

SOCIAL REPORT 2020

1950-2020

70



DOCTORS
WITH AFRICA
CUAMM



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HUMANITY IS ONLY ONE

by **don Dante Carraro**
Director of Doctors
with Africa CUAMM

3 December 1950, CUAMM's birthday: 2020 was a special milestone, marking **70 years** of commitment to the struggles and challenges of the poorest populations in Africa. In 2020, **Padua** became the '**European Volunteer Capital**'. Remembering **the story of the good we've done** helps us understand the root of so much generosity, to rediscover the strength of our history and renew the inspirational drive that has brought us so far.

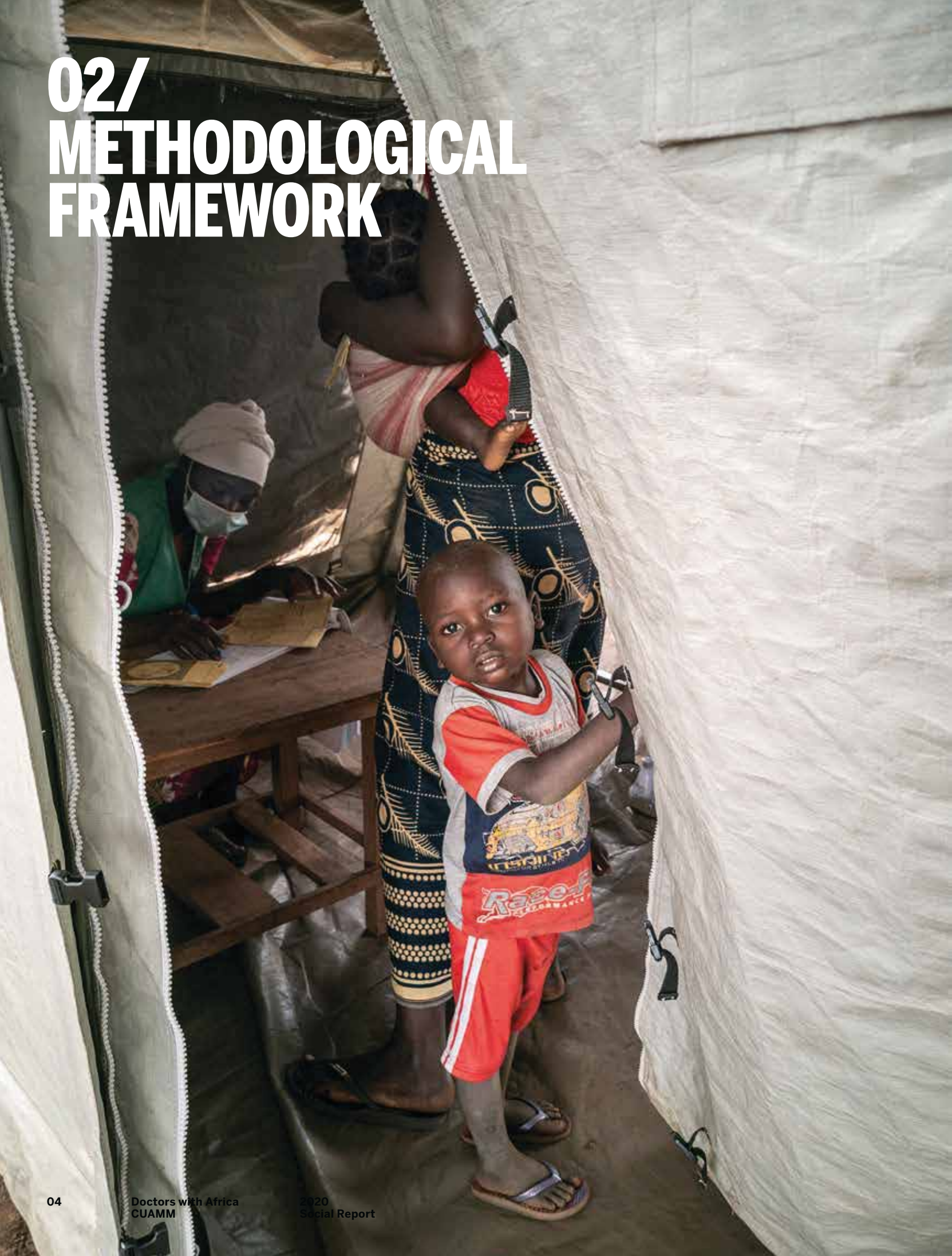
That's why we're so deeply committed to **accountability**, which highlights the importance of being reliable in the eyes of our supporters. Indeed, we **focus on the relationship with our institutional and private, internal and external stakeholders**: those who believe in what we do and who we are. Of course, it requires time and effort to build a relationship with a long-term vision. But what it becomes is something truly meaningful: **friendship, sharing, participation in life and values**, the ups and downs of daily life. It makes us feel **part of a community**, through thick and thin. We experienced this first-hand in Italy this year, with deserted cities and hospitals in several regions that suffered enormously. The Coronavirus infected the country, making us ill and forcing us to isolate, shelter, and stop. But it is also thanks to this environment that we were able to maintain a dialogue with friends, supporters, institutions and private citizens.

We believe that trust is made up of **transparency** and must be earned by giving an account of what we do and how we do it, reporting clearly and reliably on the results achieved, our successes, but also our limitations and failures. This is the **social report**, which certifies and represents the correctness of our procedures, processes and activities, is such a useful tool. It's a way of raising awareness of what we've achieved and guiding future projects in the light of our work's impact.

Our deep belief is that international development aid can indeed be an important **instrument of change**. Programmes and projects must be managed carefully and transparently to ensure that the benefits reach the beneficiaries. Data, scientific evidence, and impact measurements are the tools for assessing the work we've achieved, and serve to stimulate discussion and debate. This is why accountability (both in terms of management and our activities), reporting to beneficiaries, to ourselves and to our stakeholders, is the best way to pursue our daily commitment. The heart of volunteering is getting one's hands dirty; its true meaning lies in service, intelligence and passion.

Life is like a thread of wool, the boundary between one side of the world and the other is thin and blurred. Whether we find ourselves on one side or the other can change in an instant. **Humanity is one alone.** That's why our 70-year-long commitment to Africa also includes a focus on our country, which is now facing challenging times. From Italy to Africa, we want to be close to those who are suffering and to continue doing our part.

02/ METHODOLOGICAL FRAMEWORK



OUR FUNDAMENTALS

For 70 years, Doctors with Africa CUAMM has been working to promote and protect the health of people in low-income countries, with the aim of developing and improving health systems. While the approach may have changed based on the growth and development of local associations, Doctors with Africa CUAMM's *modus operandi* has always been:

- **presence on the ground** with health professionals sharing daily challenges with local public and private bodies and institutions;
- continuous **dialogue** with local and international, public and private institutions to ensure our interventions are in line with national and international health policies and standards;
- **ongoing training** and academic training of international and local staff, with a focus on monitoring and operational research as tools for continual healthcare improvement.

PROJECTS

These modes of presence and dialogue have always been implemented within the **project framework**, which serves as a driving force for developing the beneficiary context: analysing the situation, prioritising needs, setting improvement targets and taking the necessary action. The **project's *modus operandi*** is about making the mission of Doctors with Africa CUAMM operational, with CUAMM doctors present on the ground to ensure that vulnerable individuals are taken care of and receive the treatment they need, as well as project-based activities to improve the healthcare system and services from which the whole community can benefit.

Reference documents:

- **Strategic Plan 2008-2015**
Strengthening health systems: the contribution of Doctors with Africa CUAMM to realising the right to healthcare for the poor in the context of the Millennium Agenda
 - **Strategic Plan 2016-2030**
Strengthening health systems to build resilient communities in Africa
- <https://www.mediciconlafrica.org/blog/chi-siamo/la-nostra-mission/piano-strategico-2016-2030/>

These documents focus on the following areas of the health systems:

- **accessibility and fair financing** to reduce inequality,
- **public-private partnership** to optimise joint efforts and avoid duplicating them,
- **ongoing training of local human resources** to build institutional capacity for sustainability,
- **monitoring and evaluating the performance** of healthcare interventions and systems to optimise efficiency and effectiveness, including through operational research on methodologies, strategies and clinical aspects.

As our areas of intervention to strengthen systems, we have chosen the 3 levels of the healthcare system set out by the WHO: the hospital; peripheral health centres; and communities.

- **WHO, 2010, Monitoring the Building Blocks of Health Systems: A handbook of Indicators and their Measurement Strategies, Geneva.**

In order to draw up project proposals in line with these principles, with the aim of achieving maximum effectiveness and obtaining the set objectives, Doctors with Africa CUAMM follows the guidelines for planning and analysing (both district and hospital) systems, based on the same 6 parameters set out by the WHO.

- <https://sdgs.un.org/goals>

The aim was first and foremost to guarantee primary care and help achieve the Millennium Goals (reducing child mortality, reducing maternal mortality, tackling major endemics such as malaria, TB and HIV) and, more recently, the Sustainable Development Goals, specifically:

- **SDG 3 (Good Health and Well-being)**
which includes most of the targets for reducing avoidable illness and mortality starting with maternal and child health, but also chronic diseases and universal coverage and access to healthcare;
- **SDG 2 (Zero Hunger)**
2.2 in particular, to combat all forms of acute and chronic malnutrition;
- **SDG 5 (Gender Equality)**
5.6 in particular, on ensuring universal access to sexual and reproductive health;
- **SDG 6 (Clean Water and Sanitation)**
non-health determinants of health status, as well as several other targets such as education, employment and reducing inequality.

The same frame of reference is also adopted by the international development agencies with which Doctors with Africa CUAMM collaborates in development projects.

- https://www.aics.gov.it/wp-content/uploads/2020/09/Documento_triennale-2019-2021-REV.pdf

In its three-year Planning and Policy Document 2019-2021, the Italian Agency for Development Cooperation sets out the priorities on which to base its development aid policies, referring to the Sustainable Development Goals.

As set out by the European Commission:

- https://ec.europa.eu/info/strategy/international-strategies/sustainable-development-goals_it

by UK development aid:

- <https://www.gov.uk/international-development-funding/uk-aid-direct>

and by the French development agency:

- <https://www.afd.fr/fr>

The synergy between the policies of development aid agencies and donors therefore results in project proposals that are in line with and meet the needs of the beneficiary countries, with a monitoring framework that ties in with the objectives and targets signed by 193 UN countries in September 2015.

MONITORING

International development agencies assess and monitor aid programmes and projects within the framework established by the Organisation for Economic Co-operation and Development's (OECD) Development Assistance Committee (DAC) based on the recently revised 6 pillars of evaluation:

- 1 Relevance**
- 2 Coherence**
- 3 Effectiveness**
- 4 Efficiency**
- 5 Impact**
- 6 Sustainability**

- http://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm?source=post_page-2

These parameters, as a whole, aim to assess whether the implementation of the project achieved the set objectives, and whether these were relevant and coherent within the framework of the local context and other interventions, with a view to ensuring an efficient use of resources and a sustainable impact/outcome.

As such, the monitoring process and ongoing dialogue with stakeholders, be they lenders or beneficiaries, also involves assessing whether the human and financial resources employed are used efficiently, which has always been a particular concern of Doctors with Africa. Indeed, this ties in with our mission of working WITH local partners, and ties in with our *modus operandi* based on economic efficiency even in the technical aspects.

In order to monitor and measure the effectiveness of the projects themselves and the impacts on the SDGs and health systems, we believe it is essential to use internationally recognised indicators and targets, to compare different district and hospital systems and different countries, and to assess various organisational or clinical methods to produce evidence of what works well – and what doesn't – in resource-limited settings.

The first tool used to monitor hospital performance is the Standard Unit of Output (SUO):

→ **Andrea Mandelli, Daniele Giusti, Using HMIS for monitoring and planning: the experience of Uganda Catholic Medical Bureau; Health Policy and Development Journal, Vol. 3, No. 1, April, 2005, pp. 68-76**

a composite indicator made up of the relative costs of five typical hospital services which are constantly available, such as outpatient admissions, hospital admissions, deliveries, prenatal visits and vaccinations; this indicator was developed by Daniele Giusti in the 1990s and is still used by the Ministry of Health in Uganda.

For maternal health, the system of indicators defined in the WHO's 'Monitoring emergency obstetric care' document is used

→ **Monitoring emergency obstetric care: a handbook. World Health Organization 2009**

which sets out indicators of access, coverage, as well as quality of obstetric and neonatal care.

For several years now, all these performance indicators have been used to give an account of the project activities carried out each year, but also to guide future planning through

an interaction between the local reality and stakeholders, health workers first and foremost, local authorities and international public and private partners, as well as the beneficiaries of the health services.

We firmly believe that in addition to the various services and healthcare activities provided each year, the baseline figure must always be correlated to the outcome achieved and target set in the planning phase, so as to ensure ongoing improvement and to optimise the effectiveness of the interventions.

Indeed, alongside the indicators of the **information systems of each country** (where, in addition to the indicators, annual targets are set or aligned to the various SDGs and for major endemics such as malaria, TB and HIV), more recently, with the aim of standardising the indicators and performance measurement systems, a collaboration has been launched with the Management and Healthcare (MeS) Laboratory of the Scuola Superiore del Sant'Anna in Pisa – an institute that has been developing a **system for assessing the performance** of Italian regional health systems for around 15 years.

→ https://www.mediciconlafrica.org/wp-content/uploads/2020/10/Report_CUAMM19_web.pdf

This innovative system was applied in 2019 to 3 different African countries and 4 different systems made up of a non-profit hospital and governmental peripheral health facilities, which led to the publication of a report with 117 indicators, 48 of which were evaluated with reference to benchmarks or international standards, and represented with 5 coloured bands: from 0 (red) to 5 (dark green).



HUMAN RESOURCES

Doctors with Africa CUAMM reaffirms – in line with the 2000 Policy Document and with the 2008-2015 Strategic Plan and subsequent 2016-2030 Plan – that the **human resources** employed for project implementation are its most precious capital.

Indeed, the entire staff management system plays an increasingly important role in staff development in terms of motivation and professionalism, and has crucial responsibilities of recruitment, selection, training, monitoring and evaluation.

Staff recruitment is planned in line with the **Organisation's Strategic Plan**, making vacancies public so as to reach the largest number of human resources, both internationally and nationally (of the host African country); we recruit not only from within the organisation (our own resources to be retained and developed), but also external resources, as an opportunity to expand our pool of professionals.

The resulting selection process is based on fairness and non-discrimination criteria, whereby candidates are considered with no distinction of ethnicity, gender, political affiliation, religion, personal opinions, sexual orientation, and in line with the World Health Organisation guidelines:

→ **Global Code of Practice on the International Recruitment of Health Personnel**

During the selection process, in addition to the essential technical skills, particular attention is paid to the value and motivational aspects which Doctors with Africa CUAMM has always considered to be the key element of its work and a “qualifying and significantly distinctive factor in the *modus operandi*” of the individual staff member, as expressed in *Il carisma al servizio della salute* by De Carlo N.A. and Luzzato G. (2006, pp. 55-59).

A third area of fundamental importance is training, which has always been considered a key aspect in order to ensure a quality service for the beneficiary populations.

All personnel are therefore prepared and trained for the specific mission and, once in the field, recurring on-the-job training is provided for the professional growth of both international and local staff, in accordance with the specific training guidelines set out in the above-mentioned World Health Organisation document.

Lastly, Doctors with Africa CUAMM enters into a written contract with its staff, which is drawn up in compliance with the legislation of the country of reference and any relevant collective bargaining agreements. By signing the contract, all staff members commit to adhere to the mission and the International Red Cross Code of Conduct to which the organisation subscribes.

→ **The Code of Conduct for the International Red Cross and Red Crescent Movement and Non Governmental Organisations (NGOs) in Disaster Relief, 1992**

Specifically, each individual staff member formally assumes the commitment to operate with respect for gender equality and child protection and to protect children and vulnerable adults from sexual exploitation and sexual abuse, by signing the relevant policies drawn up by the organisation in line with international guidelines:

→ <https://www.mediciconlafrica.org/blog/chi-siamo/struttura/>

→ **Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW): basic principles of the United Nations Secretary-General's Bulletin on special measures for protection from sexual exploitation and sexual abuse (ST/SGB/2003/13)**

Doctors with Africa CUAMM assumes responsibility for ensuring the psychological and physical safety of all of its international and national employees. To this end, a special document has been drawn up on the general security principles for its staff and a specific security plan for each African country where we operate:

→ **Guidelines on personnel security. Prevention of and response to road accidents and violence, Doctors with Africa CUAMM (2006)**

Again with a view to safeguarding the well-being of all staff, the organisation has adopted a system of monitoring/ appraising the technical and general skills of its human resources, with the aim of developing the awareness and accountability of each individual operator and to ensure continuous improvement, both their own and that of the organisation itself.

ECONOMIC, FINANCIAL AND EQUITY ASPECTS

In terms of CUAMM's economic, financial and equity aspects, management is guided by the principles of efficient and effective use of available resources in order to achieve the Organisation's mission.

Doctors with Africa CUAMM's financial statements are **audited** by an **independent** auditing firm to ensure they accurately, clearly and fairly represent our financial position and operating results in accordance with the regulatory framework.

The accounting principles adopted comply with those recommended by the Italian National Board of Accountants and Auditors, duly interpreted and adjusted to reflect the Organisation's particular situation where necessary.

The valuation criteria adopted in the drafting of the financial statements comply with the provisions of Article 2426 of the Italian Civil Code.

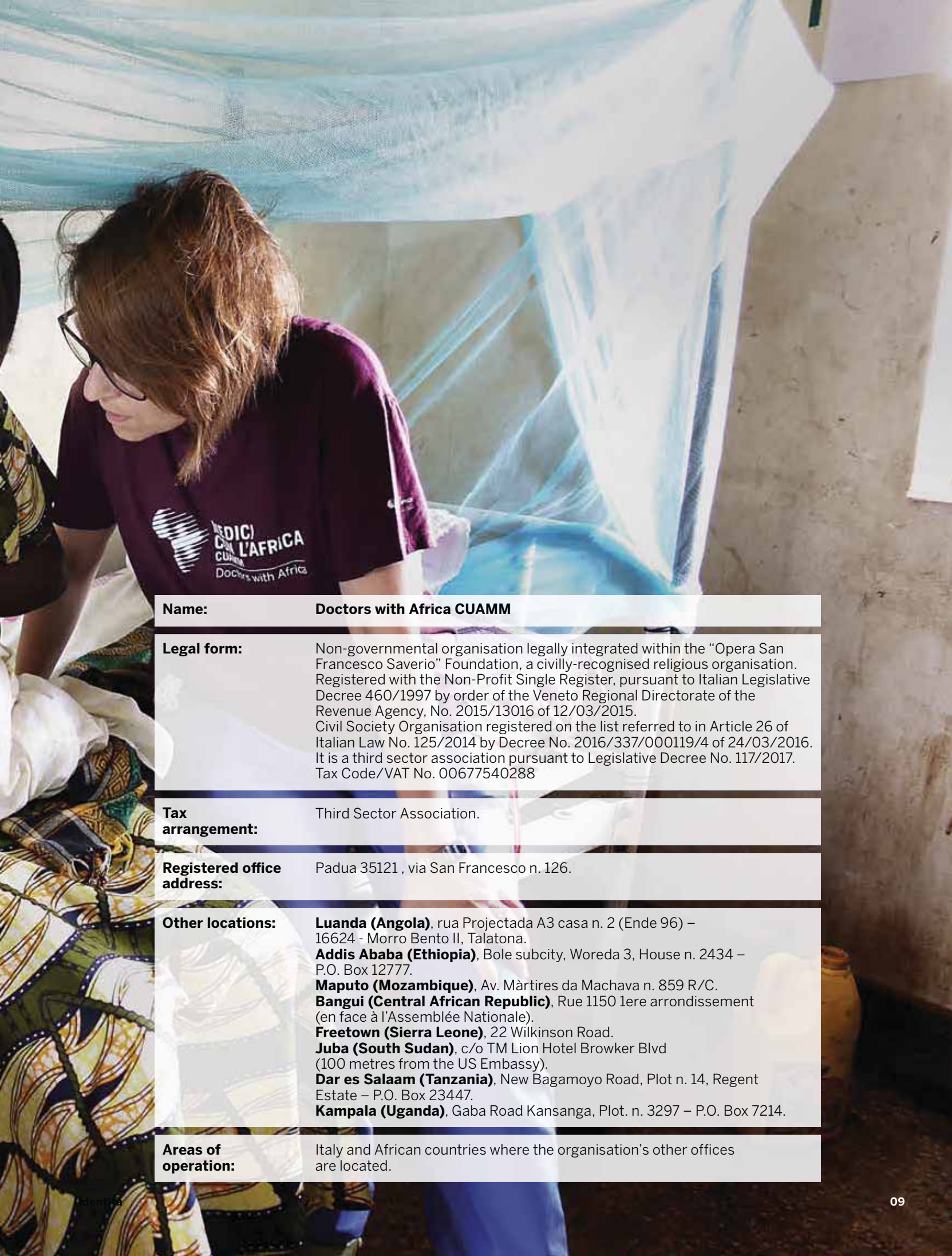
The Organisation's activities are also subject to the supervision of the Board of Auditors inspired by the standards of conduct of the Board of Auditors recommended by the Italian National Board of Accountants and Auditors.

The reporting of individual projects of an institutional nature normally undergoes an independent external audit in order to guarantee to the financing body that the expenses incurred by the body for the project implementation are consistent with the activities covered by the agreement signed with the donor. The Foundation operates in compliance with the regulations on environmental protection, health and safety at work, and privacy laws as established by current national and/or regional legislation.

03/ IDENTITY

<https://doctorswithafrica.org/en/social-report-2020/>





Name:	Doctors with Africa CUAMM
Legal form:	Non-governmental organisation legally integrated within the “Opera San Francesco Saverio” Foundation, a civilly-recognised religious organisation. Registered with the Non-Profit Single Register, pursuant to Italian Legislative Decree 460/1997 by order of the Veneto Regional Directorate of the Revenue Agency, No. 2015/13016 of 12/03/2015. Civil Society Organisation registered on the list referred to in Article 26 of Italian Law No. 125/2014 by Decree No. 2016/337/000119/4 of 24/03/2016. It is a third sector association pursuant to Legislative Decree No. 117/2017. Tax Code/VAT No. 00677540288
Tax arrangement:	Third Sector Association.
Registered office address:	Padua 35121 , via San Francesco n. 126.
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Areas of operation:	Italy and African countries where the organisation's other offices are located.

WHERE WE WORK

[https:// doctorswithafrica.org/en/where-we-work/in-africa/](https://doctorswithafrica.org/en/where-we-work/in-africa/)

DOCTORS WITH AFRICA CUAMM IN FIGURES

70

years

8

countries

23

major hospitals

955

health facilities supported

80

districts

1

university

3

nursing schools and midwives

4,581

human resources on the field of which:

270

European expatriates of which

230

Italians

SOUTH SUDAN

5

hospitals (Cueibet, Lui, Rumbek, Yirol, Maridi)

2

school for midwives (Lui and Rumbek)

245

human resources

3,450

human resources under "extraordinary management"

CENTRAL AFRICAN REPUBLIC

1

hospital (Bangui)

81

human resources

MOZAMBIQUE

4

hospitals (Beira, Montepuez, Nhamatanda and Dondo)

1

university (Beira)

160

human resources

ETHIOPIA

3

hospitals (Turmi, Wolisso, Gambella)

1

school of nursing and midwifery (Wolisso)

115

human resources

SIERRA LEONE

5

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

114

human resources

64

resources under "extraordinary management"

UGANDA

2

hospitals (Aber, Matany)

1

school for nurses and midwives (Matany)

87

human resources

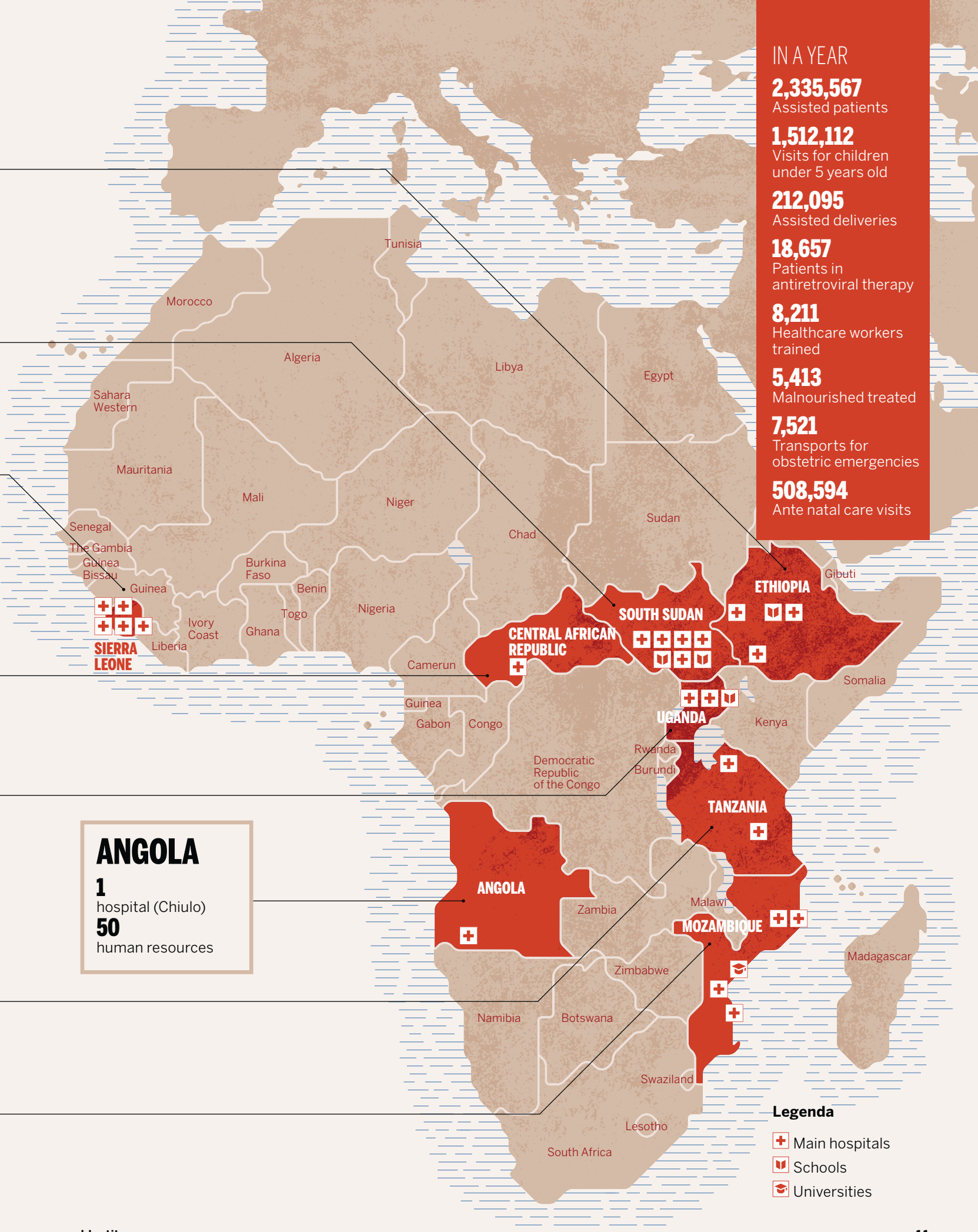
TANZANIA

2

hospitals (Songambele, Tosamaganga)

215

human resources



70 YEARS OF HISTORY

www.mediciconlafrica.org/un-viaggio-lungo-70-anni

3 December 1950
CUAMM is
founded in Padua



1958
CUAMM
begins its
journey in
Uganda

10–11 February 1968
Nyeri Conference

1968
CUAMM begins
its journey
in Tanzania



22 June 1972
CUAMM becomes
the first Italian
NGO in healthcare
assistance



1978
CUAMM
begins its
journey in
Mozambique

1950

1955

1958

1960

1965

1968

1970

1972

1975

1978

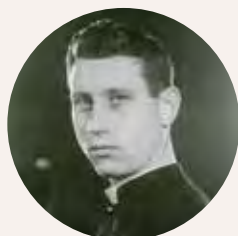
1980

1982

1985

5 May 1955
Dr Anacleto Dal Lago
departs for Kenya

30 August 1955
Don Luigi Mazzucato
becomes Director
of CUAMM



January 1975
CUAMM at the
forefront of
primary health
care

Anacleto Dal Lago presents a paper on CUAMM's intervention criteria in developing countries. The document anticipates what would later be recommended by the WHO in the 1978 Alma Ata conference on the importance of Primary Health Care

1980
CUAMM
begins its
journey to
Ethiopia

15 December 1971
first law on Italian
development aid



June 1982
Tanzanian
President Julius
Nyerere welcomes
CUAMM volunteers
working in
Tanzania at the
presidential palace



25 July 1998
Prof. Francesco
Canova,
creator of CUAMM,
passes away



15 December 2013
War in South Sudan

8 August 2014
Ebola breaks out
in West Africa

September 2014
School for Midwives
in Lui



February 2008
New CUAMM
Director

Don Luigi Mazzucato
ends his term as
Director of Doctors
with Africa CUAMM,
and Don Dante
Carraro takes over
as the new Director.

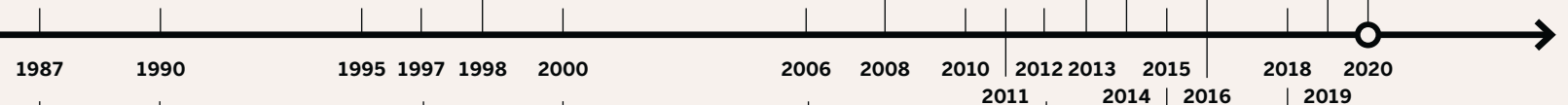


November 2016
'Mothers and Children First.
1,000 Days' programme and
message from the Italian
President

7 May 2016
Audience with Pope Francis

March – April 2019
Tropical cyclones
Idai and Kenneth
hit Mozambique

3 December 2020
Doctors with
Africa CUAMM
turns 70



1987–1990
Construction
of hospital buildings
in Tanzania



1997
1997
CUAMM
begins its
journey
in Angola

2006
CUAMM
begins its
journey
in South
Sudan

23 September 2000
Opening of St. Luke's
Hospital in Wolisso



26 November 2015
Don Luigi Mazzucato
passes away



2012
CUAMM
begins its
journey
in Sierra
Leone

November 2011
Mothers and
Children First

23 March 2011
The book *Il bene
ostinato* by Paolo
Rumiz is published

OUR HISTORY WITH AFRICA

ANGOLA



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, with Global Fund financing, which was implemented through to 2016.

