

# ANNUAL REPORT 2021



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# CONTENTS

## **01/FOREWORD**

## **02/ METHODOLOGICAL NOTES**

## **03/ ABOUT CUAMM**

- 10 WHERE WE WORK
- 12 SEVENTY YEARS OF HISTORY
- 14 OUR HISTORY WITH AFRICA
- 16 MISSION AND VALUES
- 17 ACTIVITIES AND NETWORKS

## **04/ STRUCTURE, GOVERNANCE AND ADMINISTRATION**

- 19 GOVERNANCE
- 20 ORGANIZATIONAL CHART
- 21 STAKEHOLDERS

## **05/ PERSONNEL**

- 25 IN AFRICA
- 28 IN ITALY
- 29 REMUNERATION SYSTEM

## **06/ ACTIVITIES AND RESULTS**

- 32 FOCUS ON COVID-19 IN ITALY
- 34 INTERNATIONAL HEALTH COOPERATION  
IN TIMES OF COVID-19
- 36 ANGOLA
- 38 ETHIOPIA
- 40 MOZAMBIQUE
- 42 CENTRAL AFRICAN REPUBLIC
- 44 SIERRA LEONE
- 46 SOUTH SUDAN
- 48 TANZANIA
- 50 UGANDA

- 52 AREAS OF INTERVENTION
- 53 MATERNAL AND CHILD HEALTH
- 57 NUTRITION
- 59 INFECTIOUS DISEASES
- 63 CHRONIC DISEASES
- 65 TRAINING
- 68 MONITORING, EVALUATION AND RESEARCH
- 72 FOCUS ON HOSPITALS
- 80 FUNDRAISING
- 82 FUNDRAISING IN ITALY
- 90 FUNDRAISING ABROAD
- 94 EDUCATION AND PUBLIC AWARENESS
- 98 COMMUNICATIONS AND MEDIA RELATIONS

## **07/ ECONOMIC AND FINANCIAL SITUATION**

## **08/ A THANK YOU TO OUR DONORS**



# 01/ FOREWORD





# A GLOBAL TURNING POINT

**Father Dante Carraro**  
Director,  
Doctors with Africa  
CUAMM

*"We've reached a defining moment in time, a watershed which, though still in its germinal stage, is already altering the course of history. Africa is emerging from the shadows and indifference and commanding the world's attention".* The words of Claudio Magris in his introduction to the new book *What We Can Learn from Africa: Health as a Common Good* are helpful in understanding this challenging, epoch-making year, one that has heavily impacted both Africa and the rest of the world.

2021 was the year of our intense drive for a vaccination campaign in Africa. We repeated it tirelessly: the only possible response to this global crisis is a global one. **A COVID-19 vaccination plan for Africa is indispensable; it and the world's poorest nations cannot be left out.** Professor **Alberto Mantovani**, the world-renowned immunologist and scientific director of the Humanitas Research Hospital, who collaborates with CUAMM and the Bambino Gesù Children's Hospital in the Central African Republic, lent great support to our efforts.

There are two fundamental reasons behind our appeal. The first is of a moral nature: **failing to provide vaccines to the world's poorest countries is simply reprehensible.** The second has to do with health, given that two of the most concerning variants at this time come from these same countries. Again and again we have reiterated the **need not only for more doses, but also for these doses to be correctly stored and handled so that they can become actual "shots in arms"** once they've reached their destination. With support from the U.S. Agency for International Development (USAID), CUAMM also launched the **"Italian Response to COVID-19"**, an innovative program to help individuals in situations of marginalization and hardship in Italy.

