ANNUAL REPORT 2019

AFRICA DOES NOT NEED HEROES; IT NEEDS EVERYDAY PEOPLE WHO ARE ADAMANT ABOUT DOING THEIR DUTY AND DOING IT WELL EVERY YEAR.

8 COUNTRIES
23 HOSPITALS
855 HEALTH FACILITIES
4,777 HUMAN RESOURCES
201,119 ATTENDED BIRTHS
539,672 PRE- AND POST-NATAL VISITS
33,393 TRANSFERS FOR OBSTETRIC EMERGENCIES AND BIRTHS
7,211 CHILDREN TREATED FOR ACUTE MALNUTRITION
2,711,257 PATIENTS TREATED
4,831 HEALTH WORKERS TRAINED
31 SCIENTIFIC RESEARCH PUBLICATIONS

Doctors with Africa CUAMM
via San Francesco, 126
35121 Padova
tel. 049 8751279
international@cuamm.org
www.doctorswithafrica.org

cuamm@cuamm.org
www.mediciconlafocria.org

MOTHERS AND CHILDREN FIRST
1,000 DAYS
OGNI GIORNO,
OGNI ANNO.
L'ACCESSO
ALLE CURE
UN DIRITTO
PER TUTTI,
NON UN
PRIVILEGIO
PER POCHI.

8
PAESI
23
OSPEDALI
1.114
STRUTTURE SANITARIE
2.915
RISORSE UMANE
190.319
PARTI ASSISTITI
9.535
TRASPORTI PER EMERGENZE
OSTETRICHE E PARTI
13.660
BAMBINI TRAT TATI
PER MALNUTRIZIONE ACUTA
15.529
PAZIENTI IN TERAPIA
ANTIRETROVIRALE
11.392
OPERATORI SANITARI
FORMATI

Medici con l'Africa Cuamm
via San Francesco, 126
35121 Padova
tel. 049 8751279
cuamm@cuamm.org
www.mediciconlafrica.org

OUR COMMITMENT 
TO ACCOUNTABILITY, 
YEAR AFTER YEAR.
Graphic design
Heads Collective

Layout
Publistampa Arti grafiche

Photography
Cover photo
Nicola Antonino
Inside photos
Nicola Berti pp. 12, 13, 17, 21, 26, 30, 32, 34, 51, 52, 57, 66-67, 85
Matteo De Mayda pp. 39, 54, 56
Valeria Scrilatti pp. 4, 36
Alessandro Froio p. 7
Siphiwe Siberto Archivio Reuters p. 19
Ketty Schiavarello p. 22
Paolo Casagrande p. 24
Daniela Ramadani p. 28
Chiara Arturo p. 48
Reed Young p. 55
Eleonora Ondolati p. 68
Daniele Maccagnan p. 80

Uncredited images are from the Doctors with Africa CUAMM archive

Editorial staff
Andrea Atzori
Andrea Borgato
Dante Carraro
Chiara Cavagna
Donata Dalla Riva
Chiara Di Benedetto
Andrea Iannetti
Fabio Manenti
Oscar Manente Boschin
Francesca Papais
Linda Previato
Giovanni Putoto
Bettina Simoncini
Chiara Cavagna
Chiara Cavagna

Editorial coordination
Francesca Papais
Anna Talami

Printed by
Grafica Veneta
Via Malcanton, 1
Trebaseleghe (PD)

Print finished
June 2020

Supplement No. 1 to the magazine èAfrica No. 3/2020 – Court of Padua authorisation. Print register No. 1633 of 19.01.1999

Angola
Médicos com África CUAMM ONG - Escritório de Coordenamento - Luanda Rua Projectada A3 casa n. 2 (Ende 96) - Marro Bento II, Talatona C.P. 16624 Luanda (Angola) t. 00244 923 351 224 angola@cuamm.org

Ethiopia
Doctors with Africa CUAMM NGO Coordination Office - Addis Ababa Bole Subcity, woreda 3, house n. 2434 Po. Box 12777 Addis Ababa (Ethiopia) t. 00251 (O) 116620360 t. 00251 (O) 116612712 f. 00251 (O) 116620947 ethiopia@cuamm.org

Mozambique
Médicos com África CUAMM ONG - Escritório de Coordenamento - Maputo Av. Mártires da Machava n.º 859 R/C Maputo (Mocambique) t. 00258 21302660 t. 00258 823036204 f. 00258 21312924 Mozambique@tvcabo.co.mz

Central African Republic
Médecins avec l’Afrique CUAMM ONG Bureau de Coordination - Bangui Rue 1150 1er arrondissement (en face à l’Assemblée Nationale) Bangui (République Centrafricaine)

Sierra Leone
Doctors with Africa CUAMM NGO Coordination Office - Freetown 22, Wilkinson Road t. 00232 79764880 sierraleone@cuamm.org

South Sudan
Doctors with Africa CUAMM NGO Coordination Office - Juba c/o TM Lion Hotel Browker Blvd. Juba (100 meters from the US Embassy) southsudan@cuamm.org

Tanzania
Doctors with Africa CUAMM NGO Coordination Office - Dar es Salaam New Bagamoyo Road, plot. nr. 14, Regent Estate P.O. BOX 23447 Dar es Salaam (Tanzania) t. 00255 (O) 222775227 f. 00255 (O) 222775928 tanzania@cuamm.org

Uganda
Doctors with Africa CUAMM NGO Coordination Office - Kampala Gaba Road Kansanga Plot nr. 3297 - P.o. Box 7214 Kampala (Uganda) t. 00256 414267585 t. 00256 414267508 f. 00256 414267543 uganda@cuamm.org

Thanks to:
Grafica Veneta for the complimentary printing of this report

ICON KEY

MATERNAL AND CHILD HEALTH
NUTRITION
INFECTIOUS DISEASES
TRAINING
MONITORING, EVALUATION, AND RESEARCH
CHRONIC DISEASES
HOSPITALS
NATIONAL PROJECT

Graphic design
Heads Collective

Layout
Publistampa Arti grafiche

Photography
Cover photo
Nicola Antonino
Inside photos
Nicola Berti pp. 12, 13, 17, 21, 26, 30, 32, 34, 51, 52, 57, 66-67, 85
Matteo De Mayda pp. 39, 54, 56
Valeria Scrilatti pp. 4, 36
Alessandro Froio p. 7
Siphiwe Siberto Archivio Reuters p. 19
Ketty Schiavarello p. 22
Paolo Casagrande p. 24
Daniela Ramadani p. 28
Chiara Arturo p. 48
Reed Young p. 55
Eleonora Ondolati p. 68
Daniele Maccagnan p. 80

Uncredited images are from the Doctors with Africa CUAMM archive

Editorial staff
Andrea Atzori
Andrea Borgato
Dante Carraro
Chiara Cavagna
Donata Dalla Riva
Chiara Di Benedetto
Andrea Iannetti
Fabio Manenti
Oscar Manente Boschin
Francesca Papais
Linda Previato
Giovanni Putoto
Bettina Simoncini
Anna Talami
Mario Zangrando

Editorial coordination
Francesca Papais
Anna Talami

Printed by
Grafica Veneta
Via Malcanton, 1
Trebaseleghe (PD)

Print finished
June 2020

Supplement No. 1 to the magazine èAfrica No. 3/2020 – Court of Padua authorisation. Print register No. 1633 of 19.01.1999

Angola
Médicos com África CUAMM ONG - Escritório de Coordenamento - Luanda Rua Projectada A3 casa n. 2 (Ende 96) - Marro Bento II, Talatona C.P. 16624 Luanda (Angola) t. 00244 923 351 224 angola@cuamm.org

Ethiopia
Doctors with Africa CUAMM NGO Coordination Office - Addis Ababa Bole Subcity, woreda 3, house n. 2434 Po. Box 12777 Addis Ababa (Ethiopia) t. 00251 (O) 116620360 t. 00251 (O) 116612712 f. 00251 (O) 116620947 ethiopia@cuamm.org

Mozambique
Médicos com África CUAMM ONG - Escritório de Coordenamento - Maputo Av. Mártires da Machava n.º 859 R/C Maputo (Mocambique) t. 00258 21302660 t. 00258 823036204 f. 00258 21312924 Mozambique@tvcabo.co.mz

Central African Republic
Médecins avec l’Afrique CUAMM ONG Bureau de Coordination - Bangui Rue 1150 1er arrondissement (en face à l’Assemblée Nationale) Bangui (République Centrafricaine)

Sierra Leone
Doctors with Africa CUAMM NGO Coordination Office - Freetown 22, Wilkinson Road t. 00232 79764880 sierraleone@cuamm.org

South Sudan
Doctors with Africa CUAMM NGO Coordination Office - Juba c/o TM Lion Hotel Browker Blvd. Juba (100 meters from the US Embassy) southsudan@cuamm.org

Tanzania
Doctors with Africa CUAMM NGO Coordination Office - Dar es Salaam New Bagamoyo Road, plot. nr. 14, Regent Estate P.O. BOX 23447 Dar es Salaam (Tanzania) t. 00255 (O) 222775227 f. 00255 (O) 222775928 tanzania@cuamm.org

Uganda
Doctors with Africa CUAMM NGO Coordination Office - Kampala Gaba Road Kansanga Plot nr. 3297 - P.o. Box 7214 Kampala (Uganda) t. 00256 414267585 t. 00256 414267508 f. 00256 414267543 uganda@cuamm.org

Thanks to:
Grafica Veneta for the complimentary printing of this report

ICON KEY

MATERNAL AND CHILD HEALTH
NUTRITION
INFECTIOUS DISEASES
TRAINING
MONITORING, EVALUATION, AND RESEARCH
CHRONIC DISEASES
HOSPITALS
NATIONAL PROJECT
I look back over the many experiences, stories, struggles, joys of a whole year and am pleased to share with you a few thoughts from the various field missions in Africa and numerous meetings held in Italy.

I think about the town of Tete, in one of the poorest and most rural areas of Mozambique. In early March, I paid a visit to the provincial hospital. Its Clinical Director Dr Mauro Hernani Monteiro welcomed me with a hug and smile, with a warmth that took me somewhat by surprise. “10 years ago, I received a scholarship from CUAMM to enrol and study at the Catholic University in Beira and become a doctor!”, he told me, “thank you very much. Now I’m proud and excited to use what I’ve learned to serve my people and this important hospital”. It was truly a joy; a little piece of the future we want to build together.

I’d like to extend Mauro’s “thanks” to the many individuals who have so generously supported us this year, in so many ways. A few days after this meeting, Cyclone Idai struck Mozambique, in the city of Beira and Cabo Delgado soon after. It was a time of great concern, as the disaster affected around 700,000 people in Beira, Dondo and Nyamathanda, bringing with it death and destruction.

We have been operating in Beira for more than twenty years, and in Mozambique for forty; it caused us unspeakable pain to see the places that we helped grow being destroyed by the forces of nature. But we learned the patience to “rebuild” infrastructure – with an entire healthcare system – as well as to rebuild confidence in the hearts of those who were exhausted and weighed down by the destruction of what had been built over so many years.

I think of Aber Hospital, Diocese of Lira, in Oyam district, north-central Uganda. It was here in 1965 where the first CUAMM doctor began to work, followed by many others. Now the hospital is much more autonomous and after 54 years, despite some inevitable weak points, it continues to serve its people, mothers and children in particular. I think of Sierra Leone, where the 118 service was created. The 80 ambulances are largely operational across the country’s districts, a call centre answers every call, and training for almost 1,600 people, including drivers and nurses is now in full swing. The ambulances in Sierra Leone reached everyone, even the most isolated and abandoned areas of the country, 24 hours a day, including Saturdays and Sundays. Upholding rights takes more than words, it takes ideas, effort, work and passion.

In the Central African Republic, our volunteers have worked flat out, with perseverance and dedication, in the Bangui paediatric complex. It was here that the new centre for malnourished children was opened by Pope Francis during the inauguration of the Holy Door, and where the Bambino Gesù Children’s Hospital was built. A great deal has been done, and a great deal remains to be done, especially in the more rural areas of the country.

I think about Gambella in Ethiopia, the western area of the country, towards the border with South Sudan. In the camps, the number of South Sudanese refugees has decreased from half a million to 300,000. Those dealing with the first emergency left the camp to organisations like CUAMM, which focused more on integration and development. Here, we continued our work to support the local population, restoring health centres and getting them up and running, providing equipment and doctors, training the local staff and setting up the ambulance system for emergencies, particularly obstetric emergencies.

I think of South Sudan, a country which remains difficult and uncertain, steeped in tension and insecurity. Extremely low wages, widespread poverty, fragile institutions, non-existent services, and Ebola around the corner. And yet, here, we have gone to great extent to build hope in a future that is struggling to materialise.

So, albeit with a lot of hard work, we have been able to reopen schooling activities for the midwives at Lui Hospital. On the day of the inauguration, we were all there together, determined to achieve this great result: government, churches, humanitarian organisations, communities. Together with CUAMM, there was Health Minister Riek Gai Kok, the Welfare Minister, the Regional Governor, the Bishop of the Episcopal Church, and all representatives of the local community. Africa, and the wider world more broadly, does not need heroes or world saviours. It is in urgent need of ordinary, everyday people, who are adamant about doing their duty and doing it well.

That is why we have mobilised in every way possible, even in our own country, putting on dozens of meetings and events. It’s why we launched the #lostessofuturo [the same future] hashtag campaign, and why so many of us gathered in Florence on 9 November. It is hard to describe the feelings of that time in just a few lines: astonishment and gratitude, trust and beauty, marvel and perseverance in doing good. Lostessofuturo [the same future] is denied to so many women and children in Africa – the future that we are committed to building and rebuilding every day in the field. A broken red thread which is pieced back together through our personal and daily commitment. Only this way can we build a single future that is richer and more beautiful for everyone.

Every year.
ABOUT US

https://doctorswithafrica.org/en/who-we-are

MISSION

Doctors with Africa CUAMM is the first NGO focusing on healthcare to be recognised in Italy and is the largest Italian organisation promoting and protecting 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, to affirm the fundamental human right to health for everyone. Find out more on doctorswithafrica.org

STRENGTHENING HEALTHCARE SYSTEMS

Doctors with Africa CUAMM affirms that strengthening health systems is the key strategy to meeting the health needs and ensuring the right to healthcare for poor populations in Africa. From the “Strategic Plan 2016-2030”, p. 16

AREAS OF INTERVENTION

“The issue-based priorities define the healthcare issues to be addressed and through which actions (the what)”. From the “Strategic Plan 2016-2030”, p. 21

MATERNAL AND CHILD HEALTH

Care for mothers and children is at the heart of our commitment, through efficient services to produce and distribute peripheral health centres and hospitals at community level. After the end of the 5-year “Mothers and Children First” programme in four districts of four African countries, a new project called “Mothers and Children First. 1000 Days.” was launched in 2017 to give continuity to, and expand on, the activities to support women and their babies. Even in all other countries of intervention, we are committed to raising awareness the importance of pre- and post-natal visits. We make sure pregnant women have free access to safe, attended deliveries in health centres and hospitals, with a working ambulance and transportation system. Together, we aim for continuity and quality of care for newborns and children.

NUTRITION

We focus on dietary awareness both for mothers during pregnancy, and children during the first delicate moments of life. We support the period of exclusive breastfeeding for the first six months and monitor the child’s weight and growth in the following months. We also focus on tackling cases of acute and chronic malnutrition.

INFECTIOUS DISEASES

We support local health services by building awareness among families and communities about major diseases. In particular, we provide quality treatment and assistance for malaria and tuberculosis (so called diseases of poverty) which can be fatal if left untreated. We carry out interventions to tackle HIV/AIDS, for which we have treatments that are effective but difficult to guarantee for the patient’s whole life.

TRAINING

We support various vocational schools (for midwives and nurses) and university training (for doctors and specialists) by providing teachers and educational materials. We also ensure ongoing education by working side by side with medical staff at hospitals, health centres and public health departments.

MONITORING, EVALUATION AND RESEARCH

We always strive to know what impact our actions have. That’s why we collect and analyse the available data and work to improve its quality when needed. We also perform full research operations on specific aspects in order to guide and improve our strategy and mode of intervention.

CHRONIC DISEASES

We support national policies, treatment plans and programmes for chronic diseases, by implementing cost-effective public health interventions at district and regional level for the prEventson (screening), monitoring and treatment of cervical cancer, hypertension and diabetes, as well as infectious diseases like tuberculosis.
Chi siamo
Doctors with Africa CUAMM is currently active in eight countries:

- **23 hospitals**
- **127 districts** (for public health, maternal and child care, combating HIV/AIDS, tuberculosis and malaria, training)
- **3 nursing and midwifery schools** (Lui, Matany, Wolisso)
- **1 University (Beira)**
- **4,777 human resources**, including:
  - **386 international Europeans**, including:
  - **300 italians**

**WHERE WE WORK**

www.doctorswithafrica.org/en/where-we-work/

**SOUTH SUDAN**
- **5 hospitals** (Cueibet, Lui, Rumbek, Yirol, Maridi)
- **1 school for midwives** (Lui)
- **254 human resources**
- **2,556 human resources under “extraordinary management”**

**ETHIOPIA**
- **3 hospitals** (Turmi, Wolisso, Gambella)
- **1 school for nurses and midwives (Wolisso)**
- **134 human resources**

**SIERRA LEONE**
- **5 hospitals** (SJOG Lunsar, PCMH Freetown, Pujehun CMI, Bo, Makeni)
- **159 human resources**
- **1,078 resources under “extraordinary management”**

**CENTRAL AFRICAN REPUBLIC**
- **1 hospital** (Bangui)
- **59 human resources**

**UGANDA**
- **2 hospitals** (Aber, Matany)
- **1 school for nurses and midwives** (Matany)
- **89 human resources**

**TANZANIA**
- **2 hospitals** (Songambele, Tosamaganga)
- **195 human resources**

**MOZAMBIQUE**
- **4 hospitals** (Beira, Montepuez, Nhamatanda and Dondo)
- **1 university** (Beira)
- **157 human resources**
ANGOLA

1 hospital (Chiulo)
96 human resources

Legenda
+ Hospitals
Schools
University
POSTCARDS FROM 2019

14-15 March, Beira
CYCLONE IDAI
In the night between 14 and 15 March 2019, Tropical Cyclone Idai made landfall in Beira, central Mozambique. 90% of the city was destroyed by strong winds and vast flooding in what has been the worst natural disaster to befall Africa in the past 10 years. After the emergency intervention, Doctors with Africa CUAMM launched a plan to help Beira get back on its feet.

5-7 April, Padua
GLOBAL HEALTH FESTIVAL
Padua, Italy, hosted the first Global Health Festival organised by Laterza publishing house, and promoted by the Municipality and University of Padua. The initiative attracted over 5,000 visitors; Doctors with Africa CUAMM coordinated five events for awareness-raising and public engagement, and coordinated almost 200 volunteers throughout the event.

14-15 March
July
Chiulo
DROUGHT IN ANGOLA
In 2019, southern Angola – in the provinces of Cunene, Huila and Namibe – saw a prolonged state of emergency due to drought with profound repercussions for the health of the local population, especially children. In July, Doctors with Africa CUAMM launched an appeal to help tackle malnutrition, ensure clean water, as well as other urgent interventions to improve conditions at Chiulo hospital.
27 August, Lui
REOPENING OF THE SCHOOL IN LUI
In Lui, South Sudan, the midwifery school reopened thanks to the renewed collaboration between the Ministry of National Health and Doctors with Africa CUAMM. The inauguration was attended by South Sudan’s Health Minister Riek Gai Kok, together with local authorities, as well as CUAMM staff members and Director Dante Carraro.

9 November, Florence
ANNUAL MEETING
The Teatro Verdi in Florence hosted the 2019 Annual Meeting of Doctors with Africa CUAMM, which was dedicated to retelling the commitment, stories and results of a year’s work. From the “Mothers and Children First. 1000 Days.” programme through to the Mozambique emergency, attended by friends and distinguished guests.

To relive the encounters, emotions and events of 2019, see our videos on the Doctors with Africa CUAMM YouTube channel: www.youtube.com/doctorsconlfrica
REPORT AFRICA

OUR ACTIONS IN AFRICA ARE AT THE HEART OF THE ACTIVITIES OF DOCTORS WITH AFRICA CUAMM. SINCE 1950, WE HAVE BEEN STRIVING TO UPHOLD THE FUNDAMENTAL HUMAN RIGHT TO HEALTH, AND TO MAKE HEALTHCARE SERVICES AVAILABLE TO ALL, ESPECIALLY THE POOREST AND MOST MARGINALISED GROUPS. WE CARRY OUT LONG-TERM HEALTHCARE PROJECTS: IN HOSPITALS, SMALL HEALTH CENTRES, VILLAGES AND UNIVERSITIES.
BEHIND THE FIGURES:
FACES, STORIES AND COMPARISON

Figures can reveal many truths, yet they can often be too abstract without proper interpretation and contextualisation. This is why we compare data from the countries where we operate with data from Italy. These comparisons are intended to give us some benchmarks to gain an increasingly sound understanding of the needs of the people we are helping and to remember that behind every number, there is a face and a story.