2012

Start of the 'Mothers and Children First' programme to ensure access to safe childbirth 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. 1,000 Days' programme; one thousand days being the period from pregnancy through to the first two years of the child's life.

2018

Start of the DOT pilot programme in 6 towns and 5 provinces. In Chiulo, the hospital's power is supplied by a photovoltaic system.

2019

Start of the "Fresan" integrated programme to tackle acute malnutrition in Cunene province.

ETHIOPIA



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 the intervention in South Omo.

2016

Start of the 'Mothers and Children First. 1,000 Days' programme.

2017

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

2018

Closer 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.

2020

Start of an infrastructure improvement and staff training project in the Somali Region of Harawa district.

MOZAMBIQUE



1978

Start of the intervention with healthcare assistance projects.

1992/1997

Functional rehabilitation interventions for the health network in Sofala province.

1997/2001

Support for the 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. 1,000 Days' programme.

2017

Intervention in Tete province to tackle 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 at primary health and level-4 hospitals. Tropical cyclones Idai and Kenneth severely damage the provinces of Sofala and Cabo Delgado.

CENTRAL AFRICAN REPUBLIC



July 2018

Start of CUAMM's work in the Bangui paediatric complex.

August 2018

Giovanni Putoto, our Planning Manager, met with President Faustin-Archange Touadéra of the Central African Republic, for the launch of the project supporting Bangui Children's Hospital, partly funded by the European Commission's Bêkou Fund.

April 2019

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

November 2019

The Health Minister of the Central African Republic, Pierre Somse, and DG DEVCO Director General Stefano Manservigi visit Bangui Children's Hospital.

December 2019

The Bêkou EU trust fund was renewed for CUAMM and ACF, which extended their activities and cooperation with Bangui Children's Hospital for a further year.

SIERRA LEONE



2012

CUAMM starts work 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 was forced to close during the epidemic.

2016

In Pujehun, start of the 'Mothers and Children First. 1,000 Days' programme and support for the PCMH in Freetown, the country's largest maternal care unit.

2017

Start of support for the Makeni and Bo regional hospitals and Bonthe district hospital. The country's first maternal intensive care unit was opened at PCMH.

2018

The NEMS (National Emergency Medical Service) was launched.

2019

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

2020

The NEMS is handed over to the country's health authorities. Three maternal intensive care units were set up in Bo, Makeni and Pujehun.

SOUTH SUDAN



2006/2012

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

2013/2015

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

2015/2017

Expansion of the public health programme throughout the former Lakes State. Launch of the intervention at Rumbek Hospital.

2017/2018

Response to the famine in the former Unity State with first response in the marshlands around Port 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.

2020

The new paediatrics unit was completed and opened at Rumbek Hospital. The community health programme was extended to all 11 counties. The epilepsy clinic was opened at the hospitals of Lui and Maridi and the Mundri health centre. Start of support for the Rumbek Institute of Health Sciences.

TANZANIA



1968

Work begins to reinforce 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 Iringa and Njombe regions to treat child malnutrition.

2016

Start of the second phase of 'Mothers and Children First. 1,000 Days' (from pregnancy through to the first two years of the child's life) with a focus on nutrition.

2017

The Italian Prime Minister awards 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, noncommunicable chronic diseases and HIV.

UGANDA



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. 1,000 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.

2019

Start of the project to provide visual health support in Arua district.

MISSION AND VALUES

<https://doctorswithafrica.org/en/who-we-are/mission/vision/>

The reference values underpinning the mission and activities of Doctors with Africa CUAMM are:

- **Christian inspiration and ties to the Church:** with clear ongoing reference to Christian values and the Gospel;
- **“con l’Africa”:** the organisation works exclusively “with” African people, involving local human resources at various levels. Being “con l’Africa” (with Africa) emphasises the concept of sharing, deep engagement, exchange, joint effort, shining a light not only on the needs and problems, but also the values tied to the African continent, with a view to long-term development;
- **experience:** Doctors with Africa CUAMM has more than 70 years’ experience working in developing countries;
- **specific** and exclusive **skills** in the field of health care;
- **discretion:** the basic idea is that places the emphasis on those in need of help, and not those helping.

Doctors with Africa CUAMM is for all those who believe in the values of dialogue, cooperation, voluntary work, exchange between cultures, friendship between peoples, defence of human rights, respect for life, willingness to make personal sacrifices, serving the poor, a sense of service, and belief in the intervention criteria. 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. We have two key objectives:

- **to improve the state of health in Africa**, in the belief that health is not a consumer good, but a universal human right for which access to health services cannot be a privilege;
- **to promote a positive attitude towards and solidarity with Africa**, i.e. the duty to help raise institutions’ and the public’s interest, hope and commitment for the future of the continent

POSTCARDS FROM 2020



2 April 2020

A unique journey being the only passenger on an intercontinental flight from Rome to Addis Ababa. Giovanni Putoto, Head of Planning at Doctors with Africa CUAMM, left for Ethiopia at the height of the first wave of the Covid-19 pandemic to support local health authorities in tackling the spread of the virus in the country.

3 April 2020

With its deep commitment to fighting the Coronavirus epidemic in Africa, Doctors with Africa CUAMM donated the first respirator to Health Unit Ulss 6 for Schiavonia Hospital, which had been converted into a Covid hospital.

29 July 2020

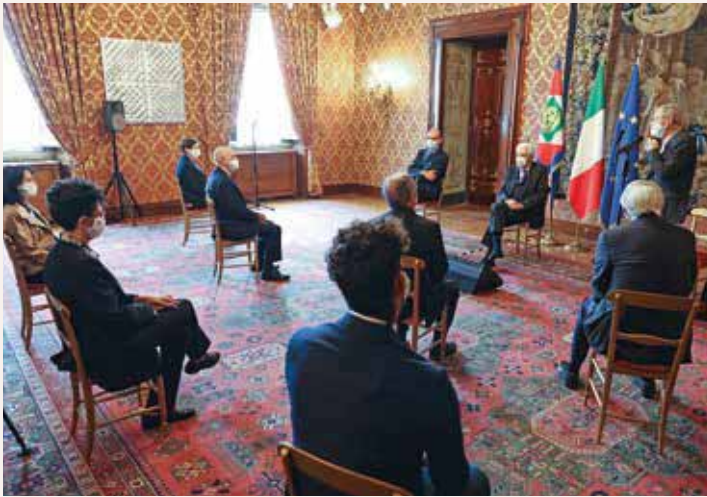
A humanitarian flight leaves from the United Nations Humanitarian Readiness Base (UNHRD) in Brindisi headed for Juba, the capital of South Sudan, with a cargo of materials to fight the country's Covid-19 emergency; the shipment was made available by UN agencies and a network of Italian and international NGOs, including Doctors with Africa CUAMM.

ACTIVITIES

- Doctors with Africa CUAMM operates in the field of **development assistance** in accordance with Law No. 125 of 11 August 2014 as amended (Article 5(1)(n) of Legislative Decree 117/2017).
- Organisation and management of **cultural, artistic or recreational activities of social interest**, including publishing, promotion and dissemination of the culture and practice of voluntary work and activities of general interest as referred to in the article (Article 5(1)(i) of Legislative Decree 117/2017).
- Organisation and management of **activities of social, cultural and religious interest** (Article 5(1)(k) of Legislative Decree 117/2017).
- **Undergraduate and postgraduate education** religious (Article 5(1)(g) of Legislative Decree 117/2017).
- **Scientific research** of particular social interest (Article 5(1)(h) of Legislative Decree 117/2017).

LINKS WITH OTHER THIRD SECTOR BODIES

Doctors with Africa CUAMM is a **member of the Link 2007 network** based in via Germanico n. 198, Rome, Italy.



13 October 2020

Italian President Sergio Mattarella receives a delegation from Doctors with Africa CUAMM to mark its 70th year of activity.

6 November 2020

Doctors with Africa CUAMM wins the "Heroes in Health Awards 2020" prize – a public-private partnership initiative established in 2019 by the Ministry of Health and "Xtraordinary Media" agency, with the support of leading organisations including the World Health Organisation (WHO) – which aims to recognise outstanding and innovative contributions of individuals, non-profit, public and private entities in the health sector in Uganda. *"This award recognises our tireless efforts to improve maternal and child health, particularly in Karamoja. We face daily challenges in our work at various levels: from communities*

through to healthcare facilities, districts and the Ministry of Health. I am proud of all our staff and partners who have made this possible. This award is thanks to everyone involved", we'd like to echo the words of Peter Lochoro, Uganda's country representative, in celebrating this moment.

20 November 2020

Doctors with Africa CUAMM delivers a facility to Ledro to support nursing homes in allowing safe visits from relatives. The new facilities were donated thanks to the support of the US government through the United States Agency for International Development (USAID) to keep nursing homes Covid-free, without the elderly residents losing their visits and moral support.

04/ STRUCTURE, GOVERNANCE AND ADMINISTRATION



GOVERNANCE

SIZE AND STRUCTURE OF THE SOCIAL/MEMBERSHIP BASE

Being an integrated non-profit association of the “Opera San Francesco Saverio” Foundation, Doctors with Africa CUAMM does not have a formally constituted membership base, but it does have a network of over 4,507 volunteers throughout Italy working on its behalf, some of whom are members of established CUAMM Groups, and some who do not belong to associations but are linked to the Organisation through their shared values and projects in Italy and Africa.

GOVERNANCE AND CONTROL SYSTEM, STRUCTURE, RESPONSIBILITIES AND COMPOSITION OF BODIES

As the Third Sector branch of the “Opera San Francesco Saverio” Foundation, Doctors with Africa CUAMM is governed by the Foundation’s Board of Directors, which is made up of eight directors and the Bishop of Padua serving as Chairman.

The Board and its Chairman are responsible for governance through the policy, control and promotion functions. For the three-year period 2018-2020, the Board of Directors was composed as follows (decree of appointment of the Bishop of Padua No. 2942/2018 of 02/02/2018):

- **Chairman:** Mons. Claudio Cipolla
- **Directors:** Pietro Badaloni, Massimo Carraro, Diamante Ortensia D'Alessio, Carmelo Fanelli, Mario Raviglione, Vincenzo Riboni, Alberto Rigolli and Giuseppe Zaccaria.

Audits are delegated to the **Board of Auditors** which reports to the Foundation. For the three-year period 2018-2020, the Board was composed as follows (decree of appointment of the Bishop of Padua No. 2943/2018 of 02/02/2018):

- **Chairman:** Piersandro Peraro
- **Members:** Marco Razzino, Ennio Peruzzi.

The **legal representation and management of Doctors with Africa CUAMM** lies with its Director **Don Dante Carraro**, who was appointed by the Board of Directors for the three-year period 2018-2020 under the resolution of 26 April 2018, by power of attorney of the Chairman of the Foundation, the Bishop of Padua (Deed No. 77293 - Ref. 26685 of 14/06/2018 - Notary Fulvio Vaudano of Padua).

The Director also holds the signatory powers for financial management.

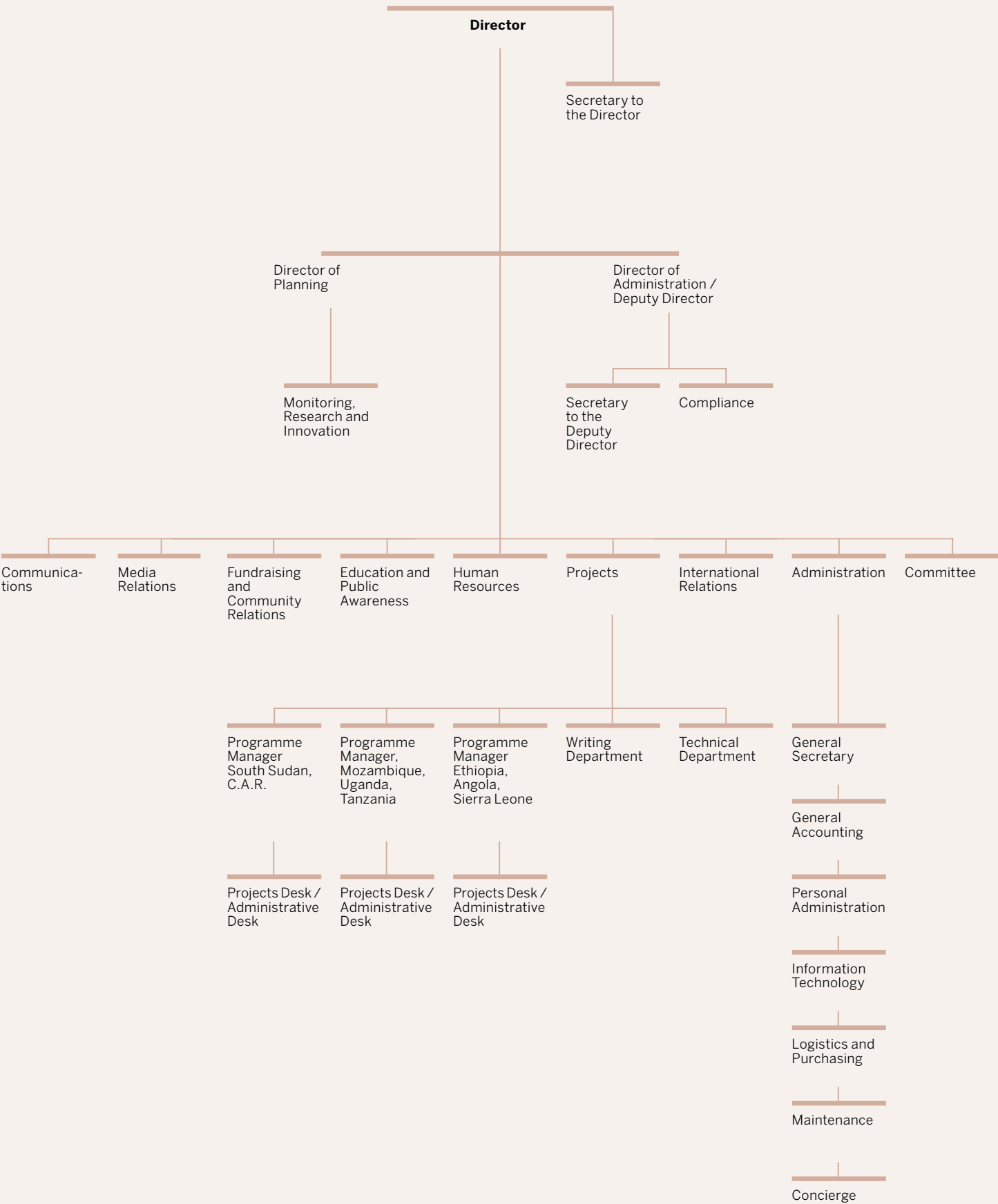
To ensure optimum operational management of the Organisation and to facilitate the performance of certain procedures, some of the Director’s powers are also delegated to the **Administrative Manager** of Doctors with Africa CUAMM, Andrea Borgato, by power of attorney from the Chairman of the Foundation, the Bishop of Padua (Deed No. 77294 - Ref. 26686 of 14/06/2018 - Notary Fulvio Vaudano of Padua). The Administrative Manager is also delegated the functions of **Deputy Director and financial management and control**. In managing the Organisation’s ordinary activities, the Director is assisted by a number of managers, appointed by him, who head up each sector of activity:

- **Planning, Monitoring, Research and Innovation** Giovanni Putoto
- **Project Management** Fabio Manenti
- **Human Resources** Bettina Simoncini
- **Administration** Andrea Iannetti
- **International Relations** Andrea Atzori
- **Communication** Anna Talami
- **Media Relations** Linda Previato
- **Education and Public Awareness** Chiara Cavagna
- **Fundraising and Community Relations** Oscar Merante Boschin.

FURTHER INFORMATION ON ASPECTS RELATING TO INTERNAL DEMOCRACY AND THE PARTICIPATION OF MEMBERS IN THE LIFE OF THE ORGANISATION

The Organisation does not have a membership base, as its legal form is that of the Foundation.

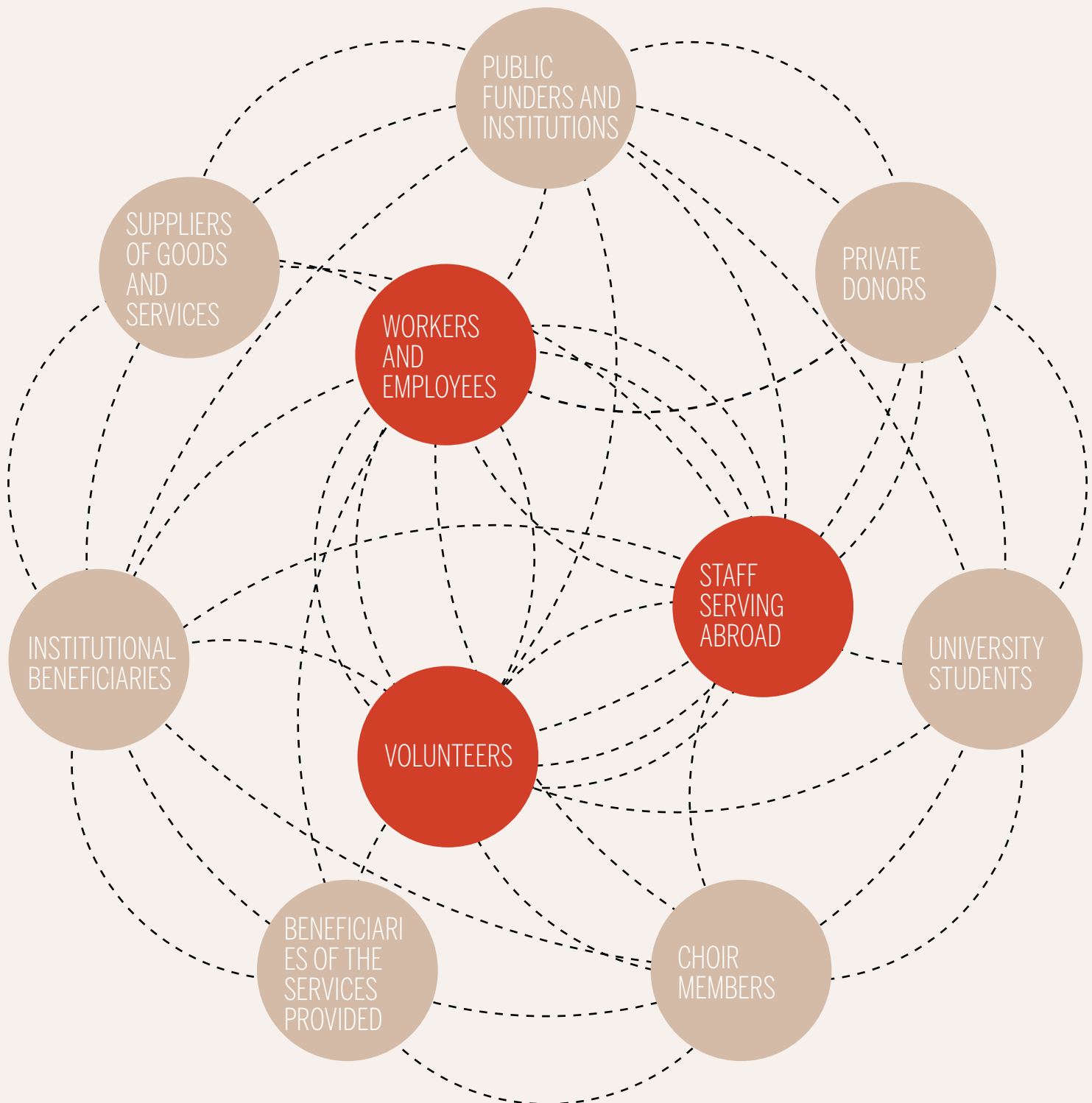
ORGANISATIONAL CHART



STAKEHOLDER MAPPING



We are deeply committed to **accountability**, which is the key to being reliable in the eyes of our supporters. Indeed, we **focus on the relationship with our institutional and private, internal and external stakeholders**: those who believe in what we do and who we are.



	Stakeholders	Interests and expectations	Means of engagement
Internal stakeholders	Workers and employees	<ul style="list-style-type: none"> – achieving the mission objectives, valuing one's own work – stability of the employment relationship – organisational well-being and corporate climate – autonomy of the role – sense of belonging – remuneration and benefits – equal opportunities – training and new skills acquisition/potential for professional growth – health and safety – reconciling the work/life balance 	<ul style="list-style-type: none"> – sharing the Organisation's Code of Ethics and policies – meetings with sector managers – regular meetings with the Director (<i>General Staff Meeting</i>) – regular publications: <i>èAfrica</i> and <i>Salute Sviluppo</i> – the Organisation's weekly newsletter – the Organisation's monthly newsletter – the Director's periodic/thematic newsletter – availability of the Annual Activity Report, including the financial statements – participating in events organised for external stakeholders, particularly the Annual Meeting
	Staff serving abroad	<ul style="list-style-type: none"> – remuneration proportional to the contribution made – valuing one's own work, achieving the mission objectives – autonomy of the role – sense of belonging – moral/social gratification – equal opportunities – training and new skills acquisition/potential for professional growth – health and safety 	<ul style="list-style-type: none"> – sharing the Organisation's Code of Ethics and policies – field meetings in Africa with the Director and Sector Managers – regular publications: <i>èAfrica</i> and <i>Salute Sviluppo</i> – the Organisation's weekly newsletter – the Organisation's monthly newsletter – the Director's periodic/thematic newsletter – availability of the Annual Activity Report, including the financial statements – participating in events organised for external stakeholders
	Volunteers	<ul style="list-style-type: none"> – an environment matching their psychophysical profile – sense of belonging – moral/social gratification – training and new skills acquisition/potential for professional growth 	<ul style="list-style-type: none"> – sharing the Organisation's Code of Ethics and policies – meetings with the Director and some Sector Managers – regular publications: <i>èAfrica</i> and <i>Salute Sviluppo</i> – the Organisation's weekly newsletter – the Organisation's monthly newsletter – the Director's periodic/thematic newsletter – availability of the Annual Activity Report, including the financial statements – participating in events organised for external stakeholders, particularly the Annual Meeting.
External stakeholders	Public funders and institutions	<ul style="list-style-type: none"> – rational allocation of resources – assessing the organisation's effectiveness of action – comparison with similar bodies – transparency of the organisation's information – transparency of the initiatives to be supported 	<ul style="list-style-type: none"> – sharing the organisation's Code of Ethics and policies – meetings with the Director and/or Sector Managers – regular publications: <i>èAfrica</i> and <i>Salute Sviluppo</i> – audio video production – media coverage – availability of the Annual Activity Report, including the financial statements – participating in events organised for external stakeholders, particularly the Annual Meeting

External stakeholders	Private donors	<ul style="list-style-type: none"> – rational allocation of resources – assessing the organisation's effectiveness of action – comparison with similar bodies – transparency of the organisation's information – transparency of the initiatives to be supported 	<ul style="list-style-type: none"> – sharing the Organisation's Code of Ethics and policies – meetings with the Director and some Sector Managers – letter of thanks for a donation received – regular publications: <i>èAfrica</i> and <i>Salute Sviluppo</i> – the Organisation's weekly newsletter – the Organisation's monthly newsletter – the Director's periodic/thematic newsletter – availability of the Annual Activity Report, including the financial statements – participating in events organised for external stakeholders, particularly the Annual Meeting
	Suppliers of goods and services	<ul style="list-style-type: none"> – maintaining the supply relationship – solvency of the organisation – meeting deadlines – enforcing contractual rules and ensuring compliance with ethical standards 	<ul style="list-style-type: none"> – sharing the Organisation's Code of Ethics and policies – meetings with the Deputy Director and the Head of Administration – availability of the Annual Activity Report, including the financial statements – participating in events organised for external stakeholders, particularly the Annual Meeting
	Institutional beneficiaries	<ul style="list-style-type: none"> – providing services at quality levels and professionalism in line with the requirements – transparent information – verification of the services provided 	<ul style="list-style-type: none"> – institutional meetings and events (launch and completion of projects, inaugurations of facilities, international days, etc.) – workshops to monitor the implementation of activities – collaboration in developing ministerial guidelines on health issues – availability of project reports – availability of the Annual Activity Report, including the financial statements – sharing the Organisation's Code of Ethics and policies
	Beneficiaries of services provided	<ul style="list-style-type: none"> – universality and non-discrimination in delivering services – offering services with high levels of quality and professionalism – transparent information – continuity in the delivery of services 	<ul style="list-style-type: none"> – provision of services to individuals – information and awareness-raising activities on social and health issues (community meetings, coffee ceremonies, cooking demonstrations, radio campaigns, etc.) – distribution of information tools and materials (brochures, mama kits, emergency kits)
	Trainees	<ul style="list-style-type: none"> – training and new skills acquisition – potential for professional growth – post-placement job opportunities – sense of belonging 	<ul style="list-style-type: none"> – sharing the Organisation's Code of Ethics and policies – meetings with the Director and some Sector Managers – regular publications: <i>èAfrica</i> and <i>Salute Sviluppo</i> – the Organisation's weekly newsletter – the Organisation's monthly newsletter – the Director's periodic/thematic newsletter – availability of the Annual Activity Report, including the financial statements – participating in events organised for external stakeholders, particularly the Annual Meeting
	University students	<ul style="list-style-type: none"> – sense of belonging – training and new skills acquisition – potential for professional growth – moral and social gratification 	<ul style="list-style-type: none"> – sharing the Organisation's Code of Ethics and policies – meetings with the Director and some Sector Managers – regular publications: <i>èAfrica</i> and <i>Salute Sviluppo</i> – the Organisation's weekly newsletter – the Organisation's monthly newsletter – the Director's periodic/thematic newsletter – availability of the Annual Activity Report, including the financial statements – participating in events organised for external stakeholders, particularly the Annual Meeting

05/ PERSONNEL



IN AFRICA

The global context of cooperation and the socio-political contexts of the individual African countries in which Doctors with Africa carries out its health projects are increasingly complex and constantly changing.

Against this backdrop, it is even more necessary to rely on motivated and professionally prepared human resources and increasingly hone their skills of analysis, research, and knowledge of the local reality, planning and organisation. Doctors with Africa CUAMM recruits and selects its human resources both from its internal pool (made up of staff who have already worked with the Organisation – capital who we strive to retain and grow) and externally, by turning to professionals:

- **European internationals** (*expats*);
- **African internationals** (*expats*) from countries neighbouring those where we operate;
- **nationals** (*locals*) from the country of operation.

The year 2020 has been notoriously difficult due to the Covid-19 pandemic: the African countries in which CUAMM operates closed their borders, making it impossible to send staff to work on the ground. At the same time, some of the aid workers ended their collaboration by returning to their own countries: the teams remaining on site were therefore reduced, resulting in an increased workload and difficulties in meeting many needs.

In 2020, Doctors with Africa CUAMM managed 4,581 human resources, 3,450 of whom were under “extraordinary management” in South Sudan and 64 in Sierra Leone (see further information). Out of the total number of human resources managed, **1,067 are staff involved in projects, 763 of whom are qualified professionals** (not only health professionals, but also administrative, logistics and community experts), while **304 are support staff**.

SUPPORTING THE HEALTH SYSTEM IN SOUTH SUDAN

South Sudan is still very fragile and unable to manage and support its health services. There is therefore a special funding mechanism whereby the role of managing the resources allocated by large international donors to the health sector lies with NGOs. Of these NGOs, **Doctors with Africa CUAMM was designated as the Organisation to support the health system in 13 counties, supporting the local authorities with a total of 135 peripheral health facilities and 5 hospitals.**

Doctors with Africa CUAMM' resources and delegated functions also include those relating to managing local health and nutrition staff, by topping up the government salary of **2,050 staff and giving a bonus to 1,400 village health and nutrition workers**. We will continue with this “extraordinary management” until the government has the ability and resources to manage the staff of its health facilities by itself.

EXTRAORDINARY MANAGEMENT IN SIERRA LEONE (NEMS)

The **National Emergency Medical Service (NEMS), Sierra Leone's first national service for health emergencies** continued operations in 2020. Doctors with Africa CUAMM launched the scheme 2018 with the support of the World Bank and Sierra Leone Ministry of Health, in partnership with the Veneto Region and Crimedim. In 2020, the service's 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 logisticaltechnical field, 8 employees in management and administration, and 8 support staff.**

As stipulated in the agreement with the Sierra Leone Ministry of Health, in September 2020, the project phase under the direct management of Doctors with Africa CUAMM came to an end and **management was gradually handed over to the Ministry, with CUAMM providing technical assistance support** to ensure NEMS became a permanent service of Sierra Leone's national health system.

PROFILE, AGE AND GENDER OF THE STAFF

It is important to note that 74% of doctors are European internationals, while 80% of non-medical health personnel are (local) nationals. These figures show that **Doctors with Africa CUAMM gives priority to investing in building the capacity of local staff, while sending international staff to fill positions for which the African countries still lack available local professionals.**

In terms of gender, the international personnel are made up of 121 males and 149 females.

Of these 270 staff members, 44% are in the under-35 age group; 54% are between age 35 and 55; and 20% are over-55s.

Of the international African professionals, out of the 45 staff members involved in the projects, 31 are male and 14 are female.

Of these, 16 are under 35; 27 are in the 35-55 range and 2 are over 55.

Of the 752 national staff, 69% are men; in terms of age, 43% are under 35; 54% are 35-55 and 3% are over 55 years old.

SELECTION AND TRAINING

The staff selected to fill the various project positions are prepared and trained prior to departure; they receive information and specific documents to prepare them for the job and the setting. They are then sent to CUAMM's offices to complete their training (in Italy in the case of European internationals and on site for African international and national staff).