**Pope Francis** inspired all of us greatly when he met with me in a private audience on 20 March to discuss some of our organization's achievements, and, more importantly, our shared concerns for a continent that is increasingly excluded from the parts of the world that "count", as well as plagued by injustice, poverty and conflicts such as those in Mozambique (Cabo Delgado), Ethiopia (Tigray), South Sudan and the Central African Republic. This is one of the reasons why we were glad to accept the proposal of the publisher Giuseppe Laterza and, with the release of a book co-authored with Paolo di Paolo, to take part in a special Italy-wide effort to increase awareness and engagement with regard to these issues. There were many other emergencies to be tackled, of course. Following the devastation wrought by Cyclone Idai in the spring of 2019, we experienced the word "rebuild" in action, inaugurating the **new neonatology department in Beira, Mozambique's** second largest city, in May.

We continue to mourn two of our South Sudanese colleagues, **Abraham Gulung** and **Moses Maker Manyual**, who lost their lives in early June while carrying out their precious work. The former a driver and the latter a nutritionist, they traveled the length and breadth of the area around Yirol to oversee CUAMM's nutrition activities. The terrible pain their deaths brought has only intensified our dedication to our mission.

All these stories and at times painful experiences from our daily work alongside Africa's neediest have touched our lives for 70 years and were the focus of CUAMM's **2021 Annual Meeting** held in **Padua** on Saturday, **13 November**. Italy's Minister of Foreign Affairs, **Luigi Di Maio**, and the European Commissioner for the Economy, **Paolo Gentiloni**, were in attendance alongside some 2,500 friends, supporters and other guests. It was a wonderful event that bolstered our confidence both in the future and in Africa, a beloved and deserving continent to which so many of us, united by a shared and unwavering commitment, dedicate our time, energy, professionalism, and above all, hearts.

# 02/ METHODOLOGICAL NOTES





## OUR FUNDAMENTALS

For the past seventy years Doctors with Africa CUAMM has worked tirelessly to promote and protect the health of people in low-income countries by helping to develop and improve local health systems. While our methods evolve over time to best meet changing local contexts, Doctors with Africa CUAMM's modus operandi has remained constant, featuring:

- the **on-ground presence** of health professionals working alongside local actors and institutions, both public and private, to tackle everyday challenges;
- **ongoing dialogue** with public/private local and international institutions to ensure that our interventions are in line with domestic and international health policies and standards;
- **continual training** for our international and local staff, with a focus on monitoring and operational research as tools for the continuous improvement of health and healthcare.

## PROJECTS

From the start, Doctors with Africa CUAMM has applied this combination of on-the-ground presence and dialogue within a **project framework**, as a driving force for the development of beneficiary settings – from analysis of the situations at hand and definition of the most pressing needs and goals, to the actions to be taken to achieve them. Our project **modus operandi** is thus the way we put CUAMM's mission into action and, together with the on-the-ground presence of "CUAMM doctors", a guarantee that the most vulnerable will receive the care they need. In parallel, we implement project-based activities aimed at improving healthcare systems and service delivery for the benefit of entire communities.

### Guiding documents:

- **Strategic Plan 2008-2015:**  
*Strengthening African health systems: Doctors with Africa CUAMM's contribution to helping the poorest achieve their right to health per the Millennium Development Agenda;*
  - **Strategic Plan 2016-2030:**  
*Strengthening health systems to build resilient communities in Africa.*
- <https://www.mediciconlafrica.org/en/who-we-are/mission/strategic-plan-2016-2030/>

These strategy documents focus on the following aspects of health systems:

- **accessibility and equitable financing** in order to reduce inequalities;
- **public-private partnerships** in order to optimize, rather than duplicate, joint efforts;
- **continual training of local human resources** in order to build up sustainable institutional capacities;
- **monitoring and evaluation of the performance** of interventions and healthcare systems in order to optimize efficiency and efficacy, including through operational research projects on different methodologies, strategies and clinical aspects.

Doctors with Africa CUAMM's priority areas for interventions and for the strengthening of health systems are based on the WHO's three system levels: hospitals, peripheral health centers and communities.

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

In order to develop project proposals in keeping with these principles and to achieve both maximum efficacy and project objectives, Doctors with Africa CUAMM follows the guidelines for the planning and analysis of systems (at both the district and hospital levels) based on the WHO's six "building blocks" framework.