The countries covered by Doctors with Africa CUAMM vary widely, including from a geographical point of view. They go from the 72,000 km² of Sierra Leone to the 1,200,000 km² of Angola. Italy has a surface area of 300,000 km², a quarter of that of Angola, less than half of that of Mozambique, yet in Italy there is more than twice the population of either of these two countries.

Operating in the “last mile” means working across these vast, sparsely populated areas to support hospitals and health centres in the remotest of areas, to get to villages that aid has trouble reaching. Moving human resources, doctors and equipment is often part of this task: in some regions of Ethiopia it might take an hour and a half on the road to cover 100 km (not dissimilar to Western countries), yet to cover the same distance in South Sudan, it takes more than three hours. This then becomes an endless amount of time during the rainy season (lasting up to eight months) or in the areas most affected by insecurity and instability due to opposing interests and factional fighting.

Health data is the most difficult to compare, but is the data which we return to most in this report. It may be useful to turn to the musical reading of “La strada per l’Africa” [The road for Africa], a performance addressing the issue of unequal health, inspired by the stories of Doctors with Africa CUAMM workers.

An extract reads as follows: “83: the life expectancy in Italy, 50 if you’re born in Sierra Leone. When we lose a friend aged 50, we say he died young and his life was cut short. And that’s true, at least in our world. Because, in another world, dying aged 50 is the norm. 44: the average age of the population in Italy. 16 in Uganda, 17 in Mozambique, 19 South Sudan. Imagine two cafes: 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. 3.5 out of 1,000 is the mortality rate in Italy, 157 out of 1,000 in Angola. 3.5 compared to 157. For mothers, the figures are no better. Four mothers out of 100,000 die in childbirth in Italy, 480 out of 100,000 in Mozambique, 789 in South Sudan, 1,360 in Sierra Leone.

The pain of those 4 out of 100,000 is no different from that of those 1,360. Yet the figures 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 operate.

For instance, what does it mean that CUAMM made 94,954 attended births possible in Uganda in 2019? It means that CUAMM helped achieve a number of attended births that came close to the 2016 figure for the Veneto region of Italy, according to Italian Ministry of Health data. In South Sudan, we made 18,613 attended births possible, which is roughly equivalent to those of the Marche region of Italy.

So, to better understand the hospital data, we can use the Italian figures for reference. San Pietro Fatebenefratelli Hospital is one of Rome’s leading hospitals and attends around 4,400 births per year (source: CedAP). Princess Christian Maternity Hospital is the largest maternity hospital in Freetown, Sierra Leone’s capital, and registered 8,275 births in 2019. The hospital in Wolisso, Ethiopia, counted 4,429, almost the same number as that in the Gemelli Clinic in Rome.

How many doctors are there to attend, not only the births but 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; in Ethiopia, 1 for every 40,000; and in the Central African Republic, 1 for every 20,000. The situation in South Sudan is so unstable that it is impossible to gather statistics.

For Doctors with Africa CUAMM, this is what it means to work that “last mile” with passion and perseverance to strengthen all levels of the African health system.
FOCUS ON SOUTH SUDAN: A REGIONAL CRISIS

The humanitarian crisis in South Sudan, which began in 2013, has been called the “greatest refugee crisis in Africa”. The crisis continued in 2019 as the promise of appeasement between the leaders of the various factions, made at the end of the previous year, failed to materialise. As a result, there has been no real improvement in 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 a basic livelihood. By the end of 2019, an estimated 1,300,000 were displaced within the national borders and more than 2,215,000 became refugees in neighbouring countries such as Ethiopia, in the Gambella region in particular, and the northern regions of Uganda. These are the settings for CUAMM’s work in the Nyal area, the Gambella Region of Ethiopia, and the West Nile area of Uganda.

2019 SNAPSHOT

Intervention in Nyal:
1 operating unit
4 first aid centres
38,000 people received support

Gambella interventions:
1 camp (Nguenyyiel)
82,826 people

Interventions in West Nile:
257 facilities
1,110,000 refugees

SOUTH SUDAN: FIGURES OF THE CRISIS

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

525,000 REFUGEES IN ETHIOPIA

525,000 REFUGEES IN ETHIOPIA

1,110,000 REFUGEES IN UGANDA

REFUGEE CAMPS IN WEST NILE, UGANDA

Data source: UNHCR
NYAL INTERVENTION

After a famine was declared in February 2017 in the former Unity State of South Sudan, CUAMM took action in the Panyijar County in the area around Port Nyal, which was affected by the influx of displaced persons fleeing conflict and seeking food. The services here could not meet the needs of these families and of the communities which are hosting them and supporting them. Our efforts here, which started in 2017, are still ongoing to ensure that the population – now extremely vulnerable and spread out over an area almost impassable by marshlands – has access to basic health care, by finding, referring and managing emergency cases, especially obstetric emergencies. Four first aid posts are now operational in four remote villages in the marshlands, and their work is supported by a mobile health team to provide previously completely isolated communities with ongoing access to pre-ventson, diagnosis and treatment of the most common diseases. The operating unit in the Nyal health centre was built to handle obstetric and surgical emergencies on site without needing to transfer patients, which is 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, as well as patients who have been referred to the health centre.

GAMBELLA REGION INTERVENTION

In 2019, CUAMM continued its work to support the health system of the largest and most recent of the 7 refugee camps in the region: the Nguenyiel camp, which alone hosts 82,826 people, mostly women and children. In the camps, which have become de facto cities, basic healthcare facilities have been set up by the authorities; however, they require support to function properly and provide quality services. With this in mind, we have taken action on several fronts, with a particular focus on maternal and child health and nutrition. First, existing healthcare personnel were trained and supported, and second, the health infrastructure was improved by ensuring access to water and solar energy, and supplying doctors and equipment. Lastly, we promoted the integration between the health system in the camps and the regional health service by supporting the health emergency referral system. Indeed, improving the referral system means supporting the regional health system, specifically at Gambella Regional Hospital. That’s why CUAMM’s action – targeted specifically at the refugee population – was reinforced with another intervention to bolster the health system in the three districts in order to ensure equally accessible quality services for the entire population, especially mothers and children.

WEST NILE INTERVENTION

In 2019, CUAMM continued its work to support the health system in the 6 districts in the north of the country most affected by the influx of South Sudanese refugees (more than a million people out of a total resident population of about 2,180,000). The already difficult situation in these areas – with health indicators below the national average – has been further strained by the fact that these districts’ health services have seen 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 launched by the Ugandan government called the ReHope Strategy. Based on this strategy, the projects in the area where the refugees are hosted must be integrated to be provided both to the host communities (Ugandan population) and to the refugees. The intervention involved a total of 257 health facilities at different levels (hospitals, health centres, dispensaries), supported with small infrastructural works, training and mentorship of health personnel thanks to project specialist teams, equipment and doctors, and by strengthening the referral system and community work. An important part of the project is also supporting local authorities to progressively improve the supply of integrated social services, coordinating with interventions and closely monitoring the project’s activities and results.
FOCUS ON MOZAMBIQUE: CYCLONES IDAI AND KENNETH

Between March and April 2019, Mozambique was struck by two cyclones which razed entire villages to the ground, destroyed homes, schools, health centres, and above all, took more than 600 lives, not counting the number of those “missing”. The first province to be hit was Sofala where, in the night between 14 and 15 March 2019, Cyclone Idai made landfall and severely destroyed almost the entire city of Beira. The cyclone then spread across the province, hitting the districts of Buzi, Chibabava, Dondo, Nhamatanda through to Manica province and neighbouring Zimbabwe. But on the night between 25 and 26 April 2019, the province of Cabo Delgado was struck by Cyclone Kenneth, which hit the districts of Ibo, Macomia and Quissanga, which had already been suffering from the so-called “rebel attacks” from October 2017, which have been destabilising the most vulnerable areas of the province.

BEIRA PROVINCE INTERVENTION

Doctors with Africa CUAMM operates in both provinces. After securing its own staff by helping to repair the staff’s houses, we identified the main strategies of the intervention for reconstruction. In Beira – in collaboration with the district health authorities – we committed first of all to bolstering the referral system for obstetric and paediatric emergencies from the peripheral health centres to Beira Central Hospital. This has strengthened the existing health system to improve the quality of transfers from health centres, and decongest the overcrowded Central Hospital, which is a point of reference for the whole central area of the country. Another intervention aimed to contain the cholera epidemic that broke out as a result of the cyclone and flooding it caused: we reorganised the work of the community activists (operators recognised by the community; these are paramedics supporting the national health system), who for many years collaborated on HIV projects in the city of Beira. These roles have received special training from Doctors with Africa CUAMM health personnel and were supplied with a basic kit (chlorine, informative material, uniform) to be able to start the work of raising awareness in the most deprived neighbourhoods of Beira, Dondo and Nhamatanda. At the same time, CUAMM worked to rebuild the maternity unit of the Chingussura health centre (Urban health centre in Beira which serves the highest numbers of the population), of the maternity operating unit at the Ponta Gea health centre, and lastly to fully reconstruct the neonatology unit at Beira Central Hospital.

CABO DELGADO PROVINCE INTERVENTION

In Cabo Delgado, after securing its own staff, CUAMM worked with the community activists already involved in the pre-cyclone projects to raise community awareness on the prevention and treatment of cholera in the city of Pemba.
IL CICLONE

Sofala

Tete

Cabo Delgado

Indian Ocean

Tete

ZIMBABWE

MALAWI

ZAMBIA

TANZANIA

SOUTH AFRICA

SWAZILAND

Maputo

Nampula

Montepuez

Pemba

Quelimane

BEIRA

IDAI

1,850,000
PEOPLE AFFECTED

602
DEATH

Nella notte tra il 14 e il 15 marzo 2019 il ciclone tropicale Idai si è abbattuto su Beira, capoluogo della provincia di Sofala, nel Mozambico centrale. Il 90% della città è stato distrutto da quella che è stata la peggiore catastrofe naturale che si sia abbattuta sull’Africa negli ultimi 10 anni.

1,850,000 people affected
602 deaths

REACTING WITH COURAGE

“Today in Beira, there are jobs everywhere. The population is stepping forward, it wants to fight back with courage, with tremendous strength. But yesterday a strong storm, in just over an hour, once again flooded the city’s streets and neighbourhoods, making everything so difficult once again. A positive sign is that cholera is decreasing, which means that the vaccination campaigns are working. For our Community activists, it is a commitment that’s motivating them to get back on their feet, move on from the tragedy and from their personal pain, and to devote themselves to their communities, in solidarity with each other. A key part of their job is recovering patients who were receiving treatment for HIV/AIDS and get them back onto treatment. In Beira, the rate of AIDS is now close to 16%: if we don’t do this, we run the risk of a public health disaster. We want to offer a continuous dedicated service, provided by our field workers together with local staff. Because this tragedy gives us the drive to further strengthen our commitment, standing side by side with those who are suffering. We want to use the human energy and desire for relief which is now in motion to do even better than before for this all-too-weak health system”.

Giovanna De Meneghi
Doctors with Africa CUAMM
Country Representative
FOCUS ON SIERRA LEONE: THE NEMS PROJECT

On 15 October 2018, the National Emergency Medical Service (NEMS) was launched in Sierra Leone. This is the first national service for health emergencies in the country, and became fully operational in 2019. It is a national network of ambulances coordinated by an operations centre to provide free transportation and health care. NEMS engages staff specialising in first aid, management and transfers for medical emergencies. The service gradually expanded to fully cover the country’s 16 districts, becoming operational across the entire national territory on 27 May 2019. The project was implemented with the support of the Sierra Leone Health Ministry in partnership with Italy’s Veneto Region and Crimedim, supported by the World Bank.

THE SERVICE IN FIGURES

<table>
<thead>
<tr>
<th>MONTHS</th>
<th>CALLS</th>
<th>MISSIONS</th>
<th>REFERRALS</th>
<th>KM TRAVELLED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yan-19</td>
<td>1,072</td>
<td>1,095</td>
<td>919</td>
<td>63,349</td>
</tr>
<tr>
<td>Feb-19</td>
<td>1,510</td>
<td>1,420</td>
<td>1,253</td>
<td>92,977</td>
</tr>
<tr>
<td>Mar-19</td>
<td>2,043</td>
<td>1,923</td>
<td>1,730</td>
<td>131,853</td>
</tr>
<tr>
<td>Apr-19</td>
<td>2,257</td>
<td>2,197</td>
<td>1,965</td>
<td>154,440</td>
</tr>
<tr>
<td>May-19</td>
<td>2,782</td>
<td>2,683</td>
<td>2,392</td>
<td>180,992</td>
</tr>
<tr>
<td>Jun-19</td>
<td>2,888</td>
<td>2,823</td>
<td>2,503</td>
<td>199,753</td>
</tr>
<tr>
<td>Jul-19</td>
<td>2,685</td>
<td>2,630</td>
<td>2,332</td>
<td>193,660</td>
</tr>
<tr>
<td>Aug-19</td>
<td>2,614</td>
<td>2,527</td>
<td>2,189</td>
<td>187,077</td>
</tr>
<tr>
<td>Sep-19</td>
<td>2,383</td>
<td>2,276</td>
<td>1,973</td>
<td>171,061</td>
</tr>
<tr>
<td>Oct-19</td>
<td>2,597</td>
<td>2,454</td>
<td>2,146</td>
<td>190,308</td>
</tr>
<tr>
<td>Nov-19</td>
<td>2,594</td>
<td>2,480</td>
<td>2,190</td>
<td>201,247</td>
</tr>
<tr>
<td>Dec-19</td>
<td>2,615</td>
<td>2,528</td>
<td>2,200</td>
<td>199,165</td>
</tr>
<tr>
<td>TOTAL</td>
<td>28,040</td>
<td>27,036</td>
<td>23,792</td>
<td>1,965,882</td>
</tr>
</tbody>
</table>

The effectiveness of the NEMS service is also shown by the average time needed for ambulances to reach the patient and to transport patients from the place of intervention to hospital.

2019 SNAPSHOT

Service coverage: entire population of Sierra Leone

A national operations centre in Freetown

A NEMS office in every district

80 ambulances operating a free service across the country

Activities operating 24/7

1,600 Drivers, paramedics and operation centre operators put in place since the start of the service. Periodic training: two refresher courses on top of the initial training course.
**TYPE OF REFERRALS**

Most common emergencies handled by NEMS

<table>
<thead>
<tr>
<th>Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBSTETRIC</td>
<td>49%</td>
</tr>
<tr>
<td>PAEDIATRIC</td>
<td>30%</td>
</tr>
<tr>
<td>OTHER</td>
<td>21%</td>
</tr>
</tbody>
</table>

The chart shows the most frequent health conditions handled by the NEMS missions. As we can see, the vast majority of the reasons for transfer are obstetric and paediatric cases, while “other” reasons mainly include changes to consciousness, road accidents, abdominal pain, seizures and trauma.

**OUTCOME OF AMBULANCE REFERRALS**

- 87% Patients transported to hospital
- 4% Emergencies managed at peripheral health unit level before or when the ambulance arrived
- 4% Referrals requiring more than one ambulance to transport the patient to hospital
- 2% Ambulance missions cancelled
- 1% Death of the patient during the transfer
- 2% Death of the patient before or upon arrival of paramedics

**MARY**

The phone rings at our Freetown operations centre. On the end of the line, there’s an operator of the peripheral health unit located in the village of Kombeima, in Pujehun district. The nurse on duty who made the call is very concerned about a patient, a pregnant 18-year-old in week 36, who has started to have her first contractions. The baby will not be born until the next day, but she won’t be able to assist the girl, who has had two prior miscarriages. Given the high risk, an ambulance from Pujehun is immediately sent out to the clinic to transport the patient to hospital. The woman is very scared: hospital births are more of an exception rather than normal practice, and she doesn’t feel safe. So, she decides to run away and take refuge in “the bush” near the facility. The nurse from the peripheral health unit asks for help from the village leader to recover the patient. Although she is found, she is still not sure about getting into the ambulance, and neither the head of mission, nor the nurse seem able to convince her. Our operator on duty at the operations centre then asked permission to speak with her directly, she is called Mary, the same name as our operator. Mary patiently explains what the NEMS project is. Mary is hesitant, but slowly takes starts to gain confidence and trust in the operator, Mary understands that she only wants to help her. She understands the importance of being transferred to the hospital for the birth and was brave enough to get in the ambulance headed to Pujehun hospital.
IN 2019

CUAMM bolstered the support for programmes tackling and preventing infectious diseases (tuberculosis and HIV/AIDS) and managing chronic diseases (hypertension and diabetes). In particular, it supports the National TB Control Programme with a pilot project called C-DOTS (Community-based directly Observed treatment) at 6 municipalities in 5 provinces, involving over 200 community agents. It is continuing to support two specialised facilities in Luanda (DAT Centre and Sanatorium Hospital) to improve diagnostic services and the digitisation of health records. With regard to maternal and child health, at the Hospital Chiulo and in Cunene province, CUAMM provided support for paediatrics and combating malnutrition, facilities for women waiting to give birth (casas de espera) and public health transfers (brigada moveis) in the communities. CUAMM intervened on the drought emergency in Cunene by supporting the WHO’s response to the crisis.

OUR HISTORY

1997
The intervention got under way in Uige province to deal with the emergency situation caused by the civil war.

2004
Support for the health system in the process of moving from emergency to development in Luanda and the provinces of Uige and Cunene.

2005
Start of the programme to support the National Programme to combat tuberculosis, by financing the Global Fund, which was implemented through to 2016.

2012
Start of “Mothers and Children First” programme to ensure access to safe birth and newborn care in four African countries, at Chiulo Hospital in Cunene.

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

2016
Start of the “Mothers and Children First, 1000 Days.” programme, from pregnancy through to the first two years of the child’s life.

2018
Start of the DOT pilot program in 6 towns and 5 provinces. In Chiulo, the hospital’s power is supplied by a photovoltaic system.
RESULTS ACHIEVED

**MATERNAL AND CHILD HEALTH**
- 7,627 prenatal visits
- 2,652 attended births
- 5,821 visits of children under 5 years of age
- 1,245 vaccinations

**NUTRITION**
- 303 children treated for severe acute malnutrition

**INFECTIONOUS DISEASES**
- 2,742 patients treated for tuberculosis

**ONGOING TRAINING**
- 120 community agents
- 70 midwives
- 13 doctors

WHERE WE WORK

LUANDA PROVINCE
- 6 health centres supported for diabetes and hypertension

CUNENE PROVINCE
- Technical support for the National Tuberculosis and HIV/AIDS Programme,
  - 5 towns: Cazenga, Bailudo, Quipungo, Cubal, Ombadja
  - 1 hospital in Luanda
  - 20 health centres
  - 3,512,417 population served

WHERE WE WORK

Technical support for the National Tuberculosis and HIV/AIDS Programme,
- 5 towns: Cazenga, Bailudo, Quipungo, Cubal, Ombadja
- 1 hospital in Luanda
- 20 health centres
- 3,512,417 population served

CUNENE PROVINCE
- Town of Ombadja
  - 1 hospital Chiulo
  - 36 health centres
  - 323,957 population served
IN 2019

As Ethiopia goes through major political changes, we have continued to support Wolisso Hospital, by sending foreign and local personnel, pharmaceutical aid and implementing renovation projects. In South Omo Zone, we finished our intervention on maternal and child health in March, which was then resumed with another three-year project as of October. In August, we completed the project for 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 Nguenyyiel camp to improve infrastructure, equipment, staff training, and the referral system. Projects are ongoing to develop national guidelines for neonatal intensive care units and to improve services for diabetes in 15 national hospitals in partnership with the local Ministry of Health, Paediatric Society, Diabetic Association, St. Paul University Hospital in Addis Ababa and the Tulubollo district hospital in the South West Shoa Zone. Lastly, we started planning the health intervention in the Somali Region and drew up the agreement with regional authorities.

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 in Wolisso with an attached school for midwives and nurses.