Throughout the year, **105 pre-departure preparation days were organised** in Italy, partly in person and partly remotely due to the Covid-19 pandemic, and one week of training for young administrators. After their training, **138 European international professionals** left to join the human resources already working on the ground. The number of departures was significantly lower than usual due to the global situation in 2020.

JUNIOR PROJECT OFFICER (JPO) INITIATIVE

The **Junior Project Officer (JPO)** initiative has now reached its 19th 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.

Since 2001, 241 postgraduates from universities all over Italy have gone to Africa, and despite the complex situation, 25 were deployed in 2020.

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 international development aid.

In 2020, unfortunately the number of these young people in training was significantly lower than previous years due to the Covid-19 pandemic. Therefore, we sent just **5 young people with different backgrounds** to join our partners in the field for a training period with a view to future placement in our projects.

To find out more about opportunities for young people, see the 'Education and Awareness Raising' section and visit our website www.mediciconlafrica.org.

THE ORTHOPAEDIC GROUP

Founded in 2002, the orthopaedic group brings together professional specialists (orthopaedists, physiotherapists, and nurses) who support ongoing projects with fundraising, technical support, and consultancy.

The orthopaedic projects take place at St. Luke's Hospital in Wolisso (Ethiopia) where there is an Ethiopian orthopaedist and 2 orthopaedic residents from the Saint Paul University of Addis Ababa (Ethiopia) and at the Complexe Hospitalier Universitaire Pédiatrique de Bangui (Central African Republic) which has one local orthopaedic surgeon. In 2020, due to the Covid-19 pandemic, there were no short-term Group missions, but

3 orthopaedic trainees alternated in Ethiopia as JPOs and the necessary orthopaedic material continued to be sent out. The quarterly group meetings became two webinar meetings. The group's president is Luigi Conforti.

STAFF SERVING IN AFRICA IN 2020

4,581
human resources



1,067

human resources involved
in the projects, including:

763

qualified professionals including:

448

African nationals (*locals*)

45

African internationals
(*expats*)

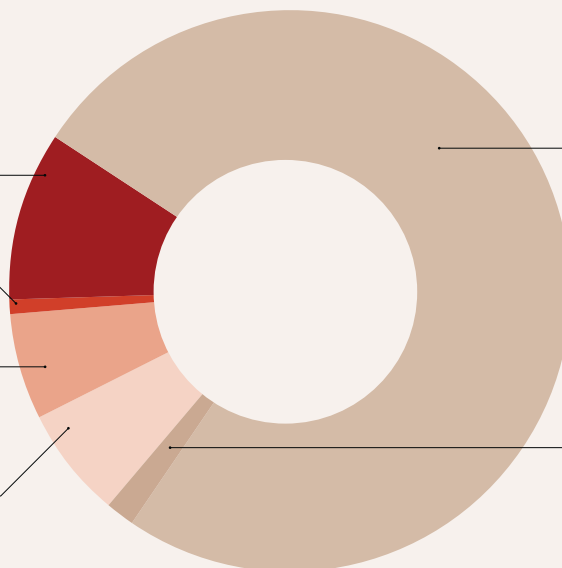
270

European internationals (*expats*)

including 230 Italians

304

support staff



3,514

human resources
under "extraordinary
management",
including:

3,450

human resources
under "extraordinary
management"
in South Sudan

64

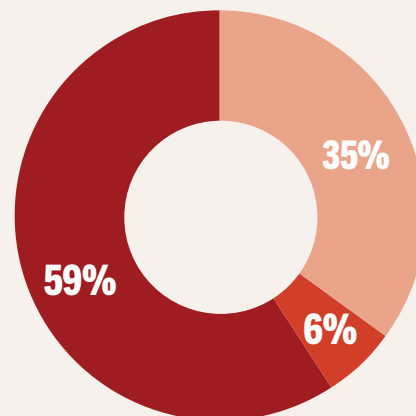
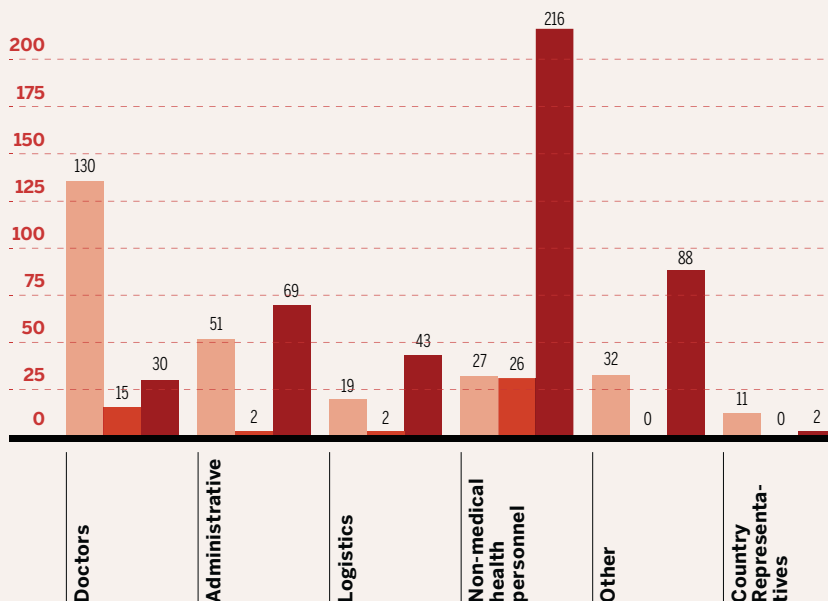
human resources
under "extraordinary
management"
in Sierra Leone

PROFESSIONAL PROFILE AND BACKGROUND OF QUALIFIED PERSONNEL

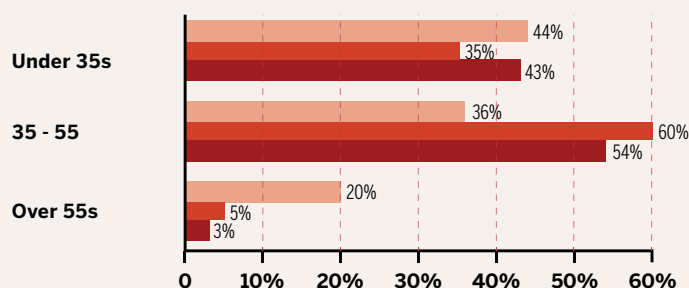
European
international
staff (*expats*)

African
international
staff (*expats*)

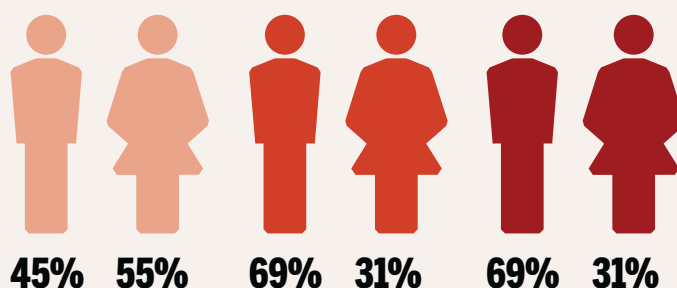
National
(*local*)
staff



AGE RANGES



GENDER

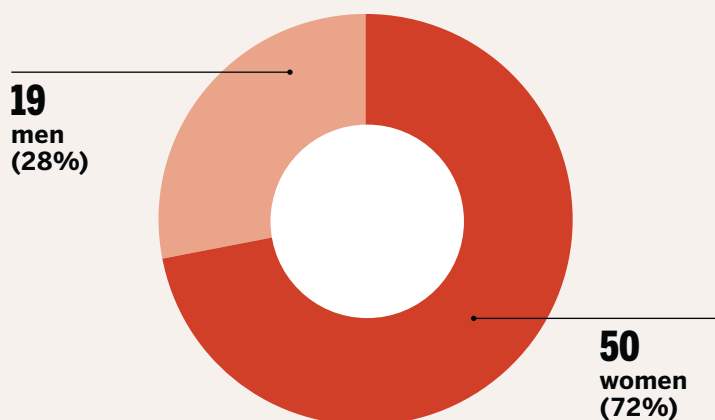


IN ITALY

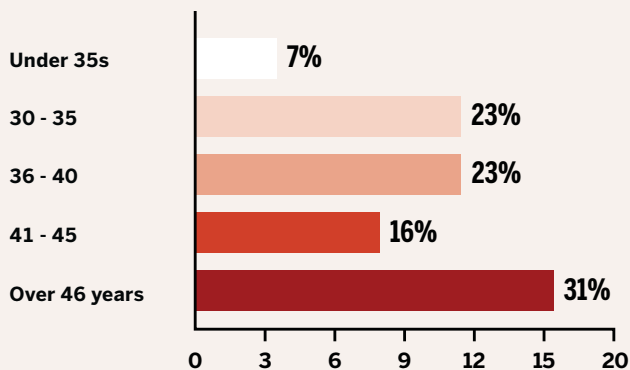
Doctors with Africa CUAMM's personnel serving in Italy in 2020 is made up of 60 employees and 9 collaborators, 72% of whom are female (50) and 28% are male (19). Of these, 7% are under 30, 23% are in the 30-35 age range, 23% are age 36-40, 16% are age 41-45 and 31% are over 46. In terms of years of service, 41% of staff have less than 5 years in the organisation, 23% have between 5 and 10 years, 14% have 11-15, and 22% have been serving for more than 15 years.

STAFF SERVING IN ITALY IN 2020

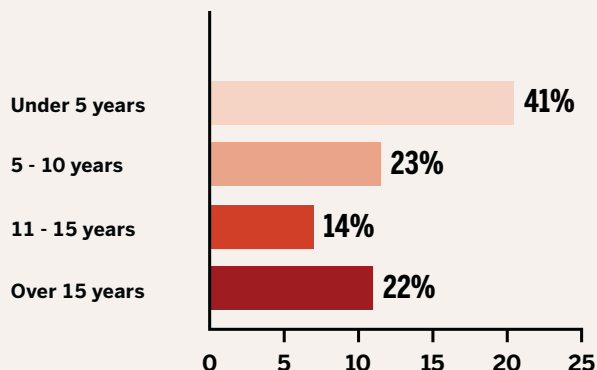
69
human
resources
including:
60
employees
9
associates



AGE



YEARS OF



REMUNERATION STRUCTURE

ITALY OFFICE STAFF

The employment relationship with staff at the headquarters is preferentially regulated by employment contracts which refer to the National Collective Bargaining Agreement AGIDAE. Co.Co.Co. contracts are entered into for some collaborators.

The Organisation complied with the ratio of maximum/minimum gross annual remuneration of employees as provided for in Article 16 of Legislative Decree no. 117/2017.

PROJECT STAFF IN AFRICA

The employment relationship with the project staff in Africa is regulated through Co.Co.Co. contracts as provided for by the national collective bargaining agreement signed on 9/4/2018 with the FeLSA CISL - NidiL CGIL - UILTemp trade unions, regulating coordinated and continuous project collaborations.

VOLUNTEERS

Volunteers at the headquarters are reimbursed for their expenses based on proper documentation proving the expenses they incurred for the Organisation's activities. A total of € 1,401.71 was reimbursed in 2020.

BOARD OF DIRECTORS

Pursuant to Article 14 of Legislative Decree no. 117/2017, no remuneration was paid to the members of the Board of Directors.

BOARD OF AUDITORS

Pursuant to Article 14 of Legislative Decree no. 117/2017, no remuneration was paid to the members of the Board of Auditors.



06/ ACTIVITIES AND RESULTS

The **Covid-19** pandemic has shown that we are all bound by the same destiny. Doctors with Africa CUAMM acted to launch an **emergency intervention from Italy to Africa**.





FOCUS ON COVID-19 IN ITALY

1. Doctors with Africa CUAMM volunteers in the ghettos of the Foggia area
2. Food distribution in La Spezia
3. Triage facility at Cremona hospital



1



2

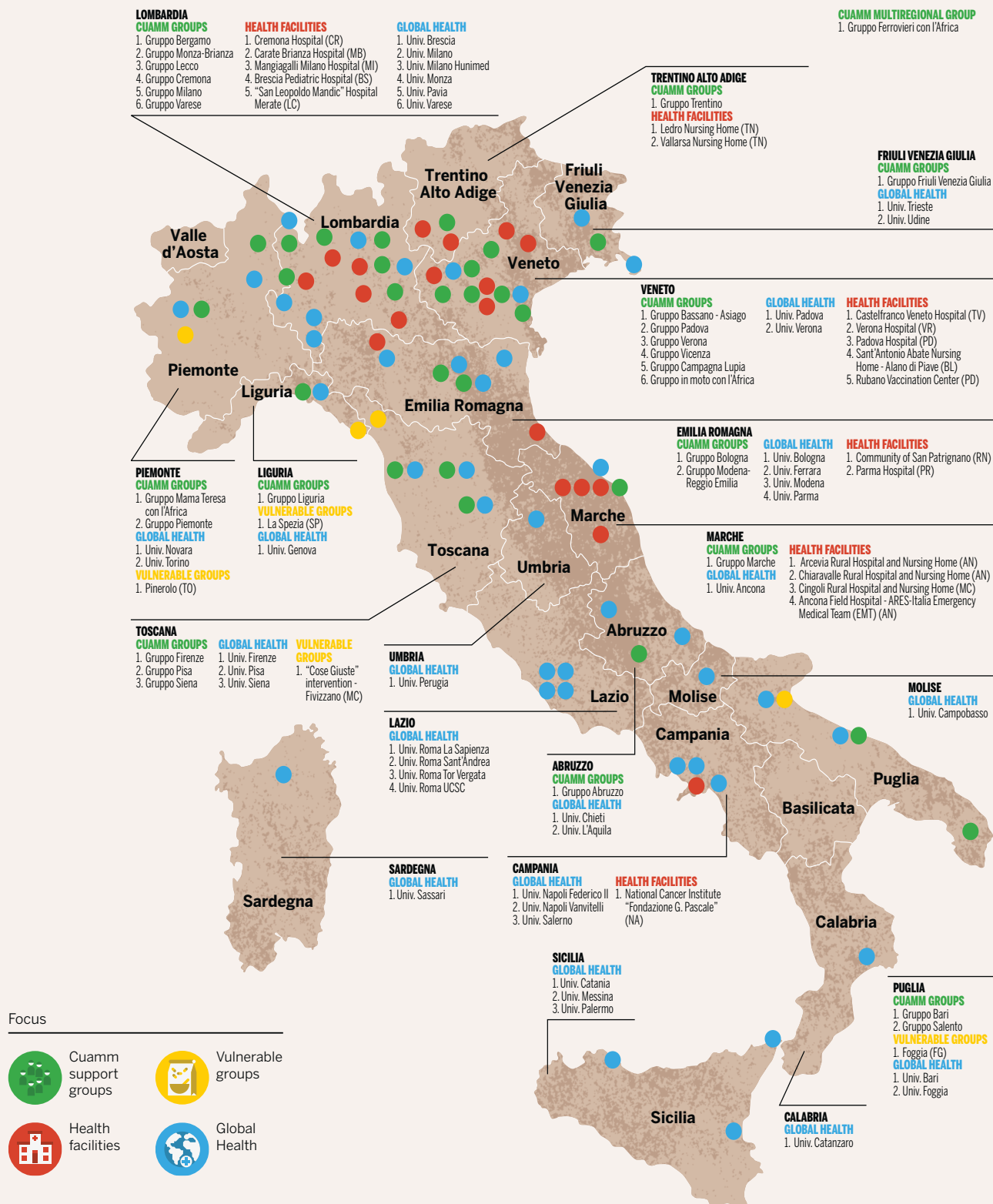


3

SUPPORTING THE MOST VULNERABLE COMMUNITIES IN ITALY

Doctors with Africa CUAMM launched the **Italian Response to Covid-19 (IRC19)** project, with support from the US Government Cooperation Agency USAID. The project is part of a structured plan developed by CUAMM in Italy to reinforce a network of volunteers, professionals and health trainers, **and promote**

a preventive response to Covid-19, with a particular focus on the most vulnerable and marginalised communities. The project promotes dialogue between the various national bodies for the protection of specific vulnerable groups, support for health workers and global health education.



HEALTHCARE ASSISTANCE IN TIMES OF COVID-19

THE FIGURES

18

tents and triage areas

352,985

masks

9,305

litres of sanitiser gel

1,934

operators trained

10,305

infrared thermometers

193

pulse oximeters

38

oxygen concentrators

46

oxygen cylinders

SECURING HEALTH SYSTEMS IN AFRICA

The year 2020 was the year of the Covid-19 pandemic, which had a major impact on African health systems, resulting in reduced admissions to health services due to fear of infection.

Doctors with Africa CUAMM's priority has been to make the 23 hospitals it supports, its health workers and the communities they serve safe.

Our most urgent commitment was to provide:



personal protective equipment (PPE) for health and non-health workers



equipment to disinfect rooms



the minimum equipment for diagnosis and clinical management, tents to set up triage areas, and isolation units.

Sessions were organised on:



staff training on handling suspected cases



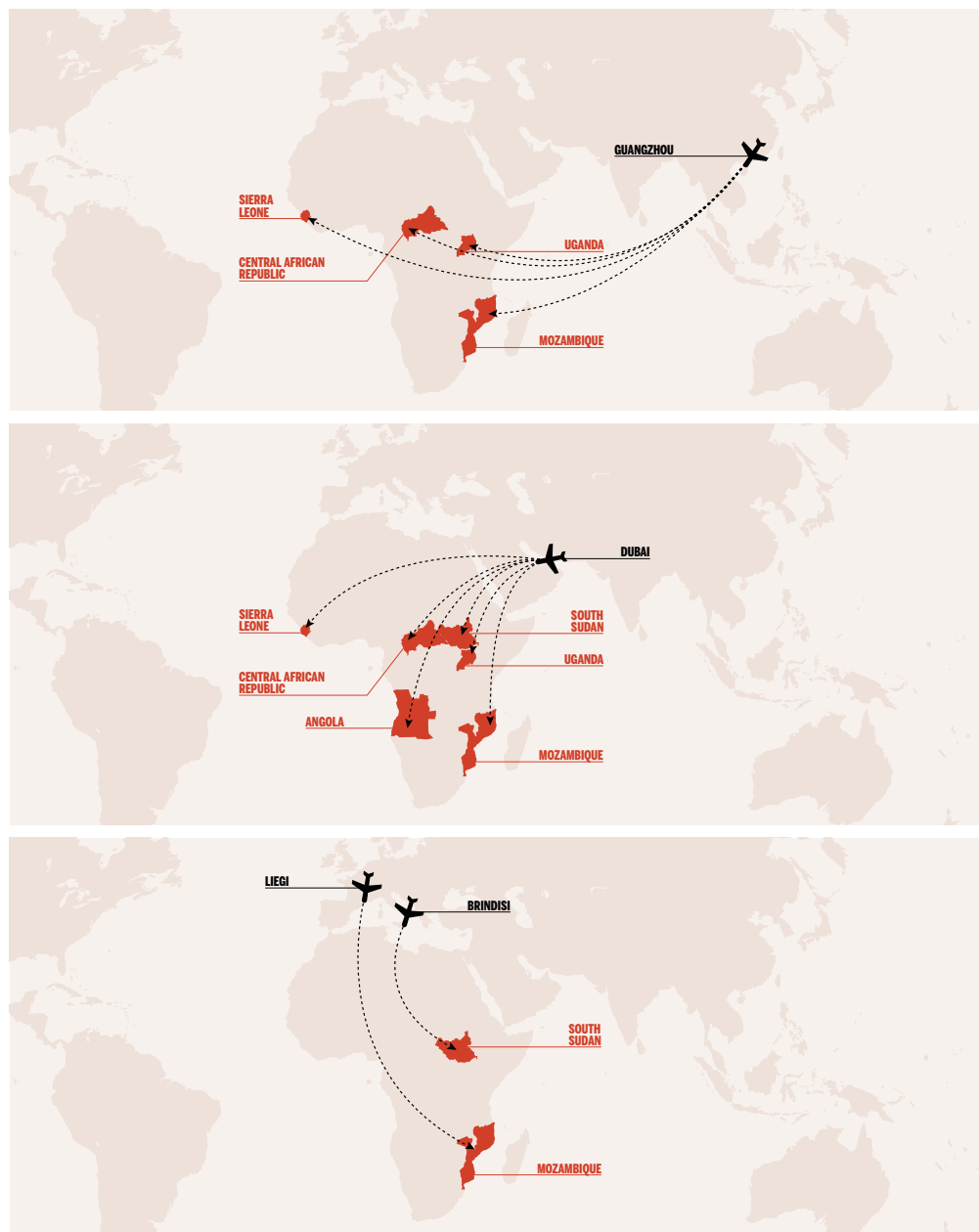
awareness-raising activities at Community level to encourage good practices.

AN INTERNATIONAL LOGISTICS NETWORK

Thanks to its international partnerships, during the first wave of the pandemic, **Doctors with Africa CUAMM became a partner of UNHRD (United Nations Humanitarian Response Depot). UNHRD is a network of six UN logistics centres whose role is to provide rapid responses to humanitarian emergencies all over the world.** This partnership agreement made it possible to gain free access to the agency's services and, in turn, respond more quickly to the emergency situation triggered by Covid-19 in Africa.

This network gave Doctors with Africa CUAMM the ability to purchase on the best terms, store and send on 16 flights all goods needed to tackle the emergency, including personal protective equipment, the basic equipment for diagnosis and clinical management, tents to set up triage areas and isolation units.

CARGO FLIGHT ROUTES



LOGISTICS

10

suppliers from all over the world

102 m³

total volume of materials

13,730 kg

total weight of goods shipped

629,000 USD

total value of goods shipped

135,000 USD

total value of flights

16

cargo flights

36

humanitarian personnel

ANGOLA

<https://doctorswithafrica.org/en/where-we-work/in-africa/our-work-in-angola/>

IN 2020

In Angola, the Covid-19 pandemic adversely affected project implementation amid major restrictions on movement between provinces and the closure of air flights for several months. In particular, one of the projects launched to combat acute malnutrition in Cunene, which started in January, was suspended until the end of the year given the inability to send dedicated health personnel. However, we were able to continue the activities of the projects underway in Luanda to **fight and prevent infectious diseases** (tuberculosis and HIV/AIDS) and **manage chronic diseases** (hypertension and diabetes). We also helped provide the health centres and health staff we work with with PPE and sanitation materials to tackle the spread of the Sars-Cov-19 virus. Support for the **National Tuberculosis (TB) Control Programme** concluded with the C-DOTS (Community-based directly observed treatment) pilot project in 6 municipalities in 5 provinces, which involved over 200 community agents, with over 88% of patients diagnosed with TB followed by a community agent and completing their treatment. Support for two specialised facilities was completed in Luanda (DAT Centre and Sanatorium Hospital) **to improve diagnostic services and digitalise health registers**. This also proved quite effective in improving

treatment adherence (although the data is limited and not statistically significant due to the small number of cases followed). Analysis was possible thanks to the digitisation of the data. In the area of **maternal and child health**, support continued for the Chiulo Hospital in Cunene Province, albeit with a reduced number of staff. Thanks to the presence of dedicated local staff who were trained during the years of Doctors with Africa CUAMM's presence in the field, we have been able to support the running costs of the hospital, but above all we've been able to pursue our **public health activities** through the *brigadas moveis* (which guarantee vaccinations for children and the distribution of iron and folic acid for pregnant women) in Ombadja, supporting pregnant women housed in facilities while waiting to give birth (*casas de espera*), and ensuring the presence of traditional midwives, who continued to carry out local information and awareness-raising activities in the town of Ombadja.

2020 SNAPSHOT

50

human resources

64

health facilities supported

1,031,234 €

invested in projects

COUNTRY PROFILE

Luanda
Capital



241
per 100,000
live births
Maternal
mortality rate

32,866 million
Population

1,247,000 km²
Area

16.7 anni
Average age of
the population



77.2
per 1,000
live births
Under-five
mortality rate

58.4/64 anni
Life expectancy
(m/f)

5.3
Average number
of children per
women



51.6
per 1,000
live births
Neonatal
mortality rate

148th
out of 189
countries
Human
Development
Index



WHERE WE WORK



Supporting the national tuberculosis control programme with digitising patient data

1 Hospital *Luanda*

1 Anti-tuberculosis dispensary

6,542,944 population served

CUNENE PROVINCE

Town of Ombadja

1 hospital *Chiulo*

36 health centres

323,957 population served



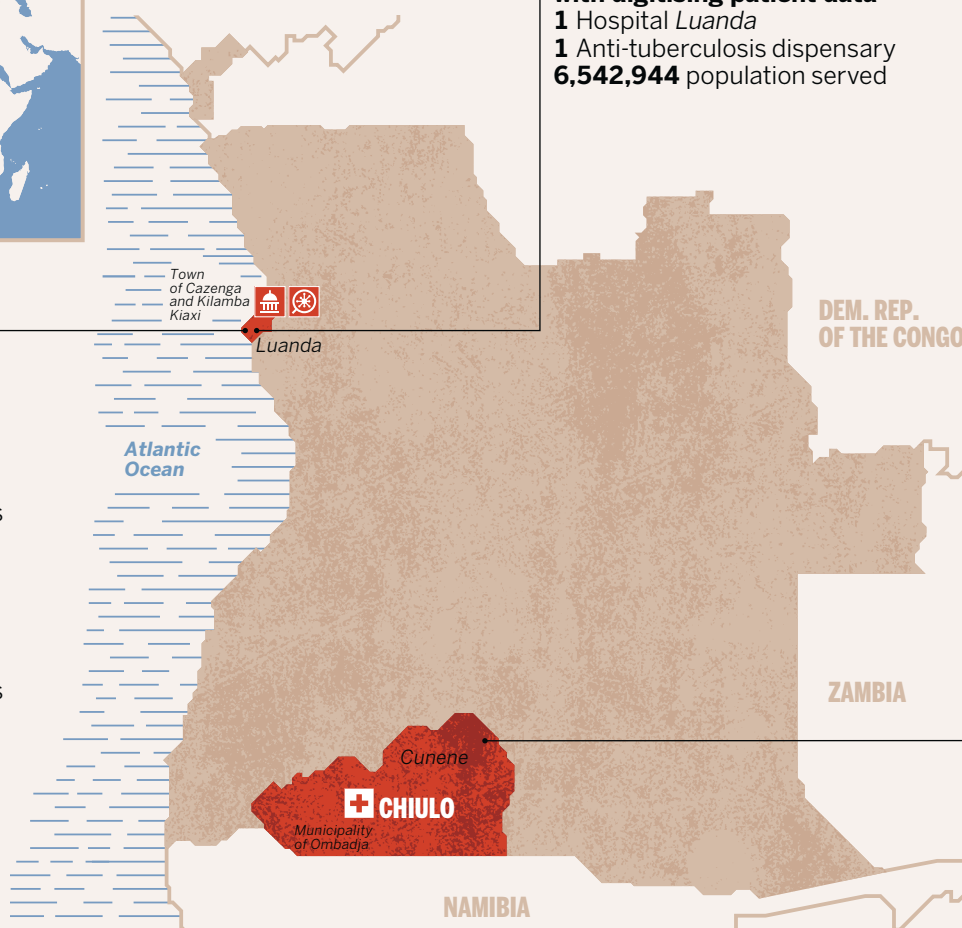
LUANDA PROVINCE

Town of Cazenga

6 health centres supported for diabetes and hypertension





Town of Kilamba Kiaxi

8 health centres supported for testing and treating HIV/AIDS



0 125 250 km

RESULTS ACHIEVED

	CHILD AND MATERNAL HEALTH	12,649 prenatal visits	1,647 attended births	3,821 visits of children under 5 years of age
	NUTRITION	284 children treated for severe acute malnutrition		
	INFECTIOUS DISEASES	3,109 patients treated for tuberculosis	16,878 patients treated for malaria	
	ONGOING TRAINING	120 midwives		

ETHIOPIA

<https://doctorswithafrica.org/en/where-we-work/in-africa/our-work-in-ethiopia/>

IN 2020

The year 2020 was characterised by the Covid-19 pandemic, causing restrictions on movement and reduced availability of air flights, which in the first phase resulted in a **major reduction in the presence of our operators** at Wolisso Hospital, where it wasn't until August that international staff were restored to support critical services, such as internal medicine and paediatrics.

Moreover, as in many countries, the effects of the restrictions in Ethiopia meant admissions to the hospital were significantly reduced, resulting in reduced revenue.

The challenging financial situation had to be addressed through the use of extraordinary aid, which was made available to support the wage increase for health workers as decided by the country's health authorities. Despite these difficult circumstances, in 2020 the **new neonatology department at Wolisso Hospital** was completed.

The effects of the pandemic have also been felt, albeit to a lesser extent, in the other more isolated regions where Doctors with Africa CUAMM operates, which faced difficulties in implementing activities on schedule. In **South Omo Zone**, the maternal and child health intervention continued, with support for **Jinka Hospital and Turmi Hospital**. In the Gambella region, the project to reduce unequal access to health services, particularly for mothers and

children ended at the end of the year in the Gambella region, and work continued for **South Sudanese refugees at the Nguenyiel camp** to improve infrastructure, equipment, staff training and the referral system. Project activities continued to develop national neonatal intensive care guidelines, and improved diabetes services in 15 national hospitals in partnership with the Ethiopian Ministry of Health, the Ethiopian Society of Paediatrics, the Ethiopian Diabetes Association and St. Paul's University Hospital in Addis Ababa and the Tulu Bolo District Hospital in the Southwest Shewa Zone. In spite of the difficulties tied to the pandemic, a health intervention was carried out in Harawa District in Somali Region, in collaboration with a local NGO for **infrastructural improvements and staff training** at the District health centre. The political situation in the country – with various hostilities between different ethnic groups – has worsened since November amid the crisis in the Tigray region. On top of this is an economic situation where the currency has gradually devalued by 33% over the year and the inflation rate stands at 20.16%.

