greatest refugee crisis in Africa.**” The crisis continued in 2018 despite apparent progress in peace negotiations in the latter part of the year, though they have yet to have any positive effects on the conditions of the local population. Since the conflict started, four million people have been forced to leave their homes, fleeing insecurity and seeking basic services and means of survival.

Half of these people stayed within the national borders and the other half migrated to neighboring countries such as Ethiopia, especially the **Gambella region** and the northern regions of **Uganda**. An estimated **more than 800,000 South Sudanese refugees are currently in Uganda, and 420,000 in Ethiopia**. This is the context for CUAMM’s interventions in the **Nyal area, the Gambella Region (Ethiopia), and the West Nile area of Uganda**.

## 2018 SNAPSHOT

Intervention in Nyal:

- 1** operating unit
- 4** first aid posts

Gambella interventions:

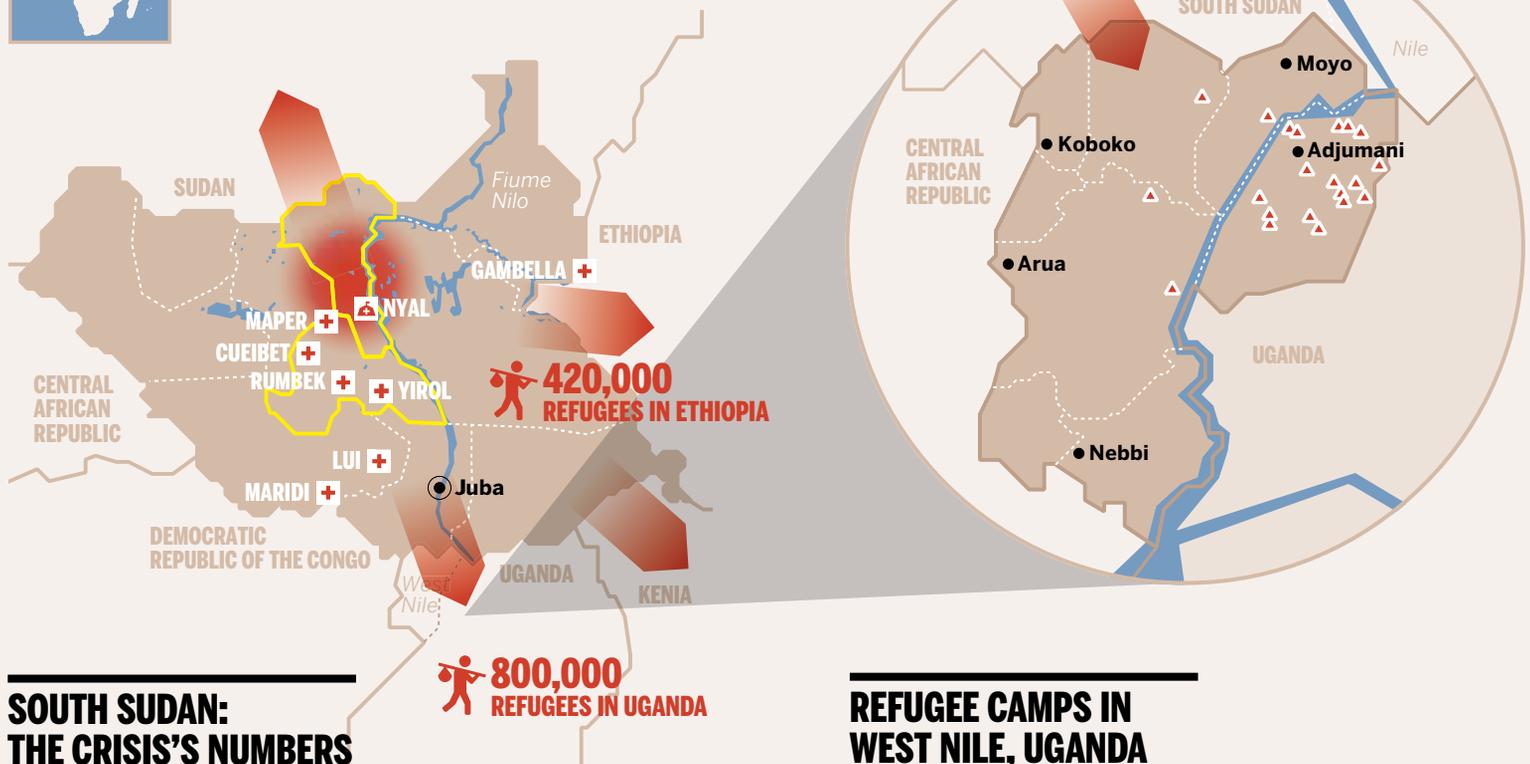
- 1** camp (Nguennyiel)
- 74,000** people

West Nile interventions:

- 257** facilities
- 800,000** refugees



**4,000,000 DISPLACED PERSONS**  
1 INHABITANT OUT OF 3 LEFT THEIR HOME



## NYAL INTERVENTION

After **famine was declared in February 2017**, in the former Unity State in South Sudan, CUAMM took action in the **Panyijar County**, the area around the Nyal Port, affected by the influx of displaced persons fleeing conflict and seeking food. Services here could not **meet the needs** of these families and the resident host communities that have had to support them. Our efforts here, which started in 2017, were strengthened in 2018, focused on making sure the population has **access to basic health care** and finding, referring, and managing emergency cases, especially obstetric emergencies, among this population, which has

## GAMBELLA REGION INTERVENTION

In 2018, CUAMM continued the support of the health system of the largest and most recent of the **7 refugee camps in the region**, the Nguenyiel camp, which alone has **74,000 people**, mostly women and children. In the camps, which have become de facto **cities**, basic health facilities have been established by the authorities, but they need support to function properly and provide quality services. For these purposes, we have taken action on several fronts, always with special attention to **maternal and child health**

## WEST NILE INTERVENTION

In 2018, CUAMM continued the support of the health system in the **6 districts in the north of the country most affected by the influx of South Sudanese refugees** (more than 800,000 people out of a total resident population of about 2,180,000). Aggravating the already difficult situation in these areas, with health indicators below the national average, these districts' health services have been stressed by a substantial increase in the population served, especially mothers and children. CUAMM's project aims to improve maternal and child health and nutrition in the region, following the strategy that the Ugandan government

become extremely vulnerable and scattered in an area made almost impassable by marshlands. We built and managed **4 first aid posts** in 4 remote villages in the marshlands, and we activated a **mobile health** team to provide previously completely isolated communities continuous access to prevention, diagnosis, and treatment of the most common diseases. Construction was completed on an **operating unit in the Nyal health center** to allow obstetric and surgical emergencies to be handled on site without needing to transfer patients, often made impossible by flooding and unsafe roads. We have purchased vehicles that can cross the marshlands and waterways to take health workers to villages needing assistance and patients who have been referred to the health center.

**and nutrition**. First, existing **healthcare personnel** was trained and supported consistently, and then the **health infrastructure was improved** ensuring access to water and solar energy, as well as supplying medicine and materials. Integration between the health system in the camps and the regional one was improved by supporting the system of referring health emergencies. Improving the referral system means supporting the regional health system, specifically, the **Gambella Regional Hospital**. This is why CUAMM supplemented the intervention specifically for the refugee population with an additional bolstering of the health system in the three districts to ensure equally accessible quality services for the entire population, especially mothers and children.

launched called the **ReHope Strategy**. The projects in the area where the refugees are hosted must be **integrated to be provided both to the resident communities** (Ugandan population) **and the guests** (refugees). The intervention involved a total of **257 health facilities at different levels** (hospitals, health centers, dispensaries), supported with small infrastructural works, training and mentorship of health personnel by **project team specialists**, equipment and medicine, and a strengthening of the referral system and work in the communities. An important part of the project is **supporting local authorities** to progressively improve the supply of integrated social services, coordinating with interventions and closely monitoring the project's activities and results.



# ANGOLA

[www.doctorswithafrica.org/en/where-we-work/in-africa/our-work-in-angola/](http://www.doctorswithafrica.org/en/where-we-work/in-africa/our-work-in-angola/)

## 2018 SNAPSHOT

**78**  
human resources

**58**  
health facilities supported

**1,508,361 €**  
invested in projects

## IN 2018

As Angola's new president João Lourenço has started to fight the country's widespread corruption, CUAMM has strengthened its **presence in Luanda**, launching **three projects** aimed to improving services for diagnosis, managing, and supporting **HIV-positive people** and both people with **diabetes and with tuberculosis and HIV**. The *Directly Observed Treatment (DOT)* pilot project has been implemented in 5 municipalities, supporting the national program to control tuberculosis, **involving 200 community agents** trained and equipped to fight the spread of tuberculosis. The project laid the basis for launching a new collaboration in 2019. At the **Chiulo Hospital and throughout the Cunene province**, we continued our work to support **maternal and child health**. A project was launched to provide the hospital with stable **electric power through a photovoltaic system**.

## OUR HISTORY

**1997**  
With the country in the midst of civil war, CUAMM implemented its first emergency interventions in the province of Uige

**2004**  
Support for the health system in the difficult process of moving from emergency to development with interventions in Luanda and in the provinces of Uige and Cunenee.

**2012**  
Start of "Mothers and Children First" program to ensure access to safe birth and newborn care in four African countries.

**2014**  
Start of an innovative intervention in Luanda to improve the diagnosis of diabetes, hypertension, and tuberculosis.

**2016**  
Start of "Mothers and Children First 1,000 Days" program, from pregnancy through the first two years of the child's life.

**2018**  
Start of DOT pilot community program to fight the spread of tuberculosis in 5 municipalities and 5 provinces in the country.

### Country profile

**Luanda**  
Capital

**28 million**  
Population

**1,247,000 km<sup>2</sup>**  
area

**16.4 years**  
Average age of the population

**59/64 years**  
Life expectancy (m/f)

**6.2**  
Average number of children per woman

**147th of 188 countries**  
Human Development Index



**477**  
**of every 100,000 live births**  
Maternal mortality



**156.9**  
**of 1,000 live births**  
Mortality of children under 5 years



**82.5**  
**of 1,000 live births**  
Neonatal mortality



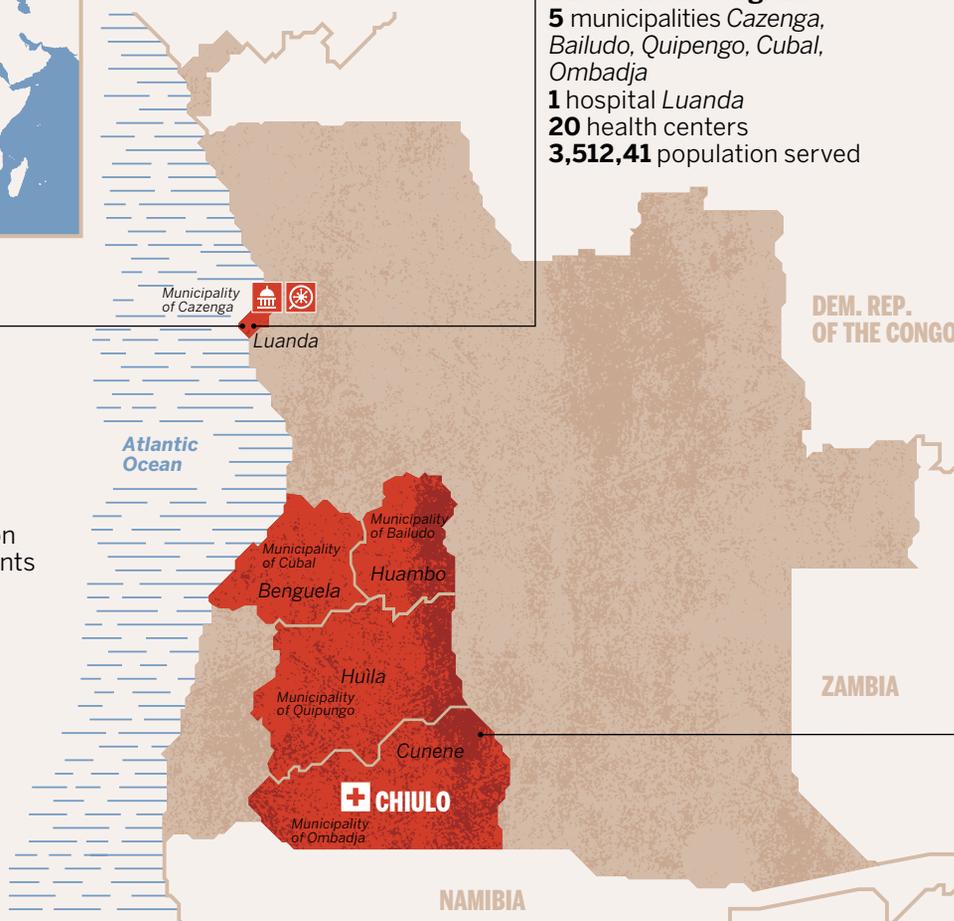
# WHERE WE WORK



**Technical support to the National Tuberculosis Program**  
**5 municipalities** Cazenga, Bailudo, Quipengo, Cubal, Ombadja  
**1 hospital** Luanda  
**20 health centers**  
**3,512,41** population served

## PROVINCE OF LUANDA

**6** events of sensitization on diabetes and hypertension  
**2,800** participants in events



## PROVINCE OF CUNENE

**Municipality of Ombadja**  
**1** hospital Chiulo  
**36** health centers  
**323,957** population served



0 125 250 km

# RESULTS ACHIEVED

	<b>MATERNAL AND CHILD HEALTH</b>	<b>27,325</b> antenatal visits	<b>4,496</b> attended births	<b>1,248</b> visits for children under 5 years	<b>23,286</b> vaccinations
	<b>NUTRITION</b>	<b>194</b> children treated for severe acute malnutrition			
	<b>INFECTIOUS DISEASES</b>	<b>3,055</b> patients treated for tuberculosis			
	<b>CONTINUING TRAINING</b>	<b>361</b> community agents	<b>145</b> nurses	<b>18</b> doctors	<b>3</b> other

# ETHIOPIA

[www.doctorswithafrica.org/en/where-we-work/in-africa/our-work-in-ethiopia/](http://www.doctorswithafrica.org/en/where-we-work/in-africa/our-work-in-ethiopia/)

## 2018 SNAPSHOT

**94**  
human resources

**45**  
health facilities supported

**3,616,058 €**  
invested in projects

## IN 2018

As Ethiopia goes through major political changes, we have continued to **support the Wolisso Hospital**, sending expat and local personnel, pharmaceutical aid and implementing renovation projects. **In the South Omo Zone**, we continued to work on maternal and child health and the prevention and treatment of cervical cancer, HIV/AIDS, tuberculosis, and hepatitis B. In the **Gambella Region** we also continued our action to reduce inequality in access to health services, especially for mothers and children. We also strengthened our work for **South Sudanese refugees in the Nguenyiel camp** to improve infrastructure, equipment, staff training, and the reference system. We also solidified the partnership with the Ethiopian Ministry of Health through two projects: one to develop national guidelines for **neonatal intensive care** and the other to improve **diabetic services in 15 national hospitals**.

## OUR HISTORY

- 1980**  
First doctor sent to the Gambo leper colony.
- 1997**  
Agreement signed with the Ethiopian Bishops' Conference to build St. Luke's Hospital of Wolisso with an attached school for midwives and nurses.
- 2012**  
Started "Mothers and Children First" program to ensure access to safe birth and newborn care in four African countries.
- 2014**  
Start of intervention in South Omo.
- 2016**  
Start of "Mothers and Children, First 1,000 Days" program, from pregnancy through the first two years of the child's life.
- 2017**  
Start of intervention in the Gambella region, including support for South Sudanese refugees.
- 2018**  
Strengthened partnership with the Ethiopian Ministry of Health, launching two technical assistance projects.

### Country profile

**Addis Abeba**  
Capital

**102.4 million**  
Population

**1,127,127 km<sup>2</sup>**  
area

**18.6 years**  
Average age of the population

**64/67 years**  
Life expectancy (m/f)

**4.6**  
Average number of children per woman

**173th of 188 countries**  
Human Development Index



**353 of every 100,000 live births**  
Maternal mortality



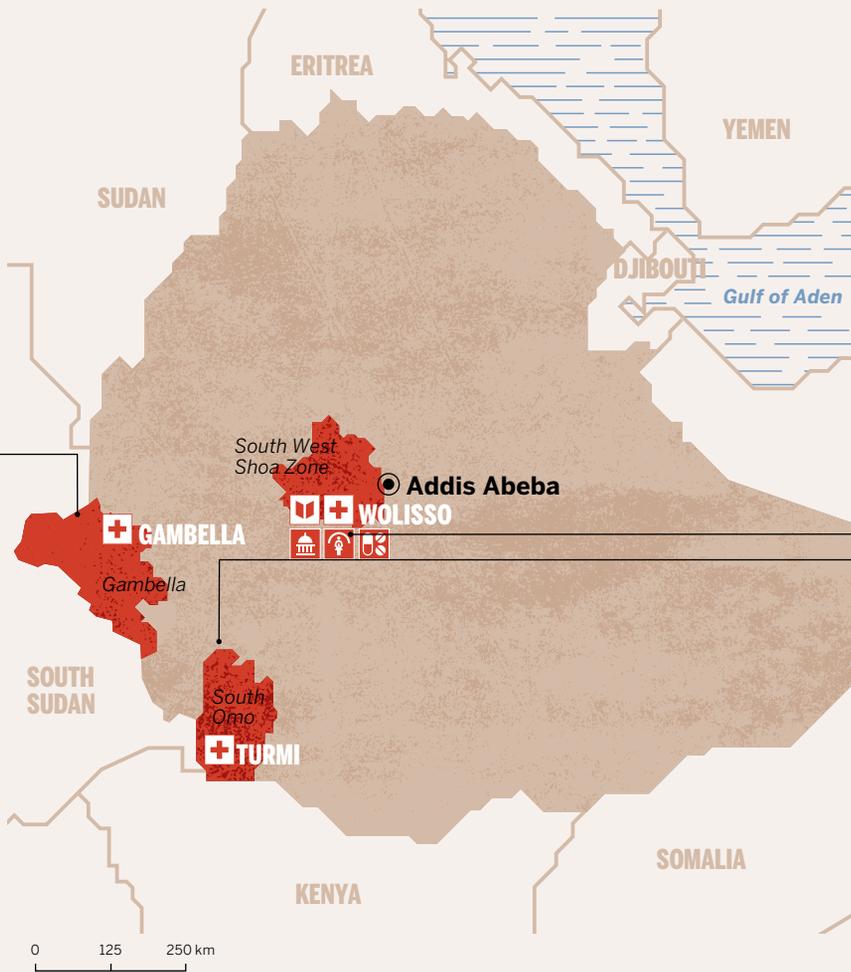
**58 of 1,000 live births**  
Mortality of children under 5 years



**41 of 1,000 live births**  
Neonatal mortality



# WHERE WE WORK



## SOUTH WEST SHOA ZONE

1 hospital *Wolisso St. Luke Hospital*  
 1 school for nurses and midwives  
 4 districts  
 20 health centers  
 1,240,333 population served



## GAMBELLA

1 hospital *Gambella*  
 3 districts  
 7 health centers  
 90,953 population served  
 1 refugee camp *Nguenyiel*  
 82,631 refugees



## SOUTH OMO ZONE

1 hospital *Turmi*  
 3 districts  
 8 health centers  
 218,993 population served



# RESULTS ACHIEVED

	<b>MATERNAL AND CHILD HEALTH</b>	<b>24,785</b> antenatal visits	<b>2,703</b> transfers for obstetric emergencies	<b>17,534</b> attended births	<b>116,082</b> visits for children under 5 years	<b>6,662</b> vaccinations
	<b>NUTRITION</b>	<b>430</b> children treated for severe acute malnutrition				
	<b>INFECTIOUS DISEASES</b>	<b>83,093</b> patients treated for malaria	<b>1,890</b> patients treated for tuberculosis	<b>1,556</b> patients in antiretroviral treatment		
	<b>CONTINUING TRAINING</b>	<b>480</b> community agents	<b>209</b> nurses and midwives	<b>80</b> doctors	<b>25</b> midwives graduated from the school for midwives	<b>15</b> other
	<b>CHRONIC DISEASES</b>	<b>2,648</b> patients diagnosed with diabetes	<b>1,807</b> patients diagnosed with hypertension	<b>181</b> patients with heart disease	<b>44</b> patients with cerebral ischemia	
	<b>SURGERY SERVICES</b>	<b>3,829</b> major surgery, including 628 orthopedic surgeries	<b>4,335</b> minor surgery, including 364 orthopedic surgeries		<b>2,411</b> physiotherapy	
	<b>HUMANITARIAN</b>	<b>36,315</b> visits for children under 5 years	<b>1,472</b> attended births	<b>56</b> emergencies transferred to the hospital		

# MOZAMBIQUE

[www.doctorswithafrica.org/en/where-we-work/in-africa/our-work-in-mozambique/](http://www.doctorswithafrica.org/en/where-we-work/in-africa/our-work-in-mozambique/)

## 2018 SNAPSHOT

**66**  
human resources

**31**  
health facilities supported

**2,985,644 €**  
invested in projects

## IN 2018

Though Mozambique's economy is progressively recovering, its **health system is still fragile and has inadequate financial and human resources**. CUAMM has been active here for 40 years, strengthened **national interventions for non-communicable diseases, helping develop guidelines on diabetes and hypertension**. In the province of **Cabo Delgado**, we have continued to **support maternal and child health and fight malaria**. In the province of **Sofala**, our action for maternal and child health extended to the districts of **Dondo and Nhamatanda**. In Beira and in the **Tete** province, we have bolstered our **actions against HIV/AIDS among adolescents**, offering counseling and encouraging HIV testing.