2012
Start of the “Mothers and Children First” programme.

2014
Start of intervention in South Omo.

2016
Start of the “Mothers and Children First. 1000 Days.” programme.

2017
Start of the intervention in the Gambella region, also supporting South Sudanese refugees.

2018
Strengthened the partnership with the Ethiopian Ministry of Health, launching two technical assistance projects.

2019
Wolisso hospital gains recognition from the Ethiopian Medical Society as the best hospital of the year in terms of performance, at the hands of Health Minister Dr Amir Aman.
WHERE WE WORK

GAMBELLA
1 hospital Gambella
3 districts
7 health centres
90,953 population served
1 refugee camp
Nguenyyiel
82,631 refugees

SOUTH WEST SHOA ZONE
1 hospital Wolisso
St. Luke Hospital
1 school for nurses and midwives
4 districts
20 health centres
1,240,333 population served

SOUTH OMO ZONE
1 hospital Turmi
3 districts
8 health centres
218,993 population served

RESULTS ACHIEVED

<table>
<thead>
<tr>
<th>MATERNAL AND CHILD HEALTH</th>
<th>NUTRITION</th>
<th>INFECTIOUS DISEASES</th>
<th>ONGOING TRAINING</th>
<th>CHRONIC DISEASES</th>
<th>SURGERY SERVICES</th>
<th>HUMANITARIAN RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>27,137 prenatal visits</td>
<td>678 referrals for obstetric emergencies</td>
<td>1,369 patients treated for tuberculosis</td>
<td>33 community agents</td>
<td>1,118 visits for diabetes</td>
<td>3,376 major surgery, including 443 orthopaedic surgeries</td>
<td>28,903 visits for children &lt; age 5</td>
</tr>
<tr>
<td>14,968 attended births</td>
<td>1,560 patients in antiretroviral treatment</td>
<td>14,968 attended births</td>
<td>162 nurses and midwives</td>
<td>1,310 visits for hypertension</td>
<td>4,281 minor surgery, including 536 orthopaedic surgeries</td>
<td>1,460 attended births</td>
</tr>
<tr>
<td>104,718 visits of children under 5 years of age</td>
<td>473 other</td>
<td>218 patients with heart disease</td>
<td>83 doctors</td>
<td>218 patients with heart disease</td>
<td>2,929 physiotherapy sessions</td>
<td>57 emergencies transferred to Gambella regional hospital</td>
</tr>
<tr>
<td>9,776 vaccinations</td>
<td>14 midwives and 13 graduated from the school for nurses and midwives</td>
<td>14 patients with cerebral ischemia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
IN 2019

In 2019, Mozambique was struck by two cyclones: Cyclone Idai in Sofala province and Cyclone Kenneth in Cabo Delgado province (See Focus p. 18). CUAMM has strengthened the interventions at national level in the area of non-communicable diseases, helping to develop national guidelines on managing diabetes and hypertension. In Cabo Delgado, we stepped up our activities to support maternal and child health and started to bolster our action also in the area of sexual and reproductive health of adolescents and young people, with interventions to fight HIV/AIDS by promoting counselling.

In Sofala province, our work on maternal and child health was extended to the districts and hospitals of Dondo and Nhamatanda, as well as Beira. Through the redevelopment of the neonatology unit. In these areas, there have been numerous interventions to support the health facilities affected by Cyclone Idai: a referral system of emergency obstetric and paediatric care was set up in the city of Beira and 200 community activists were engaged in cholera prevention.

OUR HISTORY

1978
Start of intervention with health cooperation projects.

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

1997-2001
Support for provincial health directorates (Sofala, Zambezia, Maputo).

2002
Support for Beira Central Hospital.

2004
Collaboration with the Catholic University of Mozambique in Beira.

2014
Intervention in Cabo Delgado province.

2016
“Mothers and Children First. 1000 Days.” programme.

2017
Intervention in Tete province to combat HIV/AIDS among adolescents
Start of the programme to combat non-communicable diseases.

2018
Start of the relations with Misau to develop national guidelines for the management and treatment of diabetes and hypertension.

2019
Start of the programme to combat non-communicable diseases (including cervical cancer) at the primary health level and level-four hospitals (provinces of Maputo, Maputo City, Sofala, Zambezia)
WHERE WE WORK

TETE PROVINCE
- 3 districts
- 15 counselling centres for adolescents
- 200,000 population served

CABO DELGADO PROVINCE
- 1 hospital
- Montepuez
- 2 health centres
- 6 districts
- 1,235,844 population served

SOFALA PROVINCE
- 3 Beira Central Hospital, Nhamatanda Hospital, Dondo health centre (hospital equivalent)
- 1 Catholic University of Mozambique
- 6 health centres
- 463,442 population served

RESULTS ACHIEVED

**MATERNAL AND CHILD HEALTH**
- 56,904 parental visits
- 24,247 attended births
- 229,111 visits for children under 5 years

**NUTRITION**
- 70 children treated for severe acute malnutrition

**INFECTIOUS DISEASES**
- 57,421 adolescents educated about HIV
- 357,421 adolescents tested for HIV
- 810 adolescents tested positive
- 220,200 patients treated for malaria including 81,452 < age 5

**CHRONIC DISEASES**
- 4,181 visits per diabetes
- 3,137 visits for hypertension
- 3,336 patients with heart disease

**ONGOING TRAINING**
- 143 community agents
- 11 nurses
- 25 students graduated from the University of Beira
- 5 teachers sent for short teaching modules

**HEALTH MINISTRY**
- Technical support for diabetes and chronic diseases (including cervical cancer).
- Maputo, Beira, Quelimane, Nampula, Pemba

WHERE WE WORK

**Mozambique**
IN 2019

In 2019, our support at the Paediatric Bangui Hospital, in the capital, became fully operational in close collaboration with Action contre la Faim (ACF) and the Bambino Gesù Children’s Hospital in Rome. The support helps to improve clinical care for children and enhance the administrative and managerial skills of the hospital. In 2019, the facility produced its first annual report. Thanks to the Bambino Gesù hospital in Rome, work was completed on the new Malnutrition Department and renovation of the triage, emergency and pharmacy services. CUAMM has supported the hospital with the operational reorganisation of clinical services following the renovation. Since 1 December 2019, CUAMM has been providing technical assistance to train and support the staff of the Équipes Cadres Régionales and Équipes Cadres des Districts of 6 health districts and 14 priority regions, as part of the project led by AICS (RECARD) and financed by the EU Bêkou Fund.

OUR HISTORY

July 2018
Start of CUAMM’s work in the Bangui paediatric complex.

August 2018
Giovanni Putoto, our programming manager, met with President Faustin-Archange Touadéra of the Central African Republic, to launch the project supporting Bangui Children’s Hospital, partly funded by the Bêkou Fund of the European Commission.

April 2019
Stefano Vicentini, project leader, presented the project activities and Bangui paediatric hospital data to the National Assembly of the Central African Republic.

November 2019
Central African Republic Health Minister Pierre Somse, and DG DEVCO Director General Stefano Manservisi pay a visit to Bangui children’s hospital.

December 2019
The EU Bêkou trust fund was renewed for CUAMM and ACF, which extended their activities and cooperation with Bangui children’s hospital for a further year.
**RESULTS ACHIEVED**

<table>
<thead>
<tr>
<th><strong>MATERNAL AND CHILD HEALTH</strong></th>
<th><strong>BANGUI</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>68,468 visits for children under 5</td>
<td>1 hospital Bangui</td>
</tr>
<tr>
<td>17,287 paediatric admissions</td>
<td>903,268 population served</td>
</tr>
<tr>
<td>1,318 newborns admitted to neonatal intensive care</td>
<td></td>
</tr>
<tr>
<td>1,560 children admitted to intensive care</td>
<td></td>
</tr>
<tr>
<td>2,438 vaccinations</td>
<td></td>
</tr>
<tr>
<td>907 major paediatric surgeries including 195 orthopaedic</td>
<td></td>
</tr>
<tr>
<td>1,211 minor paediatric surgeries</td>
<td></td>
</tr>
</tbody>
</table>
In 2019, the NEMS (National Emergency Medical Service) – the first service for health emergencies – was extended nationwide, making a total of 80 ambulances operational and carrying out 28,792 referrals (See Focus p. 20). CUAMM consolidated its support for the largest maternity unit of Sierra Leone in Freetown, attending more than 8,200 births, including 4,000 obstetric emergencies. In this hospital, CUAMM has also implemented screening for gestational diabetes and built an intensive care unit.

We have continued to provide technical and clinical support in the regional hospitals of Makeni and Bo, attending 6,200 births. An intensive care unit was built in Bo. A ‘waiting home’ was opened in Lunsar. CUAMM is giving ongoing support to the most remote health districts of Bonthe and Pujehun, providing training and assistance for public health interventions. Moreover, in Pujehun, we are continuing to work at the hospital, attending nearly 1,000 deliveries, and providing care to 2,400 children.

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 expat staff and the continuity of essential services.

2015
Start of support for Lunsar Hospital, which had been forced to close during the epidemic.

2016
In Pujehun, start of the “Mothers and Children First. 1000 Days.” programme, and start of support for PCMH in Freetown, the largest maternal care unit in the country.

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

2018
The NEMS (National Emergency Medical Service) was launched.

2019
NEMS reaches 80 operational ambulances and 28,792 missions completed.

Country profile

Freetown
Capital
7.6 million
population
71,740 km²
area
19.4 years
Average age of the population
53/55 years
Life expectancy (m/f)
4.3
Average number of children per woman
181th of 189 countries
Human Development Index

1.360 of 100,000 live births
Maternal mortality rate
110.5 of 1,000 live births
Under-five mortality rate
81.7 of 1,000 live births
Neonatal mortality rate
**WHERE WE WORK**

**FREETOWN WESTERN AREA**
- 1 hospital: Princess Christian Maternity Hospital - Freetown
- 10 health centres
- 1,573,109 population served

**PORT LOKO DISTRICT**
- 1 hospital: St. John of God Hospital - Lunsar
- 24 health centres
- 140,970 population served

**BOMBALI DISTRICT**
- 1 hospital: Makeni
- 636,000 population served

**BO DISTRICT**
- 1 hospital: Bo
- 5 health centres
- 603,716 population served

**PUJEHUN DISTRICT**
- 1 hospital: Pujejun CMI
- 5 health centres
- 384,864 population served

**BONTHE DISTRICT**
- 5 health centres
- 210,531 population served

---

**RESULTS ACHIEVED**

**MATERNAL AND CHILD HEALTH**
- 43,861 parental visits
- 5,293 transfers for obstetric emergencies
- 29,580 births attended
- 20,521 visits of children under 5 years of age

**NUTRITION**
- 430 children treated for severe acute malnutrition

**INFECTIOUS DISEASES**
- 39,443 patients treated for malaria
- 23,901 Children under 5 years of age treated for acute respiratory infection
- 4,779 respiratory infections treated by community agents

**ONGOING TRAINING**
- 1,025 community agents
- 105 nurses and doctors midwives
- 26 doctors

**CHRONIC DISEASES**
- 2,125 tests for gestational diabetes
- 111 pregnant women identified with gestational diabetes
- 450 pregnant women diagnosed with hypertension during pregnancy
IN 2019

Despite the ongoing crisis, CUAMM has strengthened and expanded its support for the local health system, ensuring services for over one million people. We have supported 11 county health offices, 5 hospitals, 135 peripheral health facilities, and provided vaccinations, nutritional screening, and an 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. CUAMM has 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 have completed construction on an emergency operating room.

OUR HISTORY

2006-2012
Start of action in South Sudan at the Yirol and Lui Hospitals.

2013-2015
Public health programme at Yirol West and Rumbek North.
Upgrade to a health centre into a hospital in Cuibet.
Start of the diploma course in midwifery in Lui.

2015-2017
Expansion of public health programme throughout former Lake State.
Launch of the intervention at Rumbek Hospital.
Expansion of the nutritional component at each level of the health system.

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

2019
Completion of the operating room in Nyal.
Start of a new cycle of the midwifery diploma at the Institute of Health Sciences of Lui.
Launch of the community health programme in 8 counties, with 640 village health workers.
WHERE WE WORK

**WESTERN LAKE STATE**
- 1 hospital Rumbek
- 4 counties
- 53 health centres
- 545,545 population served

**EASTERN LAKE STATE**
- 1 hospital Yirol
- 3 counties
- 26 health centres
- 329,644 population served

**SOUTH LIECH STATE**
- 1 health centre Nyal
- 1 county
- 4 health posts

**AMADI STATE**
- 1 hospital Lui
- 1 school for nurses and midwives in Lui
- 3 counties
- 48 health centres
- 169,489 population served

**MARIDI STATE**
- 1 hospital Maridi
- 1 county
- 24 health centres
- 106,834 population served

RESULTS ACHIEVED

**MATERNAL AND CHILD HEALTH**
- 93,163 parental visits
- 133 referrals for obstetric emergencies (Yirol)
- 18,613 births
- 398,717 visits of children under 5 years of age
- 159,098 vaccinations

**NUTRITION**
- 1,899 children treated for severe acute malnutrition

**INFECTIONOUS DISEASES**
- 504,857 patients treated for malaria
- 70 patients treated for tuberculosis
- 1,244 patients undergoing antiretroviral treatment

**ONGOING TRAINING**
- 672 community agents
- 66 other

**HUMANITARIAN RESPONSE**
- 10,103 outpatient visits for children < age 5
- 1,307 prenatal visits
- 7,006 growth monitoring of children < age 5
IN 2019

CUAMM has continued its work to bolster the health services in 25 districts, in 6 regions (Iringa, Njombe, Simiyu, Shinyanga, Dodoma, Ruvuma). Our intervention focuses on maternal and child health, childbirth assistance and infant care. We are continuing our commitment in communities to promote proper nutrition, healthy lifestyles, combat chronic and acute malnutrition and non-communicable chronic diseases, such as diabetes, hypertension and cancer. We have stepped up our focus on services for early cognitive development and protection of children.

We are also continuing our actions to tackle HIV through the Test and Treat strategy in the regions of Shinyanga and Simiyu.

OUR HISTORY

1968
Work launched to strengthen the health care system in the Iringa Region.

1990
Inauguration of Iringa Hospital.

2012
Start of the “Mothers and Children First” programme to ensure access to safe childbirth and newborn care in four African countries.

2014
Start of the project in the regions of Iringa and Njombe to treat child malnutrition.

2016
Start of the second phase of “Mothers and Children First. 1000 Days.” programme, which runs from pregnancy through to the first two years of the child’s life with a focus on nutrition.

2017
The Prime Minister gives CUAMM the title of best partner in the nutrition sector.

2018
CUAMM marks 50 years of operation in Tanzania.

2019
CUAMM joins the technical working groups on nutrition, maternal and child health, early development, non-communicable chronic diseases and HIV.

Country profile

Dodoma
Capital

56.3 million
Population

947,300 km²
area

18 years
Average age of the population

63/67 years
Life expectancy (m/f)

4.9
Average number of children per woman

159th of 189 countries
Human Development Index

2019 SNAPSHOT

195
human resources

106
health facilities supported

4,533,219 €
invested in projects
**RESULTS ACHIEVED**

| MATERNAL AND CHILD HEALTH | 35,909 prenatal visits | 266 Referrals for Obstetric emergencies | 16,105 births attended | 139,146 vaccinations |

| MATERNAL AND CHILD HEALTH | 35,909 prenatal visits | 266 Referrals for Obstetric emergencies | 16,105 births attended | 139,146 vaccinations |

| NUTRITION | 2,463 children treated for severe acute malnutrition | 145,068 Children under 2 years screened for stunting in the Regions of Dodoma, Simiyu and Ruvuma | 8,016 children under 2 diagnosed with chronic malnutrition in the Regions of Simiyu and Ruvuma |

| INFECTIOUS DISEASES | 4,010 patients treated for malaria | 233 patients treated for tuberculosis | 10,064 patients in anti-retroviral treatment |

| CHRONIC DISEASES | 750 Visits for diabetes | 2,451 visits for hypertension | 474 patients with heart diseases | 14 patients with cerebral ischemia |

| ONGOING TRAINING | 510 community agents specifically trained to treat severe acute malnutrition | 34 nurses | 7 doctors |

| NUTRITION | 2,463 children treated for severe acute malnutrition | 145,068 Children under 2 years screened for stunting in the Regions of Dodoma, Simiyu and Ruvuma | 8,016 children under 2 diagnosed with chronic malnutrition in the Regions of Simiyu and Ruvuma |

| INFECTIOUS DISEASES | 4,010 patients treated for malaria | 233 patients treated for tuberculosis | 10,064 patients in anti-retroviral treatment |

| CHRONIC DISEASES | 750 Visits for diabetes | 2,451 visits for hypertension | 474 patients with heart diseases | 14 patients with cerebral ischemia |

| ONGOING TRAINING | 510 community agents specifically trained to treat severe acute malnutrition | 34 nurses | 7 doctors |

**WHERE WE WORK**

**SHINYANGA REGION**
- 2 health centres
- 2 districts
- 495,808 population served

**SIMIYU REGION**
- 1 hospital Songambele
- 12 health centres
- 3 districts
- 1,175,199 population served

**DODOMA REGION**
- 6 health centres
- 2 districts
- 715,942 population served

**IRINGA REGION**
- 1 hospital Tosamaganga
- 8 health centres
- 5 districts
- 827,519 population served

**NJOMBE REGION**
- 49 health centres
- 6 districts
- 724,771 population served

**RUVMU REGION**
- 28 health centres
- 6 districts
- 1,530,409 population served

**TANZANIA**
IN 2019

We continued our work to support the health system in 6 districts affected by the influx of 1,000,000 South Sudanese refugees, with a particular focus on improving services for mothers and children and nutritional programmes. We continued our efforts in the Karamoja region and Oyam district with a widespread intervention throughout the villages, health centres, and hospitals, including Matany and Aber Hospitals. We promoted community awareness, prenatal visits, attended births, and emergency transportation. We also continued to focus on tuberculosis in Karamoja, to improve diagnosis and treatment, especially for multidrug resistant TB. Lastly, we started a five-year intervention in partnership with other NGOs operating throughout the Lango region, with the goal of strengthening a health system which serves 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: first CUAMM doctors start working in the national health system.

1990s
Rebuilding of the Aber Hospital and renovation of the hospitals in Maracha, Angal, Aber, and Matany.

2012
Start of the “Mothers and Children First” programme.

2016
Start of the “Mothers and Children First. 1000 Days.” programme, for the period from conception through to 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 the intervention throughout the Lango region.

Country profile

- **Kampala**
  - Capital
- **42.7 million**
  - Population
- **241,037 km²**
  - Area
- **16.7 years**
  - Average age of the population
- **61/65 years**
  - Life expectancy (m/f)
- **5**
  - Average number of children per woman
- **159th of 189 countries**
  - Human Development Index

2019 SNAPSHOT

- 89 human resources
- 410 health facilities supported
- 2,248,924 € invested in projects
WHERE WE WORK

KARAMOJA REGION

3 hospitals
Matany, Moroto, Amudat
9 districts
Napak, Nakapiripirit, Nabilatuk, Amudat, Moroto, Abim, Kotido, Kaabong Karenga
77 health centres
1,155,906 population served

LANGO REGION

6 hospitals Aber, Lira regional referral, Amai, Apac, Nightingale Hospital, St Anne
9 districts: Oyam, Apac, Kwania, Kole, Lira, Otuke, Alebtong, Dokolo, Amolatar
175 health centres
2,374,500 population served

WEST NILE REGION

1 district Arua district
1 hospital Arua regional referral hospital
1 health centre
59,546 population served
43,000 refugees

RESULTS ACHIEVED

MATERNAL AND CHILD HEALTH

237,649 prenatal visits
3,231 transfers for obstetric emergencies
94,954 attended births
759,001 visits of children under 5 years of age

NUTRITION

1,478 children treated for severe acute malnutrition

INFECTIONOUS DISEASES

1,446,867 patients treated for malaria
3,074 patients treated for tuberculosis
5,665 patients undergoing antiretroviral treatment

ONGOING TRAINING

930 agenti comunitari
59 nurses and 54 midwives
11 doctors
17 nurses and 23 midwives graduated from the School of Matany

N.B.: only Aber and Matany come under the hospitals considered in the Focus on Hospitals.
MATERNAL AND CHILD HEALTH

MOTHERS AND CHILDREN FIRST 1,000 DAYS

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” programme in four districts of four African countries, a new five-year program was launched to provide continuity and 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 seven countries. The new five-year programme entitled “Mothers and Children First. 1000 Days”, 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 the actions under the earlier programme – are for nutritional support for the developing foetus, newborns, and children up to two years of age, supporting parental visits, promoting exclusive breastfeeding, weaning, and monitoring child growth, as well as early detection and treatment of acute malnutrition.

The hospitals involved, which have increased from 4 to 10 are: Chiulo (Angola), Wolisso (Ethiopia), Montepuez (Mozambique), Songambele, Tosamaganga (Tanzania), Matany, Aber (Uganda), Pujehun (Sierra Leone), Yirol and Lui (South Sudan).

TARGET:

**1,200,000** ANTENATAL AND POSTNATAL VISITS IN 5 YEARS
296,903 ANTENATAL AND POSTNATAL VISITS IN 2019
823,553 IN THREE YEARS

The target has been expanded from the original goal, which had been set at 740,000 visits over five years based on data obtained in the field during our first year of operation.

TARGET:

**320,000** ATTENDED BIRTHS IN 5 YEARS
71,288 ATTENDED BIRTHS IN 2019
188,829 IN THREE YEARS

This percentage is in line with expectations. In some districts where we operate, we have only recently started to engage communities so they are yet to be informed of the services and new facilities available to them.