2020 SNAPSHOT

115

human resources

187

health facilities supported

3,481,121 €

invested in projects

COUNTRY PROFILE

Addis Abeba
Capital



401
per 100,000
live births
Maternal
mortality rate

112,078,730
million
Population

1,104,300 km²
Area



19.5 years
Average age of
the population

55.2
per 1,000
live births
Under-five
mortality rate

64.7/68.5 years
Life expectancy
(m/f)



4.1
Average number
of children per
women

39.1
per 1,000
live births
Neonatal
mortality rate

173rd
out of 189
countries

Human
Development
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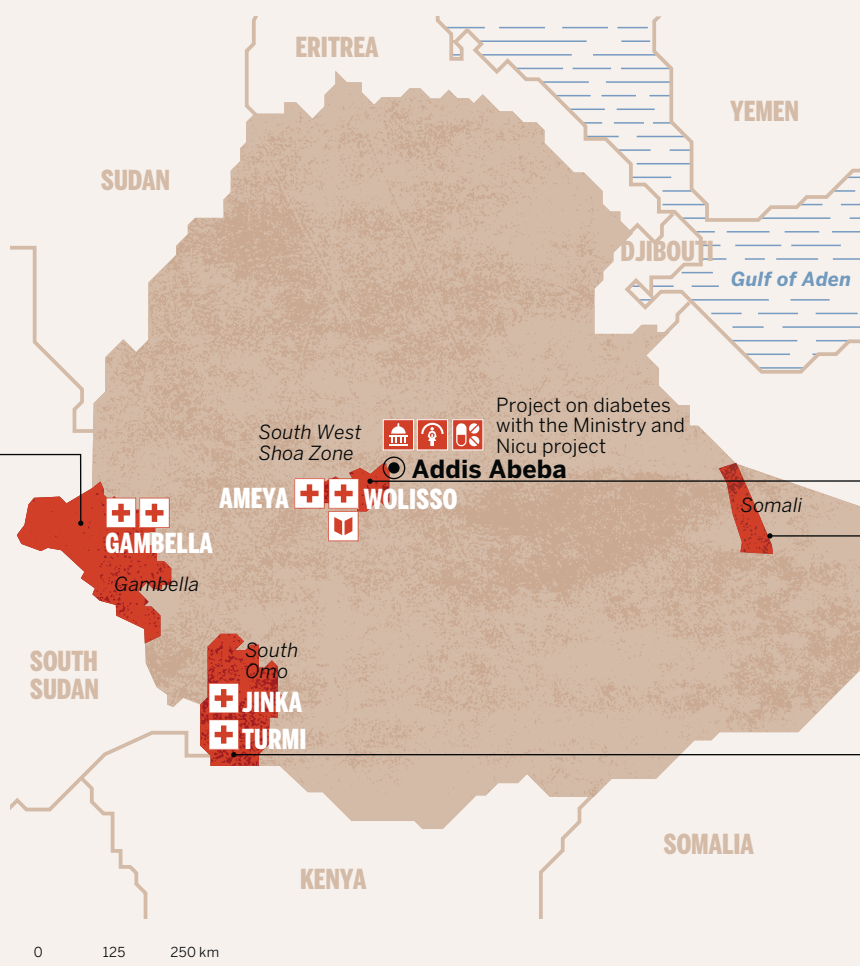


WHERE WE WORK



GAMBELLA

2 Hospitals Gambella
3 Districts
6 health centres
104,120 population served
1 refugee camp
Nguenyiel
90,506 refugees



SOUTHWEST SHEWA ZONE

2 Hospitals Wolisso
St. Luke Hospital, Ameya
1 school for nurses and midwives
5 Districts
28 health centres
1,240,333 population served



SOMALI

1 Health centre
1 District
197,719 population served

SOUTH OMO ZONE

2 Hospitals Turmi, Jinka
2 Districts
3 health centres
560,603 population served

RESULTS ACHIEVED

CHILD AND MATERNAL HEALTH	36,275 prenatal visits	869 transfers for obstetric emergencies	15,095 attended births	177,282 visits of children under 5 years of age	32,070 vaccinations
NUTRITION	515 for severe acute malnutrition				
INFECTIOUS DISEASES	92,836 patients treated for malaria	1,282 patients treated for tuberculosis	1,629 patients undergoing antiretroviral treatment		
ONGOING TRAINING	158 community agents	335 nurses and midwives	179 doctors	594 other	
CHRONIC DISEASES	13,195 visits for diabetes	10,285 visits for hypertension	172 patients with heart disease	24 patients with cerebral ischemia	
SURGERY SERVICES	3,144 major surgeries, including 364 orthopaedic surgeries		3,610 minor surgeries, including 349 orthopaedic surgeries		2,108 physiotherapy sessions
HUMANITARIAN RESPONSE	11,660 visits for children < age 5	233 attended births	1,401 pre-natal visits		

MOZAMBIQUE

<https://doctorswithafrica.org/en/where-we-work/in-africa/our-work-in-mozambique/>

IN 2020

For Mozambique, 2020 was a year marked not only by the Covid-19 pandemic, but also by a tragic increase in attacks in **Cabo Delgado Province** in the north of the country, where the number of internally displaced persons rose to an alarming 600,000 out of a population of 1.2 million. Doctors with Africa CUAMM organised a **humanitarian response** that included maintaining its own development programmes (especially in the areas of **maternal and child health, sexual and reproductive health and chronic diseases**), while also taking into account the acute needs linked to the **cholera outbreaks** (through awareness-raising activities and the distribution of chlorine) detected at the reception sites of the displaced population in the southernmost districts. Programmes were then launched to respond to the emergency of **displaced** persons, through sociosanitary support actions in the IDP camps. Mozambique was not immune to **cyclones** in 2020: on 30 December 2020, Sofala Province was hit by **Cyclone Eloise**, which caused damage to civil and state infrastructures, to which Doctors with Africa CUAMM responded with rehabilitation work in collaboration with the local authorities.

Indeed, it was in 2020 that the **rehabilitation work was completed on the neonatology department of Beira Central Hospital**, which was tragically destroyed by Cyclone Idai in March 2019; the department will open in early 2021. Projects are still underway in Tete in the **area of sexual and reproductive health** for adolescents, as well as the programme to combat chronic noncommunicable diseases (diabetes, cervical cancer and hypertension) in Maputo, Sofala, Zambezia and Cabo Delgado. Doctors with Africa CUAMM coauthored the **'2020-2029 Multisectoral Strategic Plan for the Prevention and Control of Noncommunicable Diseases'** drawn prepared by the Ministry of Health of Mozambique. Lastly, as part of the management of the Covid-19 pandemic, Doctors with Africa CUAMM implemented a series of programmes throughout the country **to respond to the epidemic through prevention and community mobilisation**, by participating in the technical discussions of the Ministry of Health of Mozambique, which led to the development of guidelines and protocols which Doctors with Africa CUAMM coauthored.

2020 SNAPSHOT

160

human resources

37

health facilities supported

5,948,725 €

invested in projects

COUNTRY PROFILE

Maputo
Capital



289
per 100,000
live births
Maternal
mortality rate

30,366,036
million
Population

786,380 km²
Area



17.6 years
Average age of
the population

73.2
per 1,000
live births
Under-five
mortality rate

57.8/63.7 years
Life expectancy
(m/f)



4.7
Average number
of children
per women

54
per 1,000
live births
Neonatal
mortality rate

181st
out of 189
countries
Human
Development
Index



WHERE WE WORK



SOFALA PROVINCE

4 Hospitals *Beira Central Hospital, Nhamatanda Hospital, Health centre in Dondo (recognised as a hospital), Buzi*
1 university *Catholic University of Mozambique*
13 health centres
463,442 population served

TETE PROVINCE

3 Districts
15 counselling centres for adolescents
200,000 population served

CABO DELGADO PROVINCE

3 Hospitals *Chiure, Montepuez, Pemba*
5 Health centres
6 Districts
1,235,844 population served



NAMPULA PROVINCE

2 Hospitals *Nampula, Nacala Porto*

QUELIMANE PROVINCE

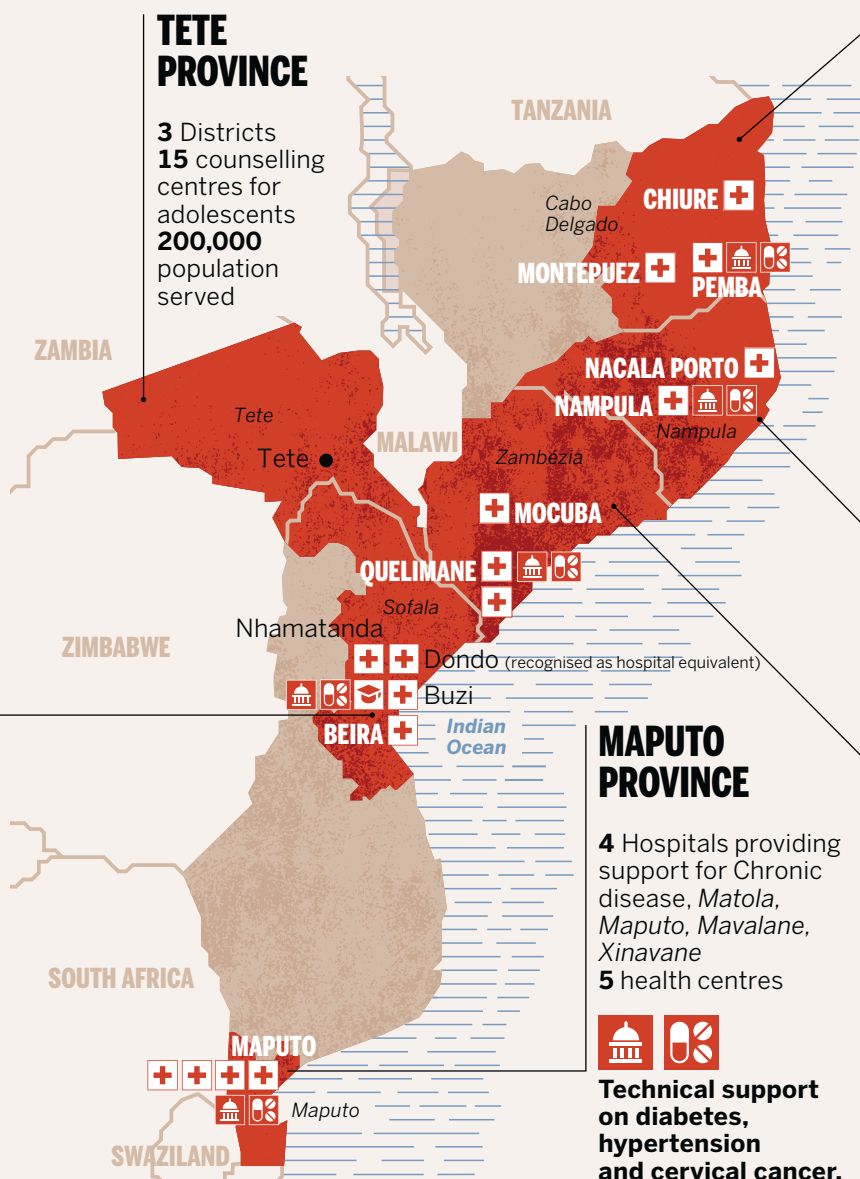
3 Hospitals *Quelimane Central Hospital, Quelimane General Hospital, Mocuba*
4 health centres

MAPUTO PROVINCE

4 Hospitals providing support for Chronic disease, *Matola, Maputo, Mavalane, Xinavane*
5 health centres



Technical support on diabetes, hypertension and cervical cancer.



RESULTS ACHIEVED

	CHILD AND MATERNAL HEALTH	52,364 prenatal visits	23,744 attended births		
	NUTRITION	100 children treated for severe acute malnutrition			
	INFECTIOUS DISEASES	121,169 adolescents educated about HIV/AIDS	41,131 adolescents tested for HIV	691 adolescents tested positive	60,982 patients treated for malaria including 28,516 < age 5
	ONGOING TRAINING	22 students graduated from the University of Beira			
	CHRONIC DISEASES	11,269 visits for diabetes	26,631 visits for hypertension	663 patients with heart disease	

CENTRAL AFRICAN REPUBLIC

<https://doctorswithafrica.org/en/where-we-work/in-africa/our-work-in-the-central-african-republic/>

IN 2020

In 2020, our support continued for the Children's Hospital of Bangui (the country's capital) in close collaboration with Action contre la Faim (ACF) and the Bambino Gesù Children's Hospital in Rome. The impact of the Covid-19 pandemic was felt as the airport and borders closed, complicating the supply of medicines and deployment of international personnel. The containment measures – combined with the shortage of raw materials and foodstuffs due to the closure of the border with Cameroon – further worsened the population's **food insecurity**. The year 2020 also ended with **fresh clashes**, which exacerbated the already extremely precarious humanitarian situation in the country. Doctors with Africa CUAMM's support helps to improve children's healthcare, as well as the **hospital's management-administrative capacity**, by organising human resources and materials, and collecting/processing health data to plan and assess the care provided. We also help towards wage payments, training hospital staff and purchasing medicines and laboratory equipment. The general operations of the **hospital's hygiene and logistical maintenance services** are ensured along with the **presence of CUAMM specialised**

doctors to guarantee the **24-hour availability** of quality **paediatric care**.

In the second half of the year, planning also got underway for the renovation of the hospital laboratory, which is expected to be completed by early 2021. Despite the difficulties caused by the restrictions, Doctors with Africa CUAMM's clinical team and doctors from Bangui Paediatric Hospital actively engaged in **the country's second paediatric congress**, which was held in November 2020 and included 10 presentations by hospital staff and 2 conferences organised by CUAMM staff on operational research carried out at the hospital. Moreover, technical assistance continued in collaboration with AICS (Italian Agency for International Development Cooperation) to train and support the staff of the Équipes Cadres Régionales and Équipes Cadres des Districts of 6 health regions and 15 priority districts, as part of the AICS-led project 'Renforcement de Capacités des Equipes Cadres de Région et des Districts Sanitaires (RECARD)' financed by the European Commission's Bêkou Fund.

2020 SNAPSHOT

81
human resources

1
healthcare facility supported

4,854,471 €
invested in projects

COUNTRY PROFILE

Bangui
Capital



829
per 100,000
live births
Maternal
mortality rate

4,829,767
million
Population

622,980 km²
Area



17.6 years
Average age of
the population

116.5
per 1,000
live births
Under-five
mortality rate

51.1/55.5 years
Life expectancy
(m/f)



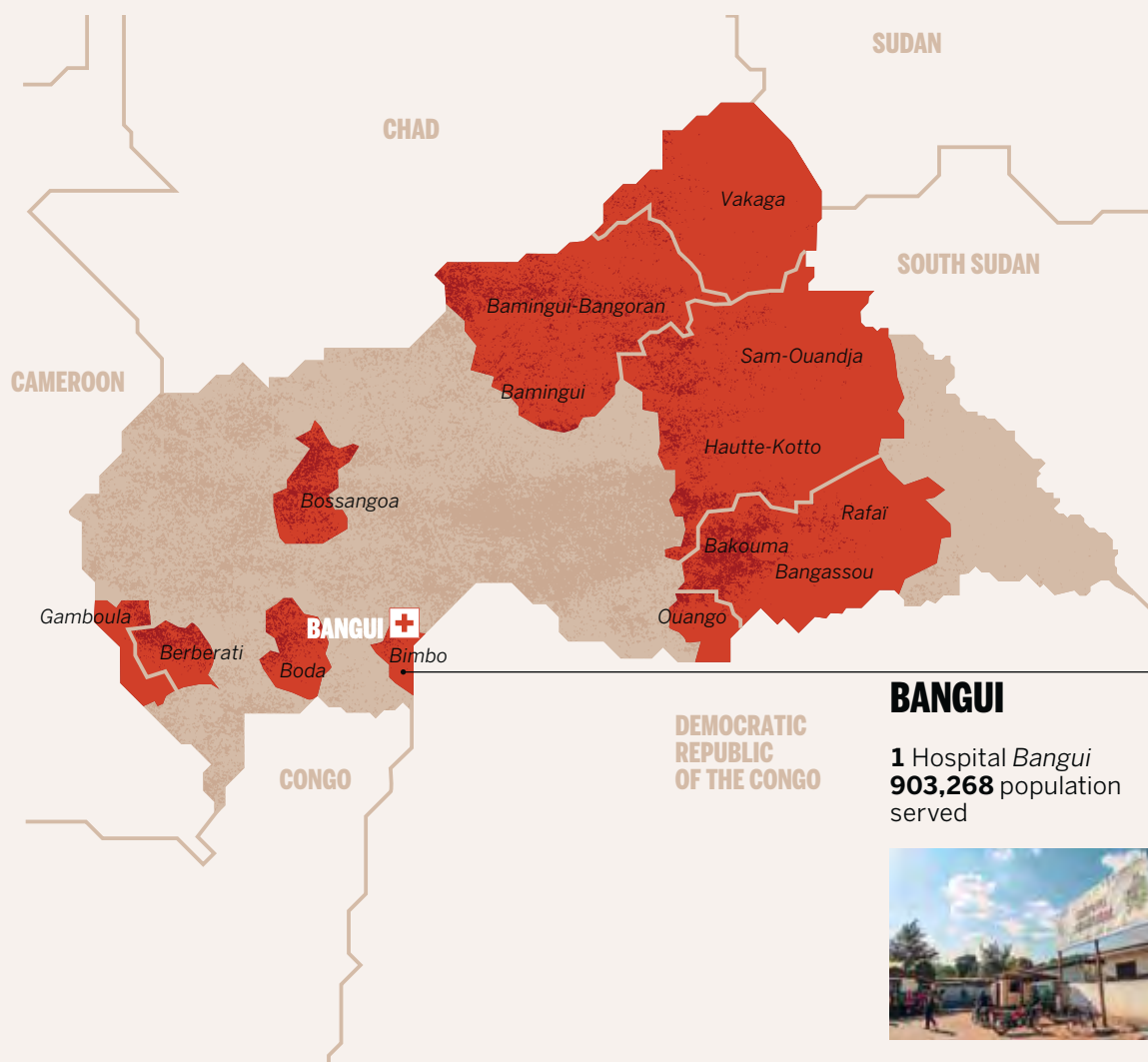
4.6
Average number
of children per
women

84.5
per 1,000
live births
Neonatal
mortality rate

188th
out of 189
countries
Human
Development
Index



WHERE WE WORK



BANGUI

1 Hospital Bangui
903,268 population served



RESULTS ACHIEVED



CHILD AND MATERNAL HEALTH

56,841
visits of children
< age 5

18,600
paediatric
admissions

1,151
newborns
admitted to
neonatal intensive
care

1,506
children admitted
to intensive care

1,633
vaccinations

797
major paediatric surgery,
including **109** orthopaedic surgeries

1,267
minor paediatric
surgery

SIERRA LEONE

<https://doctorswithafrica.org/en/where-we-work/in-africa/our-work-in-sierra-leone/>

IN 2020

In 2020, the **National Emergency Medical Service (NEMS)** was gradually **handed over to the country's health authorities**, who have been running it independently since 1 October 2020. However, Doctors with Africa CUAMM has continued to support the service's management body. To cope with the Covid-19 pandemic, NEMS was reinforced to guarantee **emergency transfers tied to infectious disease** and sample transfers via dedicated ambulances. Despite the effects of the pandemic, which partially reduced use of the services, including maternal services, Doctors with Africa CUAMM continued to support **Sierra Leone's largest maternity** unit in Freetown, attending more than 6,200 deliveries (including over 3,000 obstetric emergencies) and continuing the gestational diabetes screening and activities at the HDU (High Dependency Unit). In 2020, additional HDUs were also opened in the regional hospitals of Makeni, Bo and Pujehun. These facilities **provide intensive care** for critical patients and improve the level of care offered. In 2020, assistance for Lunsar Hospital concluded with the completion of the three-year project to support the SJOG maternity hospital and several peripheral health facilities in the district.

Doctors with Africa CUAMM continued to support the country's most remote health districts – **Bonthe and Pujehun** – by providing training and assistance in **maternal and child health** services. As part of this programme, CUAMM helped develop **14 blood banks** (3 regional and 11 at district-level) by providing solar refrigerators and equipment to improve the management of blood transfusions. In Bonthe, we continue to encourage **boat referrals for women** living in the river areas who would not otherwise be able to reach the hospital to give birth. Our work has continued at the hospital in Pujehun, where a **baby care unit** has been set up to care for newborns with diseases; the referral back system is also being reinforced with **vouchers to take the most fragile paediatric patients** who have just been discharged from hospital back to their home villages to help the recovery process.

2020 SNAPSHOT

114
human
resources

64
NEMS
resources

25
health facilities
supported

6,901,978 €
invested
in projects

COUNTRY PROFILE

Freetown
Capital



1,120
per 100,000
live births
Maternal
mortality rate

8,102,739
million
Population

72,180 km²
Area



19.4 years
Average age
of the population

105.1
per 1,000
live births
Under-five
mortality rate

53.9/55.5 years
Life expectancy
(m/f)



4.1
Average number
of children
per women

78.5
per 1,000
live births
Neonatal
mortality rate

182nd
out of 189
countries
Human
Development
Index



WHERE WE WORK



BONTHE DISTRICT

5 health centres
210,531 population served



FREETOWN WESTERN AREA

1 Hospital *Princess Christian Maternity Hospital - Freetown*
10 health centres
1,573,109 population served



NEMS Project

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

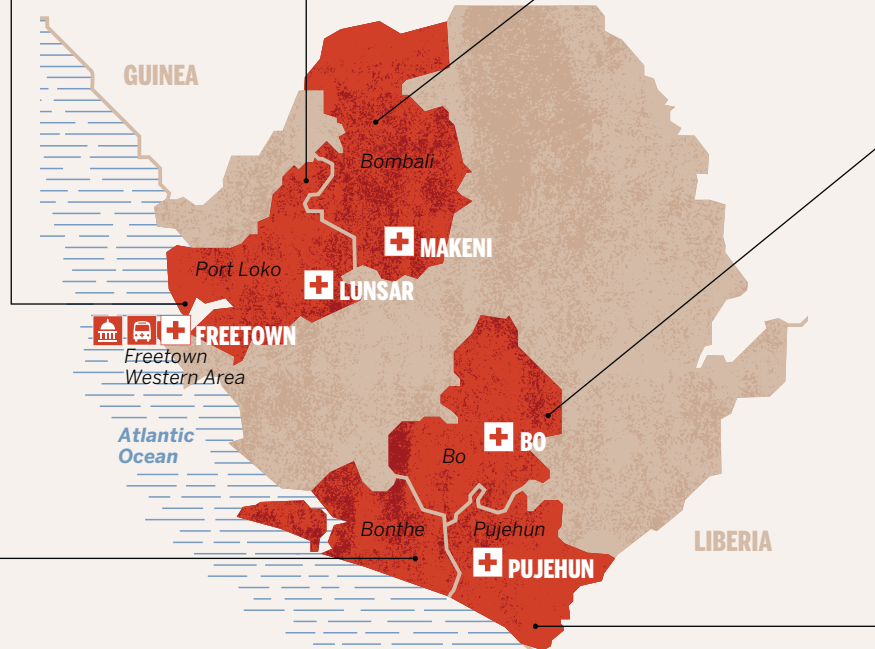


BO DISTRICT

1 Hospital *Bo*
5 health centres
603,716 population served






PUJEHUN DISTRICT

1 Hospital *Pujehun CMI*
5 health centres
384,864 population served



0 40 80 km

RESULTS ACHIEVED

 CHILD AND MATERNAL HEALTH	34,521 prenatal visits	4,669 transfers for obstetric emergencies	39,407 attended births	17,554 visits of children < age 5
 NUTRITION	100 children treated for severe acute malnutrition			
 INFECTIOUS DISEASES	1,051 patients treated for malaria	37,882 Children < age 5 treated for acute respiratory infection	5,131 respiratory infections treated by community agents	
 ONGOING TRAINING	2,067 community agents	126 nurses and midwives	11 doctors	100 other
 CHRONIC DISEASES	1,476 tests for gestational diabetes	79 pregnant women identified with gestational diabetes		

SOUTH SUDAN

<https://doctorswithafrica.org/en/where-we-work/in-africa/our-work-in-south-sudan/>

IN 2020

Despite the ongoing crisis, Doctors with Africa CUAMM has redoubled its support for the local health system, providing **health and nutrition services** to over one million people. We have supported 11 county health offices, 5 hospitals, and 135 peripheral health facilities, connected via a guaranteed ambulance service. Diagnosis and treatment of acute, moderate and severe malnutrition, and admissions for complications, were integrated at 52 sites. Nutritional support was also offered to AIDS and TB patients and their families. On the ground, **around 1,500 community agents** were deployed and **trained**, ensuring nutritional screening and treatment of malaria, diarrhoea, pneumonia in remote areas, and volunteers were supported in conducting vaccination drives. **Mobile health teams** were also deployed as the primary response to the needs of populations displaced by clashes and floods. Following the notification of the first cases of **Covid-19** in South Sudan, Doctors with Africa CUAMM committed to creating the right conditions at health facilities to ensure that staff can work safely and patients can continue to receive proper care through training, providing PPE, improving the level of hygiene,

reorganising spaces, and carrying out screening upon entry to the facilities.

Isolation areas were set up in hospitals and support was given to help decentralise diagnostics. At community level, work was also done to **inform and raise awareness** about the pandemic, and how to prevent and manage it.

Despite government restrictions on the operation of schools, including the Institutes of Health Sciences, the midwifery course at Lui Hospital managed to complete its first year and Doctors with Africa CUAMM intervened to facilitate training leading up to the **diploma in nursing and midwifery** for students at the Institute attached to Rumbek Hospital. Lastly, Doctors with Africa CUAMM continued to provide **basic services in the marshy areas** around Port Nyal (Unity State) with 4 first aid posts, while also running an emergency operating theatre.

2020 SNAPSHOT

245

human resources

140

health facilities supported

3,450

human resources in "extraordinary management"

11,630,083 €

invested in projects

COUNTRY PROFILE

Juba
Capital



1,150
per 100,000
live births
Maternal mortality rate

11,295,828
million
Population

610,952 km²
Area



98.6
per 1,000
live births
Under-five mortality rate

19 years
Average age of the population

56.4/59.4 years
Life expectancy (m/f)



63.7
per 1,000
live births
Neonatal mortality rate

4.5
Average number of children per women

185th
out of 189
countries
Human Development Index



WHERE WE WORK



FORMER WESTERN LAKE STATE

1 Hospital *Rumbek*
1 school for nurses and midwives in *Rumbek*
4 counties

53 health centres
541,787 population served

FORMER EASTERN LAKE STATE

1 Hospital *Yirol*
3 counties
27 health centres
305,611 population served



FORMER SOUTHERN LIECH STATE

1 health centre *Nyal*
1 county
4 health posts

FORMER AMADI STATE

1 Hospital *Lui*
1 school for nurses and midwives in *Lui*
3 counties
42 health centres
183,513 population served

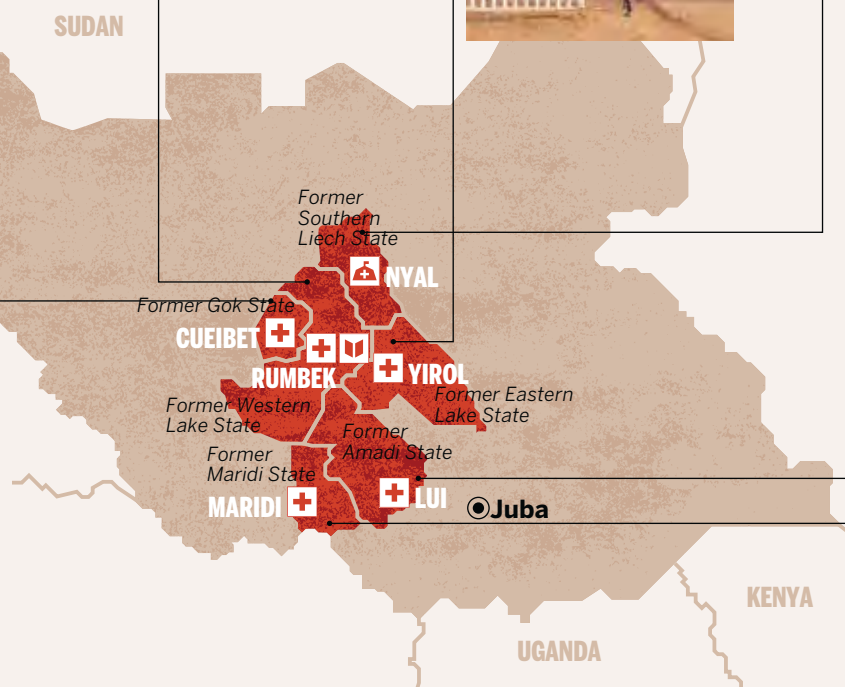


FORMER MARIDI STATE

1 Hospital *Maridi*
1 county
115,719 population served

FORMER GOK STATE

1 Hospital *Cueibet*
1 county
13 health centres
126,941 population served



RESULTS ACHIEVED

	CHILD AND MATERNAL HEALTH	72,411 prenatal visits	847 transfers for obstetric emergencies	18,180 births	349,394 visits of children < age 5	33,677 vaccinations
	NUTRITION	923 children treated for severe acute malnutrition				
	INFECTIOUS DISEASES	330,968 patients treated for malaria	409 patients undergoing antiretroviral treatment			
	ONGOING TRAINING	1,304 community agents	126 nurses and midwives	46 doctors	77 other	
	HUMANITARIAN RESPONSE	4,299 outpatient visits for children < age 5	304 prenatal visits			

TANZANIA

<https://doctorswithafrica.org/en/where-we-work/in-africa/our-work-in-tanzania/>

IN 2020

Doctors with Africa CUAMM has continued reinforcing health services in 5 regions: Iringa, Njombe, Simiyu, Shinyanga and Dodoma.

The area of child and maternal assistance continues to be a priority in the country to **reduce maternal and child mortality, through free access to health services and obstetric emergencies**. Our activities are aimed at ensuring greater coverage, equity and quality of services by supporting peripheral health facilities, training health workers, supervising, and supplying medicines when they are out of stock.

Doctors with Africa CUAMM also works to tackle **acute and chronic malnutrition**. Our intervention in the area of chronic malnutrition is based on supporting national programme through educational initiatives to promote **exclusive breastfeeding** of infants up to 6 months, **weaning and proper feeding** of children.

The projects implemented are integrated into water and agricultural components in collaboration with other NGOs. Interventions in the field of acute malnutrition aim to improve the quality of services provided by the nutritional units through **training health personnel**, supervision, and providing nutritional supplements to treat the malnourished.