## OUR HISTORY

**1978**  
Started intervention with health cooperation projects.

**1992-1997**  
Functional rehabilitation of the health system in the province of Sofala.

**1997-2001**  
Support for provincial health directorates to improve health levels (Sofala, Zambezia, Maputo).

**2002**  
Support for Beira Central Hospital

**2004**  
Collaboration with the Catholic University of Mozambique in Beira.

**2014**  
Intervention in the province of Cabo Delgado.

**2016**  
Start of "Mothers and Children, First 1,000 Days" program.

**2017**  
Intervention in the province of Tete to combat HIV/AIDS among adolescents and program to fight non-communicable diseases (Maputo Province, Maputo City, Sofala, Zambezia, Nampula, and Cabo Delgado)

## Country profile

**Maputo**  
Capital

**28.8 million**  
Population

**799,380 km<sup>2</sup>**  
area

**17.3 years**  
Average age of the population

**56/60 years**  
Life expectancy (m/f)

**5.6**  
Average number of children per woman

**180th of 188 countries**  
Human Development Index



**489 of every 100,000 live births**  
Maternal mortality



**75.9 of 1,000 live births**  
Mortality of children under 5 years



**57 of 1,000 live births**  
Neonatal mortality



# WHERE WE WORK

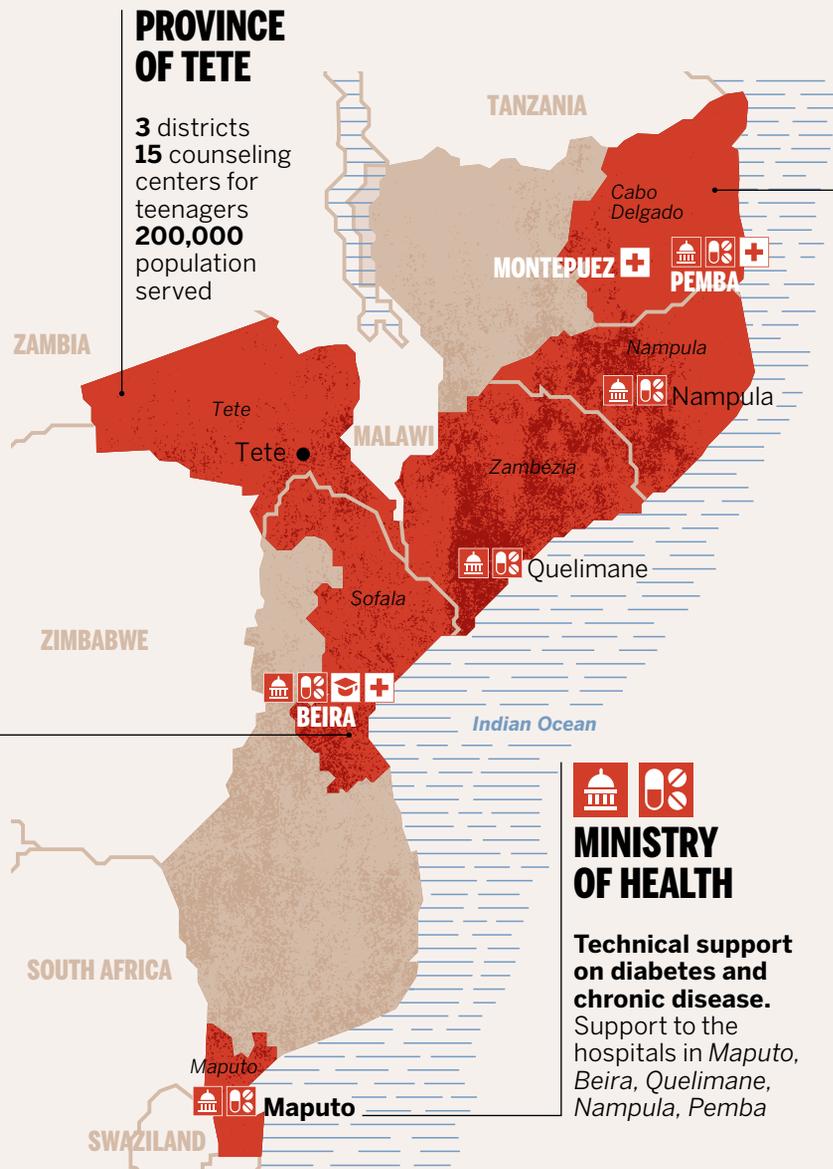


## PROVINCE OF SOFALA

1 hospital  
Central Hospital of Beira  
1 university  
Catholic University of Mozambique  
6 health centers  
463,442 population served

## PROVINCE OF TETE

3 districts  
15 counseling centers for teenagers  
200,000 population served



## PROVINCE OF CABO DELGADO

2 hospitals  
Montepuez, Pemba  
2 health centers  
6 districts  
1,235,844 population served



## MINISTRY OF HEALTH

Technical support on diabetes and chronic disease.  
Support to the hospitals in Maputo, Beira, Quelimane, Nampula, Pemba



# RESULTS ACHIEVED

<b>MATERNAL AND CHILD HEALTH</b>	<b>38,097</b>	<b>17,843</b>	<b>26,070</b>	
	antenatal visits	attended births	visits for children under 5 years	
<b>NUTRITION</b>	<b>69</b>			
	children treated for severe acute malnutrition			
<b>INFECTIOUS DISEASES</b>	<b>77,775</b>	<b>30,623</b>	<b>907</b>	<b>166,752</b>
	adolescents educated about HIV/AIDS	adolescents tested for HIV	adolescents with positive test results	patients treated for malaria <b>93,950</b> < 5 years
<b>CHRONIC DISEASES</b>	<b>862</b>	<b>19,423</b>	<b>951</b>	
	visits for diabetes	patients diagnosed with hypertension	patients with heart disease	
<b>CONTINUING TRAINING</b>	<b>585</b>	<b>564</b>	<b>32</b>	<b>6</b>
	community agents	nurses	students graduated from the University of Beira	teachers sent for short teaching modules
				<b>286</b>
				doctors and medical technicians

# CENTRAL AFRICAN REPUBLIC

[www.doctorswithafrica.org/en/where-we-work/in-africa/our-work-in-the-central-african-republic/](http://www.doctorswithafrica.org/en/where-we-work/in-africa/our-work-in-the-central-african-republic/)

## IN 2018

In 2018, CUAMM first came to support this **very fragile country**. The Central African Republic has had a tumultuous history from its start, marred by coups, emergencies, and poverty. Ranking last on the Human Development Index, the country is in a state of disorder, with an off-limits area in which a **humanitarian state of emergency has been declared**, and other relatively stable areas. **CUAMM was asked to support the Children's Hospital in Bangui**, the capital, working with Bambino Gesù of Rome with two main objectives: **improving clinical care for children and the hospital management quality**, organizing human resources and materials for collecting and processing data for programming and evaluation purposes. **In 2019, CUAMM plans to act on the level of the district and regional health authorities, in the most fragile areas, to strengthen them by leveraging local resources.** Our focus is concentrated primarily on one rural and one urban district to build good practices on the three levels of hospital, health centers, and emergency care.

## OUR HISTORY

**July 2018**  
Start of CUAMM's work in the Bangui pediatric complex

**August 2018**  
Giovanni Putoto, our programming manager, met President Faustin-Archange Touadèra of the Central African Republic, for the launch of the project supporting Bangui Children's Hospital, partly funded by the Bekou Fund of the European Commission.

## 2018 SNAPSHOT

**15**  
human resources

**1**  
health facility supported

**982,042 €**  
invested in projects

### Country profile

**Bangui**  
Capital

**4.5 million**  
Population

**623,000 km<sup>2</sup>**  
area

**20 years**  
Average age of the population

**51 years**  
Life expectancy (m/f)

**5.9**  
Average number of children per woman

**188th of 188 countries**  
Human Development Index



**890 of every 100,000 live births**  
Maternal mortality



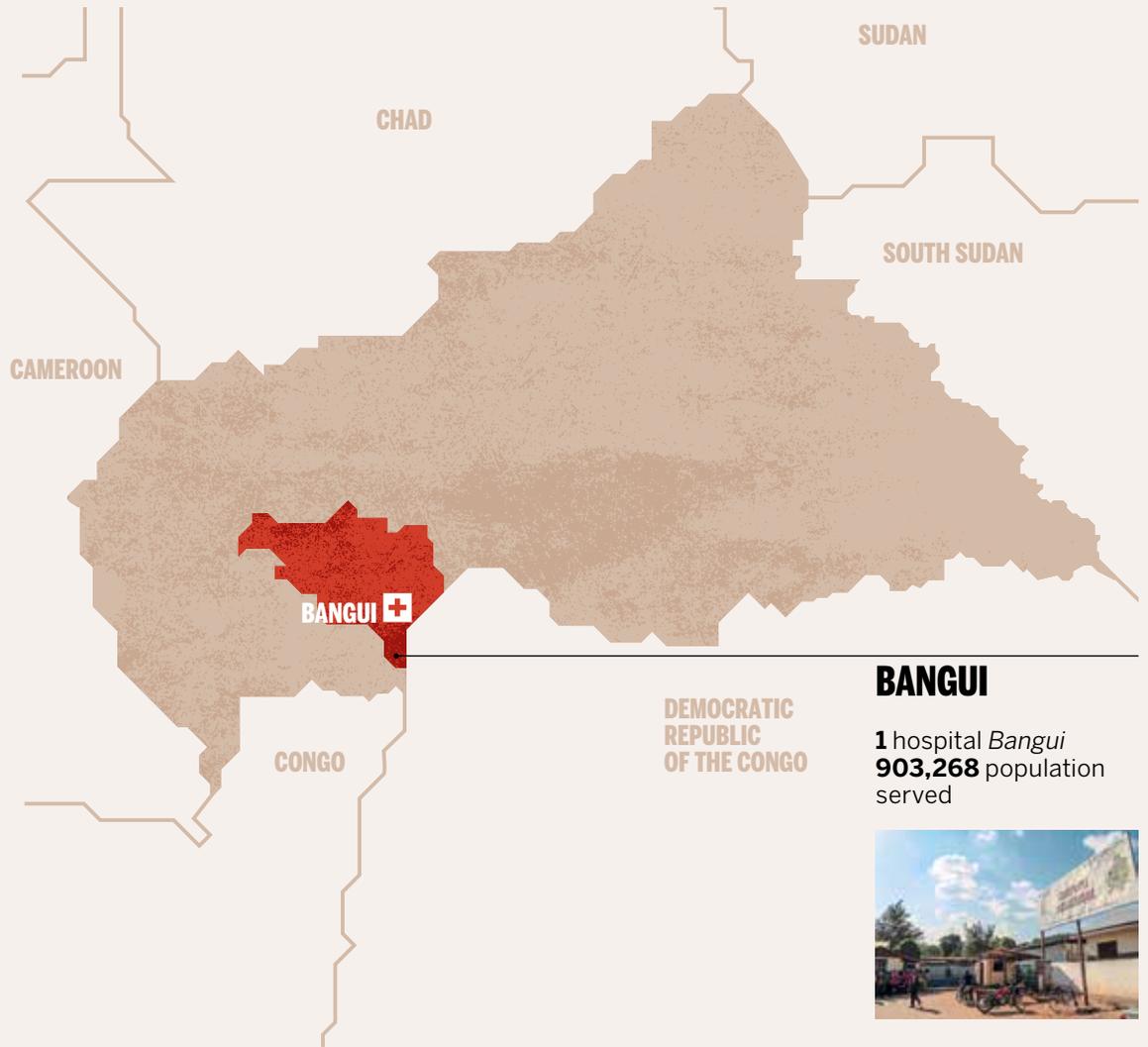
**139 of 1,000 live births**  
Mortality of children under 5 years



**123.6 of 1,000 live births**  
Neonatal mortality



# WHERE WE WORK



## BANGUI

1 hospital *Bangui*  
**903,268** population served



# RESULTS ACHIEVED



**MATERNAL AND CHILD HEALTH**

**71,407**  
 outpatient visits < 5

**16,061**  
 admissions for children < 5

**1,385**  
 hospitalized newborns

**2,533**  
 surgeries performed

# SIERRA LEONE

[www.doctorswithafrica.org/en/where-we-work/in-africa/our-work-in-sierra-leone/](http://www.doctorswithafrica.org/en/where-we-work/in-africa/our-work-in-sierra-leone/)

## 2018 SNAPSHOT

**132**  
human  
resources

**371**  
human  
resources in  
extraordinary  
management

**390**  
health facilities  
supported

**4,178,582 €**  
invested in  
projects

## IN 2018

With Sierra Leone in a recovery phase, **the NEMS (National Emergency Medical Service) has been launched nationally, the first national service for health emergencies in Sierra Leone.** starting in the districts of Pujehun, Western, and Urban Area, Kenema and Bo, the service includes a total of 29 ambulances (out of the 97 planned), operating 24 hours a day. CUAMM has also made a significant contribution to lowering maternal and infant mortality at the **Pujehun maternal and child health complex, and at the maternal hospital in Freetown**, where more than 7,300 births were attended and 4,398 obstetric emergencies handled. **Support continued for the regional hospitals of Makeni and Bo and the Bonthe district hospital, where 957 community agents** were trained and have served the communities, providing **basic care for malaria, pneumonia, and diarrhea.** Our work has also continued in the Lunsar Hospital in which 791 attended births were recorded, rising to levels higher than before the Ebola epidemic.

## OUR HISTORY

**2012**  
CUAMM started working in the Pujehun district of Sierra Leone.

**2014**  
Sierra Leone was the hardest hit country in the Ebola epidemic. CUAMM stayed in Pujehun and ensured the presence of an expatriate staff and the continuity of essential services.

**2015**  
Start of support to the hospital in Lunsar which had been forced to close during the epidemic.

**2016**  
In Pujehun, start of "Mothers and Children First 1,000 Days" program, from pregnancy through the first two years of the child's life.

**2017**  
Start of support for Makeni and Bo regional hospitals, and the Bonthe district hospital. At PCMH, the first maternal intensive care unit in the country was opened.

### Country profile

**Freetown**  
Capital

**6.5 million**  
Population

**72,300 km<sup>2</sup>**  
area

**18.3 years**  
Average age of  
the population

**51/52 years**  
Life expectancy  
(m/f)

**4.83**  
Average number  
of children per  
woman

**184th of 188**  
countries  
Human  
Development  
Index



**1,360 of every  
100,000 live  
births**  
Maternal  
mortality



**113.5 of 1,000  
live births**  
Mortality of  
children under 5  
years



**83.3 of 1,000  
live births**  
Neonatal  
mortality



# WHERE WE WORK



## FREETOWN WESTERN AREA

1 hospital *Princess Christian Maternity Hospital - Freetown*  
**1,573,109** population served



**Nems Project**

## PORT LOKO DISTRICT

1 hospital *St. John of God Hospital - Lunsar*  
**24** health centers  
**140,970** population served



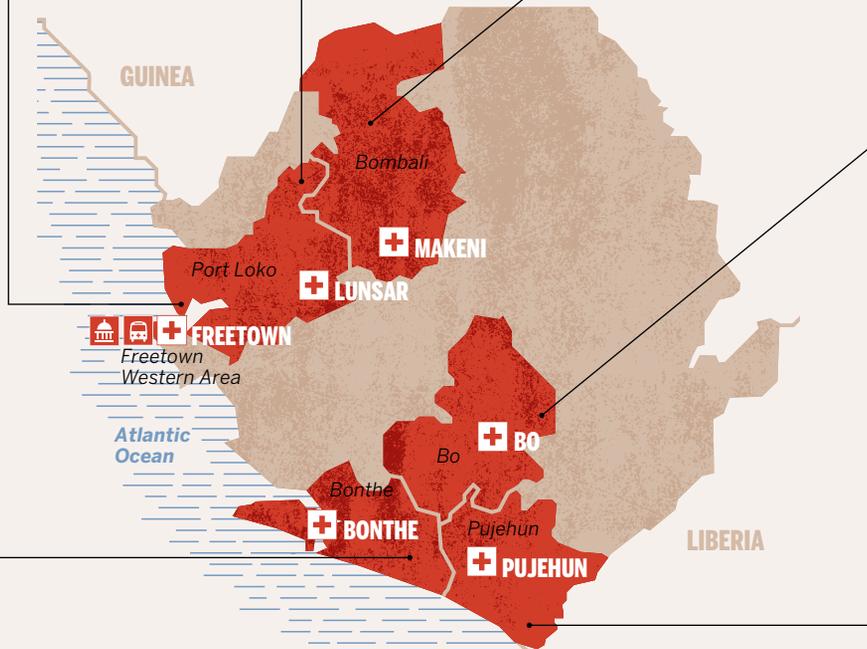
## BOMBALI DISTRICT

1 hospital *Makeni*  
**107** health centers  
**636,000** population served



## BONTHE DISTRICT

2 hospitals  
**55** health centers  
**210,531** population served



## BO DISTRICT

1 hospital *Bo*  
**124** health centers  
**603,716** population served

## PUJEHUN DISTRICT

1 hospital *Pujehun CMI*  
**77** health centers  
**384,864** population served



0 40 80 km

# RESULTS ACHIEVED



### MATERNAL AND CHILD HEALTH

**77,757**  
antenatal visits

**4,022**  
transfers for obstetric emergencies

**32,754**  
attended births

**8,927**  
visits for children under 5 years



### NUTRITION

**495**  
children treated for severe acute malnutrition



### INFECTIOUS DISEASES

**187,822**  
patients treated for malaria

**63,693**  
children under 5 treated for respiratory infections

**5,648**  
respiratory infections treated by community agents



### CONTINUING TRAINING

**174**  
paramedics

**2,156**  
community agents



### CHRONIC DISEASES

**15,600**  
tests for gestational diabetes

**312**  
pregnant women identified with gestational diabetes

**146**  
pregnant women diagnosed with hypertension in pregnancy

# SOUTH SUDAN

[www.doctorswithafrica.org/en/where-we-work/in-africa/our-work-in-south-sudan/](http://www.doctorswithafrica.org/en/where-we-work/in-africa/our-work-in-south-sudan/)

## 2018 SNAPSHOT

**155**  
human  
resources

**1,494**  
human  
resources in  
extraordinary  
management

**175**  
health facilities  
supported

**10,482,470 €**  
invested in  
projects

## IN 2018

Faced with the country's still turbulent situation, **CUAMM has strengthened and expanded its support for the local health system, serving more than a million people. CUAMM supports 12 county health offices, 5 hospitals, 150 peripheral health facilities** and provided vaccinations, nutritional screening, and ambulance service to the community. We responded to emergencies with **vaccination campaigns following measles epidemics and special nutritional assistance actions** in areas with a high number of displaced persons. In bordering counties, **we helped strengthen the alert system to help prevent the possible spread of the Ebola epidemic from the Democratic Republic of the Congo.** We continued to provide basic health services in the marshlands around the port of **Nyal** (former Unity State) **with 4 first aid posts and 1 mobile clinic**, and we completed construction on an emergency operating room.

## OUR HISTORY

**2006**  
Start of action in South Sudan at the Yirol and Lui Hospitals (2008)

**2013-2015**  
Public health program at Yirol West and Rumbek North and upgrading of a health center into a hospital in Cuibet. Start of the diploma course in midwifery at Lui.

**2015-2017**  
Expansion of public health program throughout former Lake State and launch of project at the Rumbek Hospital. Expansion of nutritional program at each level of health system.

**2016**  
"Mothers and Children, First 1,000 Days" program starts at the Lui and Yirol Hospitals.

**2017-2018**  
Response to the famine in the former Unity State with a first response in the marshlands around the port of Nyal. Launch of the public health program in 4 counties of the former Western Equatoria State. Launch of the project at the Maridi Hospital.

### Country profile

**Juba**  
Capital

**12.3 million**  
Population

**644,330 km<sup>2</sup>**  
area

**18.6 years**  
Average age of  
the population

**56/58 years**  
Life expectancy  
(m/f)

**5.2**  
Average number  
of children per  
woman

**187th of 188**  
**countries**  
Human  
Development  
Index



**789 of every  
100,000  
live births**  
Maternal  
mortality



**90.7 of 1,000  
live births**  
Mortality of  
children under  
5 years



**59.2 of 1,000  
live births**  
Neonatal  
mortality



# WHERE WE WORK

0 100 200 km



## WESTERN LAKE STATE

1 hospital *Rumbek*  
4 counties  
53 health centers  
545,545 population served



## EASTERN LAKE STATE

1 hospital *Yirol*  
3 counties  
26 health centers  
329,644 population served



## SOUTH LIECH STATE

1 health center *Nyal*  
1 county  
4 health posts

## AMADI STATE

1 hospital *Lui*  
1 school for nurses and midwives of *Lui*  
3 counties  
48 health centers  
169,489 population served



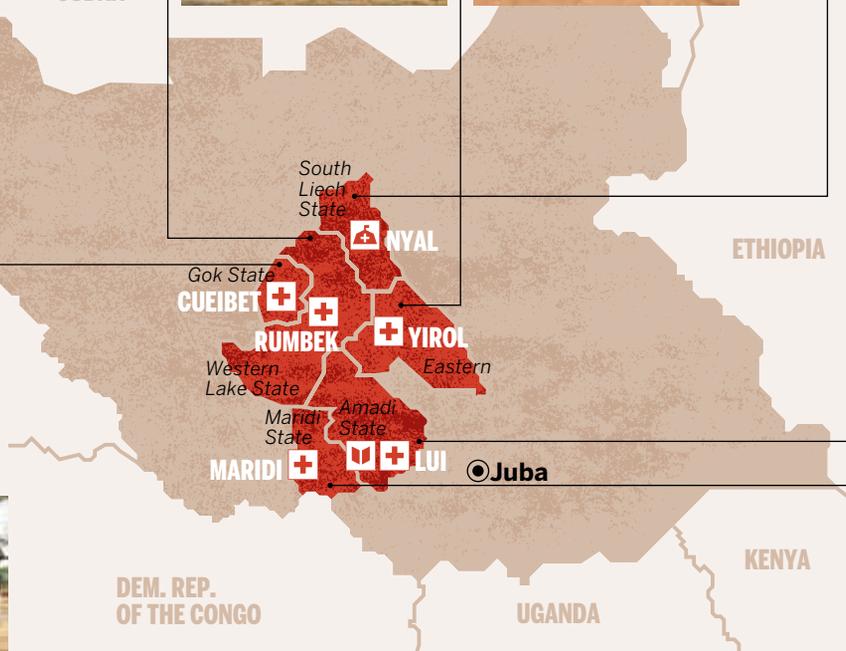
CENTRAL AFRICAN REPUBLIC

## GOK STATE

1 hospital *Cueibet*  
1 county  
13 health centers  
177,987 population served



SUDAN



ETHIOPIA

DEM. REP. OF THE CONGO

UGANDA

KENYA

# RESULTS ACHIEVED



**MATERNAL AND CHILD HEALTH**

**81,181**  
antenatal visits

**1,020**  
transfers for obstetric emergencies (Yirol)

**20,056**  
births

**509,898**  
visits for children under 5 years

**505,856**  
vaccinations



**NUTRITION**

**843**  
children treated for severe acute malnutrition



**INFECTIOUS DISEASES**

**660,680**  
patients treated for malaria

**89**  
patients treated for tuberculosis

**1,269**  
patients in antiretroviral treatment



**CONTINUING TRAINING**

**58**  
other



**HUMANITARIAN**

**25,802**  
outpatient visits, 6,587 for children <5

**839**  
antenatal visits

**10,955**  
growth monitoring for children <5



# WHERE WE WORK

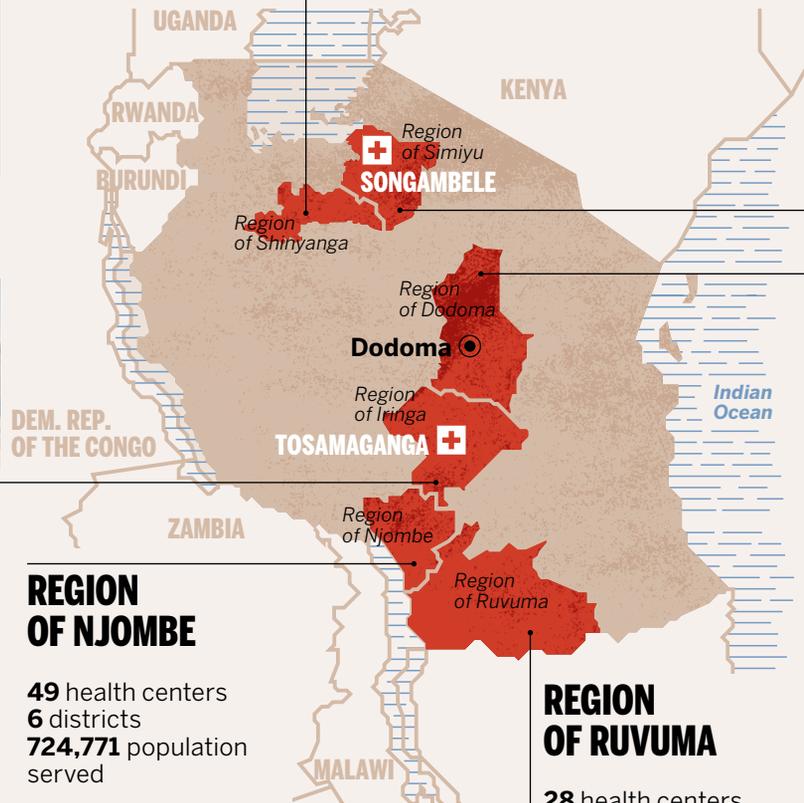


## REGION OF SHINYANGA

2 health centers  
2 districts  
495,808 population served

## REGION OF SIMIYU

1 hospital Songambele  
12 health centers  
3 districts  
1,175,199 population served



## REGION OF DODOMA

6 health centers  
2 districts  
715,942 population served

## REGION OF IRINGA

1 hospital Tosamaganga  
8 health centers  
5 districts  
827,519 population served

## REGION OF NJOMBE

49 health centers  
6 districts  
724,771 population served

## REGION OF RUVUMA

28 health centers  
6 districts  
1,530,409 population served

# RESULTS ACHIEVED

	<b>MATERNAL AND CHILD HEALTH</b>	<b>22,951</b> antenatal visits	<b>281</b> transfers for obstetric emergencies	<b>14,476</b> attended births	<b>165,548</b> visits for children under 5 years	<b>17,787</b> vaccinations
	<b>NUTRITION</b>	<b>1,026</b> children treated for severe acute malnutrition	<b>191,204</b> children under 2 years screened for stunting in the regions of Dodoma, Simiyu and Ruvuma	<b>10,317</b> children under 2 diagnosed with chronic malnutrition in the Regions of Simiyu and Ruvuma		
	<b>INFECTIOUS DISEASES</b>	<b>7,635</b> patients treated for malaria	<b>1,308</b> patients treated for tuberculosis	<b>5,036</b> patients on antiretroviral therapy		
	<b>CHRONIC DISEASES</b>	<b>722</b> patients diagnosed with diabetes	<b>2,583</b> patients diagnosed with hypertension	<b>413</b> patients with heart disease	<b>32</b> patients with cerebral ischemia	
	<b>CONTINUING TRAINING</b>	<b>398</b> community agents trained to treat severe acute malnutrition	<b>27</b> nurses	<b>92</b> midwives	<b>33</b> doctors	

# UGANDA

[www.doctorswithafrica.org/en/where-we-work/in-africa/our-work-in-uganda/](http://www.doctorswithafrica.org/en/where-we-work/in-africa/our-work-in-uganda/)

2018 SNAPSHOT

**115**  
human resources

**409**  
health facilities  
supported

**3,003,195 €**  
invested in projects

## IN 2018

We continued our **work to support the health system in 6 districts of the West Nile region affected by the influx of 1,000,000 South Sudanese refugees**, with special focus on improving services for mothers and children and nutritional programs. We continued our efforts in **the Karamoja region and Oyam district** with a widespread intervention throughout the villages, health centers, and hospitals, including Matany and Aber Hospitals. We promoted community awareness, prenatal visits, attended births, and emergency transport. We also continued to focus on **tuberculosis in Karamoja, seeking to improve diagnosis and treatment, especially for multi-drug resistant TB**. We started a five-year intervention in partnership with other NGOs active throughout the **Lango region** with the goal of strengthening the health system serving more than 2,000,000 people.