TARGET:

**10,000** ACUTELY MALNOURISHED TO BE TREATED OVER 5 YEARS
2,404 CHILDREN TREATED FOR ACUTE MALNUTRITION IN 2019
7,199 IN THREE YEARS

Acute malnutrition is due to insufficient access to food, for example due to famine or economic hardship. This is the most dangerous form of malnutrition, which can cause death. Treatment in hospitals or health centres is required.
Lucy, Luth, Lucas and Luciana came into the world on 20 February in a peripheral health centre, following a spontaneous delivery, weighing between 1 and 1.2 kg. That Saturday marked the start of an adventure that would last 55 days. Low expectations, but maximum commitment from everyone. We took care of the children, not leaving them alone not even for a moment, everyone made a great team effort: doctors, nurses and Phaima (their mother): an extraordinary, calm, confident and present woman with great awareness. A complication occurred when, one afternoon, five days after the birth of the newborns, Phaima called me into the room as she had started to bleed: one of the most serious complications of childbirth is postpartum haemorrhaging. In the worst-case scenario, it can cause death or require removal of the uterus. And that’s exactly what happened in Phaima’s case. That day, the mother was in so much discomfort that she was operated on urgently and had severe anaemia. Repeated blood transfusions were necessary. This inevitably caused her to lose milk, which is essential especially for premature babies, since infant formula is not available here. But three days after her surgery, Phaima was on her feet again, back with her children and tirelessly pulling milk with the help of a breast pump which we provided. Finally, her milk came back! The determination of this mother resonated with us all.
OTHER DIFFICULT SETTINGS

CUAMM’s action was not limited to these 10 districts and hospitals, but involved another 13 hospitals in the eight countries where we operate. In Sierra Leone, where the maternal health intervention is in five hospitals, we aim to address major obstetric complications, by supporting the emergency and referral system with ambulances, and improving the quality of hospital care.

The table shows the major obstetric complications treated in Sierra Leone compared to those of the other places where CUAMM operates. We can see that only for Tosamaganga and Wolisso, the number of major obstetric complications treated compared to those expected was more than 50%. This demonstrates that, although much has been achieved to address major obstetric complications which contribute to maternal mortality, much is still to be done to be able to say we have achieved a major reduction in maternal mortality. Significantly, since October 2019, in Sierra Leone a national ambulance system has been made operational, which has already carried out 23,792 referrals overall, half of which were for obstetric emergencies.

In South Sudan, despite the country’s difficulties, our support for Yirol, Lui, Cueibet, Rumbek, and Maridi hospitals has continued and expanded, although occasional guerrilla attacks and widespread insecurity have made our activities and local movement more challenging. In 2019, in the eight countries where we operate, Doctors with Africa CUAMM has ensured a total of 201,119 attended births, 50,578 of which were in the 22 hospitals where we attend births, out of the 23 where we work.

* NB: data relates to 23 hospitals.

<table>
<thead>
<tr>
<th>HOSPITAL AND AREA SERVED</th>
<th>ATTENDED BIRTHS</th>
<th>NO. MDOC* TREATED</th>
<th>% MDOC* OF ATTENDED BIRTHS</th>
<th>MORTALITY PER MDOC*</th>
<th>% MDOC* ON COMPLICATIONS EXPECTED IN AREA SERVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIERRA LEONE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCMH</td>
<td>8,275</td>
<td>4,096</td>
<td>49.5%</td>
<td>1.3%</td>
<td>50.6%</td>
</tr>
<tr>
<td>Makeni</td>
<td>2,464</td>
<td>1,397</td>
<td>56.7%</td>
<td>1.4%</td>
<td>35.7%</td>
</tr>
<tr>
<td>Bo</td>
<td>3,800</td>
<td>1,540</td>
<td>40.5%</td>
<td>1.2%</td>
<td>44.9%</td>
</tr>
<tr>
<td>Pujehun</td>
<td>920</td>
<td>1,013</td>
<td>110.1%</td>
<td>1.0%</td>
<td>39.6%</td>
</tr>
<tr>
<td>ANGOLA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chiulo</td>
<td>1,422</td>
<td>20</td>
<td>1.4%</td>
<td>nd</td>
<td>0.9%</td>
</tr>
<tr>
<td>ETHIOPIA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wolisso</td>
<td>4,455</td>
<td>1,341</td>
<td>30.1%</td>
<td>0.6%</td>
<td>57.6%</td>
</tr>
<tr>
<td>MOZAMBIQUE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Montepuez</td>
<td>4,188</td>
<td>560</td>
<td>13.4%</td>
<td>1.1%</td>
<td>30.9%</td>
</tr>
<tr>
<td>SOUTH SUDAN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yirol</td>
<td>1,533</td>
<td>123</td>
<td>8.0%</td>
<td>2.4%</td>
<td>9.1%</td>
</tr>
<tr>
<td>Rumbek</td>
<td>1,921</td>
<td>304</td>
<td>15.8%</td>
<td>2.3%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Lui</td>
<td>594</td>
<td>106</td>
<td>17.8%</td>
<td>0.9%</td>
<td>26.6%</td>
</tr>
<tr>
<td>TANZANIA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tosamaganga</td>
<td>2,930</td>
<td>1,231</td>
<td>42.0%</td>
<td>0.5%</td>
<td>78.1%</td>
</tr>
<tr>
<td>UGANDA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aber</td>
<td>2,605</td>
<td>580</td>
<td>22.3%</td>
<td>1.0%</td>
<td>17.5%</td>
</tr>
<tr>
<td>Matany</td>
<td>1,500</td>
<td>444</td>
<td>29.6%</td>
<td>0.5%</td>
<td>39.4%</td>
</tr>
</tbody>
</table>

*MDOC: Major direct obstetric complications
## Coverage of Attended Births in Districts*

* 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 centres and hospitals), for which we can calculate the coverage rate more accurately.

<table>
<thead>
<tr>
<th>Country</th>
<th>Region</th>
<th>District</th>
<th>Expected Births</th>
<th>Attended Births in Hospitals and Health Centres</th>
<th>Coverage in Percentage 2019</th>
<th>Variation of Coverage Compared to 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>Cunene</td>
<td>Ombadja</td>
<td>15,327</td>
<td>2,652</td>
<td>17%</td>
<td>-12%</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>South Omo</td>
<td>Dassenech</td>
<td>2,426</td>
<td>867</td>
<td>36%</td>
<td>-35%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Male</td>
<td>1,362</td>
<td>834</td>
<td>61%</td>
<td>-61%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Omorate</td>
<td>2,747</td>
<td>1,205</td>
<td>44%</td>
<td>12%</td>
</tr>
<tr>
<td></td>
<td>South West Shoa</td>
<td>Goro</td>
<td>2,196</td>
<td>1,312</td>
<td>60%</td>
<td>-15%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Wolisso urban and rural</td>
<td>8,847</td>
<td>6,268</td>
<td>71%</td>
<td>13%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Wonchi</td>
<td>4,467</td>
<td>1,861</td>
<td>42%</td>
<td>-8%</td>
</tr>
<tr>
<td>Mozambique</td>
<td>Cabo Delgado</td>
<td>Montepuez</td>
<td>11,024</td>
<td>9,440</td>
<td>86%</td>
<td>2%</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>Pujehun</td>
<td>Pujehun</td>
<td>17,041</td>
<td>9,978</td>
<td>59%</td>
<td>-16%</td>
</tr>
<tr>
<td>South Sudan</td>
<td>GOK</td>
<td>Cueibet</td>
<td>10,305</td>
<td>2,554</td>
<td>25%</td>
<td>-2%</td>
</tr>
<tr>
<td></td>
<td>Western Lakes</td>
<td>Mwulu</td>
<td>3,549</td>
<td>1,117</td>
<td>31%</td>
<td>-1%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rumbek Center</td>
<td>13,438</td>
<td>3,600</td>
<td>27%</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rumbek East</td>
<td>10,750</td>
<td>1,910</td>
<td>17%</td>
<td>-3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rumbek North</td>
<td>3,799</td>
<td>893</td>
<td>24%</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>Eastern Lakes</td>
<td>Yirol West</td>
<td>9,031</td>
<td>3,075</td>
<td>34%</td>
<td>-1%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yirol East</td>
<td>5,899</td>
<td>1,466</td>
<td>21%</td>
<td>-23%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Awerial</td>
<td>4,117</td>
<td>154</td>
<td>15%</td>
<td>7%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mundri</td>
<td>2,646</td>
<td>846</td>
<td>32%</td>
<td>-11%</td>
</tr>
<tr>
<td>Tanzania</td>
<td>Iringa</td>
<td>Iringa District Council</td>
<td>10,511</td>
<td>8,508</td>
<td>81%</td>
<td>4%</td>
</tr>
<tr>
<td>Uganda</td>
<td>Karamoja</td>
<td>Amudat</td>
<td>6,252</td>
<td>1,942</td>
<td>31%</td>
<td>-2%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Moroto</td>
<td>5,592</td>
<td>2,554</td>
<td>46%</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Napak</td>
<td>7,508</td>
<td>5,564</td>
<td>74%</td>
<td>4%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>158,834</td>
<td>68,600</td>
<td>43%</td>
<td>-4%</td>
</tr>
</tbody>
</table>
ENSURING GOOD NUTRITION

The importance of good nutrition, especially during pregnancy and early childhood, is a top priority as part of the Agenda 2030 for Sustainable Development, signed by 193 UN member states. CUAMM addresses the issue of nutrition by supporting national programmes and policies, facilitating practical nutrition education for pregnant women in the communities, dispensaries, and health centres, 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, which are still widespread in Africa, particularly during periods of drought and the resulting famines. Worldwide, malnutrition was a contributing cause of 45% of all child deaths under age five (Lancet 2013) as is an aggravating and complicating factor for all diseases. That’s why every health intervention – both in hospital and health centres – must address this drastic reality.

FIGHTING ACUTE MALNUTRITION

Acute malnutrition is caused by rapid weight loss or the inability to gain weight. It usually occurs when a person has insufficient access to food, such as in cases of famine or economic hardship. It may be moderate or severe, in which case, the child is at risk of death. CUAMM supports nutritional units for intensive care of severe and complicated acute malnutrition in several hospitals in the countries where we work. In some regions, such as Karamoja in Uganda and Iringa-Njombe, in Tanzania, we treat cases of both severe acute malnutrition and moderate malnutrition.

The table shows the 2019 data for hospital treatments.
## Treatments for Acute Malnutrition in Hospitals 2019

<table>
<thead>
<tr>
<th>Country</th>
<th>Hospital</th>
<th>Patients Discharged</th>
<th>Patients Recovered</th>
<th>Recovery Rate</th>
<th>Patients Deaths</th>
<th>Mortality Rate</th>
<th>Dropout Number</th>
<th>Dropout Rate</th>
<th>Transfers to Other Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Angola</strong></td>
<td>Chiulo</td>
<td>303</td>
<td>261</td>
<td>86.1%</td>
<td>33</td>
<td>10.9%</td>
<td>9</td>
<td>3.0%</td>
<td>0</td>
</tr>
<tr>
<td><strong>Ethiopia</strong></td>
<td>Wolisso</td>
<td>341</td>
<td>313</td>
<td>91.8%</td>
<td>12</td>
<td>3.5%</td>
<td>5</td>
<td>1.5%</td>
<td>11</td>
</tr>
<tr>
<td><strong>Sierra Leone</strong></td>
<td>Pujehun CMI</td>
<td>430</td>
<td>39</td>
<td>9.1%</td>
<td>60</td>
<td>14.0%</td>
<td>7</td>
<td>1.6%</td>
<td>324</td>
</tr>
<tr>
<td><strong>South Sudan</strong></td>
<td>Cueibet</td>
<td>272</td>
<td>267</td>
<td>98.2%</td>
<td>4</td>
<td>1.5%</td>
<td>1</td>
<td>0.4%</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Lui</td>
<td>113</td>
<td>100</td>
<td>88.5%</td>
<td>7</td>
<td>6.2%</td>
<td>3</td>
<td>2.7%</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Yirol</td>
<td>263</td>
<td>240</td>
<td>91.3%</td>
<td>9</td>
<td>3.4%</td>
<td>7</td>
<td>2.6%</td>
<td>7</td>
</tr>
<tr>
<td><strong>Tanzania</strong></td>
<td>Tosamaganga</td>
<td>197</td>
<td>130</td>
<td>66.0%</td>
<td>18</td>
<td>9.1%</td>
<td>47</td>
<td>23.9%</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Songambele, regione di Simyu</td>
<td>63</td>
<td>48</td>
<td>76.2%</td>
<td>15</td>
<td>23.8%</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Regione di Simyu (3 unità nutrizionali)</td>
<td>215</td>
<td>180</td>
<td>83.7%</td>
<td>27</td>
<td>12.6%</td>
<td>8</td>
<td>3.7%</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Regione di Ruvuma (7 unità nutrizionali)</td>
<td>153</td>
<td>127</td>
<td>83.0%</td>
<td>13</td>
<td>8.5%</td>
<td>2</td>
<td>1.3%</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Dodoma</td>
<td>225</td>
<td>94</td>
<td>41.8%</td>
<td>18</td>
<td>8.0%</td>
<td>5</td>
<td>2.2%</td>
<td>118</td>
</tr>
<tr>
<td><strong>Mozambique</strong></td>
<td>Montepuez</td>
<td>70</td>
<td>59</td>
<td>84.3%</td>
<td>8</td>
<td>11.4%</td>
<td>3</td>
<td>4.3%</td>
<td>0</td>
</tr>
<tr>
<td><strong>Uganda</strong></td>
<td>Aber</td>
<td>370</td>
<td>322</td>
<td>87.0%</td>
<td>46</td>
<td>12.5%</td>
<td>2</td>
<td>0.5%</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Matany</td>
<td>255</td>
<td>190</td>
<td>74.5%</td>
<td>25</td>
<td>9.8%</td>
<td>37</td>
<td>14.5%</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total Treated</strong></td>
<td></td>
<td>3,270</td>
<td>2,370</td>
<td>72.5%</td>
<td>295</td>
<td>9%</td>
<td>136</td>
<td>5.7%</td>
<td>479</td>
</tr>
</tbody>
</table>

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

## Actions to Fight Acute Malnutrition in the Community 2019

<table>
<thead>
<tr>
<th>Country</th>
<th>Region</th>
<th>Patients Discharged</th>
<th>Patients Recovered</th>
<th>Recovery Rate</th>
<th>Patients Deaths</th>
<th>Mortality Rate</th>
<th>Dropout Number</th>
<th>Dropout Rate</th>
<th>Transfers to Other Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tanzania</strong></td>
<td>Simu e Ruvuma</td>
<td>1,202</td>
<td>1,048</td>
<td>87.2%</td>
<td>1</td>
<td>0.1%</td>
<td>114</td>
<td>9.5%</td>
<td>29</td>
</tr>
<tr>
<td><strong>Tanzania</strong></td>
<td>Iringa e Njombe*</td>
<td>1,261</td>
<td>1,205</td>
<td>95.6%</td>
<td>15</td>
<td>1.2%</td>
<td>41</td>
<td>3.3%</td>
<td>0</td>
</tr>
<tr>
<td><strong>Uganda</strong></td>
<td>Karamoja (Moroto and Napak only)</td>
<td>1,478</td>
<td>952</td>
<td>64.4%</td>
<td>9</td>
<td>0.6%</td>
<td>212</td>
<td>14.3%</td>
<td>305</td>
</tr>
<tr>
<td><strong>Total Treated</strong></td>
<td></td>
<td>3,941</td>
<td>3,205</td>
<td>81.3%</td>
<td>25</td>
<td>0.6%</td>
<td>367</td>
<td>9.3%</td>
<td>334</td>
</tr>
</tbody>
</table>

*It was not possible to separate the data for children treated with hospitalisation (more severe cases) from those treated as outpatients.*
FIGHTING CHRONIC MALNUTRITION

Chronic malnutrition means **stunted growth**, which can manifest as 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 foetus’ life. It causes permanent deficits for the child in terms of physical, psychological, and intellectual growth, **compromising the rest of his or her life**. Although there is sadly no real treatment, CUAMM’s targeted programmes include **educational projects** for mothers, and **providing supplements** to pregnant women and children, which can **reduce the impact and damage of this stunting**. One of our main actions is treating anaemia 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 parasite infections in children.

IN TANZANIA

In Tanzania, a specific intervention has been completed to fight chronic and acute malnutrition, combined with the diagnosis and treatment of acute malnutrition. The 4-year intervention highlighted the importance of combining diagnosis and treating acute malnutrition with chronic disease prevention activities, although the short duration of the intervention meant that we could not assess its real impact in terms of reducing chronic malnutrition.

In 2019, in the Simiu and Ruvuma regions (where the action concluded its first quarter), **32,645 community meetings** were organised, involving **378,261 participants**, where **1,300 trained community agents** educated communities about good nutritional practices and evaluated **145,068 children under two years of age**, among which they identified **8,016 cases of chronic malnutrition**.

ADILSON’S STORY

“Adilson is 11 months old and is severely malnourished for a reason which is quite common in Cunene, Angola: he was orphaned when just a few months old. **Breast milk is the only food a child should consume under six months and is the foundation for feeding up to two years**. Here it is very difficult to find milk powder; it costs too much and needs to be mixed with clean water, otherwise it can cause infection”, says Chiara Maddaloni, a JPO in Chiulo. In Africa, when a newborn becomes an orphan, their fate is almost always malnutrition. Thanks to the awareness-raising activities carried out by our community operators, Iba (Adilson’s aunt) knew that the only chance for her nephew was for him to be hospitalised. “Adilson weighed 5.4 kg and was severely dehydrated from diarrhoea, so we immediately admitted him to the malnourishment unit in Chiulo and gave him therapeutic milk. At the same time, our nurses gave the aunt some practical demonstrations to teach her how to adequately feed her little nephew. Today Adilson has returned to the clinic for a check-up and is growing healthy. Iba is carefully following his diet, preparing baby food 4 times a day”.

Africa Report

Doctors with Africa CUAMM

Annual report 2019
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 populations and groups and those at risk of poverty, especially pregnant women, children, adolescents, and adults living in disadvantaged social conditions, who have trouble accessing and using preventive 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 last year, we have started recording more closely how many cases are diagnosed and treated in the hospitals and health centres supported by CUAMM, as seen for each country in the following table.

<table>
<thead>
<tr>
<th>MALARIA</th>
<th>ANGOLA</th>
<th>ETHIOPIA</th>
<th>MOZAMBIQUE</th>
<th>SIERRA LEONE</th>
<th>SOUTH SUDAN</th>
<th>TANZANIA</th>
<th>UGANDA</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaria diagnoses</td>
<td>nd</td>
<td>66,217</td>
<td>220,200</td>
<td>39,943</td>
<td>504,857</td>
<td>4,010</td>
<td>1,446,867</td>
<td>2,282,094</td>
</tr>
<tr>
<td>Diagnoses malaria confirmed in laboratory</td>
<td>nd</td>
<td>83,743</td>
<td>165,947</td>
<td>24,569</td>
<td>234,904</td>
<td>3,239</td>
<td>1,246,102</td>
<td>1,758,504</td>
</tr>
<tr>
<td>% of diagnoses confirmed in laboratory</td>
<td>nd</td>
<td>126.5%</td>
<td>75.4%</td>
<td>61.5%</td>
<td>46.5%</td>
<td>80.8%</td>
<td>86.1%</td>
<td>77.1%</td>
</tr>
<tr>
<td>Deaths</td>
<td>nd</td>
<td>1</td>
<td>23</td>
<td>188</td>
<td>323</td>
<td>20</td>
<td>474</td>
<td>1,029</td>
</tr>
<tr>
<td>Mortality from malaria</td>
<td>nd</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.5%</td>
<td>0.1%</td>
<td>0.5%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Diagnoses of malaria &lt; age 5</td>
<td>152</td>
<td>3,320</td>
<td>81,452</td>
<td>26,095</td>
<td>203,611</td>
<td>606</td>
<td>407,548</td>
<td>722,784</td>
</tr>
<tr>
<td>Deaths &lt; age 5</td>
<td>4</td>
<td>-</td>
<td>14</td>
<td>188</td>
<td>206</td>
<td>11</td>
<td>336</td>
<td>759</td>
</tr>
<tr>
<td>Mortality from malaria &lt; age 5</td>
<td>2.6%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.7%</td>
<td>0.1%</td>
<td>1.8%</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

We can see that the overall mortality remains quite low. However, out of the almost 2.3 million cases of malaria treated (of which 77% were confirmed by the laboratory), there have still been more than 1,000 deaths, of which almost 800 are children under 5 years of age.
**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 multi-drug resistance”. In 2019, our diagnostics with GeneXpert continued in the hospitals of Wolisso (Ethiopia) and Matany (Uganda), in addition to the hospitals of Moroto (Uganda) and Tosamaganga (Tanzania), as shown in this table:

<table>
<thead>
<tr>
<th>Hospitals (country)</th>
<th>Patients diagnosed with tuberculosis</th>
<th>Patients tested with Genexpert for MDR-TB</th>
<th>Patients testing positive with Genexpert</th>
<th>Patients tested as rifampicin-resistant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wolisso, Ethiopia</td>
<td>605</td>
<td>1,031</td>
<td>158</td>
<td>5</td>
</tr>
<tr>
<td>Matany, Uganda</td>
<td>433</td>
<td>5,043</td>
<td>389</td>
<td>16</td>
</tr>
<tr>
<td>Moroto, Uganda</td>
<td>667</td>
<td>5,898</td>
<td>720</td>
<td>16</td>
</tr>
<tr>
<td>Tosamaganga, Tanzania</td>
<td>391</td>
<td>1,240</td>
<td>79</td>
<td>0</td>
</tr>
</tbody>
</table>

We can see that the apparent resistance prevalence has dropped significantly also in Matany with 4.4% (from 11.3% in 2018). Since X-per is becoming a routine exam, this demonstrates that the resistance positivity to rifampicin has fallen well below 10%. In fact, in Tosamaganga, no resistance has been identified out of the 79 positive cases.