Activities in the field of nutrition and child and maternal care are integrated into early **child development**, which

also aims to promote the child's **development from a physical, cognitive and socio-emotional perspective**.

Our commitment is ongoing in the field of HIV prevention and treatment is continuing through a programme in the Shinyanga and Simiyu Regions to provide free care and treatment to HIV-positive patients, implementing the **Test & Treat strategy as suggested by the WHO** and helping to decentralise treatment services through the creation of village clubs for HIV-positive patients. The project also involves education activities and testing campaigns to provide information, reduce stigma and provide the population with testing. Special attention is paid to adolescents to ensure they know their HIV status and to prevent new HIV infections. At Tosamaganga Hospital, an integrated project has been developed between the hospital and peripheral health facilities for the **prevention and treatment of diabetes and hypertension**; the hospital is becoming a quality centre for the diagnosis and treatment of chronic patients, while the peripheral facilities support treatment and provide follow-ups. CUAMM's specific aim is to step up **its commitment to preventing and treating chronic disease** at national level.

2020 SNAPSHOT

215

human resources

120

health facilities supported

4,171,730 €

invested in projects

COUNTRY PROFILE

Dodoma
Capital



524
per 100,000
live births
Maternal
mortality rate

61,048,540
million
Population

885,800 km²
Area



18 years
Average age
of the population

53
per 1,000
live births
Under-five
mortality rate

63.6/67.2 years
Life expectancy
(m/f)



4.8
Average number
of children
per women

37.6
per 1,000
live births
Neonatal
mortality rate

163rd
out of 189
countries
Human
Development
Index



WHERE WE WORK



IRINGA REGION

1 Hospital
Tosamaganga
37 health centres
5 Districts
853,172 population served

SHINYANGA REGION

1 Regional Hospital
Shinianga
2 health centres
2 Districts
511,178 population served

SIMIYU REGION

1 Hospital *Songambele*
10 health centres
3 Districts
1,211,630 population served

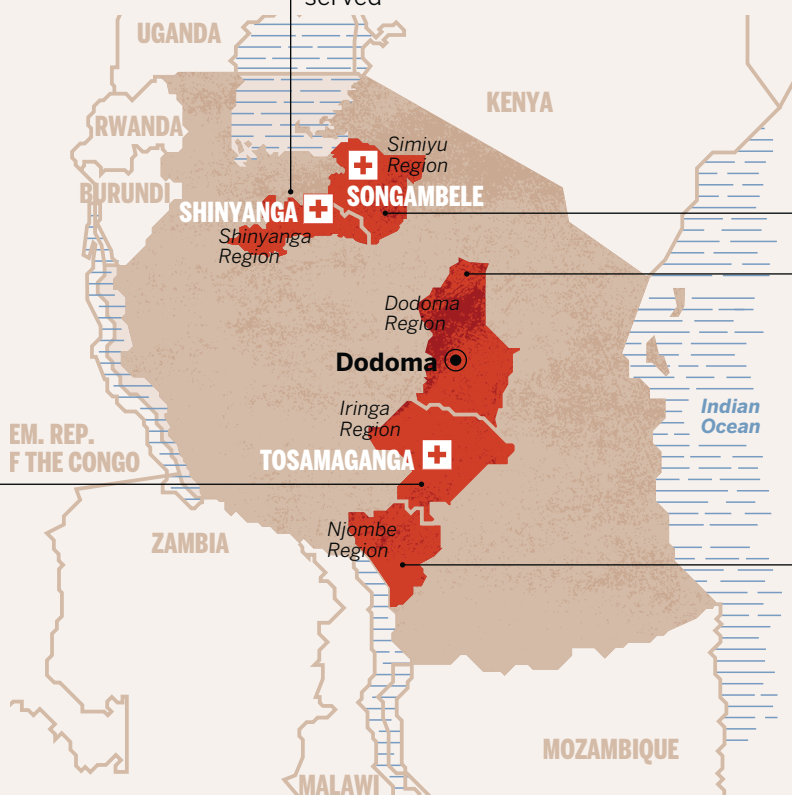


DODOMA REGION

13 health centres
2 Districts
737,672 population served

NJOMBE REGION

44 health centres
6 Districts
747,239 population served



0 150 300 km

RESULTS ACHIEVED

CHILD AND MATERNAL HEALTH	34,746 prenatal visits	117 transfers for obstetric emergencies	16,481 attended births	130,951 visits of children under 5 years of	17,761 vaccinations
NUTRITION	1,617 children treated for severe acute malnutrition	13,516 Children under 2 years screened for stunting in the Symiu Region		675 children under 2 years diagnosed with chronic malnutrition in the Symiu Region	
INFECTIOUS DISEASES	8,555 patients treated for malaria	125 patients treated for tuberculosis	11,090 patients undergoing antiretroviral treatment		
CHRONIC DISEASES	847 visits for diabetes	2,494 visits for hypertension	968 patients with heart disease	50 patients with cerebral ischemia	
ONGOING TRAINING	287 community agents trained	62 nurses	71 midwives	21 doctors	10 others

UGANDA

<https://doctorswithafrica.org/en/where-we-work/in-africa/our-work-in-uganda/>

IN 2020

In Uganda, 2020 was a year marked by the impact of the Covid-19 pandemic, resulting in restrictions on movement and the closure of the country until September 2020.

However, despite the pandemic, Doctors with Africa CUAMM **continued to operate in the country without interruption**, supplementing existing interventions with activities specifically aimed at responding to Covid-19. Early on we identified the need to set in motion ad hoc activities to contain the epidemic, which were urgently required given the reduced access to health facilities between March and May due to travel restrictions and fear of the virus. Fortunately, thanks also to the prompt action of Doctors with Africa CUAMM in supporting the health system in the areas of intervention, since June 2020 admissions to health facilities have normalised. Overall, Doctors with Africa CUAMM's projects in the country continued along **two main prongs**. The first, in line with the 'Mothers and Children First' programme, aims to improve **child and maternal care and nutrition** services in three districts of the Karamoja region and in Oyam district, with widespread action in villages, health centres and hospitals, including those in Matany and Aber, promoting **community work, prenatal visits, attended births and emergency transfers**. The second is being

developed in Karamoja to tackle **tuberculosis**, with the aim of improving the diagnosis and treatment of multi-resistant **tuberculosis** in particular, starting from the community-level. Thanks to the active involvement of community workers and home-based management of patients, we work at health centres with training and mentorship, and then at hospitals – particularly Matany Hospital, which has become a **regional benchmark** for the treatment of the disease. In 2020, the five-year intervention in partnership with other NGOs continued throughout the Lango Region, with the aim of strengthening a health system that serves over 2,000,000 people, focusing in particular on **nutritional and maternal/child services**, as well as HIV and **malaria**. Lastly, our project in Arua District, West Nile, continued its work to strengthen visual health services in the area.

2020 SNAPSHOT

87

human resources

381

health facilities supported

2,366,967 €

invested in projects

COUNTRY PROFILE

Kampala
Capital



375
per 100,000
live births
Maternal
mortality rate

46,855,361
million
Population

199,810 km²
Area



16.7 years
Average age
of the population

46.4
per 1,000
live births
Under-five
mortality rate

61/65.6 years
Life expectancy
(m/f)



4.7
Average number
of children
per women

33.8
per 1,000
live births
Neonatal
mortality rate

159th
out of 189
countries
Human
Development
Index



WHERE WE WORK



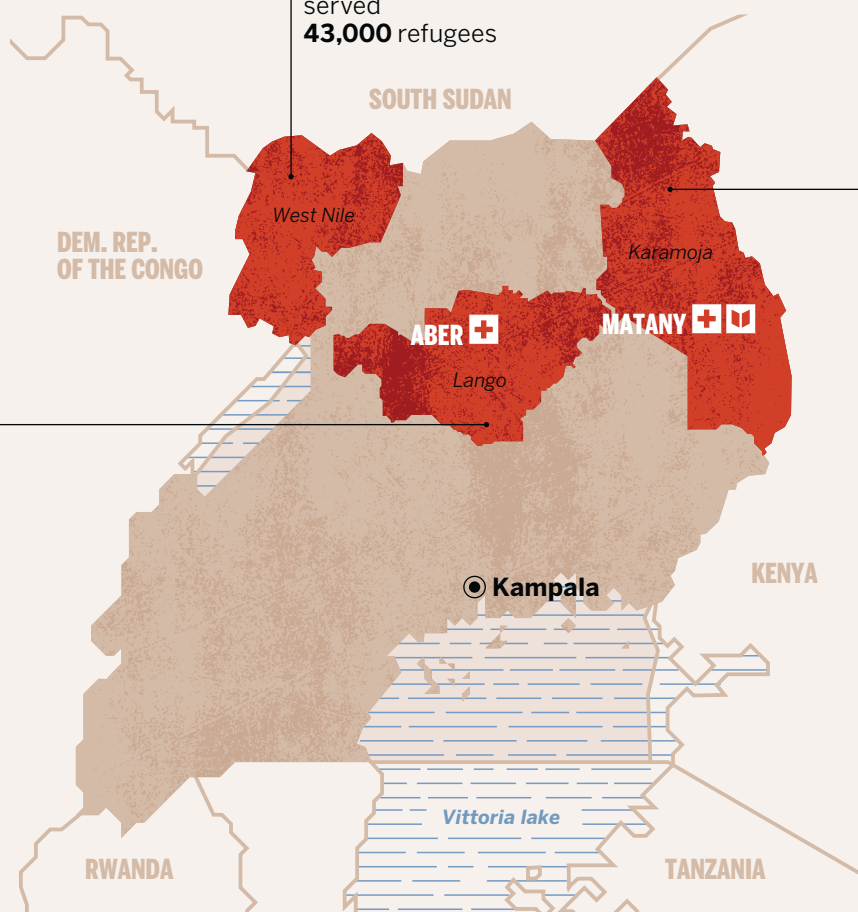
LANGO REGION

6 Hospitals Aber, Lira regional referral, Amai, Apac, Nightingale Hospital, St. Anne
9 Districts Oyam, Apac, Kwana, Kole, Lira, Otuke, Alebtong, Dokolo, Amolatar
227 health centres
2,513,700 population served

WEST NILE REGION

2 Districts Arua, Terego
1 Hospital Arua regional referral hospital
1 health centre
59,546 population served
43,000 refugees

N.B.: only Aber and Matany fall under the hospitals considered in the Focus on Hospitals.



KARAMOJA REGION

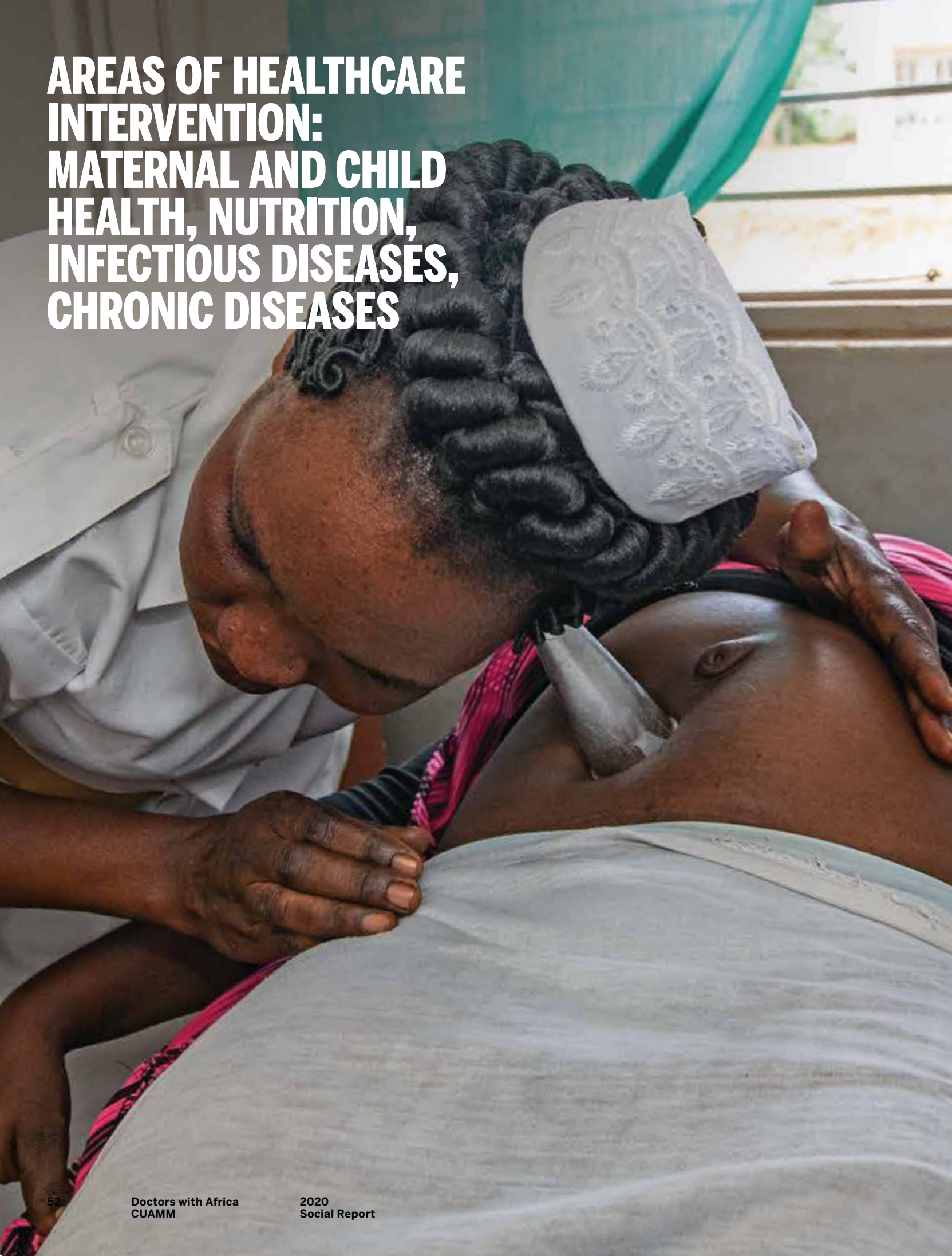
3 Hospitals Matany, Moroto, Amudat
9 Districts Napak, Nakapiripirit, Nabilatuk, Amudat, Moroto, Abim, Kotido, Kaabong Karamoja
141 health centres
1,267,300 population served



RESULTS ACHIEVED

CHILD AND MATERNAL HEALTH	265,628 prenatal visits	1,019 transfers for obstetric emergencies	97,541 attended births	776,269 visits of children under 5 years of age	82,053 vaccinations
NUTRITION	1,875 for severe acute malnutrition				
INFECTIOUS DISEASES	1,653,323 patients treated for malaria	3,354 patients treated for tuberculosis	5,529 patients undergoing antiretroviral treatment		
ONGOING TRAINING	2,361 community agents	19 nurses	59 midwives	11 doctors	45 other

AREAS OF HEALTHCARE INTERVENTION: MATERNAL AND CHILD HEALTH, NUTRITION, INFECTIOUS DISEASES, CHRONIC DISEASES



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 five-year 'Mothers and Children First' programme in four districts of four African countries, a new intervention is now under way to provide continuity and redouble 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. 1,000 Days' supports and trains local personnel to increase the number of women with access to safe, attended childbirth 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 have increased **from 4 to 10**, which are as follows:

- Chiulo (Angola),
- Wolisso (Ethiopia),
- Montepuez (Mozambique),
- Songambe (Tanzania),
- Tosamaganga (Tanzania),
- Matany (Uganda),
- Aber (Uganda),
- Pujehun (Sierra Leone),
- Yirol and Lui (Sud Sudan).

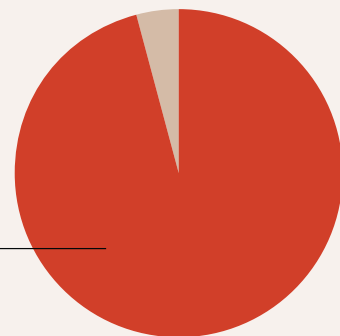
The intervention also involves the health centres attached to these hospitals, where **45,088 births were attended in 2020**.

TARGET:
1,200,000 PRE- AND POST-NATAL VISITS OVER 5 YEARS

327,625
PRE- AND POST-NATAL VISITS IN 2020

1,141,248 IN FOUR 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.**



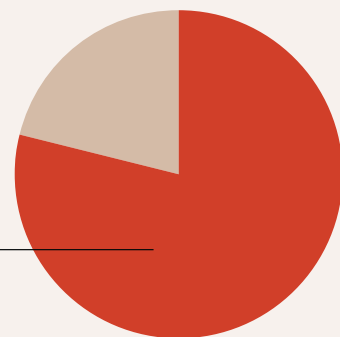
96%
of the target reached

TARGET:
320,000 ATTENDED BIRTHS OVER 5 YEARS

65,027
ATTENDED BIRTHS IN 2020

253,856 IN FOUR YEARS

This **percentage is in line with expectations**, although the **impact of the pandemic** was also felt in access to attended childbirth, which **fell by 9.6% compared to the year before.**



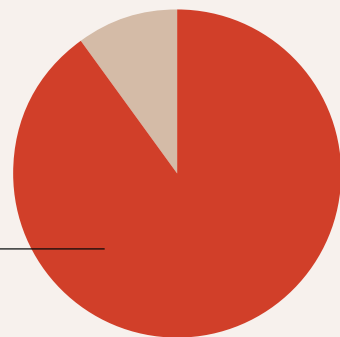
79%
of the target reached

TARGET:
10,000 ACUTELY MALNOURISHED TO BE TREATED OVER 5 YEARS

1,800
CHILDREN TREATED FOR ACUTE MALNUTRITION IN 2020

8,898 IN FOUR 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.**



90%
of the target reached

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 active 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 the other places where CUAMM operates. As we can see, in Matany alone the number of major obstetric complications treated in 2020 compared to expected complications was more than 50%, whereas in all other contexts this figure has decreased from the previous year, likely due to the **reduction in general admissions caused by the Covid-19 pandemic**.

This immediately leads us to speculate as to the possible consequences of this drop (bearing in mind that we are talking about complications that contribute to maternal mortality). It is clear that much remains to be done to make up for the overall shortfall caused as a result of the pandemic.

In **South Sudan**, despite the country's difficulties, our support for Yiol, Lui, Cueibet, Rumbek, and Maridi hospitals has continued and expanded, although occasional guerrilla attacks and widespread insecurity have made our activities and local mobility more challenging.

In 2020, in the eight countries where we operate, Doctors with Africa CUAMM has ensured a total of 212,095 attended births, 51,496 of which were in the 22 hospitals where we attend births, out of the 23 where we work.

**NB: data relates to 22 hospitals.*

	HOSPITAL AND AREA SERVED	ATTENDED BIRTHS	MDOC* TREATED	% MDOC OF ATTENDED BIRTHS	MORTALITY PER MDOC*	% MDOC* ON COMPLICATIONS EXPECTED IN AREA SERVED
SIERRA LEONE	PCMH	6,397	3,137	49%	1.6%	38.7%
	Makeni	2,478	1,403	56.6%	0.7%	35.9%
	Bo	3,210	1,318	41.1%	2.6%	38.4%
	Pujehun	1,068	483	45.2%	3.3%	18.9%
ANGOLA	Chiulo	1,647	n.a.	n.a.	n.a.	n.a.
ETHIOPIA	Wolisso	4,033	926	23%	1%	39.8%
MOZAMBIQUE	Montepuez	3,749	560	14.9%	0.7%	30.9%
SOUTH SUDAN	Yiol	1,529	145	9.5%	1.4%	10.7%
	Rumbek	2,260	715	31.6%	1%	17.1%
	Lui	567	155	27.3%	1.3%	38.8%
TANZANIA	Tosamaganga	2,640	493	18.7%	0.6%	31.3%
UGANDA	Aber	2,420	563	23.3%	1.1%	17%
	Matany	1,375	717	52.1%	0.7%	63.7%

*MDOC: Major direct obstetric complications

COVERAGE OF ATTENDED BIRTHS IN DISTRICTS*



COUNTRY	REGION	DISTRICT	EXPECTED BIRTHS	ATTENDED BIRTHS IN HOSPITALS AND HEALTH CENTRES	COVERAGE AS A % 2020	CHANGE IN COVERAGE COMPARED TO 2019
ANGOLA	Cunene	Ombadja	14,611	1,647	11%	-6%
ETHIOPIA	South Omo	Omorate	2,810	1,084	39%	-5%
	South WestShoa	Goro	2,258	1,216	54%	-6%
		Wolisso urban and rural	9,115	5,253	58%	-13%
		Wonchi	4,586	2,230	49%	7%
MOZAMBIQUE	Cabo Delgado	Montepuez	11,235	12,428	111%	25%
SIERRA LEONE	Pujehun	Pujehun	17,475	2,637	15%	-43%
SOUTH SUDAN	Ex Gok	Cueibet	6,753	2,546	38%	13%
	Ex Western Lakes	Wulu	3,684	1,246	34%	-31%
		Rumbek Center	12,450	3,675	30%	3%
		Rumbek East	10,623	1,580	15%	-3%
		Rumbek North	2,012	633	31%	8%
	Ex Eastern Lakes	Yirol West	8,228	2,645	32%	-2%
		Yirol East	4,455	1,496	34%	9%
		Awerial	3,514	259	7%	4%
	Mundri	Lui	2,658	1,250	47%	15%
TANZANIA	Iringa	Iringa District Council	11,394	8,672	76%	-5%
UGANDA	Karamoja	Amudat	6,543	1,702	26%	-5%
		Moroto	5,747	2,308	40%	-6%
		Napak	7,678	5,174	67%	-7%
TOTAL			147,829	59,681	40%	-4%

* 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.



**Alessandra Gosetto
and Matteo Arata**
JPO in Gynaecology
and Midwifery
at PCMH, Freetown,
Sierra Leone

WORKING WITH LIMITED RESOURCES

A new experience, the first time in Africa for both of them. "The initial visual impact was very striking, almost disorienting", they say. Despite being one of the main hospital's in the country, it is very different from the hospitals we are used to seeing in Europe. Resources here are limited, just think of the number of births in relation to the number of staff: 10 to 25 per day, for a total of 8,000 births per year, with just four medical staff at the Gynaecology and Midwifery department, with some trainees on call 24 hours a day.

Back in Italy, in Padua for example, in a hospital that delivers around 3,000 babies a year, there are more than twice as many staff managing the ward and doctors are on call 12 hours a day.

Here, we deal on a daily basis with a number of obstetric pathologies that are hardly ever seen in Italy, and there is also a high rate of obstetric complications".



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. **Doctors with Africa 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 it 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:** if severe, the child is at risk of death. **Doctors with Africa CUAMM supports nutritional units for intensive care of severe and complicated acute malnutrition at 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 2020 data for hospital treatments.

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, Doctors with Africa 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 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 mothers, exclusive breastfeeding, and treating intestinal parasite infections in children.

Following the completion of the screening for chronic and acute malnutrition in **Tanzania** last year, screening and growth monitoring activities continued in the 10 catchment areas of the hospitals where the 'Mothers and children first, first 1,000 days' project runs, at which **45,020 children under 2 years of age** were monitored.

TREATMENTS FOR ACUTE MALNUTRITION IN HOSPITALS 2020

COUNTRY	HOSPITAL PATIENTS	PATIENTS DIS-CHARGED	PATIENTS RECOV-ERED	RECOVERY RATE	PATIENT DEATHS	MORTALITY RATE	DROPOUTS	DROPOUT RATE	TRANSFERS TO OTHER FACILITIES
ANGOLA	Chiulo	284	227	80.1%	41	14.5%	13	4.6%	3
ETHIOPIA	Wolisso	229	212	92.6%	9	3.9%	3	1.3%	5
	Jinka	212	183	86.3%	16	7.5%	2	0.9%	11
	Turmi	74	12	16.2%	0	0%	1	1.4%	61
SIERRA LEONE	Pujehun CMI	100	14	14%	16	16%	1	1%	69
SOUTH SUDAN	Rumbek	349	298	85.4%	11	3.2%	20	5.7%	20
	Cueibet	128	122	95.3%	3	2.3%	3	2.3%	0
	Lui	68	57	84.4%	7	10.4%	1	1.5%	3
	Yirol	86	70	81.4%	10	11.6%	6	7%	0
TANZANIA	Tosamaganga	180	86	47.8%	29	16.1%	63	35%	2
	Songambele, Simyu Region	91	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
	Simyu Regional (3 nutrition units)	188	70	37.2%	22	11.7%	1	0.5%	1
MOZAMBIQUE	Montepuez	100	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
UGANDA	Aber	211	158	74.9%	50	12.5%	3	1.4%	0
	Matany	278	266	95.7%	12	4.3%	0	0%	0
TOTAL TREATED		2,578	1,775	68.9%	226	8.8%	117	6.6%	175

ACTIONS TO FIGHT ACUTE MALNUTRITION IN THE COMMUNITY 2020

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



COUNTRY	REGION	PATIENTS DIS-CHARGED	PATIENTS RECOV-ERED	RECOVERY RATE	PATIENT DEATHS	MORTALITY RATE	DROPOUTS	DROPOUT RATE	TRANSFERS TO OTHER FACILITIES
SOUTH SUDAN	Rumbek North, Awerial, Yirol East	292	276	94.5%	1	0.3%	12	4.1%	3
TANZANIA	Simyu	189	176	93.1%	11	5.8%	2	1.1%	0
	Iringa and Njombe*	969	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
UGANDA	Karamoja (only Moroto and Napak)	1,386	924	66.7%	23	1.7%	449	32.4%	n.a.
TOTAL TREATED		2,836	1,376	48.5%	35	1.2%	463	16.3%	3

READ THE DATA

The **average mortality rate is slightly below 10%** (indicating a good standard of care) owing to the hospitals in Tanzania, but Pujehun in Sierra Leone and Aber in Uganda also still have a fairly high mortality rate. This shows how difficult it is to ensure a steady level of quality amid major fluctuations caused by seasonal trends or turnover of qualified personnel. Nevertheless, the **dropout rate is still well below the quality target of 10%**.

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



Pasca Koodo,
Beneficiary of the Rupa
Moroto community
mothers' support group,
Uganda

**NUTRITION
CAN BE
LEARNED**

"The support group enabled us to improve our children's nutrition by preparing locally available foods such as porridge with sorghum flour, pumpkin seeds and sunflower seeds. The groups also helped us take better care of them. These were the words of Pasca Koodo, one of the women participating in the Rupa community mothers' support group. These groups are organised as part of the project in the districts of Moroto and Napak, and aim to provide a space for support for mothers in the community to better manage child malnutrition and prevent relapses. Between 5 and 10 mothers take part in each group, sharing daily challenges and finding solutions together. With the help of a community health worker, they learn to identify the early signs of child illness and ensure proper nutrition."

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 those at risk of poverty, especially pregnant women, children, adolescents, and adults living in disadvantaged social conditions who have trouble accessing and using prevention and treatment services.

FIGHTING MALARIA

In every hospital, dozens and dozens of cases of malaria are treated every day, especially in children under five years of age. **Since 2018, we have started recording more closely how many cases** are diagnosed and treated at the hospitals and health centres supported by Doctors with Africa CUAMM, as seen for each country in the table below.

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 2020, our diagnostics with GeneXpert continued at the hospitals of **Wolisso** (Ethiopia) and **Matany** (Uganda), with the addition of the hospitals of **Moroto** (Uganda) and **Tosamaganga** (Tanzania), as shown in the table below.



Maria Menya Nakeny undergoing treatment for tuberculosis Karamoja, Uganda

NEVER
GIVE UP

Maria Menya Nakeny is 34 years old and the mother of six children. She had to fight tuberculosis through three different stages: drug-susceptible, multidrug-resistant (MDR) and extensively drug-resistant (XDR). When Maria started to feel very unwell in 2016, she went to a traditional healer, but unfortunately the herb-based treatment she was prescribed was not working.

She therefore chose to go to the health centre in Lopeei, where after a series of tests, she tested positive for tuberculosis. In September 2016, Maria started a six-month treatment which she stopped when she started to feel better. Treating tuberculosis takes time, consistency and continuity, and it is essential to complete the treatment to avoid relapses.

The health centre where she picked up her medication was far away and Maria stopped her treatment once again, but the CUAMM team went to her home to convince her to resume treatment. After 4 years, in November 2020, Maria has finally completed her treatment and won her battle.

MALARIA

READ THE DATA

We can see that the overall mortality remains quite low. However, out of the almost **2.2 million cases of malaria** treated (of which 78% were

confirmed by the laboratory), there have still been **more than 1,200 deaths, 721 of which are children under 5 years of age.**



	ANGOLA	ETHIOPIA	MOZAMBIQUE	SIERRA LEONE	SOUTH SUDAN	TANZANIA	UGANDA	TOTAL
Malaria diagnoses	16,878	92,836	60,982	1,051	330,968	8,555	1,653,323	2,164,593
Malaria diagnoses confirmed in laboratory	11,763	32,698	60,982	1,051	n.a.	7,638	1,574,341	1,688,473
% of diagnoses confirmed in laboratory	69.7%	35.2%	100%	100%	n.a.	74.6%	95.2%	77.9%
Deaths	41	14	7	n.d.	243	32	924	1,261
Mortality from malaria	0.2%	0%	0%	0%	0.1%	0.3%	0.1%	0%
Malaria diagnoses < age 5	n.a.	8,882	28,516	1,051	128,147	1,978	488,761	657,335
Deaths < age 5	10	2	4	104	114	17	470	721
Mortality from malaria < age 5	n.d.	0.0%	0.0%	9.9%	0.1%	0.9%	0.1%	0%

TUBERCULOSIS

READ THE DATA

We can see that the apparent resistance prevalence has further decreased in Matany with 1.9% (down from 4.4% in 2019). Since X-pert is becoming a routine exam, this demonstrates

that the resistance positivity to rifampicin is gradually dropping and we are now below 2% at all 4 sites.