## OUR HISTORY

**1958**  
First doctor sent to the Angal Hospital.

**1979**  
Bilateral cooperation between Italy and Uganda in the health field. The first CUAMM doctors started working in the national health system.

**1990s**  
Rebuilt the Aber Hospital and refurbished the hospitals of Maracha, Angal, Aber, and Matany.

**2012**  
Start of the "Mothers and Children First" program to ensure access to safe birth and newborn care in four African countries.

**2016**  
Start of "Mothers and Children First 1,000 Days" program, from pregnancy through the first two years of the child's life.

**2017**  
CUAMM arrived in the West Nile to support the emergency response for South Sudanese refugees.

**2018**  
Start of action in the entire region of Lango.

### Country profile

**Kampala**  
Capital

**39 million**  
Population

**241,550 km<sup>2</sup>**  
area

**15.8 years**  
Average age of  
the population

**58/62 years**  
Life expectancy  
(m/f)

**5.9**  
Average  
number of  
children per  
woman

**162th of 188**  
**countries**  
Human  
Development  
Index



**343 of every  
100,000 live  
births**  
Maternal  
mortality



**53 of 1,000  
live births**  
Mortality of  
children under 5  
years



**37.7 of 1,000  
live births**  
Neonatal  
mortality

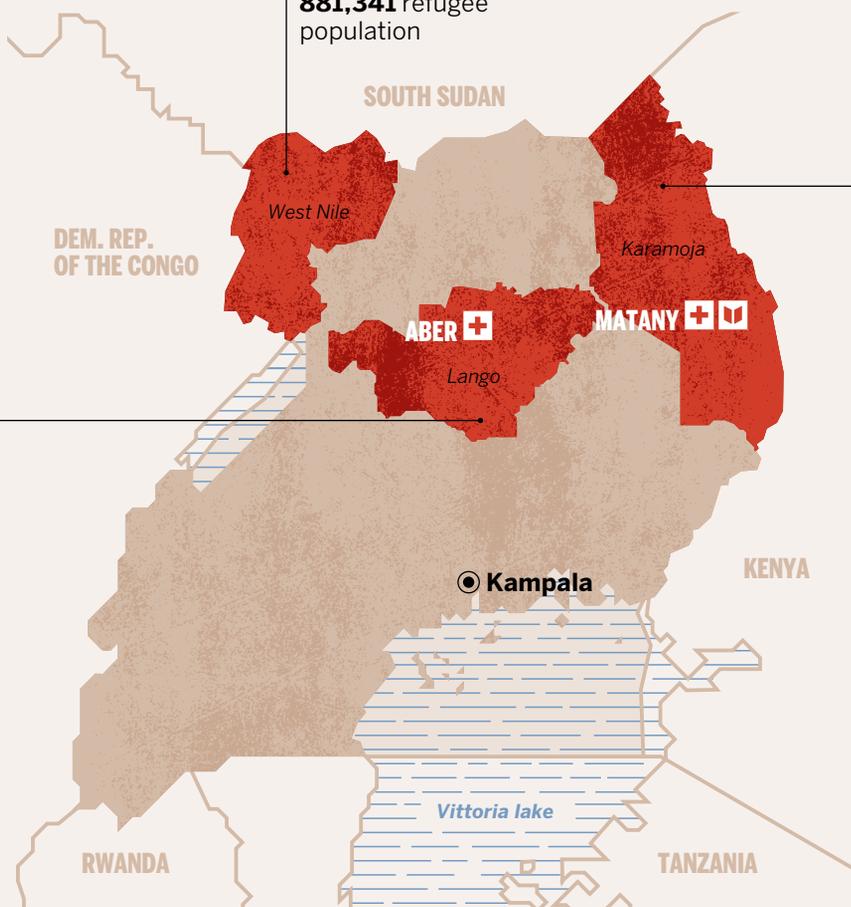


# WHERE WE WORK



## REGION OF WEST NILE

5 districts  
+ *Kiryandongo* district  
**257** health centers  
**2,297,000** population served  
**881,341** refugee population



## REGION OF KARAMOJA

**1** hospital *Matany*  
**1** school for nurses and midwives *Matany*  
**7** districts  
**121** health centers  
**1,067,400** population served



## REGION OF LANGO

**Oyam** district  
**1** hospital *Aber*  
**29** health centers  
**2,100,000** population served



# RESULTS ACHIEVED

	<b>MATERNAL AND CHILD HEALTH</b>	<b>279,657</b> antenatal visits	<b>1,509</b> transfers for obstetric emergencies	<b>83,160</b> attended births	<b>1,321,637</b> visits for children under 5 years
	<b>NUTRITION</b>	<b>419</b> children treated for severe acute malnutrition			
	<b>INFECTIOUS DISEASES</b>	<b>2,193,726</b> patients treated for malaria	<b>3,583</b> patients treated for tuberculosis	<b>7,668</b> patients in antiretroviral therapy	
	<b>CONTINUING TRAINING</b>	<b>4,899</b> community agents	<b>273</b> nurses	<b>7</b> nurses <b>425</b> midwives	<b>20</b> doctors <b>14</b> nurses <b>12</b> nurses and midwives graduated at Matanty school

# MATERNAL AND CHILD HEALTH

[www.doctorswithafrica.org/en/where-we-work/the-first-1000-days-for-mothers-and-children/](http://www.doctorswithafrica.org/en/where-we-work/the-first-1000-days-for-mothers-and-children/)



## FIRST 1,000 DAYS FOR MOTHERS AND CHILDREN

Maternal and child health is a priority action area for Doctors with Africa CUAMM. In sub-Saharan Africa, **too many mothers still die from treatable diseases**. Distances from hospitals, facilities, and insufficient staff, combined with a lack of information, put at risk the lives of the most fragile and vulnerable groups.

After the end of the “**Mothers and Children First**” program in 4 districts of 4 African countries, a new five-year program was launched in 2017 to **provide continuity and to expand** the efforts to support women and their children. We expanded our focus on nutrition during the mother’s pregnancy and newborn care for the first two years of life.

In 7 countries, the new 5-year program “**The First 1,000 Days for Women and Children**” supports and trains local personnel to **increase the number of women with access to safe, attended births and nutritional interventions to combat chronic and acute malnutrition in mothers and children**.

Key interventions, in addition to those part of the earlier program, are for nutritional support for the developing fetus, the newborn, and children up to two years old through: antenatal visits, promoting exclusive breastfeeding, weaning, and monitoring child growth, as well as the earlier identification of acute malnutrition and its treatment. The hospitals involved, expanding from **4 to 10** are: Chiulo (Angola), Wolisso (Ethiopia), Montepuez (Mozambique), Songambebe, Tosamaganga, Matany (Tanzania), Aber (Uganda), Pujehun (Sierra Leone), Yirol, and Lui (South Sudan).

## SECOND YEAR RESULTS

### ANTENATAL AND PRENATAL VISITS

**740,000**

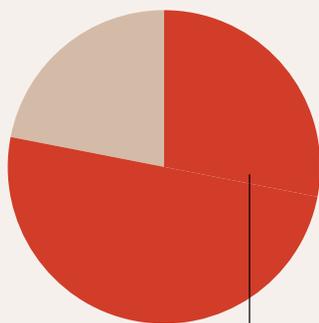
5-year target

**336,950**

in 2018

**526,650**

in two years



**72%**

results achieved in two years

### ATTENDED BIRTHS

**320,000**

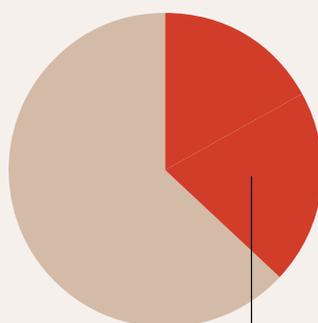
5-year target

**62,332**

in 2018

**117,541**

in two years



**37%**

results achieved in two years

### SERIOUSLY ILL CHILDREN

**10,000**

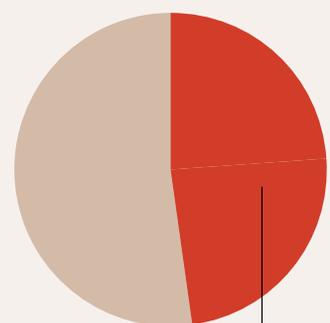
5-year target

**2,385**

in 2018

**4,794**

in two years



**48%**

results achieved in two years

## OTHER DIFFICULT SETTINGS

CUAMM's action was not limited to these 10 districts and hospitals, involving another 13 hospitals in the 8 countries where we are active. In **Sierra Leone**, where the maternal health intervention is in 5 hospitals, we aim to address major obstetric complications, support the emergency and referral system with ambulances, and improve the quality of hospital care. The table shows the major obstetric complications treated in Sierra Leone compared to those of other places where CUAMM works. We can see that only for Tosamaganga and for Wolisso, since 2018, the number of major obstetric complications treated compared to those expected exceeded 50%.

This demonstrates that, though much has been achieved to handle major obstetric complications that contribute to maternal mortality, much is still to be done to be able to say we have made a major reduction in maternal mortality.

Significantly, since October 2018, in Sierra Leone we have been progressively activating a national ambulance system, which was operating in 5 districts, and had already responded to 1,600 calls for emergency transport by December 2018.

In **South Sudan**, despite the country's difficulties, our support for the Yirol, Lui, Cueibet, Rumbek, and Maridi hospitals continued and expanded, though occasional guerrilla attacks and widespread insecurity made the activities and local movement difficult.

**In 2018, in the 8 countries where we are active, Doctors with Africa CUAMM has ensured a total of 194,586 attended births, 49,383 of which were in the 23 hospitals where we work.**

\* Note: data pertains to all 23 supported hospitals.

	HOSPITAL AND AREA SERVED	N. ATTENDED BIRTHS	N. MDOC* TREATED	% MDOC OF ATTENDED BIRTHS	MORTALITY PER MDOC	% MDOC ON THE BIRTHS EXPECTED IN AREA SERVED
<b>ANGOLA</b>	Chiulo	1,419	73	5.1%	4.1%	3.0%
<b>ETHIOPIA</b>	Wolisso	4,630	1,255	27.1%	0.4%	54.5%
<b>MOZAMBIQUE</b>	Montepuez	4,181	719	17.2%	1.3%	44.8%
<b>SIERRA LEONE</b>	PCMH	7,367	3,944	53.5%	1.2%	40.9%
	Makeni	2,127	1,146	53.9%	1.1%	29.3%
	Bo	2,023	801	39.6%	3.6%	23.3%
	Bonte	240	92	38.3%	1.1%	31.7%
	Pujehun	1,114	1,013	90.9%	1.0%	39.9%
<b>SOUTH SUDAN</b>	Yirol	1,517	239	15.8%	0.4%	18.0%
	Cuibet	1,074	248	23.1%	2.8%	16.8%
	Lui	631	103	16.3%	1.0%	26.8%
<b>TANZANIA</b>	Tosamaganga	3,094	1331	43.0%	0.2%	88.9%
<b>UGANDA</b>	Aber	2,187	580	26.5%	0.7%	19.2%
	Matany	1,283	444	34.6%	0.5%	40.0%

\* MDOC: Major direct obstetric complications

## COVERAGE OF ATTENDED BIRTHS IN ACTIVE\*

\* The data refers to attended births only in the districts where Doctors with Africa CUAMM operates on all three levels of the health system (community, peripheral health centers, and hospitals) for which we can calculate the coverage rate more accurately.

COUNTRY	REGION	DISTRICT	EXPECTED BIRTHS	ATTENDED BIRTHS IN HOSPITALS AND HEALTH CENTERS	COVERAGE IN PERCENTAGE 2018	VARIATION OF COVERAGE COMPARED TO 2017
<b>ANGOLA</b>	Cunene	Ombadja	15,300	4,496	29%	-5%
<b>ETHIOPIA</b>	South Omo	Dassenech	2,369	1,676	71%	6%
		Male	1,328	1,625	122%	-7%
		Omorate	2,706	867	32%	-3%
	South WestShoa	Goro	2,896	2,166	75%	-3%
		Wolisso urban and rural	8,847	5,135	58%	0%
		Wonchi	4,467	2,230	50%	-1%
<b>MOZAMBIQUE</b>	Cabo Delgado	Montepuez	10,861	9,129	84%	12%
<b>SIERRA LEONE</b>	Pujehun	Pujehun	16,934	12,698	75%	1%
<b>SOUTH SUDAN</b>	GOK	Cueibet	9,995	2,702	27%	-16%
	Western Lakes	Mwulu	3,442	1,128	33%	5%
		Rumbek Center	13,033	3,151	24%	2%
		Rumbek East	10,426	2,148	21%	-6%
		Rumbek North	3,685	802	22%	-6%
	Eastern Lakes	Yirol West	8,758	3,056	35%	6%
		Yirol East	5,721	2,519	44%	13%
		Awerial	3,993	334	8%	-2%
	Mundri	Lui	2,542	1,104	43%	1%
	<b>TANZANIA</b>	Iringa	Iringa District Council	11,086	8,579	77%
<b>UGANDA</b>	Karamoja	Abim	6,587	3,884	59%	9%
		Amudat	5,985	1,965	33%	-2%
		Kaabong	8,905	6,288	71%	6%
		Kotido	9,860	6,439	65%	7%
		Moroto	5,456	2,244	41%	0%
		Nakapiripirit	5,054	2,187	43%	3%
		Napak	7,357	5,138	70%	7%
	Lango	Oyam	20,761	1,4911	72%	0%
<b>TOTAL</b>			<b>208,354</b>	<b>108,601</b>	<b>52%</b>	<b>3%</b>



# NUTRITION



## ENSURING GOOD NUTRITION

The **importance of good nutrition**, especially during pregnancy and early childhood, is a top priority within the **Agenda 2030 for Sustainable Development**, signed by 193 UN member states. CUAMM addresses the issue of nutrition by **supporting national programs and policies**, facilitating practical **nutrition education** for pregnant women in the communities, dispensaries, and health centers, raising awareness among mothers about the advantages of **exclusive breastfeeding** up to six months, and **monitoring children's growth** during the early years.

We also manage **acute and chronic malnutrition cases**, still widespread in Africa, particularly during droughts and subsequent famines. Worldwide, one in four children under the age of five suffers from chronic malnutrition: a total of 150.8 million in 2017, 22.2% of all children globally. If we consider all forms of malnutrition, the number of children suffering from it rises to over 200 million.

In 2017, malnutrition was a contributing cause of about 3 million child deaths, over 50% of child deaths, of which there were a total of 5.4 million (Unicef report, 2018)

Malnutrition has such a severe effect because **it is an aggravating and complicating factor of all diseases**. Every health intervention, both in hospital and health centers, must address this difficult situation.

## FIGHTING ACUTE MALNUTRITION

Acute malnutrition results from **rapid weight loss or the inability to gain weight**. It only occurs when a person has insufficient access to food, such as in cases of famine or economic difficulties.

**It may be moderate or severe**, in which case, the child risks dying. CUAMM supports nutritional units for the intensive care of severe and complicated acute malnutrition in several hospitals in the countries in which we work. In some regions, such as **Karamoja** in Uganda region, which includes 7 districts, we treat both severe, acute malnutrition and moderate malnutrition. The table shows the 2018 data for hospital treatments:

## READ THE DATA

The mortality index is generally **below 10%**, which indicates a good standard of care, except for in the Montepuez Hospital in Mozambique and the Tosamagana Hospital, and Songambe Hospital in the region of Simiyu, in Tanzania.

**Tanzania has many very decentralized treatment units, closer to the population but with very low workloads by type of program with the resulting risk of low quality** (for example, the issue of the plethora of delivery sites). We can see that the three nutritional units in Simiyu and Songambe record the second highest mortality, and together treat 77% of the cases in Wolisso. The dropout rate **has stayed essentially stable since 2017, and is, regardless, below the quality target of 10%**.

## TREATMENTS FOR ACUTE MALNUTRITION IN HOSPITALS 2018

COUNTRY	HOSPITAL	PATIENTS DISCHARGED	PATIENTS RECOVERED	RATE OF HEALING	PATIENTS DEATHS	RATE OF MORTALITY	NUMBER OF DROPOUT	RATE OF DROPOUT	NUMBER TRANSFERS TO OTHER FACILITIES TO COMPLETE TREATMENT
<b>ANGOLA</b>	Chiulo	194	168	86.6%	19	9.8%	7	3.6%	n.d.
<b>ETHIOPIA</b>	Wolisso	430	391	90.9%	15	3.5%	17	4.0%	7
<b>MOZAMBIQUE</b>	Montepuez	69	60	87.0%	9	13.0%	n.d.		n.d.
<b>SIERRA LEONE</b>	Pujehun CMI	495	297	60.0%	42	8.5%	12	2.4%	144
<b>SOUTH SUDAN</b>	Cueibet	299	251	83.9%	8	2.7%	17	5.7%	13
	Lui	196	161	82.1%	15	7.7%	12	6.1%	8
	Yirol	348	324	93.1%	14	4.0%	9	2.6%	1
<b>TANZANIA</b>	Tosamaganga	169	85	50.3%	23	13.6%	29	17.2%	32
	Songambebe, Region of Simyu	65	50	76.9%	12	18.5%	2	3.1%	1
	Region of Simyu (3 nutritional units)	266	189	71.1%	40	15.0%	24	9.0%	13
	Region of Ruvuma (7 nutritional units)	302	207	68.5%	27	8.9%	13	4.3%	52
	Dodoma	224	158	70.5%	14	6.3%	50	22.3%	2
<b>UGANDA</b>	Aber	267	222	83.1%	18	6.7%	27	10.1%	0
	Matany	152	131	86.2%	5	3.3%	16	10.5%	0
<b>TOTAL TREATED</b>		<b>3,476</b>	<b>2,694</b>	<b>77.5%</b>	<b>261</b>	<b>7.5%</b>	<b>235</b>	<b>6.8%</b>	<b>272</b>

The data in this table are for Tanzania and Karamoja (Uganda) where the interventions pertain to the entire region not only the hospital.

## ACTIONS TO COMBAT ACUTE MALNUTRITION IN THE COMMUNITY 2018

COUNTRY	REGION	PATIENTS DISCHARGED	PATIENTS RECOVERED	RATE OF HEALING	PATIENT DEATHS	RATE OF MORTALITY	NUMBER OF DROPOUTS	RATE OF DROPOUT	NUMBER TRANSFERRED TO OTHER FACILITIES TO COMPLETE TREATMENT
<b>TANZANIA</b>	Simyu and Ruvuma	1,620	1,356	83.7%	11	0.7%	168	10.4%	70
<b>TANZANIA</b>	Iringa and Njombe*	2,188	1,845	84.3%	44	2.0%	86	4%	213
<b>UGANDA</b>	Karamoja	6,376	4,143	65.0%	25	0.4%	1,378	21.6%	706
<b>TOTAL TREATED</b>		<b>10,184</b>	<b>7,344</b>	<b>72.1%</b>	<b>80</b>	<b>0.8%</b>	<b>1,632</b>	<b>16.0%</b>	<b>989</b>

\* We could not separate the data for children treated with admission (more severe) from the outpatient treatments

# FIGHTING CHRONIC MALNUTRITION

Chronic malnutrition means **stunted growth, a low height/age ratio**. It is caused by a constant shortage of food and the restricted use of potential resources, starting in the early days of a fetus's life. It causes permanent deficits for the child in terms of physical, psychological, and intellectual growth, **compromising the rest of his or her life**. Though there is, unfortunately, no real treatment, CUAMM's targeted programs include educational projects for mothers and providing supplements to pregnant women and children, which **can reduce the impact and damage of stunting**. One of our main actions is treating anemia in pregnancy, providing folic acid and other minerals like iodine, preventing malaria in pregnancy, supporting good nutrition for the mother, exclusive breastfeeding, and treating intestinal parasitosis in children.

## IN TANZANIA

In Tanzania, specific interventions have continued to fight chronic and acute malnutrition, combined with the diagnosis and treatment of acute malnutrition. In the regions of Symiu and Ruvuma, **13,544 community meetings** have been

organized, involving 569,365 participants, including 1,300 trained community agents **educated the community on good nutritional practices and evaluated 162,939 children under two years old, identifying 10,317 cases of chronic malnutrition.**



## SANTOS

Federica Tripoli  
jpo at Chiulo, Angola

Santos, 6 months. He came to the hospital malnourished and in very serious condition with tuberculous meningitis symptoms. He refused therapeutic milk and the mother did not have enough breast milk to meet his needs. The parents, both very young (the mother was 18), refused to have the nasogastric feeding tube inserted because another son had had this procedure and died shortly after. They had no faith in hospital care, so much so that they had taken him for traditional treatments, without any effect, before bringing him to the hospital. The first days were very

difficult. He continued to lose weight because we couldn't insert a feeding tube. His condition was getting worse, and the parents kept on saying they planned to take him back to the traditional "kimbandeiro" healer, which discouraged us further. But, little by little, with the help of attentive, patient nurses and support staff, we found a way to feed him, giving him therapeutic milk in a syringe in his mouth at the same time as he was breastfeeding. He began to gradually gain weight and the anti-tuberculosis treatment started to work and his mother finally came to trust hospital care.