**THE IMPORTANCE OF TREATMENT**

At age 32, Lopeyo Santos lives under the full care of his mother since he was diagnosed with tuberculosis. After what started out as a slight but very persistent cough, he went to Kapedo health centre in Kaabong, where he was diagnosed and began treatment. Everything went fine until he stopped his treatment for two days and was told to start again from scratch, which he did without hesitation. A year and a half into his 2-year treatment, Santos could no longer bear the Kanamycin injections which were administered daily, so he escaped from the hospital and returned to his home in Kaabong. “I thank Victor, CUAMM’s regional tuberculosis officer, for never giving up. He cared for me like a brother and when I fled from the hospital, he did everything possible to bring me back for treatment. He came to my village and insisted until I agreed to return to be treated in Matany”.

---

*Report Africa* 46 Doctors with Africa CUAMM Annual report 2019
With regard to HIV/AIDS, in 2019, we continued the new strategy to stem 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 system’s infection-fighting agents) fell below a certain number.

Only pregnant women who were HIV-positive underwent treatment in all cases. With the test-and-treat approach, all infected patients undergo treatment, regardless of their lymphocyte count. The aim is to contain the spread of the virus by reducing the likelihood of each individual HIV-positive patient passing on the virus. The table shows results from anti-retroviral clinics that we oversaw directly:

### RESULTS FROM THE ANTI-RETROVIRAL CLINICS DIRECTLY OVERSEEN

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>ANTIRETROVIRAL CLINICS</th>
<th>TESTED FOR HIV*</th>
<th>TESTED POSITIVE FOR HIV</th>
<th>% POSITIVE</th>
<th>NEW PATIENTS STARTING TREATMENT IN 2019</th>
<th>TOTAL PATIENTS IN ART TREATMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>ETHIOPIA</td>
<td>Wolisso</td>
<td>25,560</td>
<td>91</td>
<td>0.36%</td>
<td>71</td>
<td>1,560</td>
</tr>
<tr>
<td>MOZAMBIQUE</td>
<td>Beira</td>
<td>19,052</td>
<td>478</td>
<td>2.51%</td>
<td>380</td>
<td>872</td>
</tr>
<tr>
<td>SOUTH SUDAN</td>
<td>Lui</td>
<td>3,033</td>
<td>30</td>
<td>0.99%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yirol</td>
<td>12,902</td>
<td>1,014</td>
<td>7.86%</td>
<td>993</td>
<td>1,244</td>
</tr>
<tr>
<td>TANZANIA</td>
<td>Bugisi</td>
<td>24,302</td>
<td>511</td>
<td>2.10%</td>
<td>630</td>
<td>2,612</td>
</tr>
<tr>
<td></td>
<td>Mwamapalala</td>
<td>18,851</td>
<td>190</td>
<td>1.01%</td>
<td>143</td>
<td>259</td>
</tr>
<tr>
<td></td>
<td>Ngokolo</td>
<td>13,966</td>
<td>154</td>
<td>1.10%</td>
<td>163</td>
<td>556</td>
</tr>
<tr>
<td></td>
<td>Songambele</td>
<td>16,063</td>
<td>187</td>
<td>1.16%</td>
<td>140</td>
<td>261</td>
</tr>
<tr>
<td></td>
<td>Tosamaganga</td>
<td>3,318</td>
<td>180</td>
<td>5.42%</td>
<td>239</td>
<td>6,376</td>
</tr>
<tr>
<td>UGANDA</td>
<td>Aber</td>
<td>8,132</td>
<td>453</td>
<td>5.57%</td>
<td>519</td>
<td>4,970</td>
</tr>
<tr>
<td></td>
<td>Matany</td>
<td>9,302</td>
<td>106</td>
<td>1.14%</td>
<td>37</td>
<td>695</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td></td>
<td><strong>154,481</strong></td>
<td><strong>3,394</strong></td>
<td><strong>2.2%</strong></td>
<td><strong>3,315</strong></td>
<td><strong>19,405</strong></td>
</tr>
</tbody>
</table>

The 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 tested voluntarily, patients, and women during antenatal visits.

The table shows that the number of patients put on antiretroviral treatment has increased by 6,493 people (+50.2%).
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 sets up youth centres in urban areas and organises dedicated clinics in schools and in several health centres to encourage voluntary testing and educate young people about safe behaviour to avoid contracting the disease. In 2019, 57,421 adolescents were tested and, out of these, 810 tested positive with an apparent seroprevalence of 1.4%, which is a further reduction from the 2018 figure. Given the high prevalence in the general population, this confirms that access to testing, while important, is not particularly effective in identifying HIV-positive people, who perhaps "avoid" testing only out of suspicion of being positive. Another issue is ensuring access and treatment adherence, especially in urban settings where patients may not come back to the centre to continue their treatment, either because they feel well and think it is unnecessary, or because of economic hardship and the resulting isolation and social issues that come with following this treatment.

<table>
<thead>
<tr>
<th>2019</th>
<th>BEIRA</th>
<th>TETE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mozambique</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adolescents given counselling</td>
<td>19,052</td>
<td>38,369</td>
<td>57,421</td>
</tr>
<tr>
<td>Tested for HIV</td>
<td>19,052</td>
<td>38,369</td>
<td>57,421</td>
</tr>
<tr>
<td>Positive for HIV</td>
<td>478</td>
<td>332</td>
<td>810</td>
</tr>
<tr>
<td>% positive</td>
<td>2.51%</td>
<td>0.87%</td>
<td>1.4%</td>
</tr>
</tbody>
</table>
## Acute Respiratory Infections

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

<table>
<thead>
<tr>
<th></th>
<th>Angola</th>
<th>Ethiopia</th>
<th>Mozambique</th>
<th>Sierra Leone</th>
<th>South Sudan</th>
<th>Tanzania</th>
<th>Uganda</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnoses of Pneumonia</strong></td>
<td>n.d.</td>
<td>11,655</td>
<td>236</td>
<td>43,807</td>
<td>51,464</td>
<td>15,480</td>
<td>80,037</td>
<td>202,679</td>
</tr>
<tr>
<td><strong>Deaths from Pneumonia</strong></td>
<td>nd</td>
<td>27</td>
<td>7</td>
<td>15</td>
<td>n.d.</td>
<td>49</td>
<td>282</td>
<td>380</td>
</tr>
<tr>
<td><strong>Mortality from Pneumonia</strong></td>
<td>n.d.</td>
<td>0.2%</td>
<td>3.0%</td>
<td>0.0%</td>
<td>n.d.</td>
<td>0.3%</td>
<td>0.4%</td>
<td>0.2%</td>
</tr>
<tr>
<td><strong>Diagnoses of Pneumonia &lt; Age 5</strong></td>
<td>180</td>
<td>8,609</td>
<td>71</td>
<td>23,901</td>
<td>51,464</td>
<td>9,447</td>
<td>46,903</td>
<td>140,575</td>
</tr>
<tr>
<td><strong>Deaths from Pneumonia &lt; Age 5</strong></td>
<td>2</td>
<td>21</td>
<td>8</td>
<td>-</td>
<td>n.d.</td>
<td>36</td>
<td>176</td>
<td>243</td>
</tr>
<tr>
<td><strong>Mortality from Pneumonia &lt; Age 5</strong></td>
<td>1.1%</td>
<td>0.2%</td>
<td>11.3%</td>
<td>0.0%</td>
<td>n.d.</td>
<td>0.4%</td>
<td>0.4%</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

**尤其是终末期医院或卫生系统在非中心区域，数据仅指有支持和可用数据的地方。这种疾病的转归取决于抗生素和氧气在严重形式中的可及性，尤其是儿童五岁以下。具体死亡率仍然相当低。**

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

## Diarrhoeal Diseases

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

<table>
<thead>
<tr>
<th></th>
<th>Angola</th>
<th>Ethiopia</th>
<th>Mozambique</th>
<th>Sierra Leone</th>
<th>South Sudan</th>
<th>Tanzania</th>
<th>Uganda</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnoses of Diarrhoea</strong></td>
<td>n.d.</td>
<td>8,822</td>
<td>10249</td>
<td>13,458</td>
<td>70,646</td>
<td>16,729</td>
<td>146,443</td>
<td>266,347</td>
</tr>
<tr>
<td><strong>Deaths from Diarrhoea</strong></td>
<td>nd</td>
<td>5</td>
<td>10</td>
<td>22</td>
<td>n.d.</td>
<td>11</td>
<td>44</td>
<td>92</td>
</tr>
<tr>
<td><strong>Mortality from Diarrhoea</strong></td>
<td>n.d.</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.2%</td>
<td>n.d.</td>
<td>0.1%</td>
<td>0.0%</td>
<td>0.03%</td>
</tr>
<tr>
<td><strong>Diagnoses of Diarrhoea &lt; Age 5</strong></td>
<td>70</td>
<td>8,063</td>
<td>5,288</td>
<td>9,456</td>
<td>70,646</td>
<td>10,254</td>
<td>86,866</td>
<td>190,643</td>
</tr>
<tr>
<td><strong>Deaths from Diarrhoea &lt; Age 5</strong></td>
<td>-</td>
<td>5</td>
<td>0</td>
<td>-</td>
<td>n.d.</td>
<td>8</td>
<td>31</td>
<td>44</td>
</tr>
<tr>
<td><strong>Mortality from Pneumonia &lt; Age 5</strong></td>
<td>0.0%</td>
<td>0.1%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>n.d.</td>
<td>0.1%</td>
<td>0.0%</td>
<td>0.02%</td>
</tr>
</tbody>
</table>
According to the “Global Report on Non-communicable Diseases (NCD)” (WHO, 2014), every year, 38 million people lose their lives prematurely due to non-communicable diseases (NCDs), the majority of these deaths (approx. 28 million) are in low- and middle-income countries. By 2030, chronic diseases are also predicted to overtake infectious diseases as the leading cause of death in Africa. Therefore, the focus on 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 organised specific outpatient clinics that can integrate AIDS patients and reduce the stigma by including them in all “chronically ill” people. The table shows the data from hospitals that have dedicated outpatient clinics and where admissions have started to be logged.

<table>
<thead>
<tr>
<th></th>
<th>WOLISSO (ETHIOPIA)</th>
<th>TOSAMAGANGA (TANZANIA)</th>
<th>MATANY (UGANDA)</th>
<th>ABER (UGANDA)</th>
<th>BEIRA, NAMPULA, 2 IN QUELIMANE AND 2 IN MAPUTO</th>
<th>TOTAL</th>
<th>PCMH* (SIERRA LEONE)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>VISITS OF PATIENTS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WITH DIABETES</td>
<td>1,118</td>
<td>750</td>
<td>187</td>
<td>195</td>
<td>4,181</td>
<td>6,431</td>
<td>nd</td>
</tr>
<tr>
<td><strong>ADMISSIONS FOR</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DIABETES</strong></td>
<td>223</td>
<td>174</td>
<td>184</td>
<td>189</td>
<td>1,667</td>
<td>2,437</td>
<td>111</td>
</tr>
<tr>
<td><strong>VISITS FOR HEART</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DISEASE</strong></td>
<td>287</td>
<td>474</td>
<td>119</td>
<td>33</td>
<td>1,210</td>
<td>2,123</td>
<td></td>
</tr>
<tr>
<td><strong>ADMISSIONS FOR</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HEART DISEASE</strong></td>
<td>218</td>
<td>128</td>
<td>109</td>
<td>28</td>
<td>3,336</td>
<td>3,819</td>
<td></td>
</tr>
<tr>
<td><strong>VISITS OF PATIENTS</strong></td>
<td>1,313</td>
<td>2,451</td>
<td>878</td>
<td>596</td>
<td>3,137</td>
<td>8,375</td>
<td></td>
</tr>
<tr>
<td>WITH HYPERTENSION</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ADMISSIONS FOR</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>STROKES</strong></td>
<td>14</td>
<td>14</td>
<td>18</td>
<td>31</td>
<td>1,122</td>
<td>1,199</td>
<td></td>
</tr>
</tbody>
</table>

* screening for gestational diabetes

As we can see, the project supporting six hospitals in Mozambique has become fully operational, although on average, there are about the same number of patients as in the other hospitals reported, except for hospital admissions for heart disease and cerebrovascular accidents specifically, of which there is a particularly high number. This difference could be related to the fact that these hospitals have more urban characteristics than those of the other four countries, probably with more risk factors, such as physical inactivity and overweight.
CERVICAL CANCER

Uterine cervical cancer, the second most common cancer in women in Africa, can be prevented by vaccination against human papillomavirus, and with screening and early diagnosis. We have been implementing projects for several years to improve community awareness about this problem and offer cervical cancer screening. The chosen strategy is “see & treat” where the cervix is coloured with acetic acid and undergoes a visual examination (VIA) for lesions that are potentially malignant, which are then immediately treated with cryotherapy. Testing and treatment are carried out 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 aim to prevent them from progressing towards malignancy. This is a secondary prevention approach rather than a treatment. Advanced tumours are treated surgically in the hospital; though actual effectiveness is limited as most tumours are found in advanced/inoperable stages. The table shows data from 2019 in Ethiopia (Wolisso, Turmi and Omorate now extended to the districts of Male and South Ari), Tanzania (Tosamaganga), and Uganda (Matany). The overall figure is stable, albeit with major variations in some settings, due to the slow-down or reinforcement of activities which are struggling to be actually integrated into the routine operations of hospitals and health centres. For this reason, there is still a need for considerable support to ensure women are aware of and seek out the service, and to raise awareness also among health personnel.

<table>
<thead>
<tr>
<th>ACTIVITIES FOR CERVICAL CANCER</th>
<th>WOLISSO (ETHIOPIA)</th>
<th>MALE, SOUTH ARI, TURMI, OMORATE AND JINKA HOSPITAL (ETHIOPIA)</th>
<th>TOSAMAGANGA (TANZANIA)</th>
<th>MATANY (UGANDA)</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>WOMEN SCREENED WITH VIA</td>
<td>1,417</td>
<td>4,061</td>
<td>1,966</td>
<td>1,357</td>
<td>8,801</td>
</tr>
<tr>
<td>VIA +</td>
<td>53</td>
<td>224</td>
<td>123</td>
<td>167</td>
<td>567</td>
</tr>
<tr>
<td>% POSITIVE WITH VIA</td>
<td>3.7%</td>
<td>5.5%</td>
<td>6.3%</td>
<td>12.3%</td>
<td>6.4%</td>
</tr>
<tr>
<td>VIA + TREATED WITH CRYOTHERAPY</td>
<td>52</td>
<td>204</td>
<td>123</td>
<td>160</td>
<td>539</td>
</tr>
<tr>
<td>PATIENTS TREATED WITH LEEP</td>
<td>-</td>
<td>3</td>
<td>-</td>
<td>-</td>
<td>3</td>
</tr>
</tbody>
</table>
**TRAINING**

**THE CRITICAL ROLE OF TRAINING**

Training health personnel is key to 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 authorities, we have also organised professional development courses and supported field stays, involving 4,805 people including community agents, nurses, midwives, doctors, and paramedics. The training focuses on maternal and child health, the integrated treatment of newborn and childhood diseases, treating acute and chronic malnutrition, the IT system and data gathering. What’s more, training was also provided for managerial and administrative positions both of hospitals and of the health districts. Support for training schools helped 30 nurses and 38 midwives gain their diplomas, with support for the Faculty of Medicine of the University of Beira from which 25 new doctors were able to graduate.

**FULFILLING A DREAM**

“My name is Victorino Fernando Júnior. I’m 20 years old and I’m in the 2nd year of the General Medicine course. I live in Sofala province, in the city of Beira, in Macurungo district. My studies are going well, even if medicine is a challenging subject and I have some difficulty which I’m overcoming with the help of my tutors, who are usually doctors and mostly specialists. This helps me to understand more, both from a theoretical and practical point of view, as it enables me to compare what I learnt from books with the reality of our health units, where we students undertake our practical training, enabling us to move beyond our theory lessons. Because of the cyclone, I had to stop studying for a few weeks, but now we have got started again and are ready to move forward, even if the university is still undergoing reconstruction. I’d like to thank CUAMM and its supporters who are giving me the opportunity to continue my studies and fulfil my dream of becoming a doctor, so that I can help even more people in the future and perhaps even inspire them, through my work, to pursue this wonderful profession”.

---

Victorino Fernando Júnior
Student of Medicine at the University of Beira
In 2019, we continued to support several professional and university training schools, with the following professional figures graduating:

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>COMMUNITY AGENTS</th>
<th>NURSES</th>
<th>MIDWIVES</th>
<th>GENERAL DOCTORS</th>
<th>OTHER</th>
<th>TOTAL PER COUNTRY</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANGOLA</td>
<td>120</td>
<td>0</td>
<td>70</td>
<td>13</td>
<td>0</td>
<td>203</td>
</tr>
<tr>
<td>ETHIOPIA</td>
<td>59</td>
<td>34</td>
<td>128</td>
<td>84</td>
<td>473</td>
<td>778</td>
</tr>
<tr>
<td>MOZAMBIQUE</td>
<td>143</td>
<td>4</td>
<td>7</td>
<td>4</td>
<td>0</td>
<td>158</td>
</tr>
<tr>
<td>SIERRA LEONE</td>
<td>1,025</td>
<td>30</td>
<td>75</td>
<td>26</td>
<td>0</td>
<td>1,156</td>
</tr>
<tr>
<td>SOUTH SUDAN*</td>
<td>672</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>66</td>
<td>738</td>
</tr>
<tr>
<td>TANZANIA</td>
<td>510</td>
<td>34</td>
<td>101</td>
<td>7</td>
<td>0</td>
<td>652</td>
</tr>
<tr>
<td>UGANDA</td>
<td>930</td>
<td>59</td>
<td>54</td>
<td>11</td>
<td>92</td>
<td>1,146</td>
</tr>
<tr>
<td>TOTAL</td>
<td>3,459</td>
<td>161</td>
<td>435</td>
<td>145</td>
<td>631</td>
<td>4,831</td>
</tr>
</tbody>
</table>

* only “on the job” training

Professional and University Training

In 2019, we continued to support several professional and university training schools, with the following professional figures graduating:

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>SITE</th>
<th>MIDWIVES</th>
<th>NURSES</th>
<th>STUDENT MIDWIVES</th>
<th>STUDENT NURSES</th>
<th>DOCTORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ETHIOPIA</td>
<td>School for nurses and midwives of Wolisso</td>
<td>13</td>
<td>15</td>
<td>55</td>
<td>54</td>
<td>0</td>
</tr>
<tr>
<td>MOZAMBIQUE</td>
<td>School of Medicine University of Beira</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>25</td>
</tr>
<tr>
<td>SOUTH SUDAN</td>
<td>School for Nurses of Lui</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UGANDA</td>
<td>School for nurses and midwives in Matany</td>
<td>17</td>
<td>23</td>
<td>64</td>
<td>68</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>30</td>
<td>38</td>
<td>138</td>
<td>122</td>
<td>25</td>
</tr>
</tbody>
</table>
MONITORING OUR PROJECTS, MEASURING OUR SYSTEMS

CUAMM’s monitoring and assessment goes beyond those required for individual projects, as 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 assessed for their overall performance and why we dedicate a section focusing on each one. Likewise, whenever possible, the districts and areas of intervention are assessed in terms of overall impact, measuring how many beneficiaries are reached for each service compared to expectations. Within our areas of intervention, which range both geographically and by subject area, we pursue operational research to expand our knowledge, improve the quality and effectiveness of our services, or evaluate specific diagnostic or treatment methods.

REFLECTION ON GLOBAL HEALTH AND THE ENVIRONMENT

At CUAMM, we directly witness the environmental change around us: in 2019, we witnessed drought in Angola, cyclones in Mozambique, and chronic armed conflicts in fragile African countries like South Sudan or the Central African Republic. Reflecting on the relationship between health, the environment and climate has become ever more important, leading us to read the contextual data with a critical eye and stimulate a debate.

According to the World Bank, a person living in sub-Saharan Africa produces an average of 0.8 tons of CO2 versus 6.4 produced by a European citizen and 16.5 by an American citizen. Yet, according to Intergovernmental Panel on Climate Change (IPCC) reports, the most negative effects of climate change will mainly be felt in the African continent. Therefore, it is vital for our approach to research to be part of this global health framework: it is now clear how damage brought about by drought, floods, cyclones and food reduction will especially impact fragile states, and it is children that will bear the brunt, as recalled in the recent 2019 Report of The Lancet Countdown on Health and Climate Change.
OPERATIONAL RESEARCH IN THE FIELD

If we look at CUAMM’s operational research, in 2019 we cannot help but notice a further leap forward compared to previous years: 31 research papers published in scientific and international journals such as *Lancet* or *BMJ — British Medical Journal*, which confirm a steady growth from 2015 to today, i.e. since a dedicated working unit was set up and developed within the organisation.