Hospitals (Country)	PATIENTS DIAGNOSED WITH TUBERCULOSIS	PATIENTS TESTED WITH GENEXPERT FOR MDR-TB	PATIENTS TESTING POSITIVE WITH GENEXPERT	PATIENTS TESTED AS RIFAMPICIN-RESISTANT
Wolisso, Ethiopia	602	879	163	
Matany, Uganda	532	5,099	469	9
Moroto, Uganda	434	4,298	394	5
Tosamaganga, Tanzania	125	1,124	97	1

FIGHTING HIV/AIDS

In 2020, we continued the **new strategy to stem the HIV/AIDS 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.

Thanks to Test and Treat, **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 below shows results from antiretroviral clinics that we oversaw directly:

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 2020, 41,131 adolescents were tested and, out of these 691 tested positive, with an apparent seroprevalence of 1.7%.

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 might 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.



Fareed Kubanda

Tanzanian Hip-hop Artist known as "FID Q" Raising awareness on HIV/AIDS treatment and prevention, Test & Treat project in the Shinyanga and Simiyu regions, Tanzania

HIP HOP FOR PREVENTION

"I thought I knew everything about HIV/AIDS but after joining the Test & Treat team, I realised that I was missing knowledge on many key things" – FID Q admitted – "The work of the Test & Treat programme is truly remarkable and I'm happy to be working together to mobilise and educate the community on the importance of getting tested, and to promote an approach that counteracts the discrimination and social stigma associated with the disease. HIV/AIDS patients are people, they are not their disease".

"Events like these", say the community members and workers who participated in the awareness-raising activities, "are crucial in the community because they highlight the importance of tackling HIV infection to reduce the scale of the problem. FID Q's involvement has made it possible to engage a lot of people and encourage them to check their health status through testing, and raising awareness among patients about the appropriate use of antiretroviral drugs".

RESULTS FROM THE ANTIRETROVIRAL CLINICS DIRECTLY OVERSEEN

The data on the total number of patients receiving antiretroviral treatment (ART) also includes patients who were waiting for treatment and started it when Test and Treat was implemented.

* Includes individuals tested voluntarily, patients, and women during prenatal visits.



COUNTRY	ANTIRETROVIRAL CLINICS	TESTED FOR HIV*	TESTED POSITIVE FOR HIV	% POSITIVE	NEW PATIENTS STARTING TREATMENT IN 2020	TOTAL PATIENTS UNDERGOING ART
ETHIOPIA	Wolisso	12,204	59	0.48%	29	1,629
SOUTH SUDAN	Lui	9,207	118	1.28%	118	409
TANZANIA	Bugisi	5,579	228	4.09%	330	3,044
	Mwamapalala	2,857	51	1.79%	87	540
	Ngokolo	2,717	72	2.65%	76	659
	Songambebe	2,414	21	0.87%	87	258
	Tosamaganga	1,138	93	8.17%	150	6,589
UGANDA	Aber	7,399	287	3.88%	333	5,071
	Matany	11,810	108	0.91%	75	458
TOTAL		55,325	1,037	1.9%	1,285	18,657

IN MOZAMBIQUE IN 2020

	BEIRA	TETE	TOTAL
Adolescents given counselling	71,964	49,205	121,169
Tested for HIV	18,700	22,431	41,131
Tested positive for HIV	430	216	691
% positive	2.30%	1.16%	1.7%

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 at the hospitals and districts where Doctors with Africa CUAMM works.

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 Doctors with Africa CUAMM works and specific data is reported.



ACUTE RESPIRATORY INFECTIONS

READ THE DATA

Especially in hospitals or health systems in peripheral areas, the data refers to places where there is support and available data. The outcome for this disease depends on antibiotics and oxygen

being available for severe forms, especially in children under five. Specific mortality remains rather low.



	ANGOLA	ETHIOPIA	MOZAMBIQUE	SIERRA LEONE	SOUTH SUDAN	TANZANIA	UGANDA	TOTAL
DIAGNOSES OF PNEUMONIA	n.a.	20,581	957	37,882	26,596	14,342	85,532	185,890
DEATHS FROM PNEUMONIA	n.a.	24	106	151	80	49	496	906
MORTALITY FROM PNEUMONIA	n.a.	0.1%	11.1%	0.4%	0.3%	0.3%	0.6%	0.5%
DIAGNOSES OF PNEUMONIA < AGE 5	n.a.	13,709	13	19,346	n.a.	7,756	818	41,642
DEATHS FROM PNEUMONIA < AGE 5	n.a.	17	0	151	n.a.	28	n.a.	196
MORTALITY FROM PNEUMONIA < AGE 5	n.a.	0.1%	0%	0.8%	n.a.	0.4%	n.a.	0.5%

DIARRHOEAL DISEASES

READ THE DATA

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 Doctors

with Africa CUAMM operates. This is not possible elsewhere, such as in South Sudan, even though the intervention is broader and reaches more beneficiaries.

	ANGOLA	ETHIOPIA	MOZAMBIQUE	SIERRA LEONE	SOUTH SUDAN	TANZANIA	UGANDA	TOTAL
DIAGNOSES OF DIARRHOEA	n.a.	19,507	1,801	12,584	67,363	12,899	138,680	252,834
DEATHS FROM DIARRHOEA	n.a.	8	22	18	34	11	64	157
MORTALITY FROM DIARRHOEA	n.a.	0%	1.2%	0.1%	0.1%	0.1%	0%	0.1%
DIAGNOSES OF DIARRHOEA < AGE 5	n.a.	16,321	596	8,564	n.a.	8,278	78,789	112,548
DEATHS FROM DIARRHOEA < AGE 5	n.a.	8	2	18	n.a.	11	49	88
MORTALITY FROM DIARRHOEA < AGE 5	n.a.	0%	0.3%	0.2%	n.a.	0.1%	0.1%	0.1%

CHRONIC DISEASES

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

At the hospitals where Doctors with Africa 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.

UTERINE 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 is 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 at the hospital; though actual effectiveness is limited as most tumours are found in advanced/inoperable stages. The table shows data from our 2020 activities, which saw a reduction in our support as the impact of the pandemic reduced access to treatment and especially prevention. However, these activities still have a poor level of integration into the routine services of a hospital or health centre.

Therefore, 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.



Andrea Atzori

Head of international relations at Doctors with Africa CUAMM World Diabetes Day 2020

PROMOTING
HEALTHY
LIFESTYLES

In recent years, many African countries have seen an increase in the number of people with diabetes, as ministries and hospitals struggle to develop guidelines and treatments. That's why Doctors with Africa CUAMM is working to prevent and tackle diabetes and other chronic non-communicable diseases. "We do this – states Andrea Atzori, Head of International Relations at Doctors with Africa CUAMM – by expanding diabetes diagnosis and treatment services in the community, taking into account the available resources and local context, as we did in Angola, Mozambique, Ethiopia, Sierra Leone and Tanzania. Community-based screening and awareness-raising to promote healthy lifestyles are paramount, and we are pursuing these activities also through an international partnership with the World Diabetes Foundation (WDF)".

READ THE DATA

As we can see, the project supporting six hospitals in Mozambique has become fully operational, although some of the reported figures have fallen sharply, such as cases of hospitalisation for heart disease or stroke. Note also the figures for our activities supporting 15 Ethiopian hospitals

which have opened a dedicated chronic disease clinic. This data is therefore still extremely variable and not easily comparable and/or attributable to differences in risk factors; rather it is more to do with precariousness of data collection.



	WOLISSO (ETHIOPIA)	15 HOSPITALS ETHIOPIA	TOSAMAGANGA (TANZANIA)	MATANY (UGANDA)	ABER (UGANDA)	BEIRA, NAMPULA, 2 IN QUELIMANE AND 2 IN MAPUTO	TOTAL	PCMH* (SIERRA LEONE)
VISITS OF PATIENTS WITH DIABETES	2,415	10,780	847	518	127	7,787	22,474	n.a.
ADMISSIONS FOR DIABETES	193	5,390	84	55	68	2,656	8,446	n.a.
VISITS FOR HEART DISEASE	817	n.a.	968	684	69	401	2,939	n.a.
ADMISSIONS FOR HEART DISEASE	172	n.a.	98	263	285	903	1,721	n.a.
VISITS OF PATIENTS WITH HYPERTENSION	2,411	7,874	2,494	1,884	2,862	14,330	31,855	450
ADMISSIONS FOR STROKES	24	n.a.	50	80	52	330	536	n.a.

* screening for hypertension during pregnancy

ACTIVITIES FOR CERVICAL CANCER

ACTIVITIES FOR CERVICAL CANCER	WOLISSO (ETHIOPIA)	JINKA HOSPITAL (ETHIOPIA)	TOSAMAGANGA (TANZANIA)	MATANY (UGANDA)	TOTAL
WOMEN SCREENED WITH VIA	255	382	3,114	904	4,655
VIA +	17	33	212	32	294
% POSITIVE WITH VIA	6.7%	8.6%	6.8%	3.5%	6.3%
VIA + TREATED WITH CRYOTHERAPY	14	33	212	32	291

TRAINING AND RESEARCH





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 **8,189 people including community agents, nurses, midwives, doctors, and paramedics**.

Training in 2020 was mainly devoted to **dealing with the Covid-19 pandemic, with training on the virus and preventive actions**, setting up screening systems and managing suspected cases in hospitals; this meant that the specific maternal and neonatal training was partially suspended or reduced. Also due to the pandemic, classes at training schools were suspended for a long period, both in Ethiopia and Uganda, and graduation exams were postponed until 2021. On the other hand, with our ongoing **support for the Faculty of Medicine at the University of Beira, 22 new doctors were able to graduate**.



In rural communities, the midwife plays an essential role in encouraging pregnant women to attend prenatal visits, directing and accompanying them to give birth in health facilities, and encouraging them to attend postnatal check-ups together with their newborn. In this context, the 'First 1,000 days.

Guaranteeing quality health services to mothers and children in Cabo Delgado' project worked with local health authorities to train 30 traditional midwives from 30 villages in the districts of Balama and Montepuez. Traditional midwives raise awareness in communities about the importance of attended childbirth at health centres. The midwives were provided with: a telephone, which they can use to alert the health centre nurse and call for an ambulance, especially in the event of complications, a torch, boots and a raincoat so that they can work around the clock in any season.



TRAINING IS CARING

The 'First 1,000 days. Guaranteeing quality health services to mothers and children in Cabo Delgado' project funded by **AICS** (Italian Agency for International Development Cooperation) and implemented by **Doctors with Africa CUAMM** with **AIFO**, the **Wiwanana Foundation** and the **Centre for Child Health Onlus** (CSB).

TRAINING WITH SHORT COURSES OR RESIDENCY

* on the job training only

	COMMUNITY AGENTS	NURSES	MIDWIVES	GENERAL PRACTITIONERS	OTHER	TOTAL PER COUNTRY
ANGOLA	n.a.	n.a.	120	n.a.	n.a.	120
ETHIOPIA	158	55	280	179	594	1,266
MOZAMBIQUE	n.a.	n.a.	n.a.	n.a.	n.a.	N.A.
SIERRA LEONE	2,067	94	32	11	100	2,304
SOUTH SUDAN*	1,304	86	40	46	77	1,553
TANZANIA	287	62	71	21	10	451
UGANDA	2,361	19	59	11	45	2,495
TOTAL BY CATEGORY	6,177	316	602	268	826	8,189

PROFESSIONAL AND UNIVERSITY TRAINING

In 2020, support continued to be provided to several vocational training schools and universities, where the following professionals graduated:

COUNTRY	STRUCTURE	MIDWIVES GRADUATED	NURSES GRADUATED	STUDENT MIDWIVES	STUDENT NURSES	DOCTORS GRADUATED
ETHIOPIA	School for Nurses and Midwives of Wolisso	Graduations postponed due to Covid-19	Graduations postponed due to Covid-19			
MOZAMBIQUE	School of Medicine, University of Beira					22
SOUTH SUDAN	School for Nurses of Lui			10		
SOUTH SUDAN	School for Nurses of Rumbek			27	20	
UGANDA	School for Nurses and Midwives of Matany	Graduations postponed due to Covid-19	Graduations postponed due to Covid-19	84	63	
TOTAL BY CATEGORY		0	0	121	83	22





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 engage in 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 be mainly 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, flooding, 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

CUAMM has authored 37 scientific publications and is mentioned in a further 7 articles, describing its operations and contribution. This is the highest number of research papers published in one year, confirming the steady increase in scientific output since 2015. As in previous years, numerous papers have been published in prestigious journals such as *Lancet*, *BMJ - British Medical Journal* or *BMC*, as well as in the *American Journal of Tropical Medicine and Hygiene* and the *International Journal of Infectious Diseases*.

This steady increase in research indicates that Doctors with Africa CUAMM **will continue investing in research as a means of better understanding the settings in which it works, to identify the most effective actions and validate good practices to improve its operations at all levels of the health system.** This is because – as we never get tired of saying – research ensures quality interventions, and quality aid is what we want to achieve. The Covid-19 pandemic has inevitably also impacted scientific production during the year: **with 8 publications on this topic, Doctors with Africa CUAMM helped draw attention to the great impact of Covid-19 in the most fragile settings, not only on the African continent, but in Italy too.** In addition to the issue of the pandemic, we also focus on the critically ill, particularly mothers and newborns, infectious diseases, and analysing the transfer system to ensure access to treatment even for populations living in the most isolated settings.

Every year, *Doctors with Africa CUAMM* brings together in a single volume the scientific articles, abstracts and posters it has presented at international conventions.

This collection can be downloaded free of charge at
→ www.mediciconlafrica.org/ricercaoperativa/

MAIN ISSUES



**child and maternal
health**



**infectious and tropical
diseases**



**universal health
coverage and equity**



nutrition



chronic diseases

2020 RESULTS

5
main issues

37
research published

178
Italian, African and
international authors
who have contributed
to the research

66
Partners including
public and private
research centres,
international
universities,
institutions
and hospitals:

25
African partners

66
research
partners

7
in
other

14
in Europe

20
in Italy

25
in Africa

FOCUS ON HOSPITALS

KEY INFORMATION

23

Hospitals managed
by Doctors with
Africa CUAMM

1

Angola

3

Ethiopia

4

Mozambique

5

Sierra Leone

5

South Sudan

1

Central African
Republic

2

Tanzania

2

Uganda



In 2020, 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 Doctors with Africa CUAMM to assess their work as we consider access to care a basic right of every human being, something 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 uses a visit to an outpatient clinic as a unit of measure and generates a relative importance in terms of cost to other major hospital healthcare services (admissions, births, vaccinations, and pre- and post-natal visits). For more details, see the methodological framework on page 7.

The use of this indicator allows hospital managers and boards of directors to plan rationally, make evidence-based decisions in line with the organisation'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.



Chiulo
Angola



Wolisso
Ethiopia



Turmi
Ethiopia



Gambella RH
Ethiopia



Montepuez
Mozambique



Beira
Mozambique



Nhamatanda
Mozambique



Dondo
Mozambique



Bangui Paediatric Complex
Central African Republic



Puejhun CMI
Sierra Leone



PCMH
Sierra Leone



Lunsar
Sierra Leone



Makeni
Sierra Leone



Bo
Sierra Leone



Lui
South Sudan



Yirol
South Sudan



Cuibet
South Sudan



Maridi
South Sudan



Rumbek
South Sudan



Songambele
Tanzania



Tosmaganga
Tanzania



Matany
Uganda



Aber
Uganda

SUO

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

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

PRODUCTIVITY

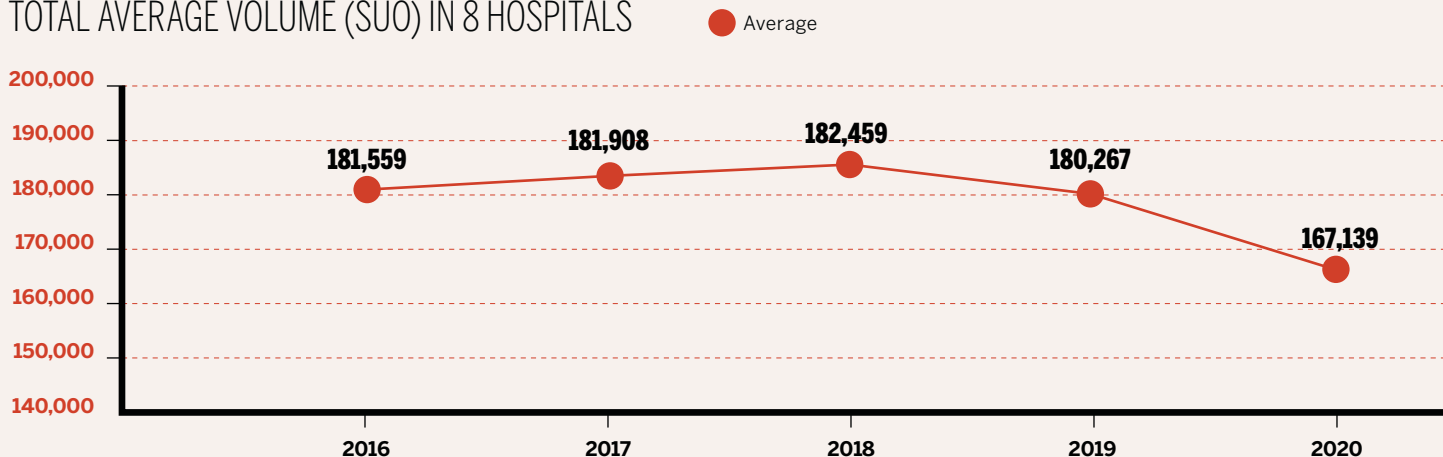
Overall performance is evaluated through the **average results of 8 hospitals, for which data has been continuously available for the last 5 years.**

The data is the same as that of the 2019 report. In 2020, there was a sharp drop (-7.3%) associated with the Covid-19 pandemic, which negatively affected access to treatment services. This impact varied according to the context however, with the sharpest declines being seen in Sierra Leone in

Pujehun (-98%), in Angola in Chiulo (-38%) and in Aber in Uganda and Wolisso in Ethiopia (-18% and -19%).

In contrast, other contexts underwent more minor changes, while Matany saw an increase of 29% mainly due to a large rise in paediatric cases (not attributable to Covid-19 infections).

TOTAL AVERAGE VOLUME (SUO) IN 8 HOSPITALS



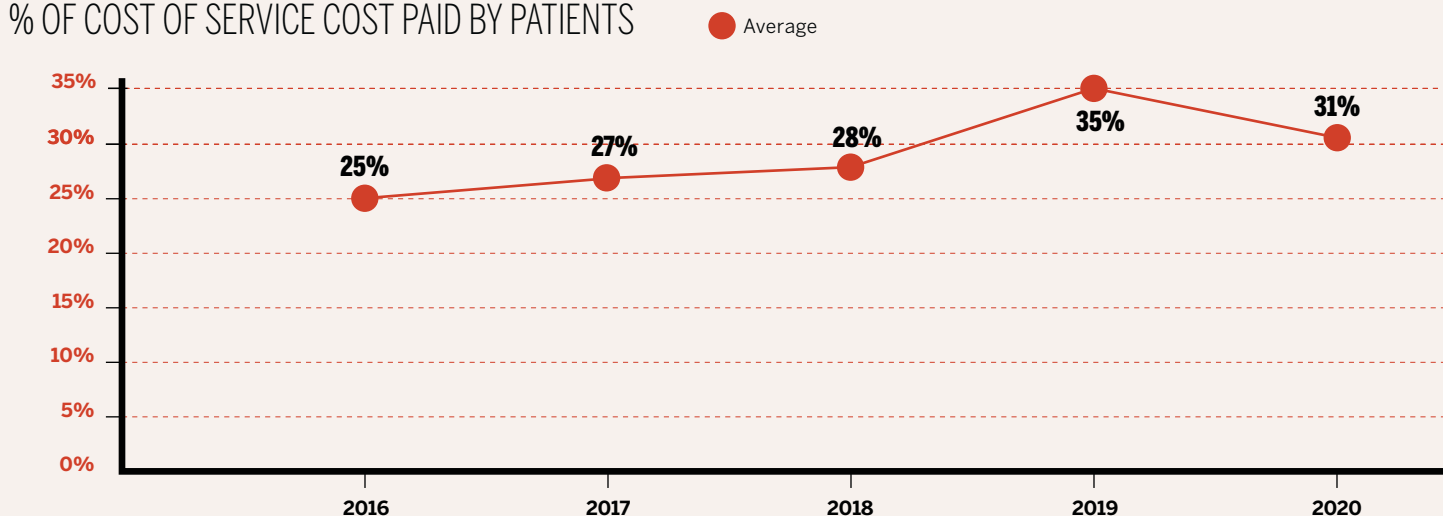
EQUITY

The cost of the service charged to patients is calculated based on the **ratio of revenue from users and total cost.** Over the last year, the average patient cost decreased by 10% compared to the year before, mainly due to the reduced admissions to facilities (and in turn total productivity as noted above) caused by the Covid-19 pandemic: patient income decreased but costs did not as they are mostly fixed (wages and operating costs).

In fact, in 2020, there was a large decrease in Aber and Wolisso due to the major decline in admissions, while pressure on patients would have increased in Tosamaganga, where there was still a 6% drop in admissions to facilities.

Although increasing out-of-pocket costs indicates a deterioration in equity (albeit due to the increasing and widespread difficulty of finding economic resources to fund hospitals both within and outside the country), the fall in costs seen during the 2020 pandemic should not suggest an improved rate of admission, as in actual fact admissions declined. The deep impact on hospital budgets has only been contained by Doctors with Africa CUAMM's increased contribution to these hospitals' ongoing costs, which – despite the reduction in patients and income – have had to shoulder similar costs as other years.

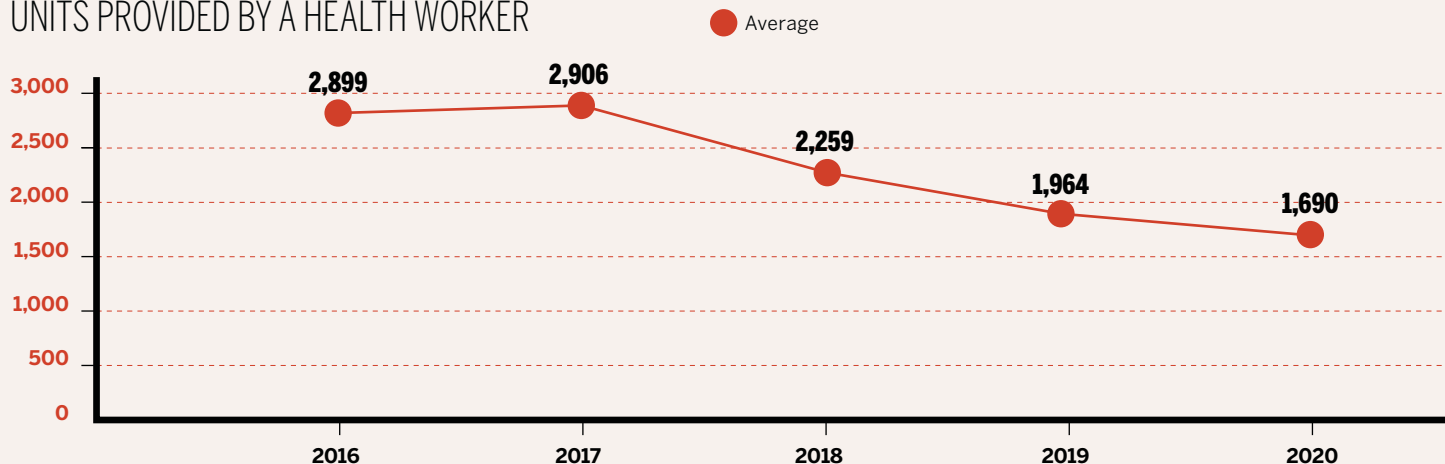
% OF COST OF SERVICE COST PAID BY PATIENTS



STAFF EFFICIENCY

The impact of the Covid-19 pandemic can also be seen on staff efficiency (ratio of total SUO to qualified staff), with a smaller number of patients using the facilities and, in turn, a 16.3% reduction in staff productivity. In fact, the number of qualified staff also fell by 5%, further reflecting the significant reduction in patient admissions.

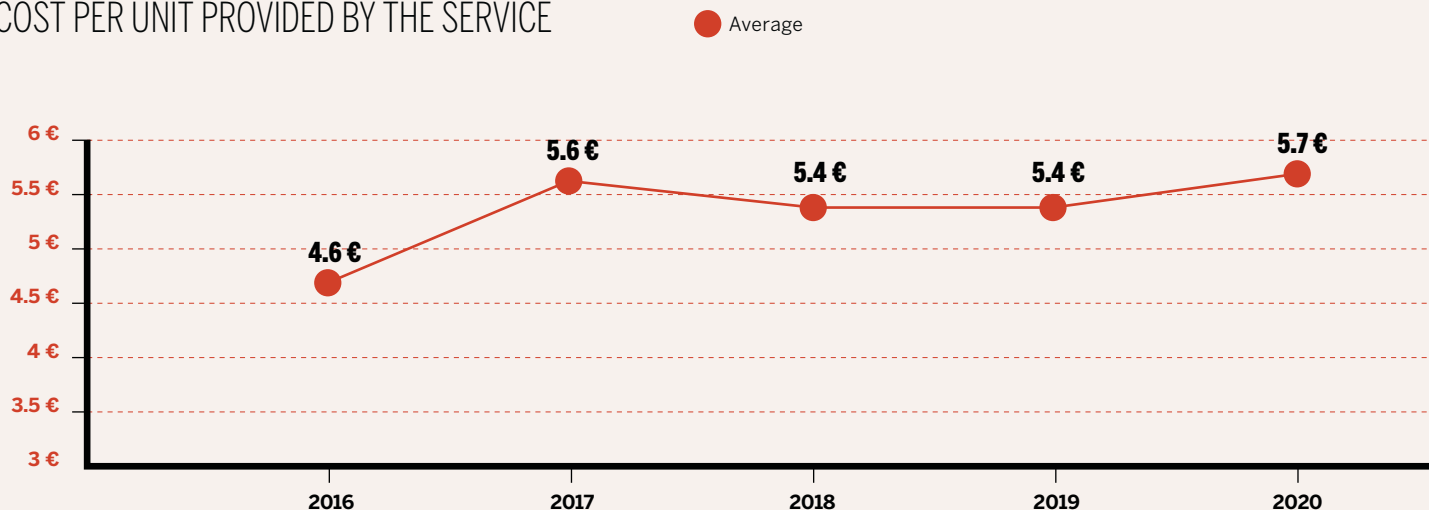
UNITS PROVIDED BY A HEALTH WORKER



MANAGEMENT EFFICIENCY

On average, the cost of the service per SUO (ratio of total cost to total SUO) rose by 3.9%, again due to the impact of the pandemic with a reduction in numbers of patients accessing facilities and, in turn, a decline in productivity despite the fact that their costs stayed virtually the same. In conclusion, 2020 was heavily influenced by Covid-19, impacting all performance indicators, which are therefore not comparable with previous years.i.

COST PER UNIT PROVIDED BY THE SERVICE



QUALITY OF HOSPITAL SERVICES

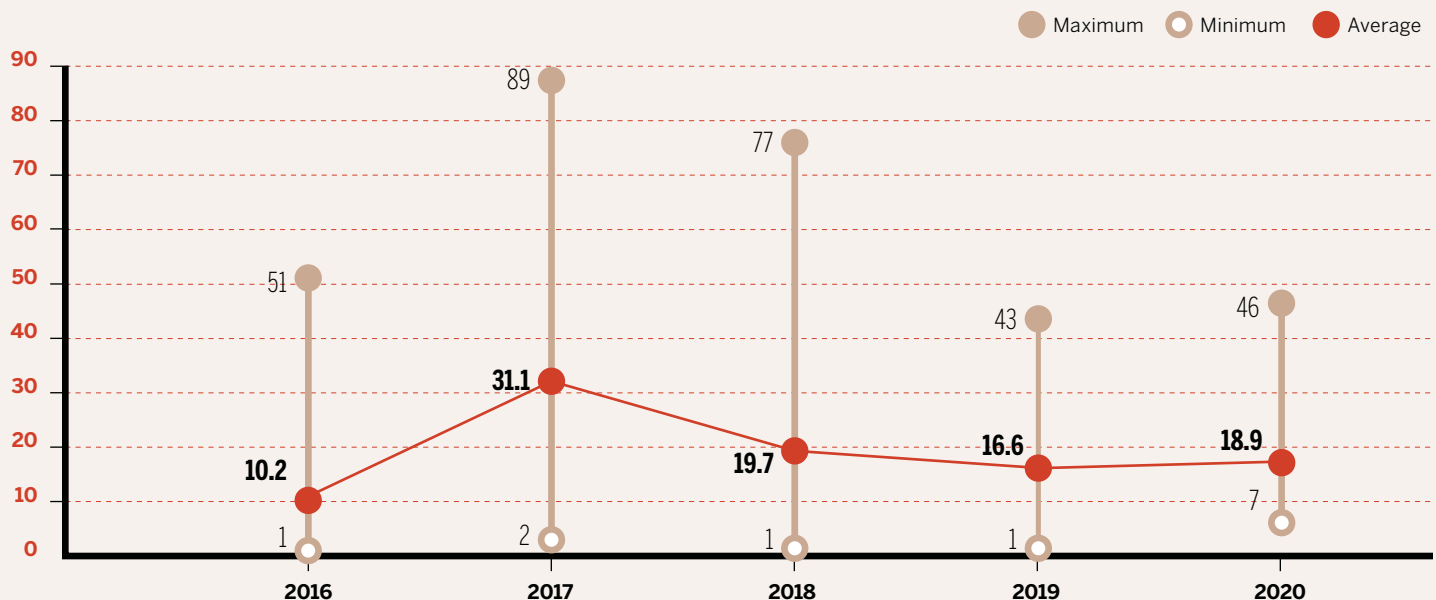
In limited-resource settings, such as in the parts of sub-Saharan Africa where Doctors with Africa CUAMM operates, hospital performance needs to be monitored in terms of accessibility, equity and efficiency, as well as the quality of service provided to the population. Providing low-cost services is not enough in itself if they are of inadequate quality. Though it is difficult to measure a hospital's performance in general – and even harder to measure the quality of its service – in 2012, we introduced some indicators to evaluate the quality of obstetric support. These include:

- RATE OF STILLBIRTHS PER 1,000 LIVE BIRTHS;
- RATE OF CAESAREAN SECTIONS OUT OF TOTAL BIRTHS;
- RATE OF MATERNAL DEATHS FOR MAJOR OBSTETRIC COMPLICATION OUT OF THE TOTAL NUMBER OF MAJOR OBSTETRIC COMPLICATIONS.