# INFECTIOUS DISEASES



## INSIDIOUS ENEMIES

In recent years, international cooperation has helped achieve **significant results in the fight against major infectious diseases**, including malaria, tuberculosis, and HIV/AIDS.

In Africa, there are now fewer people infected, fewer deaths, and more patients in treatment. Nonetheless, **much of the**

**African population continues to suffer** disproportionately more than in other continents from preventable premature death and disability caused mostly by major epidemic diseases.

These **diseases affect poor people and groups and those at risk for poverty**, especially pregnant women, children, adolescents, and adults living in disadvantaged social conditions who have problems accessing, using, and adhering to prevention and treatment services.

## FIGHTING MALARIA

In every hospital, dozens and dozens of cases of malaria are treated every day, **especially in children under five years of age**.

Since 2016, we have started more accurately recording how many cases are diagnosed and treated in hospitals and health centers supported by CUAMM, as seen for each country in the following table.

We can see that the overall mortality remains quite low. However, of the almost **3.3 million cases of malaria** treated (of which 70.9% were confirmed by the laboratory), there still have been more than 1.300 deaths, slightly over 800 of which are children under 5 years.

MALARIA	ANGOLA	ETHIOPIA	MOZAMBIQUE	SIERRA LEONE	SOUTH SUDAN	TANZANIA	UGANDA	TOTAL
<b>N. malaria diagnoses</b>	-		166,752	187,822	660,680	9,371	2,193,726	<b>3,301,444</b>
<b>N. diagnoses of malaria confirmed by laboratory</b>	nd	24,314	166,752	81,105	257,460	7,584	1,802,748	<b>2,339,963</b>
<b>% of diagnoses confirmed in laboratory</b>	nd	29.3%	100.0%	43.2%	39.0%	80.9%	82.2%	<b>70.9%</b>
<b>N. deaths</b>	43	187	6	31	311	1	771	<b>1,307</b>
<b>Mortality from malaria</b>	-	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	<b>0.0%</b>
<b>N. malaria diagnoses &lt;5 years</b>	132	5,322	93,950	81,942	264,207	1,559	659,573	<b>1,106,685</b>
<b>N. deaths &lt;5 years</b>	3	1	-	23	213	-	575	<b>815</b>
<b>Mortality from malaria &lt;5 years</b>	2.3%	0.0%	0.0%	0.0%	0.1%	0.0%	0.1%	<b>0.1%</b>

# FIGHTING TUBERCULOSIS

Though there are slightly fewer tuberculosis patients, **diagnosis is still difficult, especially in children**, even with new technology like *GeneXpert* which can detect tuberculosis and possible resistance to rifampicin, indicating possible “*MDR or multidrug resistance.*” In 2018, *our diagnostics with GeneXpert* continued in the hospitals of Wolisso (Ethiopia) and Matany (Uganda). In Chiulo, however, it was interrupted because of equipment damage yet to be repaired. The data is shown in this table:

Note that in Wolisso, since 2017, the sputum test is no longer the national diagnostic protocol, but all patients that produce sputum are tested with *GeneXpert*.

**relatively low (2.5%) in Wolisso, whereas in Matany, in 2018, it is as high as 11.3%.**

**We can see that the apparent resistance prevalence is still**

Hospitals (country)	PATIENTS DIAGNOSED WITH TUBERCULOSIS	PATIENTS TESTED WITH GENEXPERT FOR MDR-TB	PATIENTS TESTED WITH GENEXPERT POSITIVE FOR TUBERCULOSIS	PATIENTS WHO TESTED AS RIFAMPICIN-RESISTANT (MDR)
Wolisso, Ethiopia	603	2,063	281	7 (2.5%)
Matany, Uganda	630	4,240	53	6 (11.3%)



## SHE SEEMED TO BE SLEEPING...

**Antonella La Brocca,**  
JPO from Catania working  
in Matany, Uganda

It was nighttime. A mother brought her baby daughter to the Children ward saying “she seemed to be sleeping” in the local language, but she didn’t wake up! The nurses called the doctor on call and checked her hemoglobin level and did a rapid malaria test. The test was positive and her hemoglobin

was 4. Meanwhile, the doctor arrived and saw her and quickly started her on an intravenous treatment because pills would not be enough in this case. Fortunately, just yesterday blood had come from the Kampala Hospital by helicopter and there were now bags for every blood group.

The child was lucky but we waited until the night was over to say so for sure. In the morning, the on-call doctor went to see her first before going to the meeting and was relieved to see her awake in bed looking for her mother’s breast to feed. Another life saved at Matany.

# FIGHTING HIV/AIDS

For HIV/AIDS, in 2018, we continued the new strategy to reduce the pandemic through the *test-and-treat* approach. Until a few years ago, patients who were infected had been treated only if the counts of their T4 lymphocyte, our immune systems' infection-fighting agents, fell below a certain number.

Only pregnant women who were HIV-positive started treatment in all cases. With the *test and treat* approach, all infected patients start treatment, regardless of their lymphocyte count. The aim is to stop the spread of the virus by reducing the likelihood that each individual HIV-positive patient can pass on the virus. The table shows results from anti-retroviral clinics that we oversaw directly, which have increased by 27% over 2017 patients who started treatment:

## RESULTS FROM ANTI-RETROVIRAL CLINICS DIRECTLY OVERSEEN

COUNTRY	ANTIRETROVIRAL CLINICS	TESTED FOR HIV*	POSITIVE FOR HIV	% POSITIVE	NEW PATIENTS WHO STARTED TREATMENT IN 2018	TOTAL PATIENTS IN ART TREATMENT
<b>ANGOLA</b>	<b>Chiulo</b>	3,775	162	4.29%	n.d.	n.d.
<b>ETHIOPIA</b>	<b>Wolisso</b>	1,856	129	0.47%	99	1,556
<b>MOZAMBIQUE</b>	<b>Beira</b>	29,994	704	2.35%	481	n.d.
<b>SOUTH SUDAN</b>	<b>Lui</b>	1,468	231	15.74%	38	92
	<b>Yirol</b>	2,736	593	21.67%	593	882
	<b>Cuibet</b>	2,410	211	8.76%	211	n.d.
<b>TANZANIA</b>	<b>Bugisi</b>	21,020	383	1.82%	599	2,430
	<b>Mwamapalala</b>	25,334	104	0.41%	107	429
	<b>Ngokolo</b>	24,379	185	0.76%	235	467
	<b>Songambebe</b>	16,436	107	0.65%	135	166
	<b>Tosamaganga</b>	7,939	188	2.37%	181	1,544
<b>UGANDA</b>	<b>Aber</b>	17,303	729	4.21%	699	4,707
	<b>Matany</b>	10,022	102	1.02%	34	639
<b>TOTAL</b>		<b>190,457</b>	<b>3,828</b>	<b>2.0%</b>	<b>3,412</b>	<b>12,912</b>

Data on the total number of patients receiving antiretroviral treatment (ART) also includes patients who were waiting for treatment and started it when the test and treat approach was implemented.  
\* Includes individuals who tested voluntarily, patients, and women during antenatal visits.

The table shows that the number of patients put on antiretroviral therapy **has increased by 2,720 people (+27%)**.

## IN MOZAMBIQUE

Though these actions were part of our work in hospitals and peripheral clinics, we have several **specific projects targeted at groups and places with a high incidence of HIV/AIDS**. For example, our work in Mozambique and the city of Beira, joined by the city of Tete and two districts in the province, is **targeted at adolescents**, a group particularly at risk of contracting the virus in high prevalence settings. The project **establishes youth centers** in urban areas and organizes dedicated clinics in schools and in some health centers **to encourage voluntary testing** and **educate young people about safe behavior** to avoid

contracting the disease. **In 2018, 30.623 adolescents were tested and 907 were positive with an apparent seroprevalence of 3%.**

Given the high prevalence in the population, there is some doubt about whether it is actually effective at identifying the HIV-positive people that perhaps only out of suspicion "avoid" testing. Another issue is ensuring access and treatment adherence, especially in urban settings where patients may not come back to the center to continue treatment, either because they feel well and think it is unnecessary, or because of economic problems and the resulting isolation and social issues that come from following this treatment.

2018 Mozambique	BEIRA	TETE	TOTAL
<b>Adolescents given counselling</b>	47,711	30,066	77,777
<b>Tested for HIV</b>	29,944	18,870	30,623
<b>Positive for HIV</b>	704	203	907
<b>% positive</b>	2.35%	1.08%	3.0%



# ACUTE RESPIRATORY INFECTIONS

Acute respiratory illnesses, along with malaria and diarrhea, are the three major causes in death in children under five. The table shows the cases treated in the hospitals and districts where CUAMM works.

Especially in hospitals or health systems in peripheral areas, the data refers to places where there is support and available data. The outcome for this disease depends on antibiotics and oxygen being available for severe forms, especially in children under five. Specific mortality remains quite low.

	ANGOLA	ETHIOPIA	MOZAMBIQUE	SIERRA LEONE	SOUTH SUDAN	TANZANIA	UGANDA	TOTAL
<b>N. DIAGNOSES OF PNEUMONIA</b>	-	21,125	-	77,475	-	17,047	146,640	<b>262,287</b>
<b>N. DEATHS FROM PNEUMONIA</b>	-	18	-	11	-	46	341	<b>416</b>
<b>MORTALITY FROM PNEUMONIA</b>	-	0.1%	-	0.0%	-	0.3%	0.2%	<b>0.2%</b>
<b>N. DIAGNOSES CHILDREN &lt;5 YEARS</b>	-	11,188	-	63,693	68,000	6,688	72,771	<b>222,340</b>
<b>N. DEATHS CHILDREN &lt;5 YEARS</b>	-	14	-	10	-	14	183	<b>221</b>
<b>MORTALITY FROM PNEUMONIA &lt;5 YEARS</b>	-	0.1%	-	0.0%	-	0.2%	0.3%	<b>0.1%</b>

# DIARRHEAL DISEASES

Diarrheal diseases, especially in their most common forms, without blood, are one of the main causes of death from severe dehydration.

This is particularly true for children who are at risk if they are not adequately supported with ongoing rehydration, including oral if possible.

The table shows the cases treated in settings where CUAMM works and specific data is reported.

Here, as for acute respiratory infections, the country reporting the most cases is Uganda, which is due to the quality of its information system that can quickly collect all data, including epidemiological, from all health facilities in which CUAMM is active. This is not possible in South Sudan, even though the intervention is even broader and reaches more beneficiaries.

DIARRHEA	ANGOLA	ETHIOPIA	MOZAMBIQUE	SIERRA LEONE	SOUTH SUDAN	TANZANIA	UGANDA	TOTAL
<b>N. DIAGNOSIS OF DIARRHEA</b>	-	26,151	-	20,585	-	6,888	224,829	<b>278,453</b>
<b>N. DEATHS FROM DIARRHEA</b>	11	18	-	18	-	8	42	<b>97</b>
<b>MORTALITY FROM DIARRHEA</b>	-	0.1%	-	0.1%	-	0.1%	0.0%	<b>0.03%</b>
<b>N. DIAGNOSIS OF DIARRHEA &lt; 5 YEARS</b>	384	13,336	-	15,571	7,864	27,449	122,179	<b>186,783</b>
<b>N. DEATHS FROM DIARRHEA &lt; 5 YEARS</b>	4	9	-	17	-	1	27	<b>58</b>
<b>MORTALITY FROM DIARRHEA &lt; 5 YEARS</b>	1.0%	0.1%	-	0.1%	0.0%	0.0%	0.0%	<b>0.03%</b>

# CHRONIC DISEASES



According to the “*Global Report on Noncommunicable Diseases (NCD)* (WHO, 2017), every year, 41 million people lose their lives prematurely due to **non-communicable diseases** (NCDs), the majority of these deaths (about 28 million) are in low- and middle-income countries. By 2030,

chronic diseases are forecast to pass infectious diseases as the leading cause of death in Africa as well. Attention to preventing and treating this group of emerging diseases in low-income countries is now a top target of the Sustainable Development Goals.

## DIABETES, HYPERTENSION, AND HEART DISEASE

In the hospitals where CUAMM works, we have always diagnosed and treated these patients, but because of their large numbers, they have been poorly documented. However, in some settings, we have organized specific outpatient clinics that can integrate AIDS patients and reduce the stigma by including them among all chronic ill people. The table shows the data from hospitals that have dedicated outpatient clinics and where admissions have started to be recorded.

As we can see, the Wolisso Hospital still has the highest numbers, as it did last year (though the Tosamaganga Hospital has been expanding these services as the table shows) because there has long been an outpatient clinic where all diagnosed cases are referred and overseen, including by recording clinical data after each visit. **We are developing**

**the first assessment** of these patients' epidemiological profiles, treatment adherence, and its effectiveness. In Beira and in another three hospitals, this service is active, part of a **project supported by the Ministry of Mozambique for developing diagnostic and treatment guidelines for chronic diseases.**

	WOLISSO	TOSAMAGANGA	MATANY	ABER	BEIRA AND 3 OTHER HOSPITALS IN MOZAMBIQUE	TOTAL	PCMH*
<b>N. VISITS FOR WITH DIABETES</b>	1,967	722	n.d,	n.d,	862	<b>3,551</b>	n.d,
<b>N. ADMISSIONS FOR DIABETES</b>	204	149	256	16		<b>625</b>	312
<b>N. VISITS FOR HEART DISEASE</b>	1,601	1,722	n.d,	n.d,		<b>3,323</b>	
<b>N. ADMISSIONS FOR HEART DISEASE</b>	181	413	12	62	951	<b>1,619</b>	
<b>N. PATIENTS WITH HYPERTENSION</b>	3,878	2,583	n.d,	686	19,423	<b>26,570</b>	
<b>N. ADMISSIONS FOR STROKES</b>	44	32	43	65		<b>184</b>	

\* screening for gestational diabetes

# CERVICAL CANCER

Uterine cervical cancer, the **second most common cancer in women in Africa**, can be prevented with vaccination against the human papillomavirus and with screening and early diagnosis. We have been implementing projects for several years to improve community awareness about this problem and offering cervical cancer screening.

The chosen strategy is “see & treat” in which, by coloring the cervix with acetic acid, it is inspected (VIA) for lesions that could be malignant and they are immediately treated

with cryotherapy. Testing and treatment are done by suitably trained nursing staff with the goal of evaluating 20% of eligible women every year.

By treating all small lesions, including inflammatory ones, we seek to prevent them from continuing to malignancy. This is a secondary prevention approach rather than a treatment. Advanced tumors are surgically treated in the hospital, though actual effectiveness is limited as most tumors are found in advanced/inoperable stages.

The table shows the data from 2018, in Ethiopia (Wolisso, Turmi, and Omorate, now extended to the districts of Male and South Ari), Tanzania (Tosamaganga), and Uganda (Matany).

<b>ACTIONS AGAINST UTERINE CERVICAL CANCER</b>	<b>WOLISSO</b>	<b>MALE, SOUTH ARI, TURMI, AND OMORATE</b>	<b>TOSAMAGANGA</b>	<b>KILOSA DISTRICT</b>	<b>TOTAL</b>
<b>WOMEN SCREENED WITH VIA</b>	5,261	2,545	281	707	<b>8,794</b>
<b>N. VIA +</b>	285	156	20	69	<b>530</b>
<b>% OF POSITIVITY AT THE BEGINNING</b>	5.4%	6.1%	7.1%	9.8%	<b>6.0%</b>
<b>N. VIA + TREATED WITH CRYOTHERAPY</b>	233	152	20	16	<b>421</b>
<b>N. PZ. TREATED WITH LEEP</b>	3	-	-	-	<b>3</b>



# TRAINING



## THE CRITICAL ROLE OF TRAINING

Training health personnel is essential for **improving and strengthening the quality of care and the ability to provide health services**. In addition to what Doctors with Africa CUAMM accomplishes, **working every day alongside local personnel and local authorities**, we also organize **professional development courses**. We have also **supported field stays**, involving 11,392 people, including

community agents, nurses, obstetricians, doctors, and paramedics.

The training focuses on **maternal and child health**, the integrated treatment of newborn and childhood diseases, treating acute and chronic malnutrition, and information and data gathering systems. In addition, **training was provided for managerial and administrative positions**, starting with those in management roles in the hospitals and health districts.

Support for training schools helped 14 nurses and 37 midwives earn diplomas, and support for the Faculty of Medicine of the University of Beira led to graduating 32 new doctors.



## DERCIA'S STORY

**Dr. Dercia Maguele**  
graduated in Medicine from the Faculty of Health Sciences at the UCM of Beira

When I found out that I'd won the scholarship to study medicine at the Catholic University of Mozambique, I was really happy but also confused. To follow my dream, I would need to leave my family and move to Beira, a large

unknown city a five-hour flight from where I lived. I had been dating a guy named Arnaldo. I was determined to follow my dream but I didn't know how he would react. But Arnaldo was sure. I should move, study, and get my degree, and he was

confident we would be able to keep our relationship going despite the distance! Now I'm a doctor. I finished in the Mecufi district in the Cabo Delgado province, not far from Pemba, with my husband Arnaldo and our son Eden.

## TRAINING WITH SHORT COURSES OR RESIDENCIES\*

COUNTRY	COMMUNITY AGENTS	NURSES	MIDWIVES	GENERAL DOCTORS	OTHER	TOTAL BY COUNTRY
<b>ANGOLA</b>	361	145	0	18	3	527
<b>ETHIOPIA</b>	480	110	99	80	15	784
<b>MOZAMBIQUE</b>	585	564	0	286	0	1,435
<b>SIERRA LEONE</b>	2,156	174	0	0	0	2,330
<b>SOUTH SUDAN</b>	0	0	0	0	58	58
<b>TANZANIA</b>	398	27	92	33	0	550
<b>UGANDA</b>	4,899	273	425	20	91	5,708
<b>TOTAL BY CATEGORY</b>	<b>8,879</b>	<b>1,293</b>	<b>616</b>	<b>437</b>	<b>167</b>	<b>11,392</b>

\* Only training "on the job"

## PROFESSIONAL AND UNIVERSITY TRAINING

In 2018, we continued to support several schools for professional and university training, graduating the following professional figures:

COUNTRY	ORGANIZATION	MIDWIVES GRADUATED	NURSES GRADUATED	STUDENT MIDWIVES	NURSE STUDENTS	DOCTORS GRADUATED
<b>ETHIOPIA</b>	Wolisso		25	52	28	
<b>MOZAMBIQUE</b>	Faculty University of Beira					32
<b>SOUTH SUDAN</b>	Lui		0			
<b>UGANDA</b>	Matany	14	12	57	58	
<b>TOTAL BY CATEGORY</b>		<b>14</b>	<b>37</b>	<b>109</b>	<b>86</b>	<b>32</b>

# MONITORING, EVALUATION, AND RESEARCH



## MONITORING OUR PROJECTS, MEASURING OUR SYSTEMS

This is why CUAMM's monitoring and assessment go beyond those required for individual projects. The impact we want to measure is about strengthening health systems and not just individual project indicators, though necessary to provide donors with transparency and accountability. That is why the **hospitals we support are evaluated for their overall performance** and why we spend a section focusing on each one. Likewise, whenever possible, the districts and areas of intervention are evaluated in terms of overall impact, with measurements of **how many beneficiaries are reached for each service compared to expectations**. Within our diverse areas of intervention, both geographically and by issue, we pursue **operational research with different methods and focuses** to expand our knowledge and the quality and effectiveness of our services, or specifically evaluate diagnostic or treatment methods.

## QUALITY IS KEY

If we had to choose one word for our operational research in 2018, it would be quality: **quality of treatment, services, and health personnel**. Quality is a necessary complement to the right of access to care and an indispensable factor of effective health services and, unfortunately, a territory in which **health inequality** often arises. In 2018, many published studies showed how important quality is for CUAMM; one such study was by Cavicchiolo

et al, which analyzes neonatal resuscitation in Mozambican hospitals, spotlighting the key role of health workers in providing quality health services; another study by Cavallin et al. studied the risk factors affecting mortality in children with malaria, once again demonstrating the need to invest in training human resources.

The result reflects how CUAMM sees research: as a tool needed to **investigate problem points in the process** and act to improve services, with the strong conviction that **medicine in poor countries should not be poor medicine**.



# OPERATIONAL RESEARCH IN THE FIELD

Operational research has been strengthened over the years to become an integral part of projects in the field with the goal of innovative, quality healthcare.

The research issues are the areas in which CUAMM is active, with a focus on maternal and child health and infectious diseases.

**In 2018, 23 studies were published in international scientific journals**, continuing the growth trend of previous years.

There were also **7 poster presentations and 7 oral presentations at conferences**.

This team effort involved **over 100 Italian, African, and International contributors**. Last year, it saw the massive participation of young doctors and residents in the ranks of research, with an increasingly robust, well-organized collaboration both with universities and research centers.

Some of the new issues studied in 2018 included **adolescent health and the widespread problem of early pregnancies and HIV exposure, malnutrition in areas of extreme fragility due to migration, such as Uganda, training obstetric personnel to be prepared to respond effectively in the health process**. This research shows our desire to study wide-ranging issues. It also reflects the role research has for CUAMM as part of a systemic approach in which research lets us understand the situations where we work, identify weak points, and develop the best ways to act effectively.

## 2018 RESULTS

**5**  
main issue  
areas

**23**  
studies published

**7**  
oral presentations

**7**  
posters and  
presentations  
at international  
congresses

**115**  
Italian, African,  
and international  
research partners  
working together  
to build quality  
healthcare

Issue areas:



**MATERNAL  
AND CHILD  
HEALTH**



**INFECTIOUS  
AND  
TROPICAL  
DISEASES**



**UNIVERSAL  
HEALTH  
COVERAGE  
AND EQUITY**



**NUTRITION**



**CHRONIC  
DISEASES**

Every year, Doctors with Africa CUAMM brings together in a single volume the scientific articles, abstracts, and posters that it has presented at international congresses. **The collections can be downloaded free of charge at [www.medicinonlafrica.org](http://www.medicinonlafrica.org).**





# FOCUS ON HOSPITALS

In 2018, Doctors with Africa CUAMM was involved in managing 23 hospitals in Africa: 1 in Angola, 3 in Ethiopia, 3 in Mozambique, 6 in Sierra Leone, 1 in the Central African Republic, 5 in South Sudan, 2 in Tanzania, and 2 in Uganda. As is true throughout Africa, in these countries hospitals are the main facilities providing health care, especially complex services like surgery. This makes it important for CUAMM to evaluate their work as we consider access to care a basic right of every human being, especially important for the poorest groups of a population. We can measure the volume of health services provided by a hospital using an aggregate indicator called *Standard Unit for Output* (SUO), which takes as a unit of measurement a visit to an outpatient clinic and provides a relative importance in terms of cost to other major hospital healthcare (admissions, births, vaccinations,

and pre- and post-natal visits). The use of this indicator allows hospital managers and board of directors to plan rationally, make evidence-based decisions aligned with the institution's mission, and explain choices that had successful or unsuccessful results. We can use this measurement system to form four indicators:

## -PRODUCTIVITY

to measure the total volume of a hospital's activity;

## -EQUITY

to evaluate if its services are accessible to everyone, especially to the most vulnerable groups;

## -STAFF EFFICIENCY

to evaluate human resource management

## -MANAGEMENT EFFICIENCY

to evaluate financial resource optimization.