This result is an indicator of CUAMM’s increasingly consistent decisions to “read” and see research as an integral part of the field work: there are more and more operational projects in Africa, which include a study component, with the firm belief that fragile states do not only need health coverage, but also quality services. And quality requires analysis, assessment and implementation. In 2019, we decided to start a new course in CUAMM’s residential training office in Padua, which will be held every year: four days fully dedicated to operational research in resource-limited countries, where alternate voices will be heard to explore what analysis and assessment in fragile countries means, while reflecting on the impact that this type of research has and providing the basic tools and knowledge to carry out “frugal research”. The course had 60 participants, well above expectations, the majority of whom were children and young people, further confirming the importance of partnerships between universities and organisations in the field, integrating skills and training.

2019 RESULTS

<table>
<thead>
<tr>
<th>Issues</th>
<th>Main Issues</th>
<th>Research Published</th>
<th>Oral Presentations</th>
<th>Posters and Presentations</th>
<th>Italian and International Research Partners working together to build quality health care</th>
</tr>
</thead>
<tbody>
<tr>
<td>MATERNAL AND CHILD HEALTH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INFECTIOUS AND TROPICAL DISEASES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNIVERSAL HEALTH COVERAGE AND EQUITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NUTRITION</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHRONIC DISEASES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

In 2019, Doctors with Africa CUAMM was involved in managing 23 hospitals in Africa: 1 in Angola, 3 in Ethiopia, 4 in Mozambique, 5 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 assess 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 measure a visit to an outpatient clinic and generates a relative importance in terms of cost to other major hospital healthcare services (admissions, births, vaccinations, and pre- and post-natal visits). The use of this indicator allows hospital managers and boards of directors to plan rationally, make evidence-based decisions in line with the institution’s mission, and explain the choices that had successful or unsuccessful outcomes. We can use this measurement system to create four indicators:

- **PRODUCTIVITY**
  to measure the total volume of a hospital’s activity;

- **EQUITY**
  to assess if its services are accessible to everyone, especially the most vulnerable groups;

- **STAFF EFFICIENCY**
  to evaluate human resource management;

- **MANAGEMENT EFFICIENCY**
  to assess financial resource optimisation.

The formula for calculating SUO shows the relative importance of a hospital’s various services:

\[
SUO_{\text{op}} = (15 \times \text{admissions}) + (1 \times \text{outpatient visits}) + (5 \times \text{births}) + (0.2 \times \text{vaccinations}) + (0.5 \times \text{pre-postnatal visits})
\]

### KEY INFO

23 Hospitals managed by Doctors with Africa CUAMM

1. Angola
2. Ethiopia
3. Mozambique
4. Central African Republic
5. Sierra Leone
5. South Sudan
2. Tanzania
2. Uganda

The image shows a photo of a hospital with patients sitting outside, indicating the focus on healthcare facilities in Africa.
**EQUITY**

The cost of the service charged to patients is calculated based on the ratio of revenues from users and total cost. Unlike the previous four years, last year the average cost charged to patients exceeded 30%. This is due to a substantial increase in the percentages at the hospitals of Aber (41% up from 25%) and Tosamaganga (45% up from 32%), which has become the hospital with the highest loads. These increases are due to higher costs charged to patients for Tosamaganga, and a reduction in costs at Aber Hospital which, with the same costs to patients, in turn covers a greater percentage of the overall costs.

Matany has the lowest with 18%, and an average of 16%. Nonetheless, this increase in costs borne by the patients does not seem to have compromised admissions which, in actual fact, are up in precisely Aber and Tosamaganga. In general, however, 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 influence, we strive to balance the constant demand for greater sustainability with the need to ensure access, at the lowest possible expense to patients.

**PRODUCTIVITY**

Overall performance is evaluated through the average results of 8 hospitals, for which data has been continuously available for the last 5 years. The data is the same as that of the 2018 report. The trend is largely stable over the past three years. The major growth of 2016 (+12.4%), was especially due to the increase of paediatric hospitalisations in Aber (Uganda), where a major malaria epidemic doubled admissions, and Wolisso (Ethiopia), due to a measles epidemic. Each hospital has a different volume of activity, which is not based on the number of beds, although there is a slight decrease in the trend in 2019 for 5 of the 8 hospitals monitored, and a slight rise for the hospitals in Aber and Matany, Uganda, and in Tosamaganga, Tanzania.
**STAFF EFFICIENCY**

In terms of staff efficiency (ratio between the total SUO and qualified staff), we can see a reversal in the trend since 2017, with a major decrease at all hospitals in 2019. This apparent reduction in productivity is due to the increase in qualified staff. This does not, in itself, increase overall production (SUO), but rather should ensure a higher quality of services offered. For instance, Matany has seen an increase from 138 to 150 qualified staff, Aber from 91 to 111, and Wolisso from 237 to 252.

**UNITS PROVIDED BY A HEALTH WORKER**

![Graph showing units provided by a health worker from 2015 to 2019.]

**MANAGEMENT EFFICIENCY**

With regard to the cost of service for SUO (ratio between total cost and total SUO), we can see an upward growth compared to 2015. This trend has been affected by the rise in prices caused by the international economic crisis and the resulting adjustment of labour cost, growing across all countries. In the 8 hospitals considered, the average cost of the service for SUO remained stable compared to 2017, which is a possible sign of some stabilisation 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 against the euro. As such, these statistics cannot be considered comprehensive and should be taken with caution.

**COST PER UNIT PROVIDED BY THE SERVICE**

![Graph showing cost per unit provided by the service from 2015 to 2019.]

Focus on hospitals
QUALITY OF HOSPITAL SERVICES

In limited resource settings, such as in the parts of sub-Saharan Africa where Doctors with Africa CUAMM operates, hospital performance needs to be monitored in terms of accessibility, equity, and efficiency, and the quality of service provided to the population must also be assessed. Providing low-cost services is not enough in itself if they are of inadequate quality.

Though it is difficult to measure a hospital’s performance in general – even harder to measure the quality of its service – in 2012, we introduced some indicators to evaluate the quality of obstetric support.

RATE OF STILLBIRTHS PER 1,000 LIVE BIRTHS

This indicator relates to the specific way that the birth is managed during the delivery and expulsion. The figure serves to determine how correct and timely the intervention has been, but does not consider stillbirths where death was certain before the delivery.

In 2019, there was a further slight reduction in the average number thanks to a general improvement at all hospitals. Here, as in 2018, the results could reflect an improvement in data collection and analysis rather than an actual improvement in care, however. As such, more trend data is needed to confirm whether or not CUAMM’s support has a positive impact on improving the quality of care.
# Rate of Caesarean Sections Out of Total Births

The Caesarean section rate can vary a great deal between hospitals and depends on numerous factors. For instance, women in different countries may differ in body shape and may need Caesareans 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, in turn, more Caesareans, depending on the efficiency of the referral system. In different settings, surgeons and gynaecologists may have different habits regarding Caesareans.

![Chart showing Caesarean section rates over years]

However, within each hospital, we can see considerable stability over the years. Sierra Leone remains the country with the highest general Caesarean rate in hospitals, which is evidence of the high rate of complicated cases (such as eclampsia and placental abnormalities) compared to other settings. In Songambele and Lunsar, diocesan hospitals, we see a high rate due to the relatively low number of overall births, though this has been on the rise over the last year, especially in Songambele.

Lastly, also worth note is that the Caesarean rate at Chiulo has fallen to just 1%. This is due to the difficulty, as mentioned earlier, in continuously supporting emergency services, resulting in the transfer of surgical cases to other hospitals.

# 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 major obstetrical complications. In the hospitals listed, the data does not necessarily represent a poor quality of care: the numbers are likely overestimated due to the inadequacy of the IT system, which fails to accurately track all major obstetric complications treated.

Frequent changes to record-keeping criteria have to do with changes of different doctors, which means that there is little uniformity in the diagnosis criteria applied. The exact definition of diagnostic criteria requires improvements to achieve consistent, comparable data. Generally, over the past 5 years, most of the hospitals have shown a trend towards improvement. In the last two years, great attention has been paid to data collection itself, which will ultimately make it easier to compare the data. Note the lack of the figure for Chiulo due to the difficulty in managing major obstetric complications and in Cueibet, due to the lack of data collection, which is evidence of one of the limitations mentioned above. Note also the considerable increase in Pujehun, which is difficult to interpret, given that it was the first district of Sierra Leone to have the ambulance system: this should have reduced the severity of cases arriving in hospital. Conversely, however, it seems to have brought about an increase in severe cases (which are still arriving too late and are too difficult to treat), thereby increasing the respective mortality rate.

The data must therefore be confirmed with greater analysis of the situation over time.

## Hospitals

<table>
<thead>
<tr>
<th>Hospitals</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aber</td>
<td>0.4%</td>
<td>1.2%</td>
<td>1.2%</td>
<td>0.7%</td>
<td>1%</td>
</tr>
<tr>
<td>Chiulo</td>
<td>1.6%</td>
<td>2.4%</td>
<td>2.0%</td>
<td>4.2%</td>
<td>n.d.</td>
</tr>
<tr>
<td>Cueibet</td>
<td>2.9%</td>
<td>1.4%</td>
<td>0.8%</td>
<td>2.8%</td>
<td>n.d.</td>
</tr>
<tr>
<td>Lui</td>
<td>4.0%</td>
<td>2.0%</td>
<td>0.0%</td>
<td>1.0%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Lunsar</td>
<td>1.7%</td>
<td>4.7%</td>
<td>0.6%</td>
<td>4.7%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Matany</td>
<td>0.9%</td>
<td>0.4%</td>
<td>0.9%</td>
<td>0.5%</td>
<td>0.5%</td>
</tr>
<tr>
<td>PCMH</td>
<td>n.d.</td>
<td>2.4%</td>
<td>1.3%</td>
<td>1.2%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Pujehun</td>
<td>0.9%</td>
<td>1.3%</td>
<td>1.9%</td>
<td>1.0%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Tosamaganga</td>
<td>0.2%</td>
<td>0.3%</td>
<td>0.5%</td>
<td>0.2%</td>
<td>0.46%</td>
</tr>
<tr>
<td>Wolisso</td>
<td>0.8%</td>
<td>0.1%</td>
<td>0.5%</td>
<td>0.4%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Yirol</td>
<td>0.4%</td>
<td>1.6%</td>
<td>1.6%</td>
<td>0.5%</td>
<td>2.4%</td>
</tr>
</tbody>
</table>
## Hospital Data * 2019

<table>
<thead>
<tr>
<th>Country</th>
<th>Name</th>
<th>Beds</th>
<th>Outpatient Visits</th>
<th>Admissions</th>
<th>Prenatal Visits</th>
<th>Total Visits</th>
<th>Total Births</th>
<th>Caesareans</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Angola</strong></td>
<td>Chiulo</td>
<td>234</td>
<td>24,229</td>
<td>4,535</td>
<td>6,427</td>
<td>1,422</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td><strong>Ethiopia</strong></td>
<td>Wolisso</td>
<td>200</td>
<td>85,668</td>
<td>14,828</td>
<td>5,910</td>
<td>4,455</td>
<td>692</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Turmi</td>
<td>20</td>
<td>4,255</td>
<td>72</td>
<td>384</td>
<td>405</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gambella RH*</td>
<td>124</td>
<td>250,324</td>
<td>5,413</td>
<td>6,630</td>
<td>2,612</td>
<td>302</td>
<td></td>
</tr>
<tr>
<td><strong>Mozambique</strong></td>
<td>Montepuez</td>
<td>134</td>
<td>3,365</td>
<td>15,591</td>
<td>nd</td>
<td>4,188</td>
<td>724</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Beira</td>
<td>823</td>
<td>178,363</td>
<td>21,800</td>
<td>8,516</td>
<td>5,768</td>
<td>2,036</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Niamatanda</td>
<td>120</td>
<td>134,136</td>
<td>4,027</td>
<td>3,403</td>
<td>2,710</td>
<td>236</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dondo</td>
<td>75</td>
<td>146,566</td>
<td>1,575</td>
<td>2,572</td>
<td>2,838</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td><strong>Central African Republic</strong></td>
<td>Complesso Pediatrico di Bangui</td>
<td>257</td>
<td>68,468</td>
<td>17,287</td>
<td>nd</td>
<td>nd</td>
<td>nd</td>
<td></td>
</tr>
<tr>
<td><strong>Sierra Leone</strong></td>
<td>Puejhn CMI</td>
<td>59</td>
<td>3,571</td>
<td>4,894</td>
<td>3,361</td>
<td>920</td>
<td>383</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PCMH*</td>
<td>125</td>
<td>20,975</td>
<td>9,117</td>
<td>32,330</td>
<td>8,275</td>
<td>2,713</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lunsar</td>
<td>100</td>
<td>23,357</td>
<td>5,795</td>
<td>2,790</td>
<td>743</td>
<td>233</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Makeni*</td>
<td>38</td>
<td>nd</td>
<td>2,986</td>
<td>nd</td>
<td>2,464</td>
<td>788</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bo*</td>
<td>40</td>
<td>nd</td>
<td>4,152</td>
<td>nd</td>
<td>3,800</td>
<td>1,021</td>
<td></td>
</tr>
<tr>
<td><strong>South Sudan</strong></td>
<td>Lui</td>
<td>102</td>
<td>24,434</td>
<td>5,383</td>
<td>2,136</td>
<td>594</td>
<td>81</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yirol</td>
<td>105</td>
<td>88,960</td>
<td>10,419</td>
<td>15,158</td>
<td>1,533</td>
<td>47</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cuibet</td>
<td>98</td>
<td>32,343</td>
<td>4,657</td>
<td>4,108</td>
<td>1,059</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maridi</td>
<td>70</td>
<td>28,572</td>
<td>6,136</td>
<td>5,184</td>
<td>928</td>
<td>105</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rumbek (solo maternità e pediatria)</td>
<td>76</td>
<td>73,613</td>
<td>14,664</td>
<td>9,590</td>
<td>1,921</td>
<td>130</td>
<td></td>
</tr>
<tr>
<td><strong>Tanzania</strong></td>
<td>Songambele</td>
<td>63</td>
<td>9,292</td>
<td>1,640</td>
<td>1,763</td>
<td>686</td>
<td>218</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tosamaganga</td>
<td>165</td>
<td>43,719</td>
<td>6,065</td>
<td>1,375</td>
<td>2,930</td>
<td>878</td>
<td></td>
</tr>
<tr>
<td><strong>Uganda</strong></td>
<td>Matany</td>
<td>250</td>
<td>30,036</td>
<td>10,487</td>
<td>5,656</td>
<td>1,500</td>
<td>385</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Aber</td>
<td>178</td>
<td>40,357</td>
<td>9,770</td>
<td>11,334</td>
<td>2,605</td>
<td>632</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>3,456</td>
<td>1,314,603</td>
<td>181,293</td>
<td>128,627</td>
<td>54,356</td>
<td>11,668</td>
<td></td>
</tr>
<tr>
<td>VACCINATIONS</td>
<td>INCOME FROM USER FEES</td>
<td>TOTAL INCOME FOR RECURRING EXPENSES</td>
<td>RECURRENT EXPENSES</td>
<td>TOTAL STAFF</td>
<td>QUALIFIED STAFF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td>----------------------</td>
<td>-------------------------------------</td>
<td>-------------------</td>
<td>------------</td>
<td>----------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1,245</td>
<td></td>
<td>2,190,385</td>
<td>2,150,928</td>
<td>206</td>
<td>112</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9,766</td>
<td>755,447</td>
<td>2,190,385</td>
<td>2,150,928</td>
<td>423</td>
<td>252</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>199</td>
<td></td>
<td></td>
<td>30</td>
<td>30</td>
<td>25</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4,847</td>
<td></td>
<td></td>
<td>335</td>
<td>166</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>nd</td>
<td></td>
<td></td>
<td>nd</td>
<td>nd</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>nd</td>
<td></td>
<td></td>
<td>nd</td>
<td>nd</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37,274</td>
<td></td>
<td></td>
<td>168</td>
<td>116</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27,499</td>
<td></td>
<td></td>
<td>151</td>
<td>89</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2,438</td>
<td></td>
<td></td>
<td>393</td>
<td>nd</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td></td>
<td>300,000</td>
<td>121</td>
<td>71</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7,856</td>
<td></td>
<td></td>
<td>502</td>
<td>406</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10,133</td>
<td></td>
<td></td>
<td>132</td>
<td>99</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>nd</td>
<td></td>
<td></td>
<td>nd</td>
<td>nd</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11,617</td>
<td></td>
<td></td>
<td>nd</td>
<td>nd</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2,136</td>
<td></td>
<td>698,000</td>
<td>130</td>
<td>48</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14,482</td>
<td></td>
<td></td>
<td>504,000</td>
<td>144</td>
<td>52</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1,752</td>
<td></td>
<td></td>
<td>398,000</td>
<td>75</td>
<td>37</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7,551</td>
<td></td>
<td></td>
<td>411,000</td>
<td>53</td>
<td>40</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36,656</td>
<td></td>
<td></td>
<td>521,000</td>
<td>120</td>
<td>45</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6,167</td>
<td>145,031</td>
<td>295,945</td>
<td>291,244</td>
<td>62</td>
<td>36</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9,810</td>
<td>383,289</td>
<td>874,917</td>
<td>852,928</td>
<td>173</td>
<td>81</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>42,357</td>
<td>142,714</td>
<td>783,169</td>
<td>774,398</td>
<td>255</td>
<td>150</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24,880</td>
<td>328,122</td>
<td>989,469</td>
<td>808,703</td>
<td>167</td>
<td>111</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>258,665</strong></td>
<td><strong>1,754,602</strong></td>
<td><strong>5,133,886</strong></td>
<td><strong>7,710,200</strong></td>
<td><strong>3,640</strong></td>
<td><strong>1,936</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Hospital where the intervention is limited to maternity care

Focus on hospitals
HUMAN RESOURCES IN AFRICA

Today’s Africa, where Doctors with Africa CUAMM operates at many levels, is facing increasingly complex political, religious, cultural contexts. Given this complexity, the staff involved in our projects must have solid professional training and strong motivation, which are key to honing skills of analysis, research, local 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 neighbouring those where we operate;
- nationals, from the country of operation.

In 2019, in the 8 African countries where we operate, CUAMM managed 4,777 human resources, with 2,556 of these under “extraordinary management” in South Sudan and 1,078 in Sierra Leone (see details). Out of the total number of human resources managed, 1,143 are staff involved in projects of which 851 are qualified professionals (not only health professionals, but also administrative, logistics and community experts), while 292 are support staff.

South Sudan is still very fragile and unable to manage and support its health services. Doctors with Africa CUAMM was chosen as the organisation to support the country’s healthcare system in 13 counties for a total of 135 peripheral healthcare facilities and 5 hospitals, by directly helping to manage local staff and their salaries, and topping up the salary of around 1,600 people. We will continue with this “extraordinary management” until the government has the ability and resources to manage the staff of its health facilities itself. Doctors with Africa CUAMM also provides a monthly incentive of a network of over 900 village healthcare and nutrition professionals.

In 2019, the National Emergency Medical Service (NEMS), Sierra Leone’s first national service for health emergencies became fully operational. Doctors with Africa CUAMM launched the scheme in 2018, with the support of the World Bank and Sierra Leone Ministry of Health, in partnership with the Veneto Region and Crimedim. The service was designed as a long-term sustainable model and, in 2019, its efficiency was ensured through a national operations centre which handles emergency calls throughout the country and coordinates 80 ambulances providing transportation and free health care.

The intervention engaged the direct management and training of specialised personnel: 510 paramedics and health workers, 480 drivers, 39 operators in the operations centre, 33 professionals in the logistical-technical field, 8 employees in management and administration, and 8 members of support staff. The staff attend regular training updates.

STAFF SERVING IN 2019

4,777 human resources

2,556 human resources under “extraordinary management” in South Sudan

1,078 human resources under “extraordinary management” in Sierra Leone

1,143 human resources involved in the projects, including:

- 851 qualified professionals including
  - 417 African nationals
  - 48 international Africans
  - 386 international Europeans including 331 Italians

- 292 support staff
PROFILE, AGE, AND GENDER OF THE STAFF

In terms of our professionals’ profile, it is significant that 86% of our doctors are international Europeans, and 76% of the non-medical health staff are 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, the international personnel involved in the projects is made up of 169 males and 217 females. Of these 386 staff members, 55 are in the under 30 age group; 224 are between age 30 and 50; and 107 are over 55. Of the international African professionals, out of the 48 staff members involved in the projects, 24 are male and 24 female.