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

The end goal was and remains first and foremost to guarantee primary health care, helping achieve a number of the former Millennium Development Goals (MDGs) that have since been absorbed into the Sustainable Development Goals (SDGs), including reducing child and maternal mortality and combating major endemic diseases such as HIV/AIDS, tuberculosis and malaria. More specifically, we focus on:

- **SDG 3 (good health and well-being)**  
which encompasses many of the targets for the reduction of preventable morbidity and mortality, starting with improved maternal and child health, a reduction in chronic diseases and the achievement of universal health coverage and access to healthcare;
- **SDG 2 (zero hunger)**  
specifically, Target 2.2: to end all forms of malnutrition;
- **SDG 5 (gender equality)**  
specifically, Target 5.6: to ensure universal access to sexual and reproductive health and rights;
- **SDG 6 (clean water and sanitation)**  
as non-health-related determinants of people's health status;
- and further goals including better opportunities for education and employment and the reduction of inequalities.

The same framework has been adopted by the international development agencies with which Doctors with Africa CUAMM collaborates and implements projects.

- [https://www.aics.gov.it/wp-content/uploads/2020/09/Documento\\_triennale-2019-2021-REV.pdf](https://www.aics.gov.it/wp-content/uploads/2020/09/Documento_triennale-2019-2021-REV.pdf)

In its three-year (2019-21) planning and policy document, the Italian Agency for Development Cooperation defined the SDG-based priorities underlying its development aid policies, which are aligned with the European Commission's:

- [https://ec.europa.eu/info/strategy/international-strategies/sustainable-development-goals\\_it](https://ec.europa.eu/info/strategy/international-strategies/sustainable-development-goals_it)

as well as those of the U.K.'s Foreign, Commonwealth & Development Office:

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

and France's Agence Française de Développement:

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

This policy alignment among development agencies and donors helps generate project proposals that are coherent with and responsive to the needs of beneficiary nations, with an integrated monitoring framework for measuring progress towards the goals and targets adopted by the U.N.'s 193 Member States in September 2015.

## MONITORING

These agencies assess and monitor development cooperation projects and programs based on the framework devised by the Development Assistance Committee of the Organisation for Economic Co-operation and Development (OECD DAC), which features six evaluation criteria:

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

- [http://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm?source=post\\_page-2](http://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm?source=post_page-2)

These parameters are used collectively to assess whether an intervention has achieved its set objectives, whether the latter were relevant and coherent vis-à-vis the local context and other interventions also underway, how efficiently resources were used, and to what degree the intervention's impact and outcomes will be sustainable over time.

Thus the process of monitoring, including ongoing dialogue with stakeholders (both funders and beneficiaries), also entails assessing how prudently and efficiently human and financial resources are being used, something that we at Doctors with Africa CUAMM have placed a central focus on from the start. It is recorded in our mission, with our commitment to working with local partners; and spending thriftily but judiciously, including in terms of technical aspects, is an operative choice as well.

To monitor and measure the effectiveness of our projects and their impact vis-à-vis the SDGs and local health systems, we believe that it is essential to use internationally recognized indicators and targets, to compare different systems at the district, hospital and country level, and to evaluate different organizational and clinical methodologies in order to unearth evidence of what works, what works better, and what does *not* work in limited-resource settings.

One of the main tools used for monitoring 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**

Developed by Daniele Giusti in the 1990s and still used by Uganda's Ministry of Health, the SUO is a composite index calculated based on the respective costs for five standard, consistently available hospital services: outpatient contacts, inpatient contacts, deliveries, prenatal and postnatal visits, and immunizations.

For maternal health we use the system laid out in the WHO publication *Monitoring emergency obstetric care*, which defines indicators for the availability and coverage of obstetric and neonatal care as well as their quality.