## 2018 SNAPSHOT

**23**

hospitals managed by Doctors with Africa CUAMM

**1**

Angola

**3**

Ethiopia

**3**

Mozambique

**6**

Sierra Leone

**5**

South Sudan

**1**

Central African Republic

**2**

Tanzania

**2**

Uganda

The formula for calculating SUO shows the relative importance of a hospital's different services:

$$\begin{aligned} \text{SUO-op} = & (15 \times \text{admissions}) \\ & + (1 \times \text{outpatient visits}) \\ & + (5 \times \text{births}) \\ & + (0.2 \times \text{vaccinations}) \\ & + (0.5 \times \text{pre-postnatal visits}) \end{aligned}$$



# PRODUCTIVITY

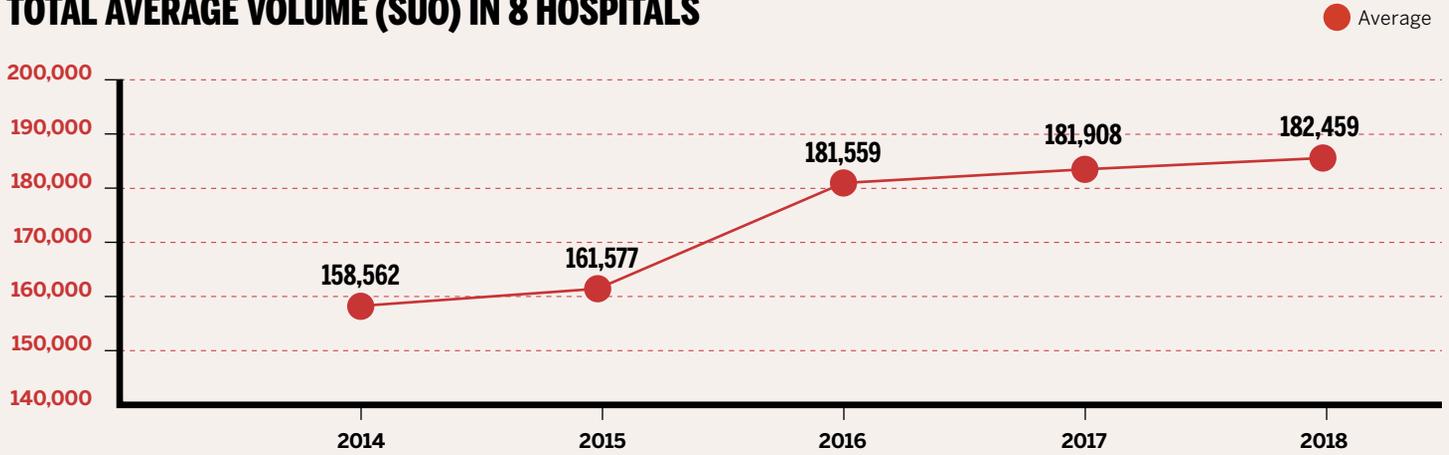
Overall performance is evaluated through the average of the results of 8 hospitals, those for which data have been continuously available for the last 5 years. The data are the same as those considered in the 2017 report. The trend over the last 3 years is towards substantial stability.

Significant growth in 2016 (+ 12.4%) was mainly due to the increase in pediatric hospitalization in Aber (Uganda),

where a major epidemic of malaria doubled admissions, and in Wolisso (Ethiopia), due to a measles epidemic. Each hospital has a different volume of activity, which is not based on the number of beds, though the trend in 2018 is increasing for 5 of the 8 monitored hospitals with basic stability for 2 of them.

Only for the Chiulo Hospital did we see a considerable decrease in numbers over 2016, linked to the difficulty of ensuring services continuously due to the lack of specialized personnel, especially surgical personnel. As a result, many emergencies were transferred to another hospital.

## TOTAL AVERAGE VOLUME (SUO) IN 8 HOSPITALS



# EQUITY

The cost of the service charged to patients is calculated based on the ratio of revenues from the users and the total cost. It has been essentially stable over the last 5 years, never exceeding 30%.

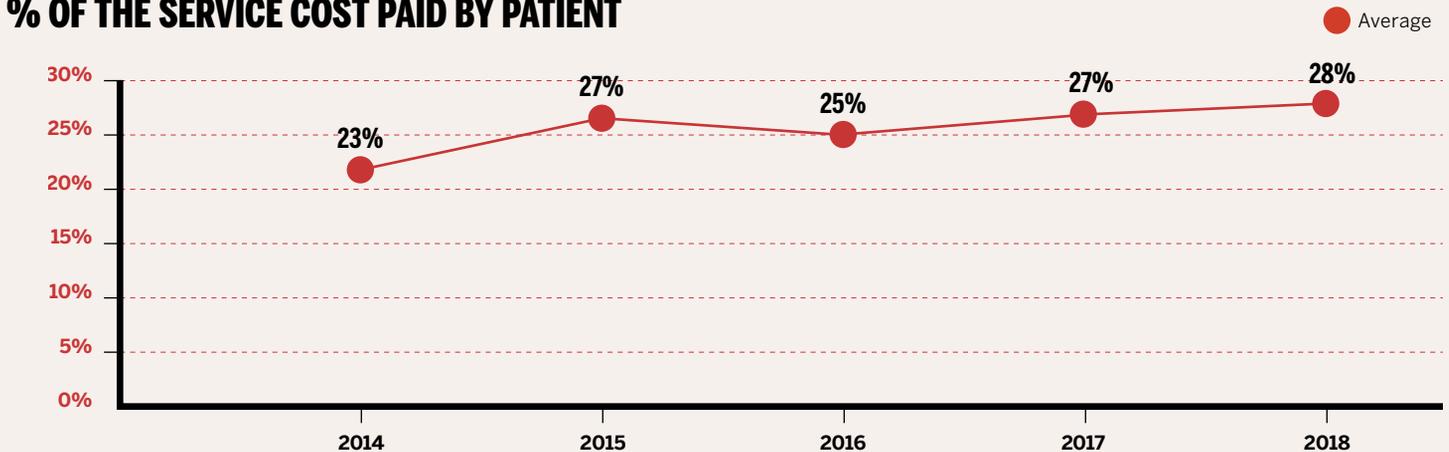
The Wolisso Hospital has the largest percentage (39%) with an average of 38% in the last 5 years.

Matany has the lowest with 18%, with an average of 14%, considerably rising, especially in the last 3 years, evidence that in the region of Karamoja, Uganda's poorest, the

capacity to contribute to costs is increasing while the capacity to attract human resources from the outside is decreasing.

It should be noted that the rise in costs paid by patients is to the detriment of equity and is caused by growing, widespread difficulty in procuring financial resources to fund hospitals, both in these countries and internationally. With our presence, especially in places where we have more political weight, we strive to balance the constant demand for greater sustainability with the need to ensure access, which means the least possible expense borne by patients.

## % OF THE SERVICE COST PAID BY PATIENT

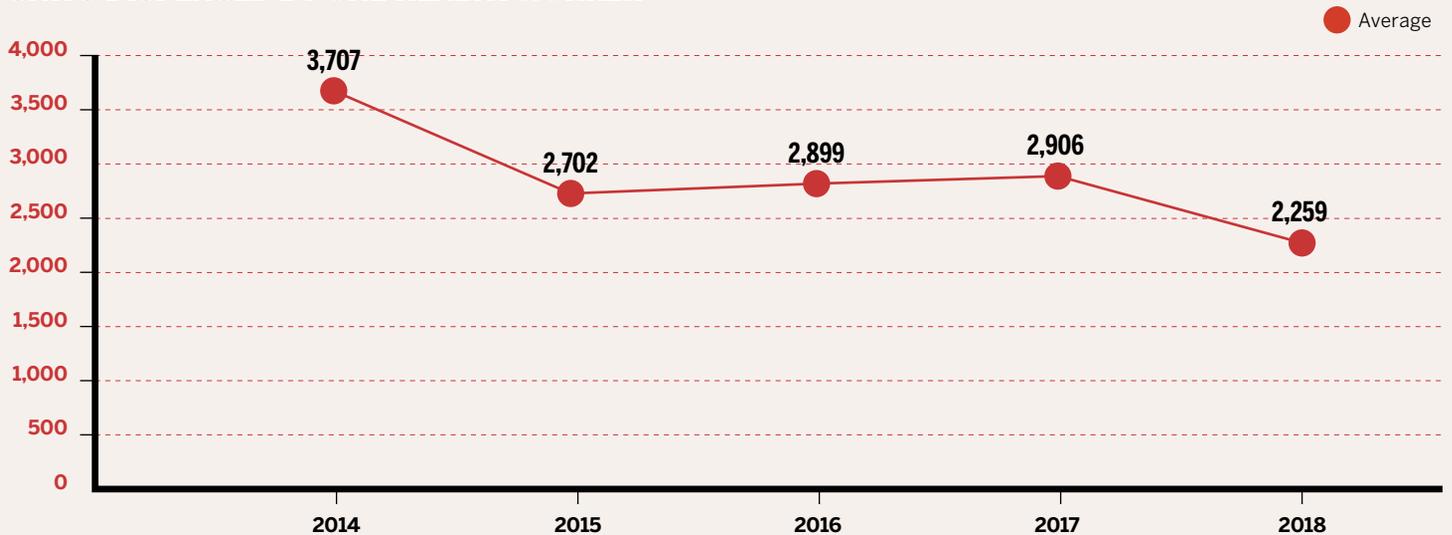


# STAFF EFFICIENCY

In terms of staff efficiency (the ratio between the total SUO and qualified staff), we saw a noticeable drop in 2015 due to the reduced volume of activity at the Yiroi Hospital (South Sudan). A considerable recovery was seen in 2016,

continuing in 2017, due to a broad increase in admissions (and so volume of activity) without an actual increase in the number of qualified personnel. Worth note: in 2018, productivity was reduced with a total increase of qualified personnel, as seen at the Yiroi Hospital in particular, which increased from 35 to 42 qualified personnel (+20%).

## UNITS DISPENSED BY ONE HEALTH WORKER



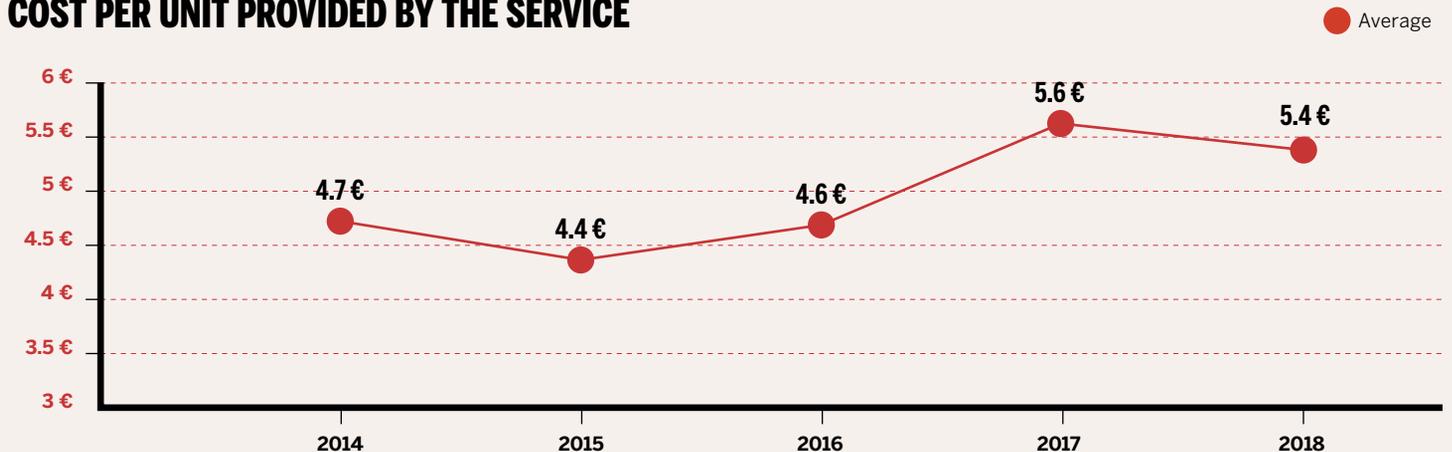
# MANAGEMENT EFFICIENCY

In the service cost per SUO (ratio between total cost and total SUO), we see a growth trend compared to 2014. This trend has been affected by the rise in prices caused by the international economic crisis and the resulting adjustment of labor cost, growing across countries. Though there was a slight drop in 2015, in the 7 hospitals

considered, the service cost per SUO has been stable since 2017, a possible sign of some stabilization of production costs.

However, this is an average that pertains to different countries, meaning that they have both different production costs and different inflation rates, with a variable local currency exchange rate with the euro. As such, these statistics cannot be considered comprehensive and should be taken with caution.

## COST PER UNIT PROVIDED BY THE SERVICE



# QUALITY OF HOSPITAL SERVICES

In limited resource settings, such as in the parts of sub-Saharan Africa where Doctors with Africa CUAMM works, hospital performance needs to be monitored in terms of accessibility, equity, and efficiency, as well as to evaluate the quality of services for the people; providing low-cost services is not enough in itself as they may be of inadequate quality.

Though it is difficult to measure a hospital's performance in general — and it is even harder to measure the quality of its services — in 2012, we introduced some indicators to evaluate the quality of obstetric assistance.

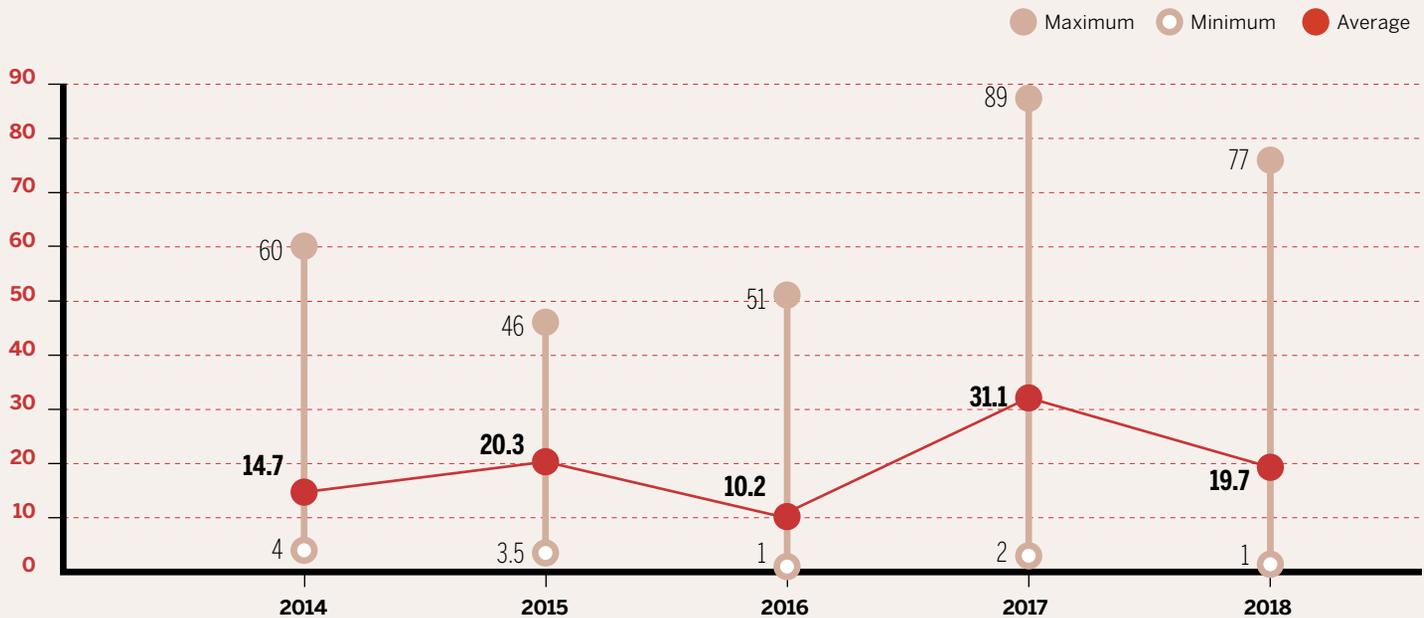
## RATE OF STILLBIRTHS PER 1,000 LIVE BIRTHS

This indicator pertains to the specific way that the birth is managed during labor and expulsion. The statistic helps define how correctly and timely services were delivered and do not consider stillbirths that were already certain before labor.

In 2018, there was a net reduction in the average number due to a general improvement in all hospitals.

Here, as in 2017, where we saw a decrease, we should consider that the numbers could reflect an improvement in collecting data carefully rather than an actual improvement in care.

As such, we need more trend data to confirm whether or not CUAMM's support has a positive impact on improving the quality of care.



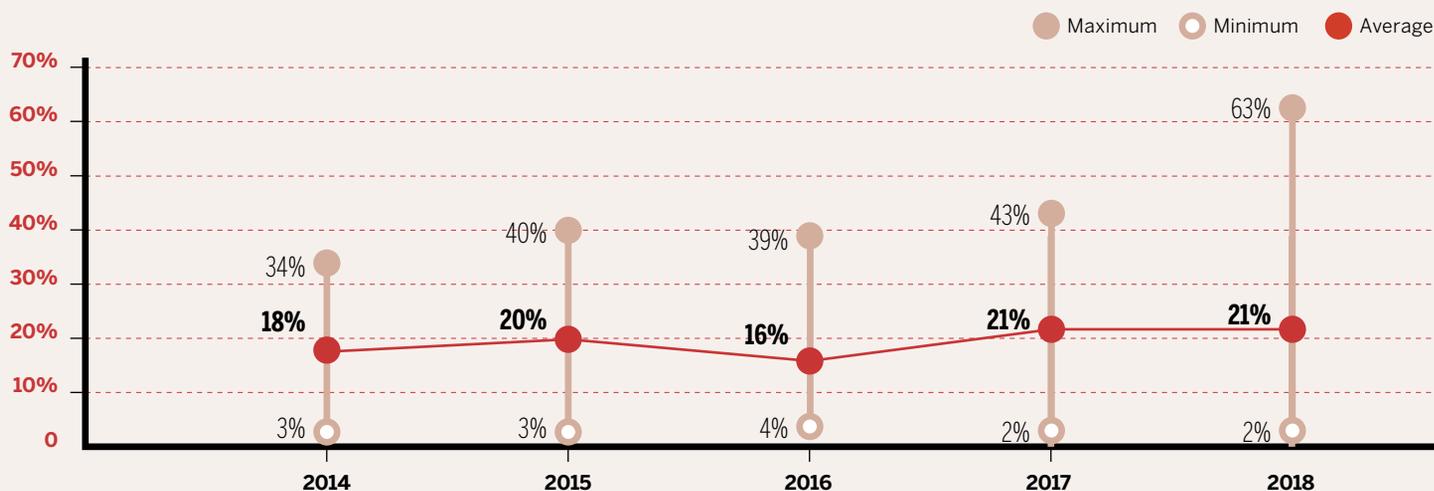
## RATE OF CESAREAN SECTIONS OUT OF TOTAL BIRTHS

The Cesarean section rate can vary a great deal between hospitals and depends on numerous factors. For example, women in different countries may differ in their body shapes and may need Cesareans more or less frequently as a result. If the hospital is the only place to go for complicated cases, there tends to be a higher concentration of complicated births and, therefore, more Cesareans, depending on the efficiency of the referral system.

In different settings, surgeons and gynecologists may have different habits regarding Cesareans.

However, within each hospital, we can see considerable stability over the years. Sierra Leone remains the country with the generally highest Cesarean rate in hospitals, evidence of the high rate of complicated cases (such as eclampsia and placental abnormalities) compared to other settings.

In Songambebe and Lunsar, diocesan hospitals, we see a rate due to the relatively low number of overall births, though they are progressively increasing (+37% in Songambebe and +10% in Lunsar), due to the reduction in hospital fees (removed completely at Lunsar and reduced for two years at Songambebe). Also worth note is that the Cesarean rate at Chiulo has been halved because of the difficulty in continuously supporting emergency services resulting in the transfer of surgical cases to another hospital.



## RATE OF MATERNAL DEATHS FOR MAJOR OBSTETRIC COMPLICATION OUT OF THE TOTAL NUMBER OF MAJOR OBSTETRIC COMPLICATIONS

WHO suggests a rate below 1% as the target for good care of obstetrical complications. In the hospitals listed, the data do not necessarily represent a poor quality of care; the numbers are likely overestimated because of the inadequacy of the information system that fails to accurately track all major obstetric complications treated.

Frequent changes to record-keeping criteria have to do with the change between different doctors, who do not give continuity or uniformity in applying diagnosis criteria. The exact definition of diagnostic criteria requires improvements to achieve consistent, comparable data.

Generally, in the last 5 years, most of the hospitals have shown an improvement trend. In the last 2 years, great attention has been paid to data collection itself, which will eventually lead to greater ease in comparing that data.

OSPEDALI	2015	2016	2017	2018
Aber	0.4%	1.2%	1.2%	0.7%
Chiulo	1.6%	2.4%	2.0%	4.2%
Cueibet	2.9%	1.4%	0.8%	2.8%
Lui	4.0%	2.0%	0.0%	1.0%
Lunsar	1.7%	4.7%	0.6%	4.7%
Matany	0.9%	0.4%	0.9%	0.5%
Pujehun	0.9%	1.3%	1.9%	1.0%
PCMH	n.d.	2.4%	1.3%	1.2%
Tosamaganga	0.2%	0.3%	0.5%	0.2%
Wolisso	0.8%	0.1%	0.5%	0.4%
Yirol	0.4%	1.6%	1.6%	0.5%

# HOSPITAL DATA \* 2018

COUNTRY	HOSPITAL	BEDS	VISITS OUTPATIENT	ADMISSIONS	PRENATAL VISITS	BIRTHS	CESAREANS
<b>ANGOLA</b>	Chiulo	234	22,110	4,451	6,182	1,200	49
<b>CENTRAL AFRICAN REPUBLIC</b>	Bangui paediatric complex	257	70,456	16,061	nd	nd	nd
<b>ETHIOPIA</b>	Wolisso	200	90,918	15,442	10,346	4,630	661
	Turmi	20	8,784	208	5,271	437	14
	Gambella RH*	124	147,430	5,960	6,424	2,767	356
<b>MOZAMBIQUE</b>	Pemba	273	28,487	14,726	0	2,754	926
	Montepuez	134	28,787	9,665	1,749	4,181	780
	Beira	644	211,639	27,036		5,960	2,267
<b>SIERRA LEONE</b>	Bonthe island *	12	1,600		1,208	240	57
	Pujehun CMI	50	1,948	5,010	3,230	1,114	518
	PCMH*	125	18,869	9,683	22,542	7,637	2,101
	Lunsar	100	20,458	4,888	3,121	791	311
	Makeni*	38		2,836	6,178	2,127	518
	Bo*	40	13,221	7,027	10,676	3,257	1,270
<b>SOUTH SUDAN</b>	Lui	102	33,119	5,768	2,759	585	76
	Yirol	105	82,401	11,544	13,531	1,423	80
	Cueibet	98	39,871	5,577	5,517	1,074	41
	Maridi	70	18,236	4,759	3,076	723	77
	Rumbek (only maternity and paediatrics)	76	59,336	8,066	9,402	1,452	58
<b>TANZANIA</b>	Songambebe	63	9,117	974	1,139	477	183
	Tosamaganga	165	26,950	6,677	1,417	3,094	961
<b>UGANDA</b>	Matany	250	25,847	9,927	5,340	1,283	376
	Aber	178	39,242	8,444	7,685	2,187	505
<b>TOTAL</b>		<b>3,358</b>	<b>998,826</b>	<b>184,729</b>	<b>126,793</b>	<b>49,393</b>	<b>12,185</b>

\* Hospital where the intervention is limited to maternity care

VACCINATIONS	INCOME FROM USER FEES	TOTAL INCOME FOR RECURRING EXPENSES	RECURRENT EXPENSES	TOTAL STAFF	QUALIFIED STAFF
23,286				206	112
2,247				342	237
6,662	790,841	2,063,514	2,013,520	404	237
9,542				31	26
1,689				407	275
0	157,971	3,166,763	3,018,137	722	418
				240	189
				1707	1,261
809				65	29
2,270			275,500	121	71
9,284				380	197
7,281				121	85
7,420					
5,179			668,971	125	48
38,297			689,227	130	42
9,287			545,006	93	31
6,857				76	47
11,162				45	32
6,218				54	31
11,659	325,677	1,178,599	1,041,670	171	77
27,471	124,966	770,275	701,678	248	138
6,664	253,701	1,072,163	1,001,557	143	91
<b>193,037</b>	<b>1,653,155</b>	<b>8,251,314</b>	<b>9,955,267</b>	<b>5,831</b>	<b>3,674</b>

# HUMAN RESOURCE MANAGEMENT

## HUMAN RESOURCES IN AFRICA

Today's Africa, where Doctors with Africa CUAMM operates at many levels, has increasingly complex political, religious, cultural contexts. Given this complexity, the staff involved in our projects must have solid professional training and strong motivation, essential for honing skills of analysis, research, knowledge, planning, and organization.