RATE OF STILLBIRTHS PER 1,000 LIVE BIRTHS

This indicator relates to the specific way that the birth is managed during the labour and expulsion stage. 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.

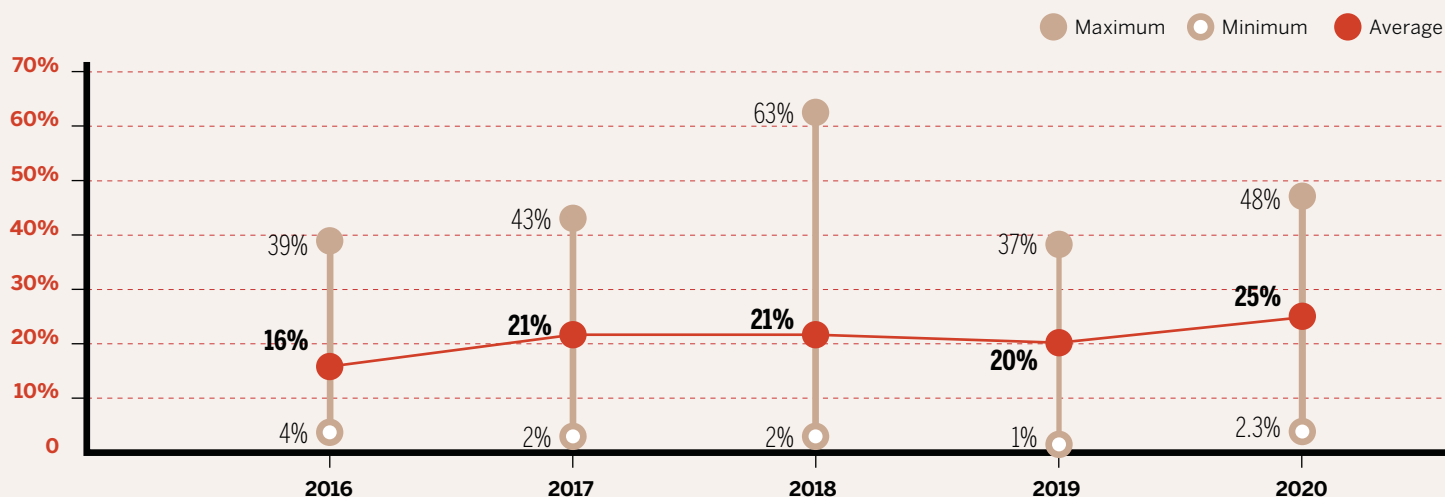
In 2020, the rate returned to the 2018 figure, perhaps indicating a slight deterioration in care or, more likely, a greater delay in access, associated with the pandemic which – given the reduced admissions due to the restrictions and fear – would have meant cases arrived late, negatively affecting outcomes.



RATE OF CAESAREAN SECTIONS OUT OF TOTAL BIRTHS

The Caesarean section rate varies a great deal between hospitals and depends on numerous factors. For instance, women in different countries may differ in body shape and may need C-sections 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 C-sections, depending on the efficiency of the referral system;

In different settings, surgeons and gynaecologists may have different habits relating to C-sections. The slight average increase in the rate of C-sections could have to do with the decline in admissions and therefore with hospitalisation only occurring for the "most serious" cases. This increase is in fact quite widespread, being seen in almost all hospitals (13/18), albeit with considerable differences.



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 obstetric complications. At 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 log 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 improvement to achieve consistent, comparable data. Even with these limitations, the 2020 figure shows a slight increase in almost all settings, probably as an indirect effect of the Covid-19 pandemic, causing delayed admissions and, in turn, a greater risk of complications and/or a delay in treatment, ultimately leading to higher risk of a poor outcome.

HOSPITALS	2016	2017	2018	2019	2020
Aber	1.2%	1.2%	0.7%	1%	1.1%
Chiulo	2.4%	2%	4.2%	n.a.	n.a.
Cueibet	1.4%	0.8%	2.8%	n.a.	0.7%
Lui	2%	0%	1%	0.9%	1.3%
Lunsar	4.7%	0.6%	4.7%	1.4%	3.7%
Matany	0.4%	0.9%	0.5%	0.5%	0.7%
Pujehun	1.3%	1.9%	1%	4%	3.3%
PCMH	2.4%	1.3%	1.2%	1.2%	1.6%
Tosamaganga	0.3%	0.5%	0.2%	0.46%	0.6%
Wolisso	0.1%	0.5%	0.4%	0.6%	1%
Yirol	1.6%	1.6%	0.5%	2.4%	1.4%

HOSPITALS DATA* 2020

COUNTRY	NAME	BEDS	OUTPATIENT VISITS	ADMISSIONS	PRENATAL VISITS	TOTAL BIRTHS	CAESARE-ANS
ANGOLA	Chiulo	234	15,633	3,227	4,008	1,647	29
ETHIOPIA	Wolisso	200	66,522	12,811	9,809	4,033	704
	Turmi	20	13,668	263	1,405	593	19
	Gambella RH*	124	200,143	5,960	5,108	2,356	240
MOZAMBIQUE	Montepuez	134	n.a.	n.a.	n.a.	3,749	732
	Beira	823	135,304	22,053	n.a.	5,795	2,397
	Nhamatanda	120	56,509	6,561	10,002	3,042	410
	Dondo	75	101,116	1,018	n.a.	2,801	0
CENTRAL AFRICAN REPUBLIC	Bangui Paediatric Complex	257	56,841	18,600	n.a.	n.a.	0
SIERRA LEONE	Puejhun CMI	59	5,580	2,067	875	1,068	351
	PCMH*	125	7,162	7,885	24,749	6,397	3,045
	Lunsar	100	n.a.	n.a.	1,956	667	264
	Makeni*	38	9,188	3,050	5,885	2,478	659
	Bo*	40	17,109	4,151	n.a.	3,210	1,081
SOUTH SUDAN	Lui	102	21,761	5,474	1,069	567	115
	Yirol	105	54,040	10,093	6,697	1,529	42
	Cuibet	98	20,102	4,538	3,461	1,002	60
	Maridi	70	19,404	7,509	2,494	956	90
	Rumbek (only maternity and paediatrics)	76	54,497	17,067	11,429	2,260	141
TANZANIA	Songambele	63	12,882	3,504	3,061	911	307
	Tosamaganga	165	38,210	5,812	1,731	2,640	850
UGANDA	Matany	250	40,637	14,331	7,729	1,375	476
	Aber	178	38,566	8,432	12,235	2,420	718
TOTAL		3,456	984,874	164,406	113,703	51,496	12,730

* hospitals where the intervention is limited to maternity care

VACCINATIONS	INCOME FROM USER FEES	TOTAL INCOME FOR RECURRING EXPENSES	RECURRING EXPENSES	TOTAL STAFF	QUALIFIED STAFF
0	n.a.	n.a.	n.a.	163	122
8,296	573,273	2,128,157	2,121,763	438	260
0	n.a.	n.a.	n.a.	33	28
23,774	n.a.	n.a.	n.a.	462	326
n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
0	n.a.	n.a.	n.a.	1,461	1,046
72,421	n.a.	n.a.	n.a.	101	57
0	n.a.	n.a.	n.a.	129	105
706	n.a.	n.a.	n.a.	418	295
1,412	n.a.	n.a.	280,000	121	71
0	n.a.	n.a.	n.a.	n.a.	n.a.
0	n.a.	n.a.	n.a.	132	99
0	n.a.	n.a.	n.a.	317	267
0	n.a.	n.a.	n.a.	n.a.	n.a.
1,363	n.a.	n.a.	666,574	156	56
2,912	n.a.	n.a.	418,483	144	50
1,527	n.a.	n.a.	430,480	97	54
1,531	n.a.	n.a.	395,626	67	50
26,344	n.a.	n.a.	694,609	184	84
8,879	184,534	408,578	375,600	79	55
8,882	283,064	484,976	498,417	163	104
51,022	147,555	898,651	823,849	267	149
31,031	275,241	1,328,895	1,129,810	163	113
240,100	1,463,667	5,249,257	7,817,211	5,095	3,391

FUNDRAISING IN ITALY AND INTERNATIONALLY





GROUPS SUPPORTING CUAMM

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 awareness-raising and fundraising initiatives to support specific projects in the various communities.

The support and practical collaboration of **over 4,500 people** involved in our support groups are an immensely valuable resource for Doctors with Africa CUAMM's activities to be implemented across the various regions of Italy. In 2020, **two new groups** were set up: **Doctors with Africa CUAMM Sondrio** and **Doctors with Africa CUAMM Parma**.

These new groups joined the others to make a total of 38 support groups. In May, our 4th Group Committee was held via ZOOM due to the Covid-19 pandemic affecting the country.

Up-to-date information about our groups and activities can be found at

→ www.mediciconlafrica.org

2020
SNAPSHOT

38
support
groups

15
regions involved

4.507
volunteers

JOIN US!

Get in touch with the CUAMM nearest you, or contribute by setting up one yourself.

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



GROUPS IN 2020

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: Alberto Battistini

MEDICI CON L'AFRICA CUAMM FERRARA

gruppo.ferrara@cuamm.org
Contact person: Mariarita Stendardo

MEDICI CON L'AFRICA CUAMM MODENA-REGGIO EMILIA

mediconlafrica_more@yahoo.it
Contact person: Andrea Foracchia

MEDICI CON L'AFRICA CUAMM PARMA

gruppo.parma@cuamm.org
Contact person: Alice Corsaro

FRIULI VENEZIA GIULIA

MEDICI CON L'AFRICA CUAMM

FRIULI-VENEZIA GIULIA
gruppo.fvg@cuamm.org
Contact person: Ada Murkovic

LAZIO

MEDICI CON L'AFRICA CUAMM ROMA

gruppo.roma@cuamm.org
Contact person: Michele Loiudice

LIGURIA

MEDICI CON L'AFRICA CUAMM LIGURIA

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Contact person: Cecilia Barnini

LOMBARDY

MEDICI CON L'AFRICA CUAMM BERGAMO

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PIEDMONT

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SICILY

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TUSCANY

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TRENTINO ALTO ADIGE

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VENETO

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FERROVIERI CON L'AFRICA

Assferr.conlafrica@libero.it
Contact person: Nicola Samà

EVENTS

In 2020, Doctors with Africa CUAMM held 200 events in Italy. Despite the difficulties surrounding the Covid-19 pandemic, we kept close ties **with groups, volunteers, friends and supporters throughout Italy, maintaining a strong commitment to awareness raising in the community.**

Of all our events, **the Annual Meeting** deserves a special mention: **for the first time it was not held in person but streamed live from the TV2000 studio in Rome. On Saturday 7 November, the meeting was watched from home by around 155,000 people.**

The Annual Meeting was, once again, the most important opportunity to take stock of what our projects have achieved with the help of our supporters, and to engage institutions at the highest levels, **to put Africa and its people at the centre of political agendas.**

Multiple online events were also held, including around 50 with the community groups, many with speeches by our volunteers in Africa. Lastly, some events created strong ties with local takeaway restaurants, which helped us to spread our message and mission to help the poor.

SPECIAL PROJECTS IN ITALY: MOBILE CLINICS IN PUGLIA AND THE “TRAIN OF HEALTH”

In 2020, Doctors with Africa CUAMM carried out two special initiatives in Italy: the **“Mobile Clinics for Farm Workers”** project in the province of Foggia and the **“Train of Health”** project in Veneto.

Doctors with Africa CUAMM's Bari group continued its “Mobile Clinics for Farm Workers” project. Since the initiative began in September 2015, through to December 2020, 5,000 visits and 900 HIV screenings were carried out for 1,675 beneficiaries. From April to December 2020, around 80 drives were carried out and a Covid triage was set up where around 2,000 visits were made to 480 patients.

In Veneto, thanks to the contribution of the Veneto Region, we also implemented the **“Train of Health”** project in 2020, conducted in collaboration with ‘Ferrovieri con l’Africa’, various CUAMM Groups and many volunteers in the community: in 2020, given the health emergency, the initiative was transformed into a **virtual event on health prevention**, covering both infectious diseases and chronic non-communicable diseases, with **1,192 broadcasts and videos**, accompanied by **12 indepth** features, on **6 local television stations** in Veneto; **3,605 radio broadcasts** on **15 local radio stations**; **26,200 views** on the **YouTube** platform and **47,300 people reached** through **Facebook**. The **project involved 99 students from the 4th and 5th year of high schools in the Veneto region**, including **23 peer educators** whose awareness was raised on **global health, climate change and the impact of the environment on health.**

HIGHLIGHTS

31

railway workers volunteering from the Ferrovieri con l’Africa association, focusing on the topic of intercultural encounters with migrants or victims of trafficking

18

young female victims of trafficking taken in by 5 cooperatives that are part of N.A.Ve. project (Counter-trafficking Network for the Veneto Region), focusing on the issue of **prevention and healthy lifestyles.**



200 EVENTS IN 2020

104

in the Northeast

NORTHEAST

10

main local events: including "Train of Health", the event tied to Padua European Capital of Volunteering, the Global Health Festival, and the Group Committee.

34

testimonies from CUAMM doctors and workers.

20

meetings with Groups.

8

solidarity take-away lunches, dinners and aperitifs including dinner in Camposanpiero.

47

in the Northwest

NORTHWEST

14

main local events: including the performance in Varese of *Due Destini*, based on the book of the same name by R. di Renzo and S.M.L. Possentini; the exhibition on the CUAMM archive *Sguardi Capovolti* in Valenza; and the event in Turin recounting our experience of the Covid-19 emergency between Italy and Africa.

13

testimonies from CUAMM doctors and workers.

14

meetings with Groups.

7

solidarity take-away lunches, dinners and aperitifs.

30

in Emilia Romagna

EMILIA ROMAGNA

4

main local events: including a gospel show in Modena and testimonies from the field; a discussion between the Cardinal of Bologna Matteo Zuppi, Elena Malaguti, Ferruccio de Bortoli, Marco Trabucchi and our director Don Dante Carraro at the Alzheimer fest in Cesenatico; and in Bologna, an in-depth look at the commitment of Doctors with Africa to develop global health skills in young people between Italy and Africa.

7

testimonies from CUAMM doctors and workers.

12

meetings with Groups.

4

solidarity take-away lunches, dinners and aperitifs.

19

in Central Italy

CENTRAL ITALY

1

main local event: in Florence, a journey through the new and old poor, with a focus on access to treatment during Covid-19.

9

testimonies from CUAMM doctors and workers.

5

meetings with Groups.

4

solidarity take-away lunches and dinners.



FIGURES AND IMAGES

2020 was a very difficult year for the organisation of events in person, almost all of what was planned was done digitally, with meetings and conferences via Zoom.

These are the main meetings:

14 MAY,
VIA ZOOM
**LOMBARDY
GROUP
MEETING**

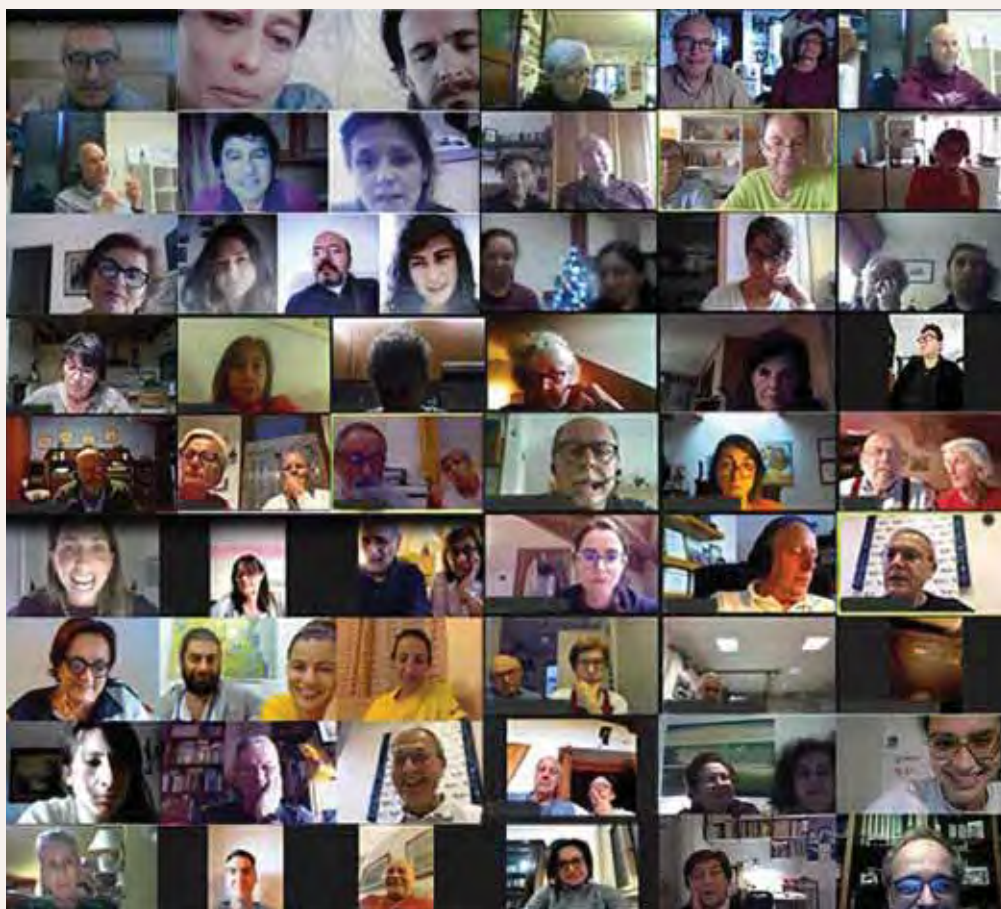
3 JUNE,
VIA ZOOM
**MO/RE
GROUP
MEETING**

15 MAY,
VIA ZOOM
**PIEDMONT
GROUP
MEETING**

22 JUNE,
VIA ZOOM
**TRENTINO
GROUP
MEETING**

19 MAY,
VIA ZOOM
**PISA
GROUP
MEETING**

14 DECEMBER
VIA ZOOM
**NETWORK
OF
SOUTHERN
GROUPS**



Despite this, thanks to the strong will to meet again of our volunteers and supporters, it was possible to organise in presence the **Groups Committee** at the end of September, which took place in Padua and was attended by **76 participants** and **20 groups**.

25/27 SEPTEMBER,
PADUA
**GROUP
COMMITTEE
IN PADUA**





7 NOVEMBER,
TV 2000
**ANNUAL
MEETING**

155,000
people followed the
live TV broadcast
from Rome



12 OCTOBER/
7 NOVEMBER
**TRAIN
OF HEALTH**

1,192 ads and video clips, accompanied by 12 in-depth features, broadcast on 6 local TV stations in the Veneto region. **3,605 airings of the radio ad** on 15 local radio stations in the Veneto region. **26,200 views on the YouTube platform and 47,300 people reached through Facebook.** **99 students** from the 4th and 5th year of high school in the Veneto region, including 23 peer educators,

who received information on global health, climate change and the impact of the environment on health (28 October 2020).

31 railway workers volunteering from the Ferrovieri con l'Africa association, whose awareness was raised on intercultural encounters with migrants or victims of trafficking (20 and 27 October 2020).

18 young female victims of trafficking taken in by 5 cooperatives, which are part of the N.A.Ve. project (Counter-trafficking Network for the Veneto Region), focusing on the issue of prevention and healthy lifestyles.



CATERERS
WITH AFRICA:
**SOLIDARITY
LUNCHES,
APERITIFS
AND DINNERS**

BUSINESSES WITH AFRICA

Despite the constraints imposed by the Covid-19 emergency, **in 2020 Businesses with Africa (i.e. all companies, firms and freelancers who share Doctors with Africa CUAMM's code of ethics, values and mission) maintained their commitment** through concrete gestures in support of specific projects. Despite the difficult year, the number of companies involved with CUAMM increased.

Companies and freelancers have supported our work in the field through donations, while others have chosen to gift their employees and colleagues our solidarity gifts for special occasions. Some professional firms, doctors, notaries and accountants, as well as pharmacies, shops and bookshops have made our informational materials available to their customers, helping us to raise awareness.

Moreover, as part of this network, **15 businesses from the catering industry (one of the most affected sectors by the pandemic) responded to the crisis through solidarity**. Indeed, together with volunteers from the various support groups in their community, they organised a series of solidarity initiatives with the sale of food boxes, donating part of the proceeds to Doctors with Africa CUAMM (see photo).

SOLIDARITY GIFTS

Our solidarity gifts initiative has grown significantly in recent years. The programme started with products like favours and other limited proposals, but thanks also to the launch of e-commerce site, it has seen fast growth: lines have been created dedicated to Christmas, Easter and special events such as weddings and baptisms. To ensure constant supplies, numerous **partnerships** have been established **with solidarity tailors who employ women and men from various African countries to support their employment as well as projects in Africa.**

For 2 years there has been a physical location dedicated to our solidarity gifts: in December 2018 **the Infopoint opened in Via San Francesco** in the city of Padua, with the aim of raising awareness about the activities and calendar of events. A large number of volunteers have also been involved in managing the solidarity gifts, offering valuable help during their spare time and taking an active role in the initiatives.





Kanö Sartoria Sociale,
supplier of solidarity gifts

**COLLABORATION
THAT EMANATES
BEAUTY**

“Doctors with Africa CUAMM and Kanö Sartoria Sociale see eye to eye: a collaboration based on shared sensitivities and projects.

A year ago, our daily life was disrupted by the global pandemic. It was at that time that Kanö Sartoria Sociale first entered into a relationship with Doctors with Africa CUAMM, espousing the same values and ideals. For Kano, it is always a pleasure to work with wax fabric, even more so when – thanks to the partnership with CUAMM – there is an economic, social and relational impact right where it all starts, every time a fabric is chosen from local producers in African countries.

Collaborations that emanate beauty can be recognised instantly, with a bond forged over time that goes above and beyond the business side, and permeates the emotional sphere for a better world”.

INTERNATIONAL FUNDRAISING

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 and initiatives with international actors in all countries where Doctors with Africa CUAMM operates. These partners invest in development programmes, supporting or supplementing more typical donors in international cooperation. The relations and partnerships we have forged take the form of projects supporting Doctors with Africa CUAMM's strategies in the field. They are nurtured through 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. Indeed, thanks to these international partnerships, during the first wave of the Covid-19 pandemic, **Doctors with Africa CUAMM became a partner of UNHRD (United Nations Humanitarian Response Depot), which is a network of six UN logistics centres whose role is to provide rapid responses to humanitarian emergencies all over the world.**

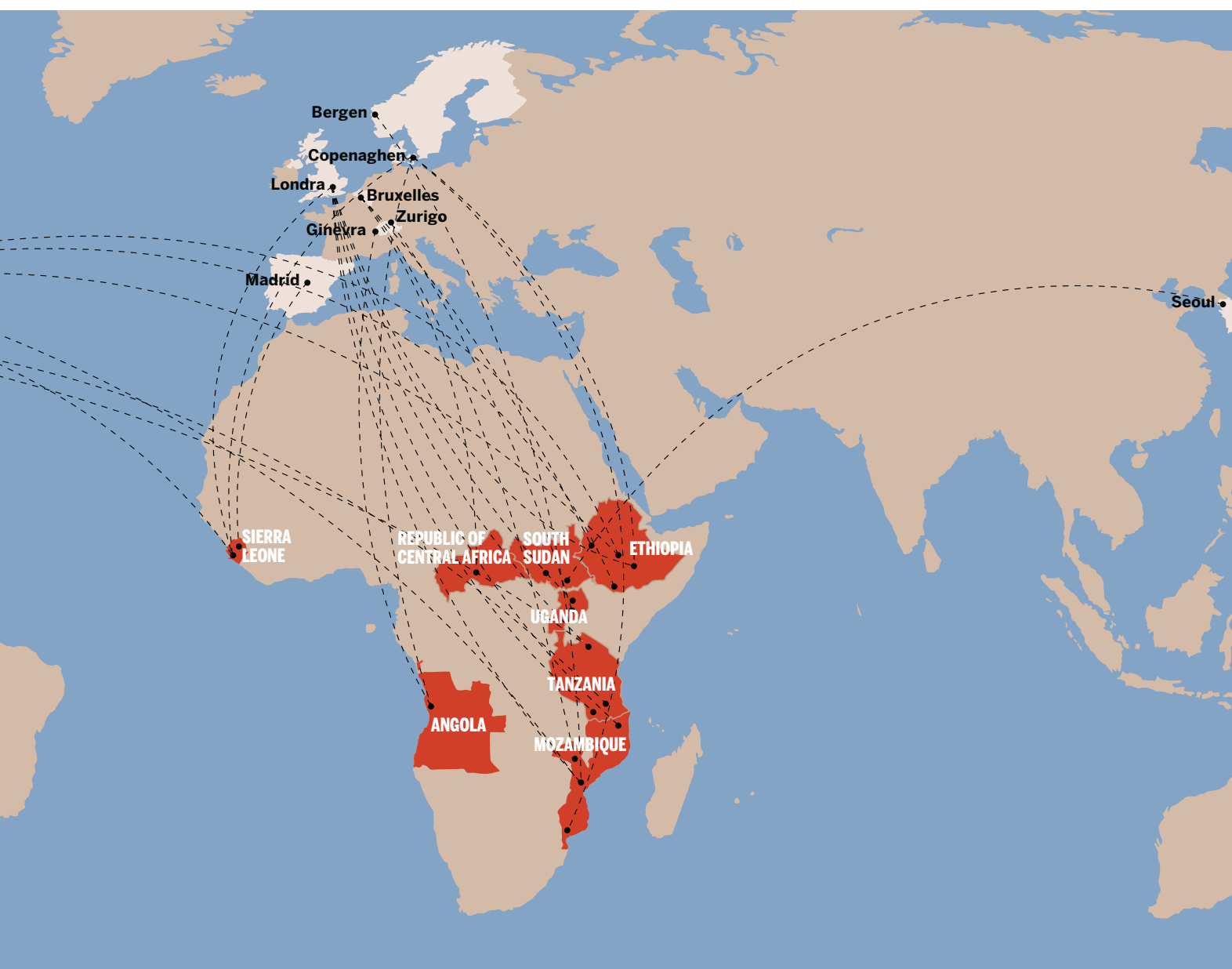
Meanwhile in Italy, CUAMM launched the Italian Response to Covid-19 (IRC19) project, thanks to the contribution of **the U.S. Agency for International Development (USAID)** and through the collaboration of the CUAMM network of doctors working on the front line in Italian health facilities (see pp. 34-35 Response to Covid in Africa and Italy).



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. Stocks of anti-Covid-19 equipment sent for Africa at a UN logistics centre
- 2, 3. The two new structures set up in Ledro and Vallarsa to help nursery homes so that relatives can visit, thanks to support from the United States Agency for International Development (USAID)



EDUCATION AND AWARENESS RAISING



GLOBAL HEALTH

A key part of Doctors with Africa CUAMM's 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.

At the end of February 2020, in-person classes were discontinued and shifted online in the spring. Given the seriousness of the global health situation, the autumn edition was held entirely online. However, working digitally enabled participants to interact directly both with the trainers and with each other during group work.

We also work with the SISM (Italian Secretariat for Students in Medicine), with FederSpecializzandi and FNOMCeO (National Federation of Physicians, Surgeons and Dentists) with the RIISG (Italian Network for Global Health Education) to offer workshops, courses and conferences on issues of global health and health assistance.

From June 2020, thanks to the 'Italian Response to COVID-19' project funded by the U.S. Agency for International Development (USAID), we managed to move our activities with SISM online and, in September 2020 we started our **'Global Health Wednesdays': a virtual space dedicated to SISM medical students (but open to anyone who wants to take part) meeting every week to discuss Global Health and the evolution of the Covid-19 pandemic.**

In 2020, we organised 20 webinars and reached more than five thousand students. In addition to our online training sessions, the project also included several digital discussions with the aim of promoting a constructive dialogue between health professionals and Italian civic society, and to raise the level of knowledge and trust in the national health system. **In 2020, seven digital debates were held involving external guests and public health experts to discuss current topics around the pandemic response and global health, which has been more closely felt in the past year than ever before.**

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. These activities were also subject to rescheduling due to the pandemic, as face-to-face activities and meetings were moved onto virtual platforms.

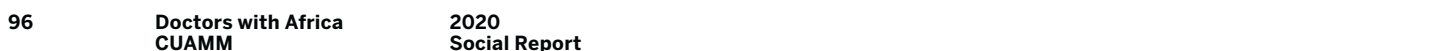
Lastly, 2020 was also the year of the first online edition of the **Global Health Festival**. The exhibition was supposed to be held in April in Padua as in previous years, but due to the pandemic it was postponed until November and the sessions were held digitally. This year's Festival had **7 days of live broadcasts, 44 streaming events, 104 speakers and 240,000 viewers, as well as thousands of interactions, comments and shares.**

Doctors with Africa CUAMM is the Festival's organising partner and coordinated three awareness-raising and public engagement as part of the festival schedule.



The **Junior Project Officer (JPO)**, launched in 2002, is for **medical residents**. Working with CRUI – Conference of Deans of Italian Universities – the project offers a **period of field training lasting 6-12 months, which is recognised by the home university as part of the educational programme**. These two major training projects outside of the university classroom were also subject to interruptions and delays. By the end of 2020, **332** students had left from all over Italy, as well as **241 residents from 30 universities**.

- Agreement with the **Interprovincial Order for Midwives of Florence, Prato, Arezzo, Grosseto, Siena, Lucca and Pistoia**, offering a one-month scholarship for a student from Tuscan universities (running since 2018);
- Agreement with the **Rachelina Ambrosini Foundation** to offer two scholarships for two recent graduates from the University of Salerno (running since 2018);
- **Michele Mega Scholarship** project to offer 2 three-month scholarships to university students from the University of Padua (project running from 2016 until 2025);
- **Irma Battistuzzi Prize** financed by the Benedetti family and organised in collaboration with the Alumni Association of the University of Padua, to offer a two-month scholarship to a recent graduate from the University of Padua (running since 2018).