SELECTION AND TRAINING

After being selected, the personnel applying to cover a variety of work positions in Africa receive information and specific documents to prepare them for the job and the setting. Next, they are sent to CUAMM’s offices (in Italy in the case of European internationals, and on site for African international and national staff) to complete their training.

Throughout the year, 100 pre-departure training days were organised in Italy, as well as one week of training for young administrators.

After the training, 272 international European professionals went to Africa to join the human resources already operating in the field.

JUNIOR PROJECT OFFICER (JPO) INITIATIVE

The Junior Project Officer (JPO) initiative has now reached its 18th 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 17 years, 216 residents have come from universities throughout Italy, speaking to its ever-growing reputation. In 2019 alone, 38 people participated. Many completed their specialisation 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 wishing to work in the field of international cooperation.

In 2019, we sent another 20 young people with different backgrounds to join our partners in the field for a training period with a view to future involvement in our projects. To find out more about opportunities for young people, see the “Education and Awareness Raising” section and visit our website www.mediciconafrica.org.

ORTHOPAEDIC GROUP

The orthopaedic group, founded in 2002, brings together professional specialists (orthopaedists, physiotherapists, and nurses) who support ongoing projects with fundraising, technical support, and consultancy. In 2019, 2 missions by orthopaedists and one by a physiotherapist were carried out at the St. Luke Hospital in Wolisso (Ethiopia) – where there is an orthopaedist and 2 orthopaedic residents from the Saint Paul University of Addis Ababa – as well as 2 assessment missions by orthopaedists at the Complexe Hospitalier Universitaire Pédiatrique de Bangui (Central African Republic) to organise future training missions. The group’s president is Dr Luigi Conforti.

PROFESSIONAL PROFILE AND BACKGROUND OF QUALIFIED PERSONNEL

The bar chart and pie chart show the distribution of professionals by category and nationality.

- **Doctors**: 201 (45% International European staff, 49% International African staff, 6% National staff)
- **Administrative**: 69 (17% International European staff, 0% International African staff, 2% National staff)
- **Logistics**: 59 (31% International European staff, 0% International African staff, 2% National staff)
- **Non-medical health personnel**: 46 (40% International European staff, 0% International African staff, 0% National staff)
- **Other**: 30 (6% International European staff, 0% International African staff, 2% National staff)
- **Country representatives**: 7 (0% International European staff, 0% International African staff, 2% National staff)
FROM THE NORTH TO THE SOUTH OF ITALY, WE HAVE ORGANISED EVENTS AND TAKEN PART IN MEETINGS AND INITIATIVES TO CREATE NEW OPPORTUNITIES TO INFORM, INSPIRE, AND INVOLVE LARGE NUMBERS OF PEOPLE IN THE COMMITMENT THAT DRIVES US ON OUR JOURNEY WITH AFRICA.
In 2019, we put on 364 events in Italy (compared to 320 in 2018). This continuous growth reflects our commitment to raising awareness especially through our groups, volunteers, friends and supporters throughout Italy. The Annual Meeting held in Florence on Saturday 9 November was our major event, with over 1,500 people gathering at the Teatro Verdi, who then took part in various offerings of guided tours around the city (‘A stroll around Florence’, Hospital of Innocents, Museo del Novecento, and Santa Maria Nuova Hospital).

Once again, this year’s event was an important chance to take stock of what we have achieved with the help of so many, as well as an opportunity to engage institutions at the highest level and to place Africa and its people at the centre of political agendas.

After this special gathering, a large number of events were held in Tuscany in preparation for the main event, involving some of our illustrious friends including Agnese Pini, Paolo Rumiz, Giovanni Grasso, Mario Calabresi and Pietro Suber, whose participation helped to amplify our message and work.

### SPECIAL PROJECTS IN ITALY

In Italy, too, CUAMM has focused its attention on supporting the most vulnerable groups through two initiatives. **Doctors with Africa CUAMM’s Bari group Continued its “Mobile Clinics for Farm Workers” project in the province of Foggia.**

During this fourth year of operation, more than 650 visits and over 300 HIV screenings were carried out. Since the project began in September 2015, through to December 2019, 4,600 visits had been carried out.

In Veneto, thanks to the contribution of the Veneto Region, we implemented the “Train of Health” project, which was conducted in collaboration with ‘Ferrovieri con l’Africa’, several CUAMM Groups and many volunteers in the community: we provided 1,394 screenings and 1,082 free specialist consultations.
192 events in North East
86 events in North West
30 events in Emilia Romagna
37 events in Central Italy
19 events in South

NORTH EAST
14 main local events:
The Solidarity Train, the Global Health Festival, Lulu’s Words, the Committee of Groups, a concert by the Nomadi, three events moderated by Francesco Jori on the cyclone crisis in Mozambique, an event for the 25th anniversary of Doctors with Africa CUAMM Trentino, three concerts by Summertime, Presentations at CUAMM: Pietro Grasso, Piero Badaloni.

55 testimonies from CUAMM doctors and workers.

NORTH WEST
14 main local events:
in Varese, at Insibria University, to talk about volunteering in Africa, in Ornnavasso, an event to honour Teresa Saglio, a long-time CUAMM volunteer with her entire town; in Cremona, Castelleone and Rivolta d'Adda to talk about the devastation in Mozambique caused by the cyclone; a large gospel concert in Milan, a concert at the G. Verdi Conservatory in Milan, and the PFM in Varese; presentations of the book “Due Destini” in Bergamo, Rho, Albizzate, and many others; the story of Giovanni Dall’Oglio at the Pime centre in Milan, and a Christmas concert in Turin.

21 testimonies from CUAMM doctors and workers.

EMILIA ROMAGNA
7 main local events:
in Reggio Emilia, off-circuit participation in the European Photography festival with the “Sguardi Capovolti” exhibition in Modena, concerts by Matteo Davoli and Giovanni Caffagni, the Border Trio and DeSamistade; a conference on medical anthropology in Carpi, a retelling of the journey to South Sudan by Mons. Zuppi in Bologna; a play by the ‘Piccolo teatro del sole’ in Ferrara.

3 testimonies from CUAMM doctors and workers.

CENTRAL ITALY
1 national event: Annual Meeting at the Teatro Verdi.
7 main local events in preparation for the Annual Meeting:
In Florence, a book presentation by Paolo Rumiz, Mario Calabresi and Pietro Grasso with Agnes Pini, an event in collaboration with the city of Florence and Caritas Firenze and the centre of Global Health of the Tuscany Region, in Pisa the event with Peter Suber, in Arezzo an event on the 10 objects to combat malnutrition and, lastly, an event with the Midwives’ Association in Florence.

9 testimonies from CUAMM doctors and workers.

SOUTH
5 main local events:
a concert by the Maltesi in Bari, a concert by Vito Stano and Michele Brienza Quartet in Potenza, an event with the University, SISM and Fondazione Rachelina Ambrosini in Salerno, the “Crossing the River” exhibition in Matera.

2 testimonies from CUAMM doctors and workers.
NUMBERS AND IMAGES IN ITALY

17-19 MAY
COMMITTEE OF THE GROUPS IN LEVICO TERME (TRENTO)
90 participants
17 groups
4 training sessions

5-7 APRIL
GLOBAL HEALTH FESTIVAL
PADUA
5 events organised by CUAMM
5,000 participants

18-19 DECEMBER
FUNDRAISING DINNER
BARI
100 participants
With Gigio Pisani and leading chefs at work

2-22 MAY
TRAIN OF HEALTH
195 volunteers involved including 74 doctors
68 volunteers from railway staff
1,394 screenings carried out
467 children involved in the laboratories

14-15 DECEMBER
SUMMERTIME CONCERT
PADUA
5,000 participants
21 SEPTEMBER
PATHS AND STORIES OF VIRTUOUS COOPERATION IN TANZANIA ORNAVASSO
50 participants

8 OCTOBER
LO STESSO FUTURO PISA
150 participants

14 APRIL
SOUNDS OF MILAN CONSERVATORY
1,100 participants

13 APRIL
22 JUNE
14 DECEMBER
FOOD & SOUND RIVOLTA D’ADDA
60 participants

14 SEPTEMBER
LULÚ’S WORDS PADUA
1,500 participants
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 special commitment to supporting the organisation’s awareness-raising initiatives and taking part in fundraising to support specific projects. The support and practical collaboration of around 3,900 people involved in our support groups are an incomparable resource for implementing Doctors with Africa CUAMM’s activities across the various regions of Italy. In 2019, four new groups were then set up: Doctors with Africa CUAMM Liguria, Doctors with Africa CUAMM Monza Brianza, Doctors with Africa CUAMM Padova Colli and ‘In moto con Africa’, a group of travel-loving motorcyclists who support CUAMM’s initiatives and projects. These new groups joined the others to make a total of 35 support groups. In May, the 3rd edition of the Committee of the Groups was held in Levico, near Trento: a weekend of training, information and dialogue with a view towards mutual understanding among all the participants in groups.
GROUPS IN 2019

Up-to-date information about our groups and activities can be found at www.mediciconlafrica.org

ABRUZZO
MEDICI CON L’AFRICA CUAMM ABRUZZO
gruppo.abruzzo@cuamm.org
Contact person: Carmela Ravanelli

BASILICATA
MEDICI CON L’AFRICA CUAMM BASILICATA
gruppo.basilicata@cuamm.org
Contact person: Veronica Muscio

EMILIA ROMAGNA
MEDICI CON L’AFRICA CUAMM BOLOGNA
gruppo.bologna@cuamm.org
Contact person: Silvano Farnesi
MEDICI CON L’AFRICA CUAMM FERRARA
gruppo.ferrara@cuamm.org
Contact person: Mariarita Stendardo
MEDICI CON L’AFRICA CUAMM MODENA-REGGIO EMILIA
doctorsconlafrica_more@yahoo.it
Contact person: Andrea Foracchia

FRIULI VENEZIA GIULIA
MEDICI CON L’AFRICA CUAMM
gruppo.fvg@cuamm.org
Contact person: Ada Murkovic

LAZIO
MEDICI CON L’AFRICA CUAMM ROMA
gruppo.roma@cuamm.org
Contact person: Michele Loiduce

LIGURIA
MEDICI CON L’AFRICA CUAMM LIGURIA
gruppo.liguria@cuamm.org
Contact person: Cecilia Barnini

LOMBARDIA
MEDICI CON L’AFRICA CUAMM BERGAMO
gruppo.bergamo@cuamm.org
Contact person: Alessandra Ometto
MEDICI CON L’AFRICA CUAMM CREMONA
gruppo.cremona@cuamm.org
Contact person: Giacomo Ferrari
MEDICI CON L’AFRICA CUAMM LECCO
gruppo.lecco@cuamm.org
Contact person: Patrizia Sprefacio
MEDICI CON L’AFRICA CUAMM MILANO
gruppo.milano@cuamm.org
Contact person: Daniela Talarico
MEDICI CON L’AFRICA CUAMM MONZA-BRIANZA
gruppo.monzabrianza@cuamm.org
Contact person: Simone Scarabelli

MEDICI CON L’AFRICA CUAMM RHO
gruppo.rho@cuamm.org
Contact person: Cristina Verna
MEDICI CON L’AFRICA CUAMM VARESE
doctorsconlafricavarese@gmail.com
Contact person: Luisa Chiappa

MARCHE
MEDICI CON L’AFRICA CUAMM MARCHE
gruppo.marCHE@cuamm.org
Contact person: Carlo Nicoli

PIEMONTE
MAMA TERESA CON L’AFRICA
gruppo.mamateresa@cuamm.org
Contact person: Beatrice Crosa Lenz
MEDICI CON L’AFRICA CUAMM PIEMONTE
gruppo.piemonte@cuamm.org
Contact person: Giuseppe Ferro

PUGLIA
MEDICI CON L’AFRICA CUAMM BARI
gruppo.bari@cuamm.org
Contact person: Renato Laforgia
MEDICI CON L’AFRICA CUAMM SALENTO
gruppo.salentO@cuamm.org
Contact person: Susanna CoccioLI

SARDEGNA
MEDICI CON L’AFRICA CUAMM SARDEGNA
gruppo.sardegna@cuamm.org
Contact person: Mauro Fattorini

SICILIA
MEDICI CON L’AFRICA CUAMM SICILIA
gruppo.sicilia@cuamm.org
Contact person: Marta Rizzo

TOSCANA
MEDICI CON L’AFRICA CUAMM FIRENZE
gruppo.firenze@cuamm.org
Contact person: Federica Dantes
MEDICI CON L’AFRICA CUAMM PISA
gruppo.pisa@cuamm.org
Contact person: Paolo Belardi
MEDICI CON L’AFRICA CUAMM SIENA
JENGA INSIEME
info@jengainsieme.org
Contact person: Paolo Rossi

TRENTINO ALTO ADIGE
MEDICI CON L’AFRICA CUAMM TRENTO
gruppo.trentino@cuamm.org
Contact person: Carmelo Fanelli

VENETO
GRUPPO VOLONTARI PADOVA
volontariucuammpd@gmail.com
gruppo.volontaripadova@cuamm.org
Contact person: Paolo Schiavon
MEDICI CON L’AFRICA CUAMM - GRUPPO PADOVA COLLI
lorisbarbiero@libero.it
Contact person: Loris Barbiero
MEDICI CON L’AFRICA CUAMM ASIAGO-BASSANO DEL GRUPPO SARA PER L’AFRICA
gruppo.bassano@cuamm.org
Contact person: Carlo Girardi
MEDICI CON L’AFRICA CUAMM CAMPAGNA LUPIA
soansima.lina@gmail.com
gruppo.campagnalupia@cuamm.org
Contact person: Lina Castegnaro
MEDICI CON L’AFRICA CUAMM CONEGLIANO gruppo.conegliao@cuamm.org
Contact person: Clara Corsini
MEDICI CON L’AFRICA CUAMM VERONA
gruppo.verona@cuamm.org
Contact person: Daniela Brunelli
MEDICI CON L’AFRICA VICENZA
gruppo.vicenza@cuamm.org
Contact person: Gianpietro Pellizzer

AT NATIONAL LEVEL
IN MOTO CON L’AFRICA
info@inmotoconlafrica.org
Contact person: Michele Orlando
FERROVIERI CON L’AFRICA
Assferr.conlafrica@libero.it
Contact person: Nicola Samà

JOIN US!
Get in touch with the CUAMM nearest you, or contribute by setting up one yourself.
Up-to-date information about our groups and activities can be found online at www.mediciconlafrica.org.

For more information, call us on +39 049 7991867 or email us at e.pasqual@cuamm.org

2019 SNAPSHOT
35 support groups
15 regions involved
3,900 volunteers and friends

Support Groups
COMMUNICATION AND MEDIA RELATIONS

What we do at CUAMM translates into different forms of media, content and target audience, yet they all serve to bolster CUAMM’s visibility in Italy, Africa, and worldwide. The publishing component 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 Africa publication and to 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 plays 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 platforms, where engagement is growing every month from the many people who follow us. For two years now, we have dedicated a communication component to the specific need to raise the visibility of projects in the field. The audio-video component has been enhanced, and in 2019 was enriched with around thirty new productions, made in close partnership with the press office. These include the web series “Non solo cibo. 10 oggetti contro la malnutrizione” [Not just food, 10 objects to combat malnutrition], which was given major coverage in Buone Notizie, an insert of the Corriere della Sera newspaper dedicated to the third sector.

Over 3,200 pieces of journalism have been published in print and online, telling the world about our doctors’ efforts in our ongoing projects in Africa.

Special attention has been given to the Central African Republic, with a feature by Michele Farina appearing in Corriere della Sera, and Paolo Lambriucchi in Avvenire, as well as reports on Italian television (TV2000 and TG1 - Rai).

Accounts of Cyclone Idai in Mozambique were provided by Pietro Del Re in Repubblica and Emanuela Zuccalà in Avvenire. There has also been a sharp focus on South Sudan, thanks to the participation in “Con il Cuore” on Rai 1, presented by Carlo Conti and Frati di Assisi, in June. “Terra in vista. L’Africa spiegata a mio figlio” is a 5-episode radio series, which aired in August, produced with Radio 24, together with Federico Taddia, Valentina Furlanetto and Cristina Carpinielli, thanks to the contribution of the AICS (Italian Agency for Development Cooperation).

In the spring, we focused on promoting “Mettiamoci in moto” [Let’s get going]: a fundraising campaign created in collaboration with the heads of the Gedi group (Mattino di Padova, Tribuna di Treviso, Nuova Venezia and Corriere delle Alpi), which has seen large engagement from civil society in Italy’s Veneto region. The media partnership with Donna Moderna in the autumn made it possible to launch the #lostessofuturo awareness campaign. Collaboration continued with the QN Group and in particular with La Nazione, a local media partner for the Annual meeting, which has given ample coverage to our commitment in Africa and Italy.

Towards the end of the year, we were engaged in promoting a new donation campaign with a TV commercial broadcast on Tv2000 and on some local TV stations.

ONLINE

267,426 sessions per year on the Italian, English and Portuguese sites mediciconlafica.org
+49,773 since 2018

37,559 Facebook fans
+6,399 since 2018

4,100 Twitter followers
+ 500 since 2018

1,520 YouTube subscribers
+550 subscribers since 2018

31,855 subscribers to the “Voci dall’Africa” newsletter
+ 5,255 since 2018

10,182 Instagram followers
+4,035 since 2018

80,535 views
+11,535 views since 2018

381 YouTube videos

TV AND RADIO

1 live for the Annual Meeting on TV2000

1 radio series on Radio 24

30 TV broadcasts on national and local stations
A key part of our 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 a more responsible use of the medical profession.

That’s why every year, CUAMM organises **two residential training courses** at its Padua location: the 220-hour course is for residents and doctors from across Italy who want to learn more about health issues in developing countries – from public health, infectious diseases, gynaecology, to paediatrics – and prepare for the possibility of going to work in those countries. We also work with RISIG (Italian Network for Global Health Education), with the SISM (Italian Secretariat for Students in Medicine), with FederSpecializzandi and FONOMCeO (National Federation of Physicians, Surgeons and Dentists) to offer workshops, courses and conferences on issues of global health and health cooperation.

In December 2019, the "Educating for Citizenship and Global Health" national project was completed. Funded by the Italian Agency for Development Cooperation, it involved many partners, including: The National Institute of Health (ISS); Italian Secretariat for Medical Students (SISM); ISDE-Italy Association; Italian Climate Network (ICN); Global Health Centre (CSG); Centre for International Cooperation (CCI); Pedro Arrupe Training Institute; and the Euro Mediterranean Institute-ISR (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. In 2019, around 400 health professionals had already participated. Lastly, 2019 was also the year of the first edition of the Global Health Festival, which took place in Padua in April and was attended by over 5,000 participants. Doctors with Africa CUAMM is a partner-organiser of the Festival and coordinated five events for awareness-raising and public engagement, and coordinated close to 200 volunteers throughout the event. We offer students and residents several in-the-field training courses in Africa. Working with SISM, we offer the opportunity to four medical students every month to spend an internship period either in Ethiopia or Tanzania to gain initial 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, which is recognised by the home university as part of the educational programme. At the end of 2019, there were 327 students and 216 residents from 29 universities. We work with FNOPO (National Federation of Professional Midwives), which has been funding a training program since 2017 for 10 undergraduate students from 10 universities, giving them the chance to spend a month in one of the hospitals where we operate. The project aims to introduce students to the main issues of health in Africa and gain clinical experience in organising and managing departments and patients in limited-resource settings. Since 2018, we have also had an agreement with the Association of the Profession of Interprovincial Obstetrics in Florence, Prato, Arezzo, Grosseto, Siena, Lucca, and Pistoia, which gives a student from these Tuscan universities the same training opportunity as with the 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, running from 2016 up 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, running since 2018 for a new graduate for two months. And, since 2018, the Rachelina Ambrosini Foundation has been funding 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 organisation and other players in international cooperation. In this scenario, there are more and more new players such as private foundations, some tied to private individuals and others to businesses with social responsibility goals. We now have many partnership projects with international actors in all countries where Doctors with Africa CUAMM operates. These partners invest in development programmes, supporting or supplementing the more typical donors in international cooperation.

CHARITIES

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 501 c3 status) 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. “Crossing the river” exhibition on maternal mortality in Africa in collaboration with the Italian Society of King’s College London

2. Audience with Pope Francis at the Vatican

MEETINGS IN EUROPE AND BEYOND

The relations 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 also tie in with the challenge set by CUAMM’s strategic plan internationally and spread our message and impact globally.

For example, on **26 September 2019** Doctors with Africa CUAMM organised an event alongside the United Nations General Assembly in New York, on the health of adolescents and the importance of investing in this age group especially in developing countries.

On **26 November 2019**, we opened an exhibition on maternal mortality in Africa in collaboration with the Italian society of King’s College London, which now works with CUAMM on various initiatives across London.
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 organisation and management of all activities. He or she is appointed by the board of directors with a three-year, renewable term.

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

The **Assembly** is made up of active members and aims to help develop strategic guidelines, operational plans and initiatives, and formulate instructions and proposals.