CUAMM recruits and selects human resources to fill the positions needed for our projects, including:

- international Europeans
- international Africans, from countries neighboring those where we operate;
- nationals, from the country of operation.

In 2016, in the 8 African countries where we are active, CUAMM managed **2,915 human resources**, with 1,494 of these were under "extraordinary management" in South Sudan and 371 in Sierra Leone (see details).

Out of the total number of human resources managed, 1,050 are staff involved in projects of which 775 are qualified professionals (not only health professionals, but also administrative, logistics and European Community experts), and 275 support staff.

## SUPPORTING THE HEALTH SYSTEM IN SOUTH SUDAN

South Sudan is still very fragile and cannot manage and support its health services.

Doctors with Africa CUAMM was chosen as the organization to support the country's healthcare system in 13 counties and 5 hospitals, **contributing directly to their management and the salaries of the personnel of peripheral health facilities and hospitals.**

We will continue with this "extraordinary management" until the government has the ability and resources to manage the staff of its health facilities itself.

## EXTRAORDINARY MANAGEMENT IN SL (NEMS)

Doctors with Africa CUAMM was chosen by the Ministry of Health, winning an international competition put on by the World Bank **to launch the first national health emergency service in Sierra Leone, like a 911 service for the entire country.** In 2018, the center was designed to manage the calls from health centers from throughout the country. Sites were chosen for the ambulances that will respond to emergencies and protocols were written and approved to manage the calls. The project, which will be fully implemented in 2019, has already involved training, the direct management and involvement of 160 paramedics, 160 ambulance drivers, 20 call center operators, and 34 employees for management and administration, set to increase in coming months. The project entails Doctors with Africa CUAMM designing, launching, and implementing on a national scale a system that will become a major asset for the health service of the Ministry of Health of Sierra Leone.

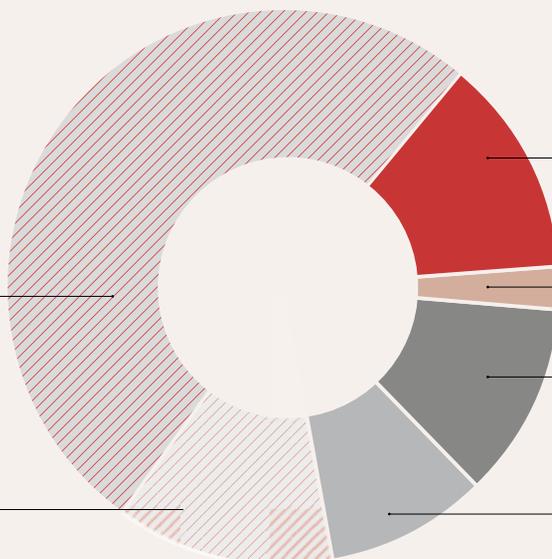
## STAFF IN 2018



**2,915**  
human resources

**1,494**  
human resources  
"extraordinary management"  
South Sudan

**371**  
human resources  
"extraordinary management"  
Sierra Leone



**1,050**  
human resources  
involved in projects:

**775**  
qualified  
professionals,  
including

369  
African nationals

75  
international Africans

331  
international  
Europeans

of whom 300 italians

**275**  
auxiliary workers

## PROFILE, AGE, AND GENDER OF THE STAFF

In terms of our professionals' profile, it is significant that 78% of our doctors are international Europeans, and 66% of the non-medical health staff is nationals.

These numbers show that **Doctors with Africa CUAMM gives priority to investing in national staff in terms of capacity building while sending international staff to fill positions for which the African country still lacks available national professionals.**

In terms of gender, among the European professionals part of the projects, 158 are male and 173 are female.

Of these 331 staff members, 137 are in the age group below 35, 116 from 36 to 55, and 78 are over 55 years old.

Of the international African professionals, out of the 75 staff members involved in the projects, 33 are male and 42 female.

Of these professionals, 24 are in the age group below 35, 47 from 36 to 55, and 4 are over 55 years old.

## SELECTION AND TRAINING

After being selected, the personnel are candidates to cover a variety of working positions in Africa, receive information and specific documents to prepare them for the job and the setting. They are then sent to CUAMM's offices (European internationals in Italy, and international and national Africans on site) to complete their training.

Throughout the year, **106 pre-departure training days** were organized in Italy and one week of training for young administrators. After the training **239 international European professionals** went to Africa, joining the human resources already active in the field.

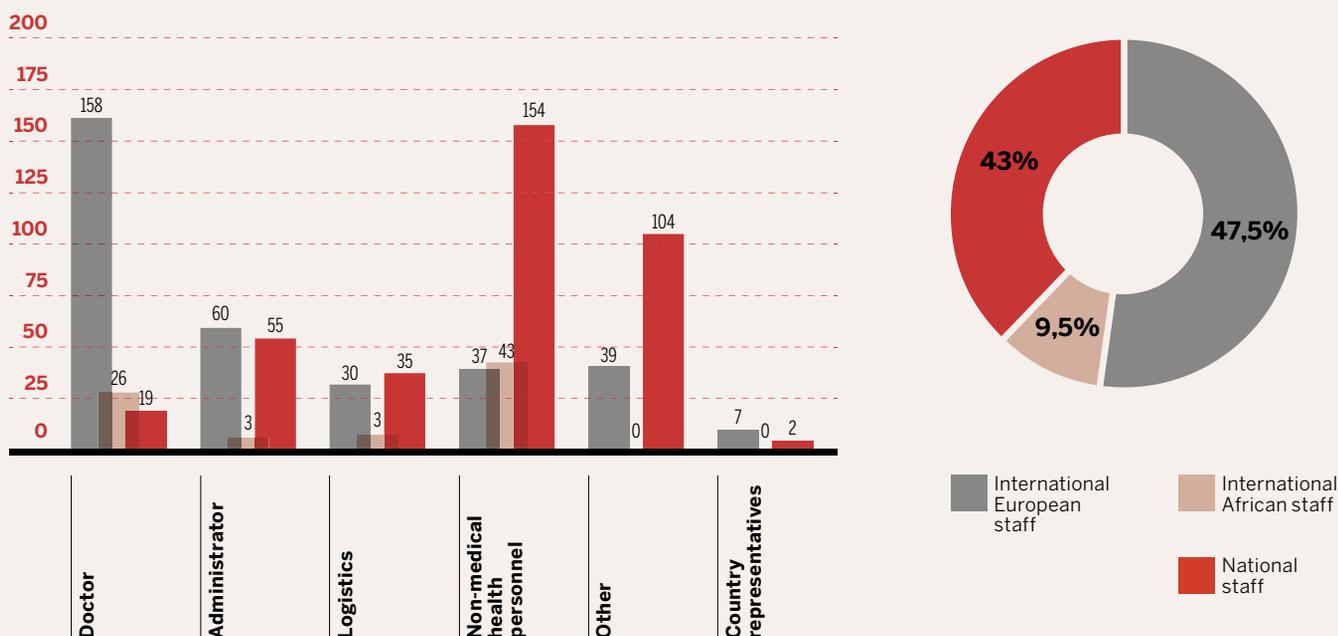
## JUNIOR PROJECT OFFICER JPO

The Junior Project Officer (JPO) program has reached its 17th year. The project gives medical residents an opportunity for **theoretical and practical training in Africa**, supported by a specialist doctor who serves as a mentor. In its 16 years, 177 residents have come from universities throughout Italy, speaking to its ever-growing reputation. **In 2018 alone, 32 people participated.** Many completed their specialization thesis in the field by contributing to CUAMM's operational research. Though the JPO initiative is the most structured, it is not the only example of in-the-field training for young people who would like to work in international cooperation in the future. In 2016, we sent another **17 young people with different backgrounds** to join our professionals in the field for a shorter training period with a view to future involvement in projects. To find out more about opportunities for young people, see the "Education and Awareness Raising" section and visit our web site [www.mediciconlafrica.org](http://www.mediciconlafrica.org).

## THE ORTHOPEDIC GROUP

The orthopedic group, founded in 2002, joins professional specialists (orthopedists, physiotherapists, and nurses) who support ongoing projects with fundraising, technical support, and consulting. **The orthopedic project takes place at the Saint Luke Hospital in Wolisso (Ethiopia)** where an Ethiopian orthopedist works and 2 orthopedic residents attend from one of the universities of Addis Ababa (Ethiopia). Orthopedic and physiotherapy services provided in 2018: 628 major surgeries; 334 minor surgeries, 6,166 outpatient, and 2,011 physiotherapy treatments. There were two missions in 2018 by orthopedists and one by a physiotherapist. Dr. Luigi Conforti is the group's president.

## PROFESSIONAL PROFILES AND ORIGINS OF SKILLED PERSONNEL



# REPORT ITALY

FROM THE NORTH TO THE SOUTH OF ITALY, WE HAVE ORGANIZED EVENTS, TAKEN PART IN MEETINGS AND INITIATIVES TO CREATE NEW OPPORTUNITIES TO INFORM, INSPIRE, AND INVOLVE MANY PEOPLE IN THE COMMITMENT THAT HAS DRIVEN US FOR OVER 68 YEARS ON OUR PATH FORWARD WITH AFRICA.





A  
ME  
BINI

 **MEDICI  
CON L'AFRICA**  
CISAMM  
**#ioconlafrica**

# EVENTS

In 2018, we put on 320 events in Italy compared to 304 in 2017. This continuous growth **reflects our entire organization's commitment to raising awareness and especially through our groups, volunteers, friends, and supporters throughout Italy.**

The **Annual Meeting** held in Bologna on Saturday, November 10 was our major event, with over 1,500 people gathering in the Teatro Manzoni in the center of town in Piazza del Nettuno, where a participatory installation was unveiled with the many photos sent by our supporters using the hashtag #ioconlafrica. [I'm with Africa]

This year again, the event was an important chance to take stock of what we have achieved through the help of so many, and an opportunity to engage institutions on the higher levels and to bring **Africa and its people to the center of political agendas.** After this special event, a long series of other events were put on in Emilia Romagna, involving some of our illustrious friends like Paolo Rumiz, Romano Prodi, Gad Lerner, Aldo Balzanelli, Paolo Giacomini, Nando Pagnoncelli, Marco Damilano, and Piero Badaloni whose participation helped amplify our message and work.

## SPECIAL PROJECTS IN ITALY

In Italy, too, CUAMM has focused its attention on supporting the most vulnerable groups. Doctors with Africa CUAMM's Bari group continued its "Mobile Clinics for Farm Workers" project to give medical support in the province of Foggia. About 1,200 people were treated in its third year. And our work continued

at the Polyclinic of Arquata in Trono, created in 2017 with the Marche Region, the Municipality of Arquata, and the local health agency to respond to basic health needs in the aftermath of the 2016 earthquake.

**320**  
events in 2018

**161**  
in the northeast

**82**  
in the northwest

**44**  
in the south center

**33**  
in Emilia Romagna,  
Annual Meeting  
region

### NORTH EAST AND EMILIA ROMAGNA

**1**  
**national event:** Annual meeting at the Manzoni Theater and in Piazza del Nettuno, Bologna.

**8**  
**major local events:** The Solidarity Train, the "Let's walk with Doctors with Africa CUAMM," non-competitive walk, an event about birth and migration in present-day Africa today and Veneto of the past, and an event celebrating 50 years of Doctors with Africa CUAMM in Tanzania. In Bologna, there was an event with Rumiz and Prodi, one with Lerner, and one in Ferrara with the pollster Pagnoncelli, and one in Forlì with Giacomini, the editor-in-chief of Quotidiano Nazionale and Resto del Carlino newspapers.

**44**  
**testimonies** from CUAMM doctors and workers.

### NORTH WEST

**10**  
**major local events:** in Milan a joint project with the University Bocconi and Bicocca to talk about demographics and migration; in Novara with the University of Eastern Piedmont and the Crimedim - Center for Research on Emergencies and Medicine during Disasters; in Ornavasso, an event with her entire town to commemorate Teresa Saglio, a long-time CUAMM volunteer; in Cremona, an event to talk about South Sudan, and one in Castelleone on the occasion of the volunteer party; a large gospel concert in Rho, one at the G. Verdi Conservatory in Milan, and two in Varese; many personal accounts shared in the schools of Bergamo; and a Christmas concert in Turin.

**20**  
**testimonies** from CUAMM doctors and workers.

### SOUTH CENTER

**2**  
**major local events:** South Sudan emergency at the Casino dell'Aurora in Rome, Dialogue between Damilano and Badaloni on Africa, perception and reality, numbers and stories

**3**  
**testimonies** from CUAMM doctors and workers.

# NUMBERS AND IMAGES IN ITALY



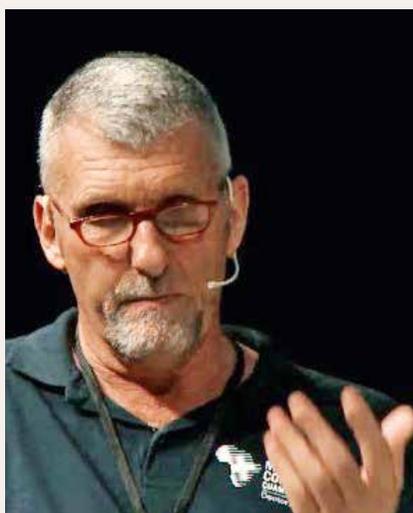
OCTOBER 5-7  
**GROUP COMMITTEE IN AVIGLIANA (TURIN)**

**52**  
participants  
**14**  
groups  
**5**  
training sessions



MAY 19  
**AFRICA: DEMOGRAPHIC GROWTH AND MIGRATION**

**250**  
participants  
with Gianantonio Stella,  
Francesco Billari,  
Giancarlo Blangiardo



JUNE 10  
**"REPUBBLICA DELLE IDEE" EVENT**

**500**  
participants  
Speech of Giovanni dall'Oglio, interviewed by Mario Calabresi on the occasion of "Repubblica delle idee" event, at the panel "NGOs and Africa: We, who help them at their home"



MAY 27  
**SOLIDARITY TRAIN**

**400**  
participants  
from Treviso to the Lake of Santa Croce



NOVEMBER 10  
**ANNUAL MEETING BOLOGNA**

**1.500**  
participants  
**72**  
volunteers  
**5**  
buses  
discounts on high speed train from all over Italy



DECEMBER 14  
**SUMMERTIME CONCERT PADUA**

**5.000**  
participants at  
Kiogene arena - Padua

# CUAMM SUPPORT GROUPS



Doctors with Africa CUAMM's support groups are made up of friends who choose to bring together their energy and enthusiasm to make the voice of Africa heard throughout Italy. Among their many activities, there is a particular commitment to supporting the organization's awareness raising initiatives and taking part in fundraising to support specific projects. The support and practical collaboration of around 3,850 people involved in our support groups are an incomparable resource for implementing Doctors with Africa CUAMM's activities in the various regions of Italy. In 2018, 3 new **groups were formed: Doctors with Africa CUAMM Bologna**, Doctors with Africa CUAMM Pisa and Mama Teresa with Africa, a group from Ornnavasso founded in memory of Teresa Saglio. These new groups joined the others to make a total of 30 support groups. On October, the second edition of the Groups Committee was held with a **weekend for training, information, and, most importantly, a chance for all the group participants to dialogue and get to know each other.**

# GROUPS IN 2018

Up-to-date information about our groups and activities is available on [www.mediciconlafrica.org](http://www.mediciconlafrica.org).

2018 SNAPSHOT

30

support groups

14

participating regions

3,850

volunteers and friends

## ABRUZZO

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## JOIN US!

Get in touch with the CUAMM group closest to your city or help found a new one yourself. Up-to-date information about our groups and activities is always available on [www.mediciconlafrica.org](http://www.mediciconlafrica.org).

For more information contact us at 049 7991867 or write to [e.pasqual@cuamm.org](mailto:e.pasqual@cuamm.org)

# COMMUNICATION AND MEDIA RELATIONS

What we do at CUAMM is given expression in different forms that vary in media, content, and target audience, all bolstering CUAMM's visibility in Italy, Africa, and worldwide. **The publishing facet of our work has grown with the publication of materials in several languages to support our efforts.** We continue to inform and engage with our **bimonthly èAfrica** and publish scientific research in **Health and Development**, published in Italian and English, focusing on issues of cooperation and international health policy. Digital and social communication has taken an increasingly important role, letting us give regular updates about what we are doing in Africa and Italy through our websites in Italian, English, and Portuguese, by sending **over 60 newsletters**, and through the major social media where engagement is growing every month from the many people who follow us. The audio-video facet of our communications is significant and kept up to date, working closely with the press office, which has produced substantial media coverage. **Over 2,000 pieces of journalism have been published in print and on the internet, telling the world about the efforts of our doctors and, most importantly, our projects underway in Africa.** Special attention was given to the start of our intervention in the **Central African Republic** with a report by Pietro Del Re in Repubblica and coverage on Italian TV (TV2000 and TG1 – Rai), as well as

to the major Nems project in Sierra Leone, with a feature by Michele Farina appearing in the **Corriere della Sera**. Our attention towards South Sudan, still a very fragile country, continued with an excellent story in **IO Donna** by Michele Farina, photography by Luigi Baldelli. South Sudan was also in the news because of a plane crash in early September that only 3 people survived, one of whom was a CUAMM doctor, Damiano Cantone. Cantone's story was told in a **TV2000 Special** and, later the same day, in the Corriere della Sera, Repubblica, and Gruppo QN. The cover story of **Buona Notizie** on September 24 is about one of our volunteers in Tanzania. During 2018, a web documentary and a photo report were produced and published in international publications, including **El Pais and Courier International**, about the lives of two women, one from Sierra Leone and the other from Uganda. In the fall, there was in-depth coverage in local newspaper inserts about the Annual Meeting through our media partnership with Gruppo QN. A special feature was focused on CUAMM and distributed through the Resto del Carlino, on November 10. Two special features ended the year: on **Repubblica online**, the web series **"Niccolò Fabi a casa loro"** came out with 5-minute episodes, in which the singer-songwriter enters the homes and lives of 5 Ethiopians. On December 23, Sunday, Damiano Cantone was a guest on **Che tempo che fa on Rai 1**.

## ON THE WEB



**217,653**

annual sessions on the three sites (doctorswithafrica.org)



**26,600**

newsletter subscribers "Voices from Africa" **+2,600 since 2017**



**31,160**

Facebook contacts **+4,160 since 2017**

**22** Facebook pages of local groups **+4 since 2017**



**2,110**

LinkedIn followers **+1,343 since 2017**



**3,600**

Twitter followers **+560 since 2017**



**6,147**

Instagram followers **+3,392 since 2017**

**16** Instagram pages **+7 since 2017**



**970**

subscribers to YouTube channel **+369 subscribers**

**69,000**

Views **+6,000 views**

## TELEVISION

**1**

live broadcast for the Annual Meeting on **TV2000**

**1**

TV series on **Repubblica TV**

**20**

TV broadcasts on TG3 Region (Puglia, Emilia Romagna, Piedmont, Veneto)

# EDUCATION AND AWARENESS RAISING

One way we work for the right to health is through education and awareness raising. We believe that **engaging young people, doctors and health professionals** in development and cooperation issues can help create a fairer world and the more responsible exercise of the medical profession.

Every year, CUAMM organizes **two residential training courses** for this purpose at its Padua location. The 220-hour course is for residents and doctors from throughout Italy who want to learn more about health issues in developing countries — public health, infectious diseases, gynecology, and pediatrics — including to prepare to go to those countries. We also work with RIISG – Italian Network for Global Health Education, with the SISM – Italian Secretariat for Students in Medicine, with FederSpecializzandi, and FNOMCeO (National Federation of Physicians, Surgeons and Dentists) to offer workshops, courses, and conferences on issues of global health and health cooperation.

## In 2018, the “Educating for Citizenship and Global Health” national project was launched.

Funded by the Italian Agency for Development Cooperation, it involves many partners, including The National Institute of Health (ISS); Italian Secretariat for Medical Students (SISM); Federspecializzandi; ISDE-Italy Association; Italian Climate Network (ICN); Global Health Center (CSG); Center for International Cooperation (CCI); Pedro Arrupe Training Institute; and Euro Mediterranean Institute-ISSR (IEM).

**The project aims to create and support training and public engagement processes in the field of global health by involving local entities** (universities, training institutions, civil society organizations, and immigrant community associations) throughout Italy. Another three-year project is also underway, funded by the Cariparo Foundation, providing additional training for young doctors, including with CME accreditation, often working with medical associations and hospitals throughout Italy. Since 2018, about 400 health professionals have already participated.

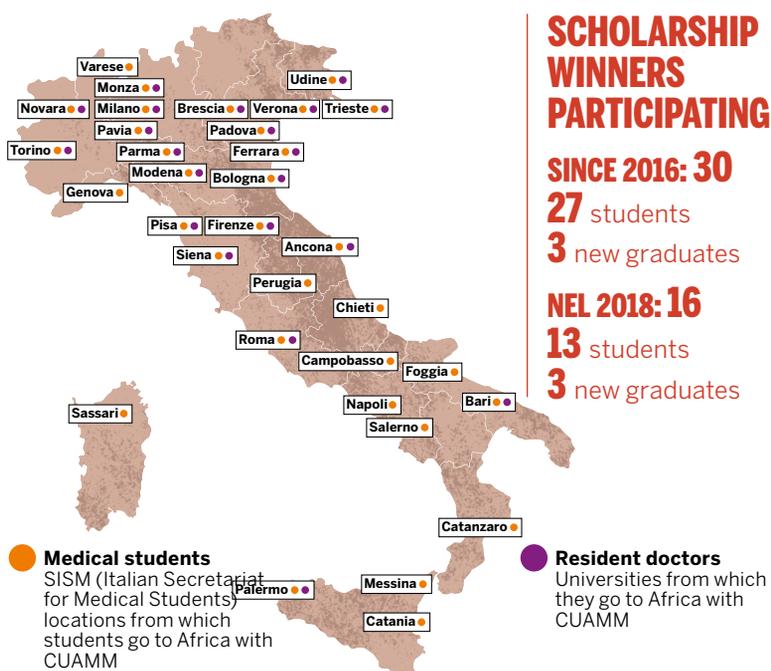
We offer students and residents several **training courses in the field in Africa**. Working with SISM, we offer the opportunity to 4 medical students every month to spend an internship period in Ethiopia or Tanzania to gain early experience in international health cooperation.