UNIVERSITIES INVOLVED IN THE PROJECTS

39

Italian universities involved in the projects



MIDWIVES

46

midwives since 2016

including:

40

students

6

new graduates

SISM

332

students since 2016

including:

90

deployed to Tosamaganga, Tanzania

6

deployed to Wolisso, Ethiopia

RESIDENTS WITH CUAMM

241

residents participating so far, including:

79

in paediatrics

25

in gynaecology

50

in internal medicine

40

in public health

27

in surgery

11

in infectious diseases

3

in anaesthesia

1

in neurology

2

in child neuropsychiatry

3

in orthopaedics



Medical students
SISM (Italian Secretariat for Medical Students) locations from which students are deployed to Africa with CUAMM



Junior doctors
Universities from which junior doctors are deployed to Africa with CUAMM



Midwives Project
Universities from which midwives are deployed to for Africa with CUAMM

COMMUNICATION AND MEDIA RELATIONS

PRESS, TV
AND RADIO
IN FIGURES

2,262

in-print and
online publications

155,530

live viewers
of the Annual
Meeting

104

TV and radio
broadcasts on
national and local
stations



COMMUNICATIONS

What we do at Doctors with Africa 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, conveying both the needs and beauty of Africa. The **publishing component** produces fundraising support materials such as quarterly mailings for donors and reports. An **annual report on the organisation's activities is produced every year** and is one of the main tools for strengthening our relations with stakeholders. The **bimonthly èAfrica magazine** is published with around 40,000 copies distributed at events and sent out to the donor network. The quarterly **scientific publication Salute & Sviluppo (Health & Development)**, translated into Italian and English, is dedicated to the topics of international health policy and development.

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. As of 2019, a **digital children's fairy tale** is produced on **Mother's Day with the aim of raising awareness of health issues in Africa, using child-friendly language** to broaden the target audience.

The sector has a communication component dedicated to the **specific visibility needs of projects in the field, targeting resources in the countries where we operate to enhance the contribution of donors and partners**. This is done by drafting country profiles in several languages, outlining the activities for each country, as well as fact sheets which go into the specifics of the projects. Visibility is also tied to **brand identity** in the field, with the creation of materials for project locations such as posters, plaques, banners and roll-ups. Awareness-raising materials are also produced to be used and distributed in the field. On the occasion of 70th anniversary of Doctors with Africa CUAMM, a timeline was created to **trace the key moments of the organisation's history, as well as a dedicated issue of èAfrica to reconstruct the Organisation's main health insights and their evolution over time**.

MEDIA RELATIONS

In a year heavily impacted by the pandemic, **video storytelling** has been instrumental in continuing to tell the story of Doctors with Africa CUAMM's commitment both during and beyond Covid-19. **70 new videos have been produced in close coordination with the press office activities**. Three webseries – 'Un solo respiro un unico abbraccio', 'Parole con l'Africa' and 'Fuori dal radar' – with voices from CUAMM and special witnesses, were filmed and published by various online publications. **Over 2,000 pieces of journalism have been published in print and online, telling the world about the efforts of our operators on the ground, in Africa and Italy**. Special attention was paid to the story of CUAMM's 70 years of existence thanks to the special media partnership with *Avvenire* and the *Gedi/Veneto* group newspapers, which gave a preview of the live television event on TV2000, accompanied by the documentary **'L'ultimo miglio - 70 anni del CUAMM in Africa'** broadcast on the same network. At the same time, all the main RAI news publications gave ample space to the CUAMM delegation meeting with **Italian President Sergio Mattarella** on the occasion of its 70th anniversary. GianAntonio Stella in *Corriere della Sera* and Pietro del Re in *La Repubblica* reported on the secondary effects of Covid-19 in Africa in a report from Uganda. A spotlight was also placed on CUAMM's commitment in Italy with the project 'Italian response to Covid-19' thanks to the cover story in *Buone Notizie/Corriere della sera*, as well as a series of articles in the local media in the areas involved in the project. Awareness raising on global health issues was carried out through **a special edition of the Train of Health** which, since it could not be carried out in person, was transformed into a media train through a widespread communication campaign on local TV and radio stations, which brought the topics of health and solidarity into the homes of the citizens of Veneto.

SOCIAL MEDIA AND WEBSITE



392,111

sessions per year on the Italian, English and Portuguese websites mediciconlafrica.org and landing page
+124,685



37,622

subscribers to the "Voci dall'Africa" newsletter
+ 5,767



42,911

+5,352
new followers



4.304

+1,304
new followers



4,440

+340
new followers



12,139

+2,781
new followers

26

Instagram pages



1,905

YouTube subscribers
+385
subscribers since 2019

174,575

views
+94,040
views since 2019

415

YouTube videos

07/ ECONOMIC AND FINANCIAL SITUATION

<https://doctorswithafrica.org/en/who-we-are/accountability/balance-sheet/financial-statements/>



2020 BUDGET - SUMMARY

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.

OPERA SAN FRANCESCO SAVERIO

Financial Statements at 31/12/2020

FINANCIAL STATEMENTS AT 31 DECEMBER 2020

ASSETS			
(amounts in EUR)			
	31/12/2020	31/12/2019	Change
(A) SHARE CAPITAL ISSUED AND NOT YET PAID			
Payments already requested	0	0	0
Total share capital issued	0	0	0
(B) FIXED ASSETS			
Intangible fixed assets	15,646	23,633	-7,987
Tangible fixed assets	2,857,120	4,032,695	-1,175,575
Financial fixed assets	6,668,000	7,072,194	-404,194
Total fixed assets	9,540,766	11,128,522	-1,587,756
(C) CURRENT ASSETS			
Total inventories	0	0	0
Total receivables	24,699,869	39,936,620	-15,236,751
Total financial assets	0	0	0
Total cash and cash equivalents	17,484,280	15,234,443	2,249,837
Total current assets	42,184,149	55,171,063	-12,986,914
(D) ACCRUED INCOME AND PREPAYMENTS			
Total accrued income and prepayments	3,410,544	5,307,155	-1,896,611
TOTAL ASSETS	55,135,459	71,606,740	-16,471,281
LIABILITIES			
(amounts in EUR)			
	31/12/2020	31/12/2019	Change
(A) SHAREHOLDER EQUITY			
Total shareholder equity	13,710,324	14,411,456	-701,132
(B) PROVISIONS FOR RISKS AND CHARGES			
Total provisions for risks and charges	2,578,334	2,768,995	-190,661
(C) RESERVE FOR SEVERANCE INDEMNITIES	1,338,323	1,248,451	89,872
(D) PAYABLES			
Total payables	4,843,057	5,728,183	-885,126
(E) ACCRUED EXPENSES AND DEFERRED INCOME			
Total accrued expenses and deferred income	32,665,421	47,449,655	-14,784,234
TOTAL LIABILITIES	55,135,459	71,606,740	-16,471,281

Annex A) to the Minutes of the Board of Directors of 11 June 2021

1

INCOME STATEMENT*(amounts in EUR)*

		31/12/2020	31/12/2019	Change
(A)	OPERATING VALUE			
1	Contributions, offers and revenues from activities	46,551,875	42,763,643	3,788,232
2	Changes in inventory for in progress, semi-finished and finished products	0	0	0
3	Changes to contract work in progress	0	0	0
4	Increase in fixed assets for internal work	0	0	0
5	Other revenue and income	702,345	563,384	138,961
	(a) Capital grants	0	0	0
	(b) Other revenue and income	0	0	0
	Total operating value	47,254,220	43,327,027	3,927,193
(B)	OPERATING COSTS			
6	Costs for raw materials, supplies, consumables and goods	100,742	128,316	-27,574
7	Costs for services	43,502,549	39,331,539	4,171,010
8	Costs for leased assets	44,615	62,282	-17,667
9	Staff costs	2,771,331	2,658,476	112,855
10	Depreciation and devaluation	157,269	506,751	-349,482
11	Changes in inventories of raw materials, supplies, consumables and goods	0	0	0
12	Provisions for risks	0	408,232	-408,232
13	Other provisions	20,474	0	20,474
14	Other operating expenses	623,648	183,339	440,309
	Total operating costs	47,220,628	43,278,935	3,941,693
	DIFFERENCE BETWEEN OPERATING VALUE AND COSTS	33,592	48,092	-14,500
(C)	FINANCIAL INCOME AND EXPENSES			
15	Income from investments	0	0	0
16	Other financial income	100,259	114,358	-14,099
17	Interest and other financial expenses	-27	-166	139
17-bis	Foreign exchange gains and losses	-13,945	7,485	-21,430
	Total financial income and expenses	86,287	121,677	-35,390
(D)	VALUATION ADJUSTMENTS TO FINANCIAL ASSETS			
18	Revaluations	0	0	0
19	Write-downs	0	0	0
	Total financial adjustments	0	0	0
	PROFIT OR LOSS BEFORE TAX	119,879	169,769	-49,890
22	Income tax for the year	99,538	98,236	1,302
23	SURPLUS (DEFICIT) FOR THE YEAR	20,341	71,533	-51,192



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35131 Padova

Report on the audit of the financial statements

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

Independent Auditor's report

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 December 31, 2020, 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 December 31, 2020, 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, 2020 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.

Bari, Bologna, Brescia, Cagliari, Firenze, Genova, Milano, Napoli, Padova, Palermo, Roma, Torino, Verona

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

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

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Pag. 1 di 2



Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Padova, June 11, 2021

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.



FURTHER INFORMATION

Disputes

The organisation has no ongoing disputes with any government bodies, entities or individuals.

Environmental information

With regard to environmental protection, the organisation has adopted the following policies in carrying out its activities:

- 1) for the offices in Padua, purchase of EU Ecolabel-certified Multycopy Zero paper, with reduced environmental impact. It is also TCF-certified (Totally Chlorine Free) and FSC (Forest Stewardship Council) and therefore produced by a controlled supply chain with respectful forest management;
- 2) within the organisation, with a precise indication at the bottom of each email, each employee and collaborator is invited to print the document only if strictly necessary.

Number of meetings held during the reporting period

The Board of Directors of the “Opera San Francesco Saverio” Foundation, which also administers the Organisation’s activities, met twice during the year: on 26 June 2020 (meeting to approve the Annual Report and Final Financial Statements for 2019) and 18 December 2020.

MONITORING BY THE CONTROL BODY

As the controlling body of the “Opera San Francesco Saverio” Foundation that oversees the Organisation’s activities, the Board of Auditors met four times during the year:

- 21 January 2020
- 22 May 2020
- 28 August 2020
- 4 December 2020.

Monitoring related to:

- a) regular keeping of accounting and tax books (General Journal, VAT Registers, Depreciable Assets Book) and company books (Book of Meetings and Resolutions of the Board of Directors, Book of Resolutions of the Board of Auditors);
- b) fulfilment of obligations relating to the payment of withholding taxes and contributions on income from employment and self-employment for the Organisation’s staff in Italy and abroad, as well as consultants;
- c) proper VAT payments;
- d) telematic submission of the required tax forms;
- e) checking cash balances and verifying the Organisation’s bank and postal current accounts.

The Board has ascertained that the Organisation acted within the scope of its mission, with no profit for the actions implemented. The Foundation has allocated the operating surplus exclusively to carrying out its statutory activities, as noted by the Board of Auditors in its report on the financial statements at 31/12/2020, which is attached to the minutes approving the financial statements on 11/06/2021.

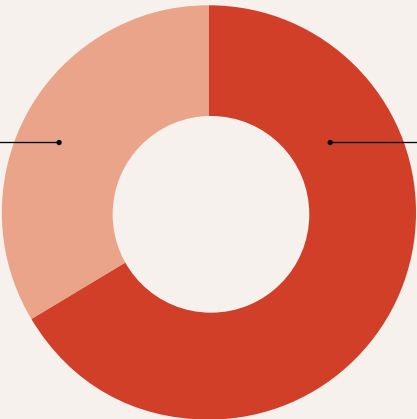
In 2020, Doctors with Africa CUAMM NGO-NPO's expenses totalled €46,390,908. Out of this, 93% (€43,132,622) was invested in prevention, treatment and training projects in the countries where we operate. Operating costs accounted for 3% and include the overall management of the organisation, staff, amortisation, financial expenses and taxation.

Communication, awareness raising, and fundraising costs accounted for 4%, 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 2020

TOTAL REVENUE
46,610,715 €
100%

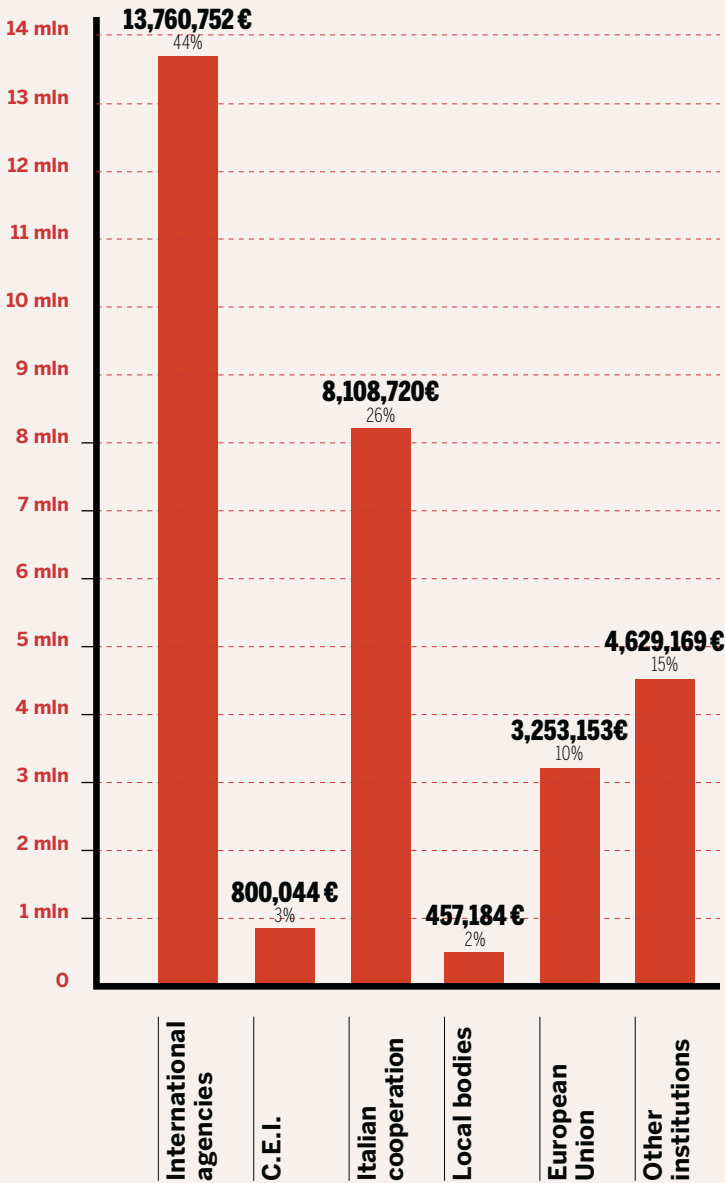
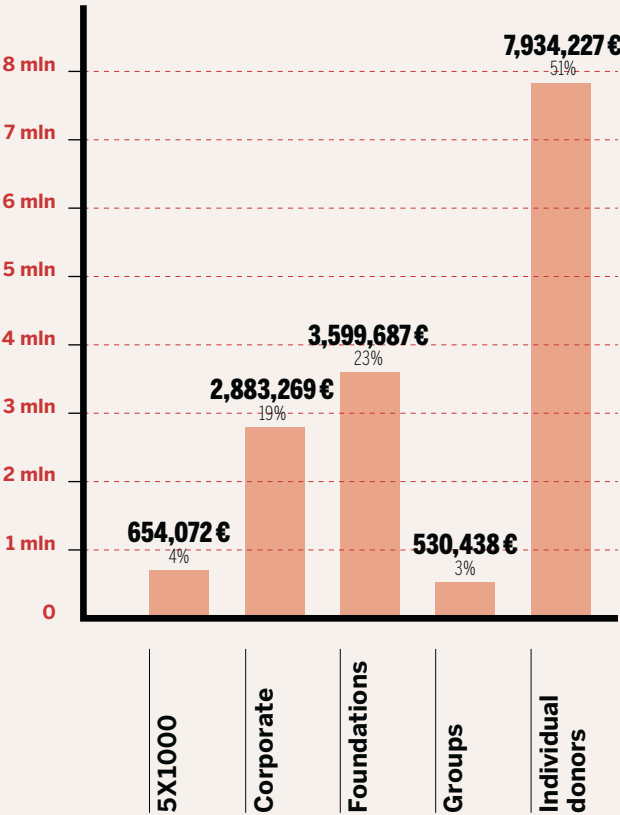
FUNDING FROM PRIVATE INDIVIDUALS
15,601,693 €
33.47%



FUNDING FROM INSTITUTIONS
31,009,022 €
66.53%

PRIVATE FUNDING

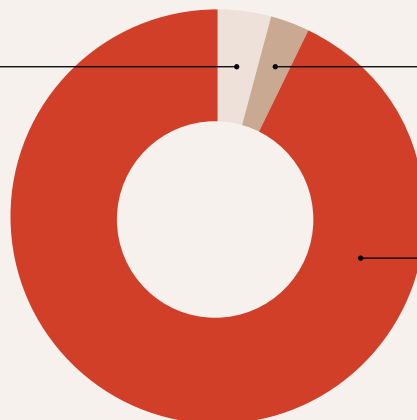
INSTITUTIONAL FUNDING



HOW WE USED THE FUNDS

TOTAL COSTS
46,390,908€
100%

AWARENESS RAISING, COMMUNICATION AND FUNDRAISING
1,871,178 €
4%



OPERATING COSTS
1,387,107 €
3%

TREATMENT, PREVENTION AND TRAINING PROJECTS
43,132,622 €
93%

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

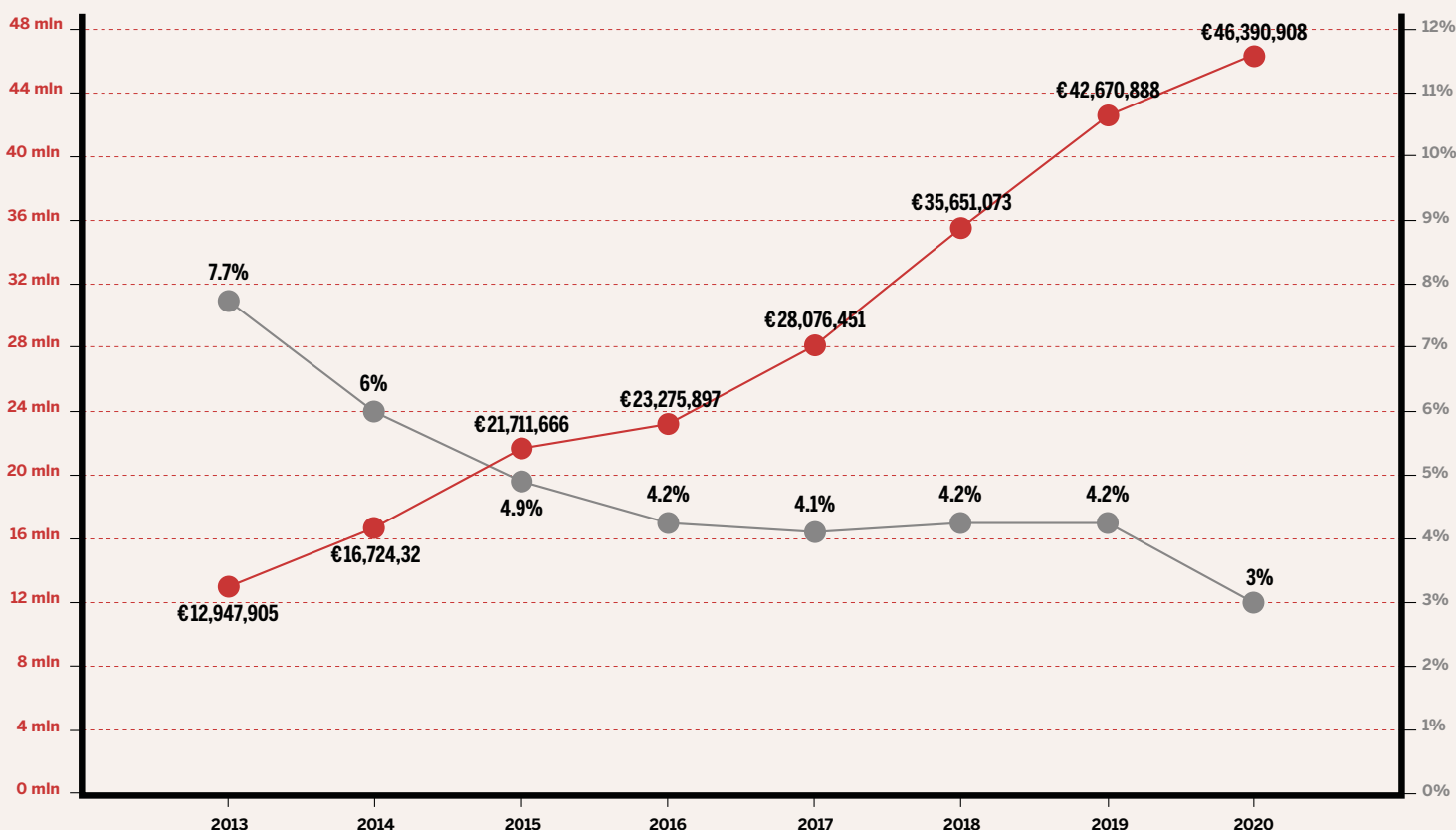
Operating costs: costs for personnel for general management of the facility, for purchasing materials, facility management services, amortisations, other facility management costs, financial fees, taxes, and duties.

Communication, awareness raising, and fundraising: costs for services in Communication, Community Relations, and Fundraising, costs for publications, media relations, event organisation and communication, education on development, relationship-building, new campaigns, costs for personnel in communication, community relations and fundraising.

IMPACT OF OPERATING COSTS ON THE BUDGET

The chart above shows the trends for total costs and impact of operating costs for the period 2013-2020.

● Total costs (expressed in EUR)
● Operating cost impact ratio (expressed as %)



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

Associations, Groups and Organisations

A.C.L.I. Rivolta D'adda,
ACE International Trust,
Associazione aiutiamo i fratelli poveri e lebbrosi Onlus,
Associazione el quetzal Onlus,
Associazione il buongustaio,
Associazione operazione mato grosso,
Associazione volontari croce verde castelleone,
Centro per lo sviluppo del bambino (CSB),
Cittadinanza Onlus,
Comic Relief,
Comitato Bakhita Schio-Sudan,
Comitato per la lotta contro la fame nel mondo,
Coordinamento solidarietà Onlus di Bonate Sotto,
Diocesi di Lund,
Fipav - Federazione Italiana Pallavolo,
Fnopo Federazione Nazionale degli Ordini della Professione di Ostetrica,
Fraternità Monastica di Montecroce,
Fratelli minori conventuali della basilica di San Francesco ad Assisi,
Gruppo appoggio Ospedale di Matany Onlus,
Il graticolato società cooperativa,
Insieme per L'Africa Onlus,
International Rescue Committee,
INTL Development Association,
John Snow International (JSI),
Manos Unidas,
Marco Polo Team,
Medici con l'Africa Como Onlus,
Operazioni occhi dolci,
Ordine dei Medici Chirurghi e Odontoiatri Provincia di Padova,
Ordine della Professione Ostetrica Interprov.le di FI-AR-GR-PO-SI-LU-PT,
Progetto Abraham Onlus,
Quelli del mercatino di Inzago,
RFK (Robert Kennedy Foundation),
S.I.M.E.T. Sindacato Italiano Medici del Trentino,
Sorrisi nel mondo,
Strawberry Fields Onlus,
Tecla Onlus,
Tempos Novos Onlus,
Tre Emme Trust Onlus,
Unity Op Onlus,
Women and Children First (Wcf)

Companies

A.F. Energia Srl,
Alì S.p.a.,
Altana S.r.l.,
Banca delle Terre Venete - ICCREA Brendola,
Banca Intesa Sanpaolo - Fondo Beneficienza,

Bb Plast,
Becton And Dickinson,
Best Company Logistic Srl,
Beta Srl,
Cercato & Associati Srl,
Cesare Regnoli E Figlio Srl,
Chiesi Farmaceutici,
Confezioni Sant'Angela,
Ferrari F.lli Lunelli S.p.a.,
Ferrino S.p.a.,
G.M.T. S.p.a.,
Gilead Italia,
Grafica Veneta S.p.a.,
Gruppo Ferrovie dello Stato,
I.S.E.R. Srl Industria Serica,
Idea Cinquanta Srl,
Kolver Srl,
La Scala studio legale,
Laboratorio chimico farmaceutico A. Sella S.r.l.,
Leoncini S.r.l.,
Mafin S.r.l.,
Marsh Spa,
Marsilli S.p.a.,
Menz & Gasser,
Morellato S.p.a.,
Msd Italia Srl,
Msd Olanda Srl,
Pavan S.p.a.,
Prayers Collection Piertour agenzia viaggi e turismo Sas,
Satelicom S.r.l.,
Toninato Giorgio di Rigato Claudia e C. Snc,
Trenitalia Veneto

Foundations

Bristol Myers Squibb Foundation,
Caritas Pro Vitae Gradu,
Chiesi Foundation Onlus,
F.a.i. Fondation Assistance Internationale,
Fondazione Cariplo,
Fondazione Caritas Pro Vitae,
Fondazione Cariverona,
Fondazione Cassa dei Risparmi di Forlì e della Romagna,
Fondazione Cassa di Risparmio di Bologna,
Fondazione Cassa di Risparmio di Firenze,
Fondazione Cassa di Risparmio di Padova e Rovigo,
Fondazione Cassa di Risparmio di Parma,
Fondazione Chiesi,
Fondazione del Monte di Bologna e Ravenna,
Fondazione di Modena,
Fondazione Elena,
Trevisanato Onlus,
Fondazione Flavio Filippini,
Fondazione Gino Lunelli,
Fondazione Giuseppe Maestri Onlus,
Fondazione Happy Child,
Fondazione Intesa San Paolo Onlus,
Fondazione Maria Bonino,
Fondazione Mons. Camillo Faresin Onlus,
Fondazione Nando e Elsa Peretti,
Fondazione Piovan Onlus,
Fondazione Prima Spes Onlus,

Fondazione Prosolidar,
Fondazione Rachelina Ambrosini,
Fondazione Rizzato Cerino-Canova,
Fondazione un raggio di luce Onlus,
Fondazione Zanetti Onlus,
King Baudouin Foundation,
Merck For Mothers,
Raskob Foundation,
Symphasis Charitable Foundation,
The Elma Relief Foundation,
Vitol Charitable Foundation,
Vitol Foundation,
World Diabetes Foundation (WDF)

Entities

Agenzia Italiana per la Cooperazione allo Sviluppo (AICS),
Aress-Agenzia Regionale per la salute ed il sociale,
Azienda Zero,
Caritas Italiana,
Centro Missionario Diocesano di Padova,
Centro missionario diocesano di Torino,
Comune di Dueville,
Comune di Padova,
Conferenza Episcopale Italiana,
Diocesi di Concordia Portogruaro e Pordenone,
Diocesi di Padova,
Diocesi di Vicenza,
Echo,
Fondo fiduciario Bêkou dell'Unione europea per la Repubblica centrafricana,
Fondo globale per la lotta all'Aids, la tubercolosi e la malaria,
Health Pooled Fund,
Istituto Camões,
IOM,
IRCCS materno infantile Burlo Garofolo,
KOFIH (Korea Foundation for International Healthcare),
OCHA,
Ordine dei Padri Oblati Missionari di Rho,
Ospedale Pediatrico Bambino Gesù,
Provincia Autonoma di Trento,
Provincia di Padova,
Regione del Veneto,
SSHF - South Sudan Humanitarian Fund,
UNFPA,
UNICEF,
Unione europea,
Usaid (United States Agency International Development),
World Food Programme,
World Health Organization

Our thanks also go to:

ALÈ Mey - Amici in Ricordo di Alessio Meyer,
A. Ma Genova,
ACLI Provinciali Cremona,
Action Contre la Faim,
Agriform,
Aido e Avisa di Albizzate,
American Embassy,

American Embassy to the Holy See,
Amici del cuore Altovicentino,
ASP Don Giuseppe Cumer di Vallarsa,
ASP Giacomo Cis di Ledro,
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Via Dual sanitaly spa,
Zamberlan Calzaturificio S.r.l.,
Zenzero Cooperativa Catering Bio Equo,
Zeropiù Medicina per lo Sviluppo

We'd like to thank the many Parishes and Associations which – along with the over 4,500 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, Soroptimist International, and to Inner Wheel for their support with our awareness raising and communications.

We would also like to thank all of the health workers who have worked tirelessly on the front line during this pandemic year to take care of patients' health.

OUR COMMITMENT TO ACCOUNTABILITY, YEAR AFTER YEAR.



THE JOURNEY CONTINUES. HELP US ON THE WAY!

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

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

Join in and help!

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

You can contribute to:

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No. 17101353 with an order to: Doctors with Africa CUAMM Via San Francesco, 126 35121 Padova

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Adopt a mother and her child for the first 1,000 days. It only

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"Your journey is constantly growing and developing year after year. And this also serves as a reminder for these difficult days we are now experiencing in Italy. What CUAMM has already faced elsewhere is being repeated, demonstrating that the values of human coexistence do not sit along territorial lines, but that solidarity is expressed everywhere and must be manifested, realised and implemented everywhere."

This is the message that CUAMM has long conveyed, not only on the international stage with its widespread, extensive and successful commitment in Africa, but also in our own country, with people willing to make gestures of generosity and solidarity towards those in need, even during this period of such unpredictable events".

Sergio Mattarella,
President of the Republic of Italy
on the occasion of the 70th anniversary
of Doctors with Africa CUAMM

2,335,567

Assisted patients

1,512,112

Visits for children
under 5 years old

508,594

Ante natal care visits

212,095

Assisted deliveries

18,657

Patients
in antiretroviral
therapy

8,211

Healthcare workers
formed

7,521

Transports
for obstetric
emergencies

5,413

Malnourished
treated