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

We have used all of these results assessment indicators for many years now, both to report annually on our project activities and to help guide the design of future projects, taking a dialectical approach to our interactions with local stakeholders and settings – health personnel first and foremost, but also local authorities, public and private international partners, and our health service beneficiaries themselves.

We strongly believe that in addition to providing numerous health services and activities year after year, we must also make sure to always correlate baseline data to the final results achieved and the targets set during the project planning phase, to ensure that CUAMM's interventions continue to improve and become increasingly effective over time.

This is why we not only use the **indicators from each country's information system** (which also set targets, either annual or aligned with the above-mentioned SDGs and major endemic diseases such as malaria, TB and HIV) but also, in order to standardize our performance indicators and measurement systems, recently started a collaboration with the Management and Healthcare Laboratory of the Sant'Anna School of Advanced Studies in Pisa, which has been working for around 15 years to develop a **performance evaluation system** to be used by Italy's regional healthcare systems.

→ [https://www.mediciconlafrica.org/wp-content/uploads/2020/10/Report\\_CUAMM19\\_web.pdf](https://www.mediciconlafrica.org/wp-content/uploads/2020/10/Report_CUAMM19_web.pdf)

In 2019 this innovative system was used in three African countries and four different systems consisting of a non-profit hospital and peripheral government health facilities, leading to the publication of a report with 117 indicators, 48 of which were evaluated with respect to international benchmarks or standards and represented with 5 colored bands based on the statistical distribution of values, from 0 (red) to 5 (dark green).





## HUMAN RESOURCES

As already affirmed in Doctors with Africa CUAMM's 2000 Policy Document and subsequent 2008-2015 and 2016-2030 Strategic Plans, the human resources we depend on to implement CUAMM projects are our most precious capital. Accordingly, our personnel management system plays an increasingly key role, focusing on HR development in terms of both motivation and professionalism and making recruitment, selection and training activities as central as those of monitoring and evaluation.

Personnel recruitment is carried out in keeping with our Strategic Plan, with job openings being widely publicized in order to reach the greatest possible number of potential candidates both internationally and in the African country where the job will be located. Those from CUAMM's own network are seen as capital to be retained and developed, while external candidates are seen as opportunities to expand our professional talent pool.

In keeping with WHO indications, our selection process is based on the criteria of equal opportunity and non-discrimination, with candidates being considered regardless of ethnicity, gender, political orientation, sexual orientation, religion and/or personal opinions:

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

We seek out candidates who possess not only the requisite technical skills, but also the motivation and values that have always been the underlying spirit of Doctors with Africa CUAMM's interventions as well as "the qualifying, significantly distinctive aspect of the *modus operandi*" of all the individuals who work with CUAMM, as stated in *Charisma at the Service of Health* [Il carisma al servizio della salute], co-edited by N. A. De Carlo and G. Luzzato (2006, pp. 55-59).

A third, critically important area is that of training, which CUAMM has always seen as crucial to ensuring quality services for beneficiary communities. Each aid worker is given precise preparation and training for their specific mission, and continues to receive on-the-job training once in the field. The professional growth of both local and international personnel is thereby ensured per the training guidelines set out in the above-mentioned WHO Code of Practice.

Finally, Doctors with Africa CUAMM enters into written contracts with its personnel, drawn up in compliance with the laws of the country where the intervention is to take place and any existing collective bargaining agreements. By signing their contract, each aid worker makes a commitment to adhere to CUAMM's mission and the International Red Cross's Code of Conduct, to which CUAMM is a signatory.