The **Coordination Committee for the solidarity groups** consists of five members, elected by the groups’ chairpersons, and is tasked with coordinating the activities of the groups and connecting them with those of the head office.

In 2019, there was a total of 66 students enrolled in the **College** (40 male and 26 female), of which 35 were in biology-health, 10 in engineering, 1 in law, 5 in psychology, 11 in humanities, 2 in economics and 2 in other fields.

### STAFF SERVING IN 2019

<table>
<thead>
<tr>
<th><strong>Employees</strong></th>
<th><strong>%</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>56</td>
<td>28.5%</td>
</tr>
<tr>
<td>16</td>
<td>71.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Men</strong></th>
<th><strong>Women</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>40</td>
</tr>
</tbody>
</table>

### AGE RANGES

<table>
<thead>
<tr>
<th>Age Range</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 30</td>
<td>8%</td>
</tr>
<tr>
<td>30 - 35</td>
<td>22.5%</td>
</tr>
<tr>
<td>36 - 40</td>
<td>22.5%</td>
</tr>
<tr>
<td>41 - 45</td>
<td>15%</td>
</tr>
<tr>
<td>Over 46</td>
<td>32%</td>
</tr>
</tbody>
</table>

### YEARS OF SERVICE

<table>
<thead>
<tr>
<th>Years of Service</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 5 years</td>
<td>39.5%</td>
</tr>
<tr>
<td>5 - 10 years</td>
<td>22.5%</td>
</tr>
<tr>
<td>11 - 15 years</td>
<td>24.5%</td>
</tr>
<tr>
<td>Over 15 years</td>
<td>13.5%</td>
</tr>
</tbody>
</table>
Structure Doctors with Africa CUAMM is legally part of the “Opera San Francesco Saverio” foundation. Despite having a single budget, it consists of three branches of activity: Foundation, NGO-NPO and University College.

### FINANCIAL STATEMENTS AT 31 DECEMBER 2019

#### ASSETS

<table>
<thead>
<tr>
<th>(amounts in EUR)</th>
<th>31/12/2019</th>
<th>31/12/2018</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SHARE CAPITAL ISSUED AND NOT YET PAID</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total share capital issued</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>FIXED ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total intangible assets</td>
<td>23,633</td>
<td>26,808</td>
<td>-3,175</td>
</tr>
<tr>
<td>Total tangible assets</td>
<td>4,032,695</td>
<td>4,111,230</td>
<td>-78,535</td>
</tr>
<tr>
<td>Total financial assets</td>
<td>7,072,194</td>
<td>7,042,348</td>
<td>29,846</td>
</tr>
<tr>
<td>Total fixed assets</td>
<td>11,128,522</td>
<td>11,180,386</td>
<td>-51,864</td>
</tr>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inventories</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total receivables</td>
<td>39,936,620</td>
<td>35,460,928</td>
<td>4,475,692</td>
</tr>
<tr>
<td>Total financial assets</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total cash and cash equivalents</td>
<td>15,234,443</td>
<td>17,200,420</td>
<td>-1,965,977</td>
</tr>
<tr>
<td>Total current assets</td>
<td>55,171,063</td>
<td>52,661,348</td>
<td>2,509,715</td>
</tr>
<tr>
<td><strong>ACCRUED INCOME AND PREPAYMENTS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total accrued income and prepayments</td>
<td>5,307,155</td>
<td>5,636,920</td>
<td>-329,765</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>71,606,740</td>
<td>69,478,654</td>
<td>2,128,086</td>
</tr>
</tbody>
</table>

#### LIABILITIES

<table>
<thead>
<tr>
<th>(amounts in EUR)</th>
<th>31/12/2019</th>
<th>31/12/2018</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SHAREHOLDER EQUITY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total shareholder equity</td>
<td>14,411,456</td>
<td>14,208,979</td>
<td>202,477</td>
</tr>
<tr>
<td><strong>PROVISIONS FOR RISKS AND CHARGES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total provisions for risks and charges</td>
<td>2,768,895</td>
<td>2,052,288</td>
<td>716,607</td>
</tr>
<tr>
<td><strong>RESERVE FOR SEVERANCE INDEMNITIES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total reserve for severance indemnities</td>
<td>1,248,451</td>
<td>1,102,292</td>
<td>146,159</td>
</tr>
<tr>
<td><strong>PAYABLES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total payables</td>
<td>5,728,183</td>
<td>4,960,215</td>
<td>767,968</td>
</tr>
<tr>
<td><strong>ACCRUED EXPENSES AND DEFERRED INCOME</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total accrued expenses and deferred income</td>
<td>47,449,655</td>
<td>47,154,880</td>
<td>294,775</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td>71,606,740</td>
<td>69,478,654</td>
<td>2,128,086</td>
</tr>
</tbody>
</table>
## INCOME STATEMENT

(amounts in EUR)

<table>
<thead>
<tr>
<th>(A) OPERATING VALUE</th>
<th>31/12/2019</th>
<th>31/12/2018</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Contributions, offers and revenues from activities</td>
<td>42,763,643</td>
<td>36,046,028</td>
<td>6,717,615</td>
</tr>
<tr>
<td>2 Changes in inventory for in progress, semi-finished and finished products</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3 Changes to contract work in progress</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4 Increase in fixed assets for internal work</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5 Other revenue and income</td>
<td>563,384</td>
<td>225,484</td>
<td>337,900</td>
</tr>
<tr>
<td><strong>Total operating value</strong></td>
<td><strong>43,327,027</strong></td>
<td><strong>36,271,512</strong></td>
<td><strong>7,055,515</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(B) OPERATING COSTS</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6 Costs for raw materials, supplies, consumables and goods</td>
<td>128,316</td>
<td>114,446</td>
<td>13,870</td>
</tr>
<tr>
<td>7 Costs for services</td>
<td>39,331,539</td>
<td>33,243,735</td>
<td>6,087,804</td>
</tr>
<tr>
<td>8 Costs for leased assets</td>
<td>62,282</td>
<td>86,208</td>
<td>-23,926</td>
</tr>
<tr>
<td>9 Staff costs</td>
<td>2,658,476</td>
<td>2,387,198</td>
<td>271,278</td>
</tr>
<tr>
<td>10 Depreciation and devaluation</td>
<td>506,751</td>
<td>178,637</td>
<td>328,114</td>
</tr>
<tr>
<td>11 Changes in inventories of raw materials, supplies, consumables and goods</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>12 Provisions for risks</td>
<td>408,232</td>
<td>0</td>
<td>408,232</td>
</tr>
<tr>
<td>13 Other provisions</td>
<td>0</td>
<td>13,558</td>
<td>-13,558</td>
</tr>
<tr>
<td>14 Other operating expenses</td>
<td>183,339</td>
<td>194,200</td>
<td>-10,861</td>
</tr>
<tr>
<td><strong>Total operating costs</strong></td>
<td><strong>43,278,935</strong></td>
<td><strong>36,217,982</strong></td>
<td><strong>7,060,953</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(C) FINANCIAL INCOME AND EXPENSES</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Income from investments</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>16 Other financial income</td>
<td>114,358</td>
<td>44,432</td>
<td>69,926</td>
</tr>
<tr>
<td>17 Interest and other financial expenses</td>
<td>166-</td>
<td>298-</td>
<td>132</td>
</tr>
<tr>
<td>17-bis Foreign exchange gains and losses</td>
<td>7,485</td>
<td>5,953</td>
<td>1,532</td>
</tr>
<tr>
<td><strong>Total financial income and expenses</strong></td>
<td><strong>121,677</strong></td>
<td><strong>50,897</strong></td>
<td><strong>70,780</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(D) VALUATION ADJUSTMENTS TO FINANCIAL ASSETS</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>18 Revaluations</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>19 Write-downs</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total financial adjustments</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
</tr>
</tbody>
</table>

**DIFFERENCE BETWEEN OPERATING VALUE AND COSTS**

<table>
<thead>
<tr>
<th></th>
<th>31/12/2019</th>
<th>31/12/2018</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>48,092</strong></td>
<td><strong>53,530</strong></td>
<td><strong>-5,438</strong></td>
<td></td>
</tr>
</tbody>
</table>

**PROFIT OR LOSS BEFORE TAX**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Income tax for the year</td>
<td>169,769</td>
<td>103,617</td>
<td>66,152</td>
</tr>
<tr>
<td><strong>23 SURPLUS (DEFICIT) FOR THE YEAR</strong></td>
<td><strong>71,533</strong></td>
<td><strong>16,379</strong></td>
<td><strong>55,154</strong></td>
</tr>
</tbody>
</table>
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

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 12/31/2019, 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 12/31/2019, 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.

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.

Other matters
This report is not issue under any legal requirement, since for the year ended as December 31, 2019 the audit pursuant to article 2477 of the Italian Civil Code has been performed by a subject other than this audit firm.

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.
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 and 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, June 25, 2020

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.
In 2019, Doctors with Africa CUAMM NGO-NPO’s expenses totalled €42,670,888. Out of this, 91.6% (€39,073,300) was invested in eventson, treatment and training projects in the countries where we operate. Operating costs account for 4.2%, and include the overall management of the organisation, staff, amortisation, financial expenses and taxation. Communication, awareness raising, and fundraising costs accounted for 4.2%, which includes events organisation in Italy, publications, media relations, development education, donor engagement, new campaigns, and staff from the Communications, Community Relations and Fundraising departments.

**HOW WE RAISED FUNDS IN 2019**

**PRIVATE FUNDING**

- €15,434,512 (35.9%)

**INSTITUTIONAL FUNDING**

- €27,581,859 (64.1%)

**TOTAL**

- €43,016,371 (100%)
**HOW WE USED THE FUNDS**

**PROJECT: TREATMENT, PREVENTION AND TRAINING**
€ 39,073,300 91.6%

**OPERATING COSTS**
€ 1,796,801 4.2%

**AWARENESS RAISING, COMMUNICATION AND FUNDRAISING**
€ 1,800,787 4.2%

**TOTAL**
€ 42,670,888 100%

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, amortisations, 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 organisation and communication, education about development, relationship building, new campaigns, costs for personnel in communication, community relations, and fundraising.

**IMPACT OF OPERATIONAL COSTS ON BUDGET**

The chart shows the trends for total costs and impact of operating costs for the period 2012–2019.
THANK YOU FOR BEING “WITH AFRICA” ON THIS INCREDIBLE JOURNEY

Associations, Groups and Organisations
A.C.L.I. Sezione Prov.le di Bergamo
Amici del cuore Alto Vicentino
Around Us Onlus
Associazione Amici dei bambini contagiati da HIV/ AIDS-Onlus
Associazione di Volontariato e Solidarietà
Associazione Gruppi Insieme
Si Pup Onlus
Associazione Il Buongusto
Associazione Marco Polo
Associazione Operazione Mato Grosso
Associazione Turmainti
Asvel - Associazione Veneto
Tanzania
Conferenza Episcopale Italiana
Fipav Federazione Italiana Pallavolo
Frati della Basilica di Assisi
Gruppo di Appoggio Hospital Francesco di Assisi
Gruppo di Appoggio Hospital Malatry - Onlus
Gruppo Missionario Noale
Il Graticolato Società di Matany - Onlus
Istituto Dimesse
International Rescue Committee
Istituto Dimesse
Lunds Stift
Medici con l’Africa Como Onlus
Ordine dei Medici Chir. e Odont. Provincia di Padova
Parrocchia di Sant’Anna in Pieve di Sacco
Tecfa Onlus
Tre Emme Trust Onlus
We Care Solar
Insieme per l’Africa Onlus
Ordine della Professione Ostetrica Interno le di Fi-Ar-Gr-Po-Si-Lu-Pi
Associazione Arianna
Women and Children First
Italay Society King’s College London
International Development Centre
Associazione AriaTeatro
Federazione Nazionale degli Ordini della Professione Ostetrica
Companies
Ali Spa
Cercato & Associati Onlus
Cesare Regnoli e figlio Srl
Eureka Srl
Eurizon Capital Sgr
G.m.t. Spa
Gráfica Veneta Spa
Idea Cinquanta Srl
Intesa Sanpaolo Onlus
Laboratorio Chimico Farmaceutico A. Sella Srl
Marsili Spa
Morellato Spa
Sede Aixians Saiv
The Lighthouse Company Srl
Tva Vicenza
Mafri Spa
Viaequa Spa
Pedrollo Spa
Gruppo Ferrovie Dello Stato
Trentilky Veneto
Viv Healthcare
Merck for Mothers
Msf Italy
Gilead Sciences
Becton and Dickinson
Rivit Spa
Medtronic
Dual Santalgy Spa
Fondazioni
Bristol - Myers Squibb Foundation
Charle Foundation
Elton John Aids Foundation
Fondazione Mons. Camillo Faresin Onlus
Fondazione Teatro Comunale Città di Vicenza
Fondazione Cariplo
Fondazione Cariverona
Fondazione Cassa di Risparmio di Firenze
Fondazione Cassa di Risparmio di Torino
Fondazione Compagnia San Paolo
Fondazione del Monte di Bologna e Ravenna
Fondazione Elena Trevisanato Onlus
Fondazione Flavio Filippini
Fondazione Giuseppe Maestri Onlus
Fondazione Happy Child
Fondazione Intesa Sanpaolo Onlus
Fondazione Madonna dell’Uliveto
Fondazione Maria Bonino
Fondazione Nando e Elsa Peretti
Fondazione Prima Spe
Fondazione Prosolidar
Fondazione Raffaelina Ambrosini
Fondazione Rizzato Cerino-Canova
Fondazione Umano Progresso
Fondazione Un Raggio di Luce Onlus
Fondazione Zenotti Onlus
Manos Unidas
Marcella Opol
The Elma Relief Foundation
The King Baoudoin Foundation
Uk Charities Aid Foundation
Vital Charities Foundation
Fondazione Cassa di Risparmio di Forlì
Fondazione di Modena
Fondazione Cassa di Risparmio di Padoa e Rovigo
Caritas Pro Vitae Charitable Trust
World Diabetes Foundation
Manos Unidas
Comic Relief
Children Investment Fund Foundation
Raskob Foundation
Health Villages
Good Shepherd International Foundation
Fondazione Cassa di Risparmio di Parma
Fondazione CastelPergine
Symphasis Foundation
Fondation Assistance
Internazionale
Fondazione Trevisanato
Istituzioni
Azienda Zero
Comune di Dueville
Inti Development Association
Ministero del Lavoro delle politiche sociali
Ministry Of Health & Sanitation - World Bank - Sierra Leone
Regione Puglia
Regione Veneto
World Health Organization
Caritas Treviso
Caritas Italia
Diocesi di Padova
Diocesi di Vicenza
Centro Diocesano Missionario di Padova
Provincia di Padova
Comune di Padova
Centro Missionario Diocesano di Bellena
Health Pooled Fund
Agenzia Italiana per la Cooperazione allo Sviluppo
European Commission
Echo
Conferenza Episcopale Italiana
Government of Flanders
Unifpa
Unicef
Usaid
Wfp
Iom
Dfid
Diocesi di Lus
Muir - Unipad
Ocha
Hospital pediatrico Bambino Gesù
Kofi Cooperation Coreana
Regione Toscana - Aous Siena
Unais
Global Fund
Embassy of Japan
Centro di La Salute Globale - Regione Toscana
We would also like to thank
Associazione Cuore di Maglia
Azienda agricola “di Rovasendic”
Laboratorio Missionario Amici di Don Bosco
Oratorio “Don Ottorino” di Ornavasso
Comune di Ornavasso
Croce Rossa Mondovi
Parrocchia “Gesù Nostra Speranza” - Cossato (BI)
Parrocchia dei “Santi Angeli Custodi” - Torino
Centro Culturale Abbé Trevé
Liceo Scientifico e Linguistico E. Bérard - Aosta
Squadra di football americano Vikings Cavalleraggemmagia
Associazione A l’è Mey
Comune di Bussolengo
Società Filarmonica di Bussolengo
Pro Loco Exilles
Accademia Corale Guido D’Arezzo
Centro Missionario Diocesano di Asti
Pro Loco Montechiaro
Uni Assisi - Polo Universitario
Ordine dei Medici Chirurghi e degli Odontoiatri della Provincia di Novara
Ordine dei Medici Chirurghi e degli Odontoiatri della Provincia di Savona
Associazione Savona nel cuore dell’Africa
Blu Sea Basket ASD
Masso Genova Città
Gruppo Acesgi Genova 12
M.A Association Abitanti Maddalena
Associazione Alumni dell’Università degli Studi di Padova
Kolver
Toninato di Rigato Claudia e C. Snc
Laboratorio Morselletto Srl
Autel Srl
Sport&Wellness Hotel Crista
CNT Nord Srl
CRIF Spa
Lando Sassetti Bomboniere
Libreria Pellegrini Srl - Testi universitari e professionali
Gli anni in tasca - libreria per ragazzi
Bistrot Di qua d’Arno
Spinning - FSPN
Scuole Vanzo
Associazione Musicale Summerimine
Unione Pastorale Arcella
Associazione Campagnaliata Insieme
Associazione dell’Amicizia
Associazione Amici di Banakutembra
Centro Servi Volontario Provinciale di Padova
Garden Cavinato
Comune di Oderzo
Comune di Masi
Comune di Sappada
Comune di Merlara
Comune di Auzonno di Cadore
PIME - Pontificio Istituto Missioni Estere
Ville di Circonvallazione
Museo Castiglioni di Varese
Uyba Volley Busto Arsizio
Università Bocconi
Conservatorio di Milano
“Giuseppe Verdi” BASE Milano
Comune di Arles
Coro Arose Vocal Ensemble
Università degli Studi di Milano-Bicocca
Università degli Studi di Milano
Humanitas University
Comune di Castelletone
Ordine Padri Oblati di Rho
Comune di Varese
Comune di Valmadrera
Coro San Giorgio
Cooperativa pensionati ed anziani di Rho
Comune di Crema
Avis Provinciale di Varese
Comune di Treviolo
Comune di Milano
ASST di Bergamo Ovest
ASST Rhodense
Associazione Il Ponte
Gruppo volontari: “Quelli del mercatino” di Inzago
Scuola San Carlo e San Michele di Rho
March Spa
I.S.E.R. Srl Industria serica
La Scala
Società nazionale di mutuo soccorso Cesare Pozzo
A.C.L.I. Rivolta d’Adda
Associazione Volontari Croce Verde Castellone
Associazione Madre Teresa di Calcutta Onlus
Società Italiana Farmacologia - Sezione Giamo Pvelo
Istituto degli Innocenti
Hospital Santa Maria Nuova
Caritas Diocesana di Firenze
R.F. Kennedy Foundation
“4 passi per Firenze”
Comune di Firenze
Teatro Verdi di Firenze/
Fondazione Qrt Globale
Noki Med
Gima
TargetDue
Caritas del Nord Est
Dimensione20
Ordini dei Medici Chirurghi e degli Odontoiatri del Veneto
Associazione Nazionale Dopoferri
Soluizioni - Allestimenti e Arredi
SanSamMarco Informatica
Federazione Triveneto Cuore
Associazione Ulysse 3 Dolomiti
Associazione Ulysse 2 Marcia
Drevigiana
Associazione Ulysse 3 Serenisimma
Associazione Ulysse 4 Veneto
Oriente
Associazione Ulysse 5 Polesana
Associazione Ulysse 6 Euangelia
Associazione Ulysse 7 Pedemontana
Associazione Ulysse 9 Berica
Associazione Ulysse 9 Scaliger
Direzione Prevenzione
sicurezza alimentare e veterinaria - Regione del Veneto

We would also like to thank the many Parishes and Associations which – along with the over 3,900 volunteers who are part of CUAMM’s groups – give a voice to Africa and our mission.

A special thanks goes to the Districts and individual Rotary Clubs, the Lions Clubs, Scorpions International, and to Inner Wheel for their support with our awareness raising and communications.
THE JOURNEY CONTINUES. HELP US ON THE WAY!

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/

“5 per mille”
Donate your ‘5x1000’ to Doctors with Africa CUAMM by entering tax code 00677540288 in your income declaration

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/ to make a donation online and find all the up-to-date information on what we are doing

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.

www.doctorswithafrica.org postal bank account 17101353

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.
OUR COMMITMENT TO ACCOUNTABILITY, YEAR AFTER YEAR.
AFRICA DOES NOT NEED HEROES; IT NEEDS EVERYDAY PEOPLE WHO ARE ADAMANT ABOUT DOING THEIR DUTY AND DOING IT WELL EVERY YEAR.

8 COUNTRIES
23 HOSPITALS
855 HEALTH FACILITIES
4,777 HUMAN RESOURCES

201,119 ATTENDED BIRTHS
539,672 PRE- AND POST-NATAL VISITS
33,393 TRANSFERS FOR OBSTETRIC EMERGENCIES AND BIRTHS
7,211 CHILDREN TREATED FOR ACUTE MALNUTRITION
2,711,257 PATIENTS TREATED

4,831 HEALTH WORKERS TRAINED
31 SCIENTIFIC RESEARCH PUBLICATIONS