The **Junior Project Officer (JPO), launched in 2002, is for medical residents**. Working with CRUI, Conference of Deans of Italian Universities, we offer a period of field training lasting 6–12 months that is recognized by the home university as part of the educational program. At the end of 2018, **there were 304 students and 177 residents from 28 universities from throughout Italy**.

We work with **FNOPO** (National Federation of Professional Midwives), which has been funding a training program since 2017 for 10 undergraduate students from ten universities, giving them the chance to spend a month in one of the hospitals where we work. The project aims to introduce students to the main problems of health in Africa and gain clinical experience in organizing and managing departments and patients in limited-resource settings.

Since 2018, we also have an agreement with the **Order of the Profession of Interprovincial Obstetrics in Florence, Prato, Arezzo, Grosseto, Siena, Lucca, and Pistoia** that gives a student from these Tuscan universities the same training opportunity as with FNOPO.

Thanks to the generosity of private donors, students and graduates of the Department of Health of Women and Children of the University of Padua have the chance to apply to two projects: the **Michele Mega Scholarship**, active from 2016 until 2025 for two students for three months, and the **Irma Battistuzzi Degree Award**, in collaboration with the Alumni Association of the University of Padua, active since 2018, for a new graduate for two months. And, since 2018, the **Rachelina Ambrosini Foundation** funds two scholarships a year for two graduates of the University of Salento.



# INTERNATIONAL RELATIONS

International fundraising has been a mainstay of Doctors with Africa CUAMM's strategy in recent years, fostering new relationships and forging solid bonds between the organization and other players in international cooperation.

**In the realm of international cooperation, there are increasingly active new players, including institutional donors and private foundations, some tied to private individuals, set up for charitable purposes, and others to businesses with social responsibility aims.**

We have now many partnership projects with international actors in all countries where Doctors with Africa CUAMM operates. These partners invest in development programs, supporting or supplementing the more typical donors in international cooperation.

## INTERNATIONAL NETWORK

The network of these partnerships reaches beyond Europe (Switzerland, Denmark, Spain, and the United Kingdom) to the United States and Canada, which is why we have established a **Doctors with Africa CUAMM UK** charity based in London and **Doctors with Africa CUAMM USA** (registered 501c3) charity based in New York. CUAMM UK and CUAMM USA make it easier to network and work with local actors to stimulate commitment to our operational projects in the poorest countries of Sub-Saharan Africa.



1. Launching event of Doctors with Africa CUAMM USA at the Italian embassy in Washington.
2. International conference organized by WHO in Copenhagen on chronic diseases.
3. Meeting with Mark Green, the chief of American cooperation USAID, in the USA embassy at the Holy See.

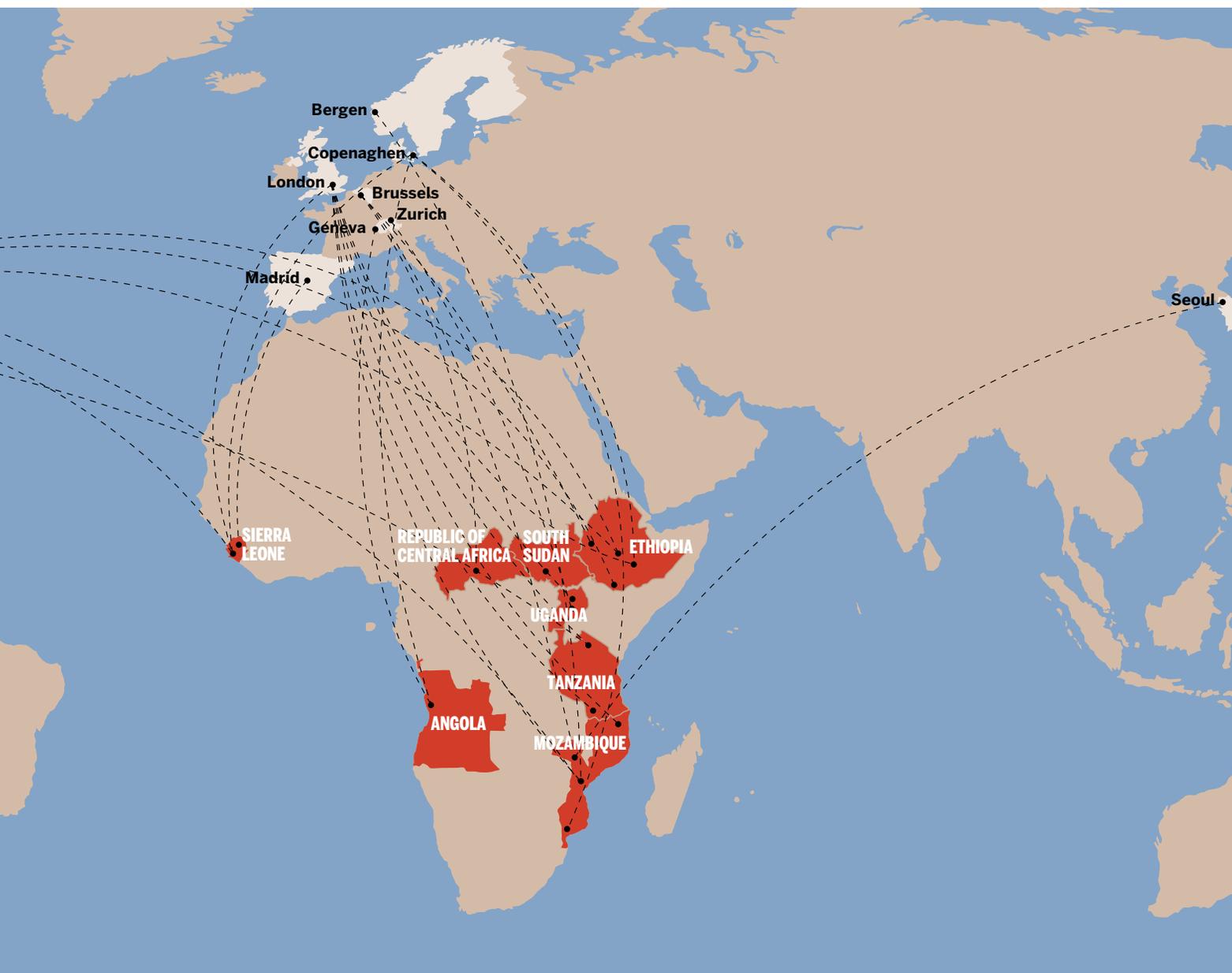
## MEETINGS IN EUROPE AND BEYOND

Relationships and partnerships that have been forged take the form of projects supporting CUAMM's strategies in the field. They are supported by meetings involving institutions, foundations, universities, professional associations, and private individuals. They are part of the challenge set by CUAMM's strategic plan internationally and spread our message and impact globally.

For example, **on April 9, 2018, in Copenhagen**, Doctors with Africa CUAMM took part in the international conference organized by the World Health Organization on the subject

of chronic diseases. Best practices and results achieved in the field were presented about Mozambique, Ethiopia, Sierra Leone, and Angola.

**On April 12, at the Italian Embassy in Washington DC**, with the participation of U.S. philanthropy representatives and Italian and American businesspeople, we discussed CUAMM's practical commitment to improve the health conditions of women and children at the furthest outposts of the African health system.



# STRUCTURE AND STAFF

Doctors with Africa CUAMM is legally part of the “Opera San Francesco Saverio” foundation. Though it is a single foundation, it consists of three branches of activity:

- **FOUNDATION**
- **DOCTORS WITH AFRICA CUAMM NGO-NPO**
- **UNIVERSITY COLLEGE**

The Foundation is governed by a Board of Directors.

**The Director of Doctors with Africa CUAMM NGO-NPO** is responsible for the organization and management of all activities.

He or she is appointed by the board of director with a three-year, renewable term.

**Country Representatives** are the legal representatives in the country where they operate and have local programming and management functions.

**The assembly** consists of active members and aims to contribute to defining strategic guidelines, operational plans and initiatives, and formulating instructions and proposals.

**The coordinating committee for the solidarity groups** consists of five members, elected by the internal chairperson of the groups, with the task of coordinating the activities of groups and connecting them with those of the head office.

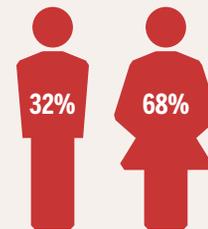
In 2018, there was a total of 72 students enrolled in the **College** (37 males and 35 females), of which 38 were in biology-health, 13 in engineering, 4 in law, 8 in psychology and 9 in the humanities.

## STAFF IN 2018

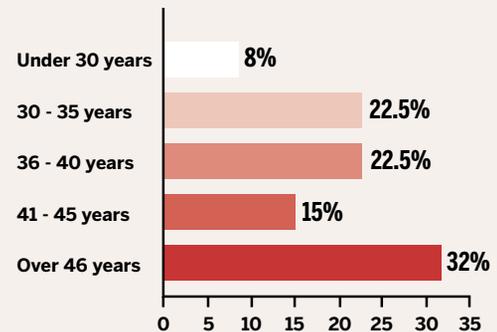
**53**  
employees

**15**  
men

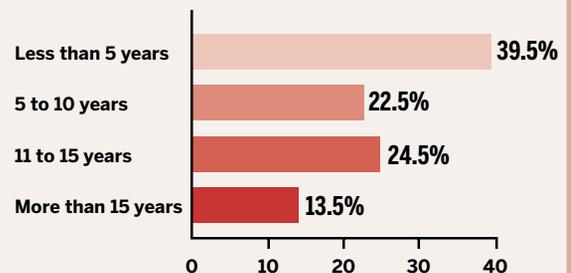
**38**  
women



## AGE GROUPS

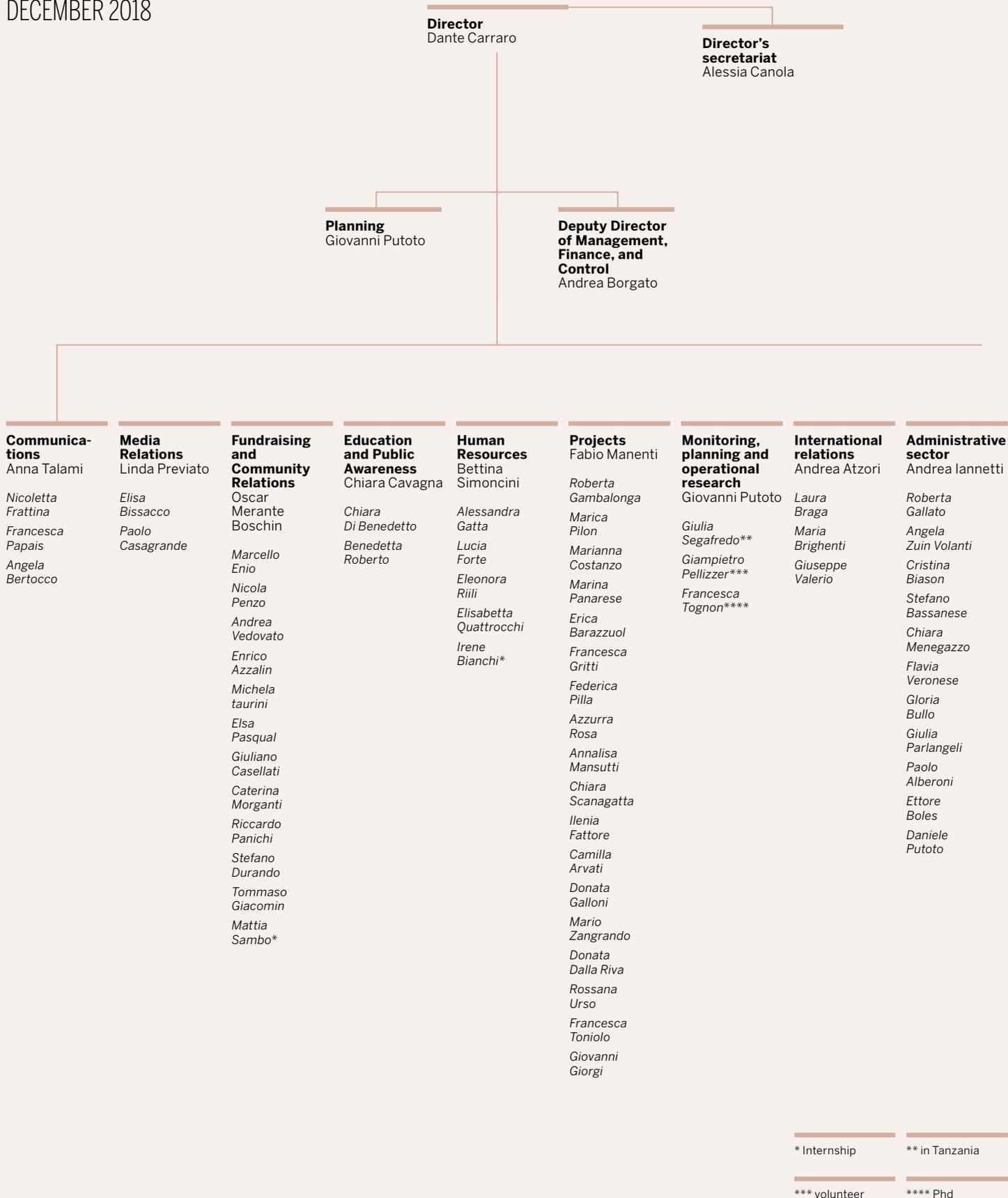


## YEARS OF SERVICE



# ORGANIZATIONAL CHART

DECEMBER 2018





# BUDGET 2018

The structure of Doctors with Africa CUAMM is legally integrated within the Foundation "Opera San Francesco Saverio". The budget, despite being unique, is composed by the results of the three activities carried out: Foundation, NGO-no profit and student residence.

## OPERA SAN FRANCESCO SAVERIO

## FINANCIAL STATEMENT at 31/12/2018

### Balance Sheet at December 31st, 2018

ASSETS			
(Eur Amounts)	31/12/2018	31/12/2017	Variance +/-
<b>(A) SHARE CAPITAL ISSUED AND NOT YET PAID</b>			
<i>Payments already required</i>	0	0	0
* <b>Total Share capital issued and not yet paid:</b>			
<b>(B) FIXED ASSETS:</b>			
<b>I INTANGIBLE ASSETS</b>			
1 Installation and expansion costs	0	0	0
2 Research, development and advertising costs	0	0	0
3 Industrial and other Patent Rights	0	0	0
4 Concessions, licenses, trademarks and similar rights	3.872	5.163	1.291-
5 Goodwill	0	0	0
6 Assets under construction and advance payments	0	0	0
7 Other intangible assets	22.936	0	22.936
* <b>Total Intangible Assets:</b>	<b>26.808</b>	<b>5.163</b>	<b>21.645</b>
<b>II TANGIBLE ASSETS:</b>			
1 Land and buildings	3.995.476	3.638.058	357.418
2 Plant and machinery	5.730	11.816	6.086-
3 Industrial and commercial equipment	18.593	17.332	1.261
4 Other tangible assets	90.510	84.142	6.368
5 Construction in progress and advance payments	921	0	921
* <b>Total Tangible Assets:</b>	<b>4.111.230</b>	<b>3.751.348</b>	<b>359.882</b>
<b>III FINANCIAL ASSETS</b>			
1 Investments	5.814	5.814	0
2 Receivables	0	0	0
<i>within 12 months</i>	0	0	0
<i>over 12 months</i>	0	0	0
3 Other Securities	7.036.534	4.551.733	2.484.801
* <b>Total Financial Assets:</b>	<b>7.042.348</b>	<b>4.557.547</b>	<b>2.484.801</b>
<b>TOTAL FIXED and FINANCIAL ASSETS:</b>	<b>11.180.386</b>	<b>8.314.058</b>	<b>2.866.328</b>
<b>(C) CURRENT ASSETS</b>			
<b>I Inventories</b>			
4 Merchandise	0	0	0
5 Advance Payments	0	0	0
* <b>Total Inventories:</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>II Accounts Receivables</b>			
1 Trade Accounts Receivables	80.453	5.320	75.133
<i>within 12 months</i>	80.453	5.320	75.133
<i>over 12 months</i>	0	0	0
2 Tax Receivables	4	811	807-
<i>within 12 months</i>	4	811	807-
<i>over 12 months</i>	0	0	0
3 Other Receivables	35.380.471	24.405.335	10.975.136
<i>within 12 months</i>	18.156.864	16.998.085	1.158.779
<i>over 12 months</i>	17.223.607	7.407.250	9.816.357
* <b>Total Receivables:</b>	<b>35.460.928</b>	<b>24.411.466</b>	<b>11.049.462</b>
<b>III Short-term investment</b>			
1 Investments	0	0	0
2 Other Securities	0	0	0
* <b>Total Short Term Investments</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>IV Cash and Cash Equivalents</b>			
1 Banks and Postal Deposits	16.883.545	10.850.736	6.032.809
2 Cheques	0	0	0
3 Cash on hand	316.875	255.362	61.513
* <b>Total Cash and Cash Equivalents:</b>	<b>17.200.420</b>	<b>11.106.098</b>	<b>6.094.322</b>
* <b>TOTAL CURRENT ASSETS</b>	<b>52.661.348</b>	<b>35.517.564</b>	<b>17.143.784</b>
<b>(D) PREPAYMENTS AND ACCRUED INCOMES</b>			
Advanced costs on loans	0	0	0
Other prepayments and accrued incomes	5.636.920	394.935	5.241.985
* <b>Total Prepayments and Accrued Incomes:</b>	<b>5.636.920</b>	<b>394.935</b>	<b>5.241.985</b>
<b>TOTAL ASSETS</b>	<b>69.478.654</b>	<b>44.226.557</b>	<b>25.252.097</b>

# REPORT BY INDEPENDENT AUDITORS OF FINANCIAL STATEMENTS



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Fax: +39 049 83.14.767  
www.bdo.it

Piazza G. Zanellato, 5  
35131 Padova

## Report on the audit of the financial statements

To the Chairman of  
Fondazione "Opera San Francesco Saverio" - C.U.A.M.M.

### Independent Auditor's report

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#### Opinion

We have audited the financial statements of Fondazione "Opera San Francesco Saverio" - C.U.A.M.M. (the Company), which comprise the balance sheet as 12/31/2018, the income statement and the cash flow statement for the year then ended and the explanatory notes. Such Financial Statements, although not specifically required by law, has been prepared in accordance with the Italian Civil Code, except for non disclosing the cash flow statement.

In our opinion, the financial statements give a true and fair view of the financial position of the Company as at 12/31/2018, and of the result of its operations and its cash flows for the year then ended in accordance with the Italian regulations and accounting principles governing financial statements except for cash flow statement

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#### Basis of opinion

We conducted our audit in accordance with International Standards on Auditing (ISA Italia). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the audit of the Financial Statements section of this report. We are independent of the company in accordance with ethical requirements and standards applicable in Italy that are relevant to the audit of financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

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#### Other matters

This report is not issue under any legal requirement, since for the year ended as December 31, 2018 the audit pursuant to article 2477 of the Italian Civil Code has been performed by a subject other than this audit firm.

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#### Responsibilities of management and those charged with governance for the financial statements

Management is responsible for the preparation of financial statements that give a true and fair view in accordance with the Italian regulations and accounting principles governing financial statements and, within the limits of the law, for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Company or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Company's financial reporting process.

Bari, Bergamo, Bologna, Brescia, Cagliari, Firenze, Genova, Milano, Napoli, Padova, Palermo, Pescara, Roma, Torino, Treviso, Trieste, Verona, Vicenza

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Codice Fiscale, Partita IVA e Registro Imprese di Milano n. 07722780967 - R.E.A. Milano 1977842

Iscritta al Registro dei Revisori Legali al n. 167911 con D.M. del 15/03/2013 G.U. n. 26 del 02/04/2013

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Pag. 1 di 2

#### Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with International Standards on Auditing (ISA Italia) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of the audit in accordance with International Standards on Auditing (ISA Italia), we exercise professional judgment and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risk of material misstatement of the financial statements, whether due to fraud or error; design and perform audit procedures in response to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of non detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control;
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control;
- Evaluate the appropriateness of accounting principles used and the reasonableness of accounting estimates and related disclosures made management;
- Conclude on the appropriateness of management's use of the going concern and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern;
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions in a manner that achieves fair presentation.

We communicate with those charged with governance, identified at the appropriate level as required by the ISA Italia, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Padova, 29 April 2019

BDO Italia S.p.A.

Stefano Bianchi  
Partner

*This report has been translated into English from the original, which was prepared in Italian and represents the only authentic copy, solely for the convenience of international readers.*

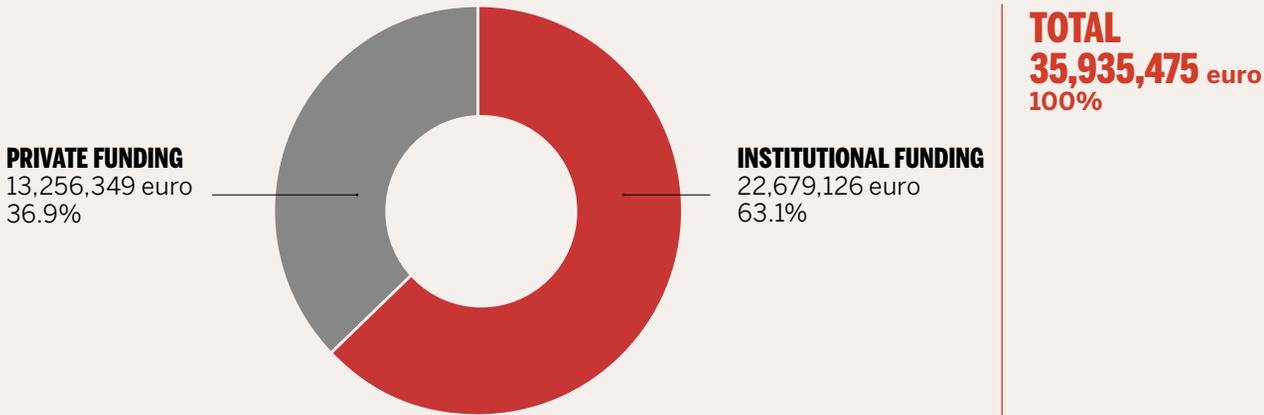


**MEDICI  
CON L'AFRICA**  
CUAMM  
*Doctors with Africa*

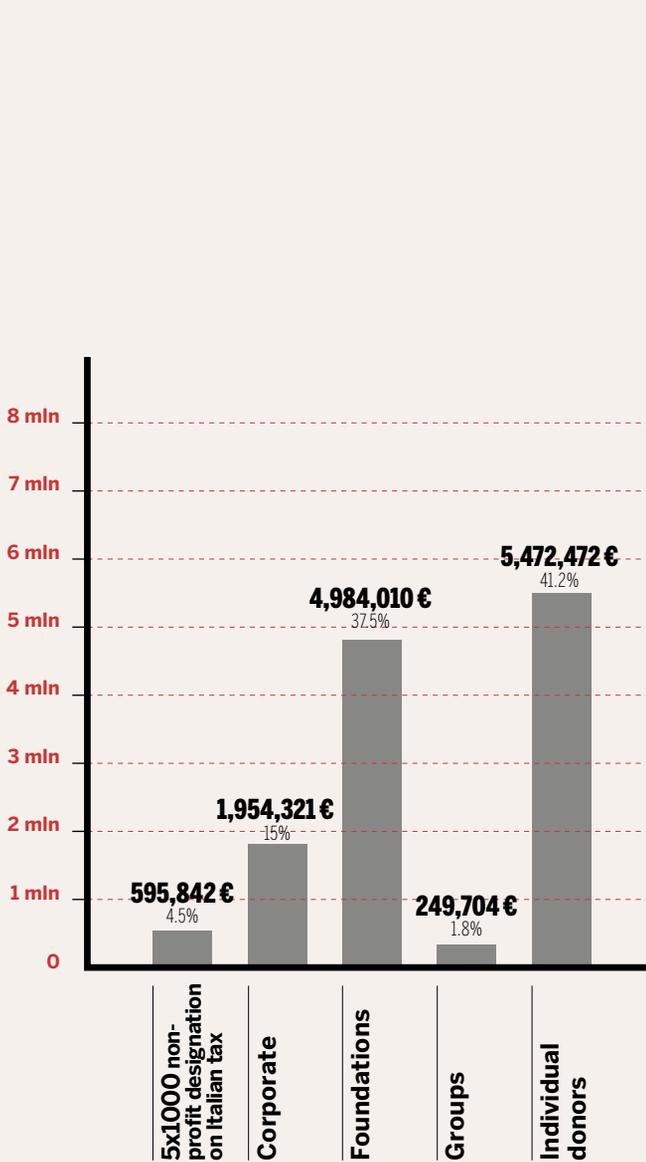
In 2018, Doctors with Africa CUAMM NGO-NPO's expenses totaled €35,651,073. Out of this, 92% (€32,802,145) were invested in prevention, treatment, and training projects in the countries where we operate. Operating costs accounted for 4.2% and include the overall management of the organization, staff personnel, financing fees, taxes, and duties.

Communication, awareness raising, and fundraising costs accounted for 3.8% including event organization in Italy, publications, media relations, development education, donor engagement, new campaigns, and staff for the communications, local relations and fundraising.

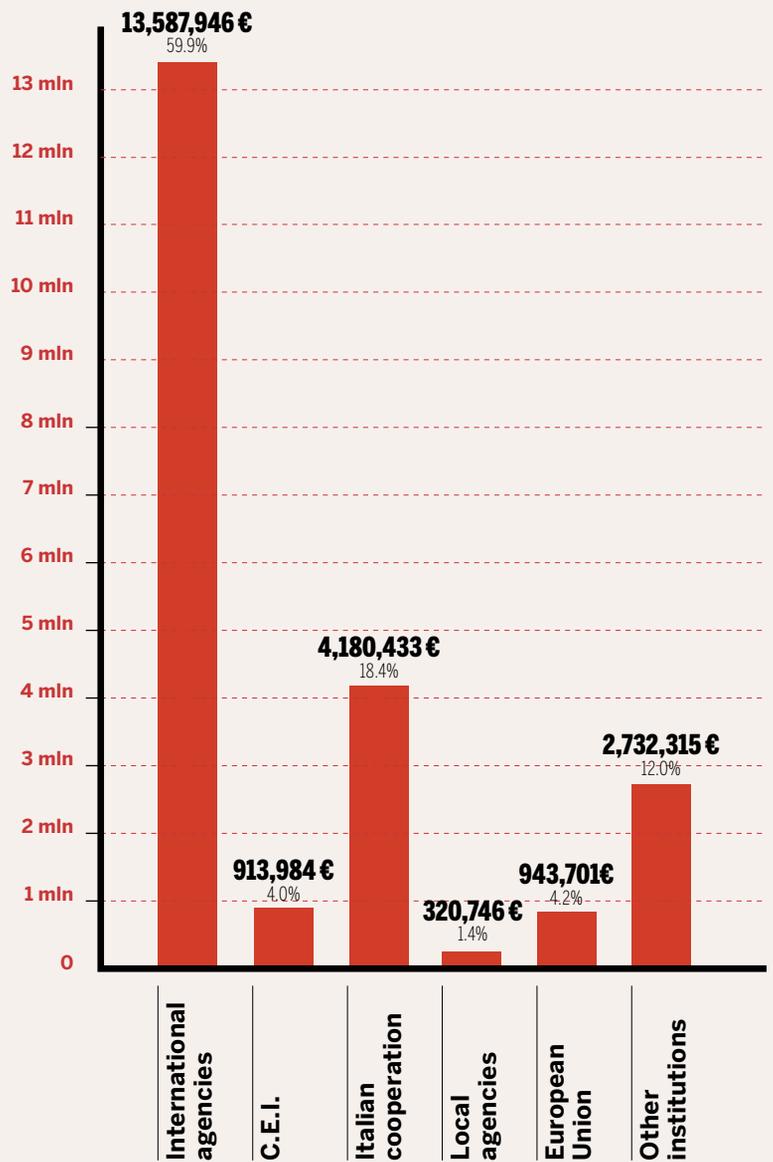
## HOW WE RAISED FUNDS IN 2018



### PRIVATE FUNDING



### INSTITUTIONAL FUNDING



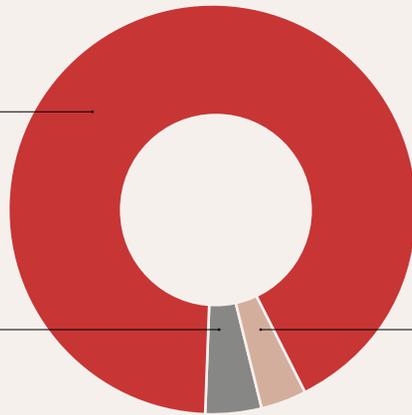
## HOW WE USED THE FUNDS

### PROJECTS: TREATMENT, PREVENTION, AND TRAINING

32,802,145 euro  
92.0%

### OPERATING COSTS

1,488,651 euro  
4.2%



**TOTAL**  
**35,651,073 euro**  
100%

### COMMUNICATION, AWARENESS RAISING, AND FUNDRAISING

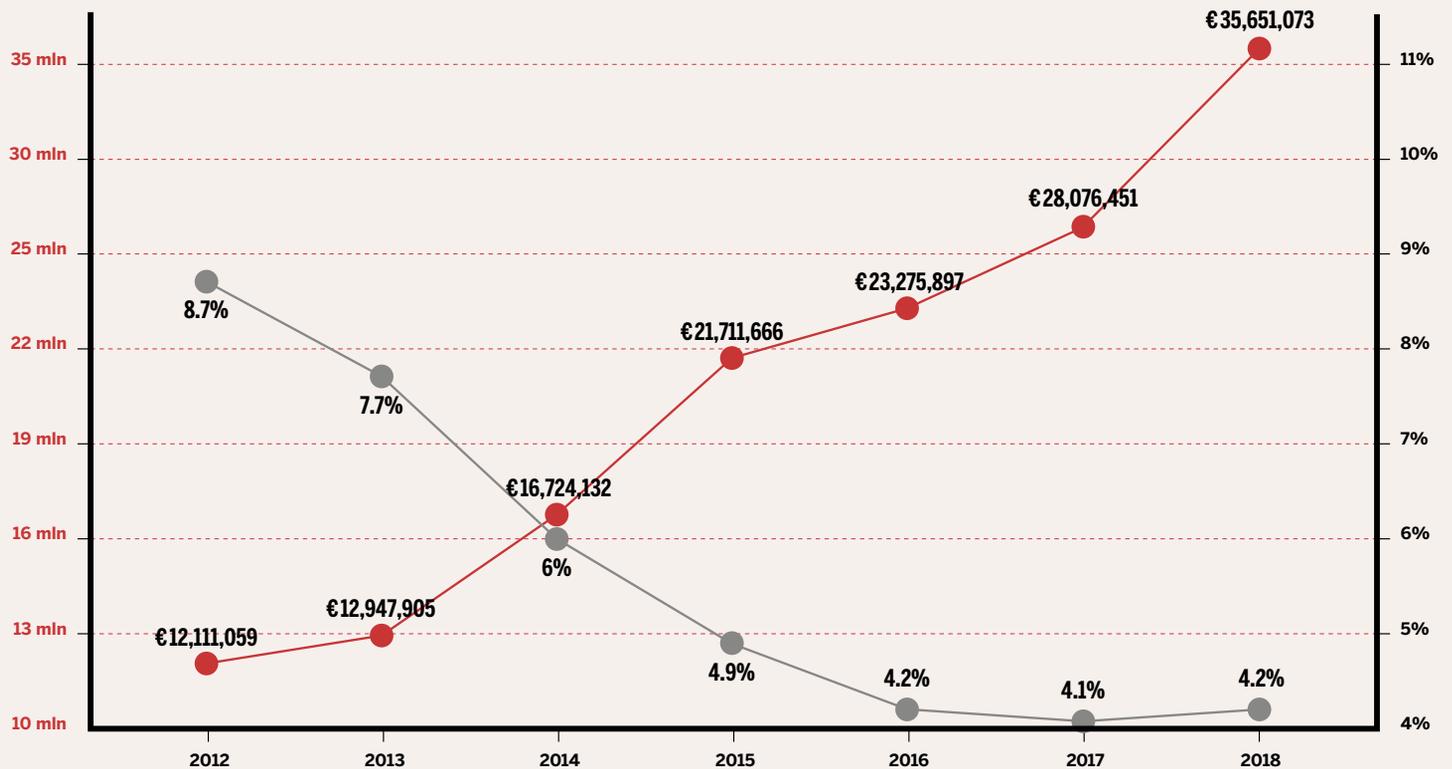
1,360,276 euro  
3.8%

**Projects to treat, prevent, and train:** costs for implementing projects on site, costs for project services, other project-related expenses, project personnel costs.

**Operating costs:** costs for personnel for general management of the facility, for purchasing materials, facility management services, amortizations, other facility management costs, financial fees, taxes, and duties.

**Communication, awareness raising, and fundraising:** costs for services in communication, community relations, and fundraising, costs for publications, media relations, event organization and communication, education about development, relationship building, new campaigns, costs for personnel in communication, community relations, and fundraising.

## OPERATIONAL COSTS IMPACT ON BUDGET



The chart shows trends for total costs and impact of operating costs for the period 2012–2018.

● Total cost (expressed in euros) ● Operating Impact ratio (expressed as a percentage)

# THANK YOU FOR BEING “WITH AFRICA” ON THIS INCREDIBLE JOURNEY

## **Institutions, Groups and Associations**

Manos Unidas  
Gruppo di Appoggio Ospedale di Matany - Onlus  
Congregazione Suore della Divina Volontà  
Verein Women S. Hope International  
Zeropiù Medicina per lo Sviluppo  
Associazione Amici dei Bambini Contagiati Da Hiv/Aids Onlus  
Studenti e Professori di Medicina Uniti Per  
Associazione Amici del Graticolato  
Parole di Lulù  
We Care Solar  
Gruppo Amici Missioni (G.a.m.)  
Ferrovieri Con L'africa  
Parrocchia Sacro Cuore e S. Bartolomeo  
Associazione Operazione Mato Grosso  
Casa del Clero di Padova  
Tempos Novos Onlus  
Parrocchia di Sant'anna in Piove di Sacco  
Fipav - Comitato Provinciale di Padova Federazione Italiana Pallavolo  
Gruppo Missionario San Martino di Lupari  
Associazione di Volontariato e Solidarietà di Castelleone  
Santuario Madonna dei Miracoli  
Ass. Madre Teresa di Calcutta Onlus  
Associazione dell'Amicizia  
Unità Pastorale Arcella - Padova  
Insieme per L'Africa Onlus  
Associazione Arianna  
Associazione Accoglienza Padre Angelo  
Associazione Internazionale Farmacologia e Clinica e Terapia  
Centro Missionario di Vicenza  
Acli Vicenza  
Cisl Veneto  
Commissione Consiliare Serra Do Mel  
Circolo Noi Avesa  
Women And Children First  
Comic Relief  
Women's Hope International  
Parrocchia S. Pietro in Vincoli  
Limidi-Soliera  
Acli Rivolta D'Adda  
Circolo Acli Marano  
Circolo Acli Bassano del Grappa

## **Companies**

Leoncini S.r.l.  
Ali S.p.a.  
Mafin S.r.l.

Idea Cinquanta Srl  
M.s.d. Italia Srl  
Lima Corporate S.p.a.  
Poste Italiane Spa  
Seavision S.r.l.  
Lavazza Luigi Spa  
Laboratorio Chimico Farmaceutico A. Sella S.r.l.  
Azienda Vitinicola Scavino Paolo G.m.t. Spa  
Sodexo Italia Spa  
Unicredit Spa  
Cesare Regnoli e Figlio S.r.l.  
Pamafir Centro Medico Diagnostico  
Casa di Cura Privata Lorenzo S.p.a.  
Ic Consult Gmbh  
Creative Communication Srl  
Subaru Italia S.p.a.  
Marsilli & Co. S.p.a.  
Studio Legale La Scala  
Midac Spa  
Menz & Gasser  
Autec Srl  
Morellato S.p.a.  
Gilead Sciences  
Glaxosmithkline  
Becton and Dickinson  
Banca Intesa San Paolo

## **Foundations**

Fondazione Cassa di Risparmio di Padova e Rovigo  
Fondation Assistance Internationale  
Fondazione Compagnia San Paolo  
Fondazione Nando e Elsa Peretti  
Fondazione Cariplo  
Fondazione Rizzato Cerino-Canova  
Fondazione Giuseppe Maestri Onlus  
Ejaf  
Charities Aid Foundation  
Symphasis  
Fondazione Prosolidar  
The King Baudouin Foundation  
Fondazione Intesa Sanpaolo Onlus  
Fondazione Flavio Filippini  
Fondazione Maria Bonino Chiesi Foundation  
Fondazione Zanetti Onlus  
Fondazione Rachelina Ambrosini  
Fondazione Mons. Camillo Faresin Onlus  
Fondazione Happy Child  
Koppermann Kinderfonds Stiftung  
Bush Global Health Initiative  
Children Investment Fund Foundation

Elma Philantropies  
Vitol Charitable Foundation  
World Diabetes Foundation  
Bristol Meyer Squibb Foundation  
Viiv Healthcare  
African Innovation Foundation  
Fondazione Cariverona  
Fondazione Cassa di Risparmio di Biella  
Fondazione Cassa di Risparmio di Bologna  
Fondazione del Monte  
Merks for Mothers

## **Institutions**

Agenzia Italiana per la Cooperazione Allo Sviluppo  
European Commission  
Conferenza Episcopale Italiana  
Caritas Italiana  
Azienda Zero  
Ospedale Pediatrico Bambin Gesù  
Ircs Materno Infantile Burlo Garofalo  
World Health Organization  
Diocesi di Padova  
Centro Missionario Diocesano di Padova  
Federazione Nazionale degli Ordini delle Professioni Infermieristiche  
Federazione Nazionale degli Ordini delle Professioni Ostetriche  
Diocesi di Lund  
Diocesi di Vicenza  
Diocesi di Treviso  
Diocesi di Fossano  
Ordine dei Medici Chir. e Odont. Provincia di Reggio Emilia  
Diocesi di Biella  
Regione del Veneto  
Unicef  
Unfpa  
Wfp  
Action Medeor  
Health Pooled Fund  
Usaid  
Echo  
Ministry Of Health And Sanitation Of Sierra Leone  
World Bank  
The Global Fund  
Government Of Flanders  
Embassy Of Japan  
Kofih Cooperazione Coreana  
Ocha  
Iom  
Dfid/ Irc

## **We would also like to thank:**

Dual Sanitaly Spa  
Tembo Srl

Casa Betlemme - Chivasso  
Comune di Ornavasso  
Opi Provincia di Biella  
Azienda Agricola Rovasenda  
Summertime Choir  
Marco Polo Team  
Associazione Dell'amicizia  
Associazione Campagnalta Insieme  
Amici di Banakutemba  
Cral Mps Araba Fenice  
Unione Nazionale Cavalieri d'Italia Sezione di Padova  
Comune di Masi  
Comune di Sappada  
Comune di Oderzo  
Parrocchia S. Anna  
Scuole Vanzo  
Infermeria Caritas Mestrino Onlus  
Infermeria di Padre Daniele Hekic O.f.m.  
Spi Cgil Padova  
Comando Provinciale dei Vigili del Fuoco di Padova  
Comune di Dueville  
Gruppo Ferrovie Dello Stato  
Trenitalia Veneto  
Società di Mutuo Soccorso  
Cesare Pozzo  
Ambasciata Italiana di Washington  
Cantina F.lli Zeni 1870  
Dicastero Per Il Servizio per lo Sviluppo Umano Integrato  
Accademia delle Scienze in Vaticano  
Catering Gruppo Dussin  
Pedrollo Spa  
Comune di Castelleone

**We would also like to thank the many parishes and associations which, along with over 3,800 volunteers part of CUAMM groups give a voice to Africa and our mission.**

**Special thanks to the Rotary Districts and individual Clubs, the Lions Clubs, Sorooptimist International, and Inner Wheel for their support for our awareness raising and communications.**

# THE JOURNEY CONTINUES. HELP US ON THE WAY!

**To ensure the right to health, it takes help from everyone, including you.**

Together we can make the difference for many mothers and children in Africa. Find out about all the ways to support us.

## **Join in and help!**

Your contribution is deductible for tax purposes. And, most importantly, it is needed.



**DOCTORS  
WITH AFRICA**  
CUAMM

[www.doctorswithafrica.org](http://www.doctorswithafrica.org)  
postal bank account  
17101353

You can contribute to:

## **Post office account N.**

N. 17101353 to the order of:  
Doctors with Africa CUAMM  
Via San Francesco, 126  
35121 Padova

## **Bank transfer**

Bank transfer to  
Banca Popolare Etica, Padua  
IBAN: IT32C0501812101000011078904

## **Ongoing donation**

Adopt a mother and her child for the first 1,000 days. It only costs €6 per month. [www.doctorswithafrica.org/en/where-we-work/the-first-1000-days-for-mothers-and-children/](http://www.doctorswithafrica.org/en/where-we-work/the-first-1000-days-for-mothers-and-children/)

## **Bequests**

A bequest in the form of money or property will be a lasting special sign of your support of the African people with whom we work

## **Solidarity products**

Wedding gifts, colorful t-shirts, books, cups, cotton bags, and many other items to choose for yourself or give as gifts to share your support for us with your friends and relatives

## **Businesses with Africa**

Customizable gifts, calendars, and cards: your business can choose to make a (great) small gesture to give your employees, customers, or suppliers a gift of hope for many African mothers and children

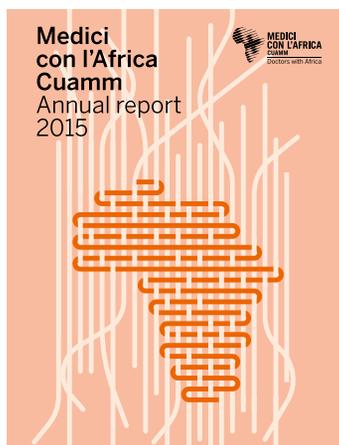
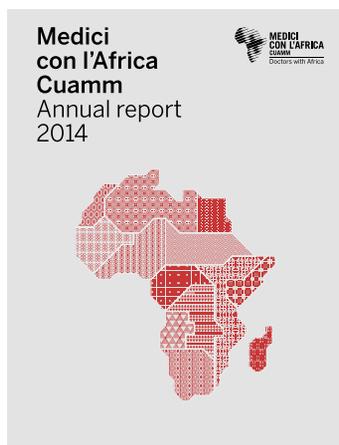
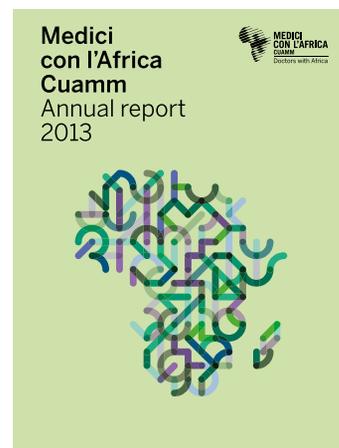
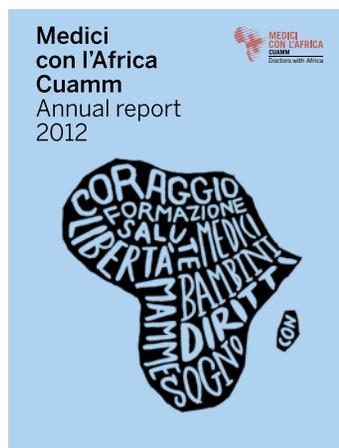
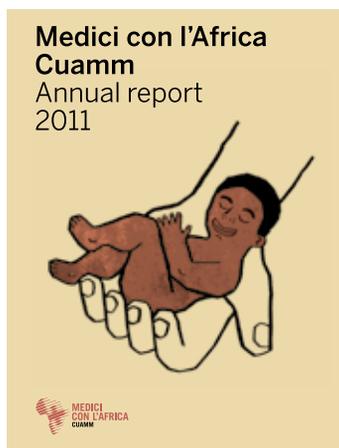
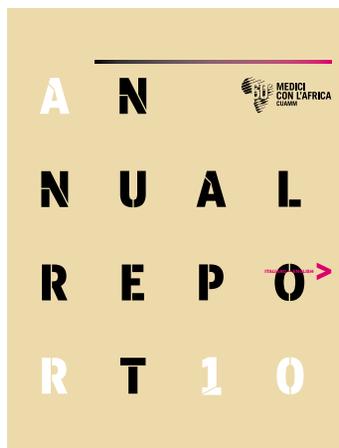
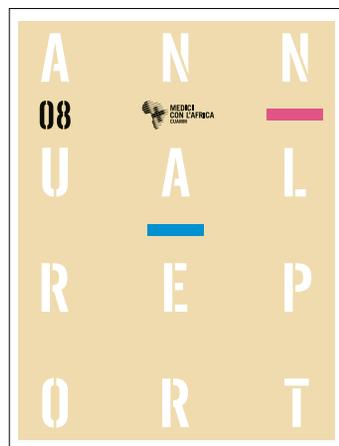
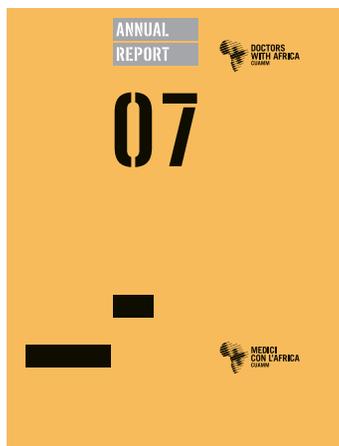
## **Online donations**

Go to [www.doctorswithafrica.org/en/donate/](http://www.doctorswithafrica.org/en/donate/) to make a donation online and find all the up-to-date information on what we are doing





# OUR COMMITMENT TO ACCOUNTABILITY, YEAR AFTER YEAR.



**EVERY DAY,  
EVERY YEAR.  
ACCESS TO  
HEALTH SHOULD  
BE A RIGHT  
FOR EVERYONE,  
NOT A PRIVILEGE  
FOR A FEW**

**8** COUNTRIES  
**23** HOSPITALS  
**1,114** HEALTH FACILITIES  
**2,915** HUMAN RESOURCES

**190,319** ATTENDED BIRTHS  
**9,535** TRANSFERS FOR OBSTETRIC  
EMERGENCIES AND BIRTHS  
**13,660** CHILDREN TREATED  
FOR ACUTE MALNUTRITION  
**15,529** PATIENTS ON  
ANTIRETROVIRAL THERAPY  
**11,392** HEALTH WORKERS  
TRAINED



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