→ **Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief, 1992**

More specifically, by signing on to the policies that CUAMM has drawn up in keeping with international standards and guidelines, each aid worker formally pledges to uphold gender equality, safeguard children, and protect both the latter and adults from sexual exploitation or abuse while doing their jobs:

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

→ **Convention on the Elimination of all forms of Discrimination Against Women (CEDAW): basic principles from the UN Secretary-General's Bulletin on Special measures for protection from sexual exploitation and sexual abuse (ST/SGB/2003/13)**

Doctors with Africa CUAMM also takes responsibility for ensuring the psychological and physical safety of its workers, both local and international. To this end, we drew up a document covering CUAMM's general principles vis-à-vis the security of our personnel, with a specific security plan for each of the African countries where we are present:

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

In a further attempt to safeguard the well-being of our personnel, CUAMM has adopted a system for monitoring and evaluating both the technical and general skills of everyone who works with CUAMM, with the aim of continuously improving the awareness and sense of responsibility of each individual and of our organization overall.

## ECONOMIC, FINANCIAL AND ASSET ASPECTS

In order to achieve our organization's mission, Doctors with Africa CUAMM's economic, financial and asset management is centered around the efficient and effective use of the resources available to it.

In accordance with the relevant regulatory framework, our annual financial statements are audited by an **independent auditing firm** to ensure that they clearly and accurately represent our organization's financial position and economic results. The accounting principles used comply with those recommended by the *Consigli Nazionali dei Dottori Commercialisti and Esperti Contabili* (representative bodies of the Italian accounting professions), duly interpreted and adjusted where necessary to reflect our organization's particular nature.

The valuation criteria used for drawing up the annual financial statements comply with the provisions set forth in Article 2426 of the Italian Civil Code.

Our organization's activities are also subject to supervision by the Board of Auditors in accordance with the latter's standards of conduct and the provisions of Legislative Decree 117/2017 as recommended by the abovementioned *Consigli Nazionali* as well as the Supervisory Board appointed for this purpose in accordance with existing law.

Reporting for individual institutional projects generally involves independent external audits in order to assure donors of the coherence and congruity of the expenditures incurred for activity implementation with the activities contractually stipulated with those donors.

The Foundation operates in compliance with all current national and/or regional regulations and laws concerning protection of the environment, workplace health, security and privacy.

# 03/ ABOUT CUAMM

<https://doctorswithafrica.org/en/annual-report-2021/>







<b>Name:</b>	<b>Doctors with Africa CUAMM</b>
<b>Legal form:</b>	Non-governmental organization legally integrated within the Opera San Francesco Saverio Foundation, a civilly recognized ecclesiastical entity. Enrolled in the National Registry of non-profit organizations pursuant to Legislative Decree 460/1997 by order of the Veneto Regional Directorate of the Revenue Agency, protocol no. 2015/13016 of 12 March 2015. Civil Society Organization registered in the list referred to in Article 26 of Law No. 125/2014 by Decree No. 2016/337/000119/4 of 24 March 2016. Pursuant to Legislative Decree 117/2017, it is a Third Sector Organization. Tax code/VAT number: 00677540288.
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<b>Operational areas:</b>	Italy and the African countries where CUAMM maintains offices.

# WHERE WE WORK

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

## DOCTORS WITH AFRICA CUAMM IN NUMBERS

**71**  
years

**8**  
countries

**23**  
main hospitals

**761**  
health facilities supported

**95**  
districts

**1**  
university

**4**  
schools for nurses and midwives

**4,518**  
human resources on the ground, including

**270**  
Europeans, of whom

**230**  
are Italians

## SOUTH SUDAN

**5**  
hospitals (Cueibet, Lui, Rumbek, Yirol and Maridi)

**2**  
schools for midwives (Lui and Rumbek)

**333**  
human resources

**3,400**  
human resources under "special management"

## CENTRAL AFRICAN REPUBLIC

**1**  
hospital (Bangui)

**75**  
human resources

## MOZAMBIQUE

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

**1**  
university (Beira)

**181**  
human resources

## ETHIOPIA

**5**  
hospitals (Turmi, Wolisso, Gambella RH, Gambella PH, Jinka)

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

**135**  
human resources

## SIERRA LEONE

**4**  
hospitals (PCMH, Pujehun CMI, Bo, Bonthe)

**93**  
human resources

## UGANDA

**2**  
hospitals (Aber and Matany)

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

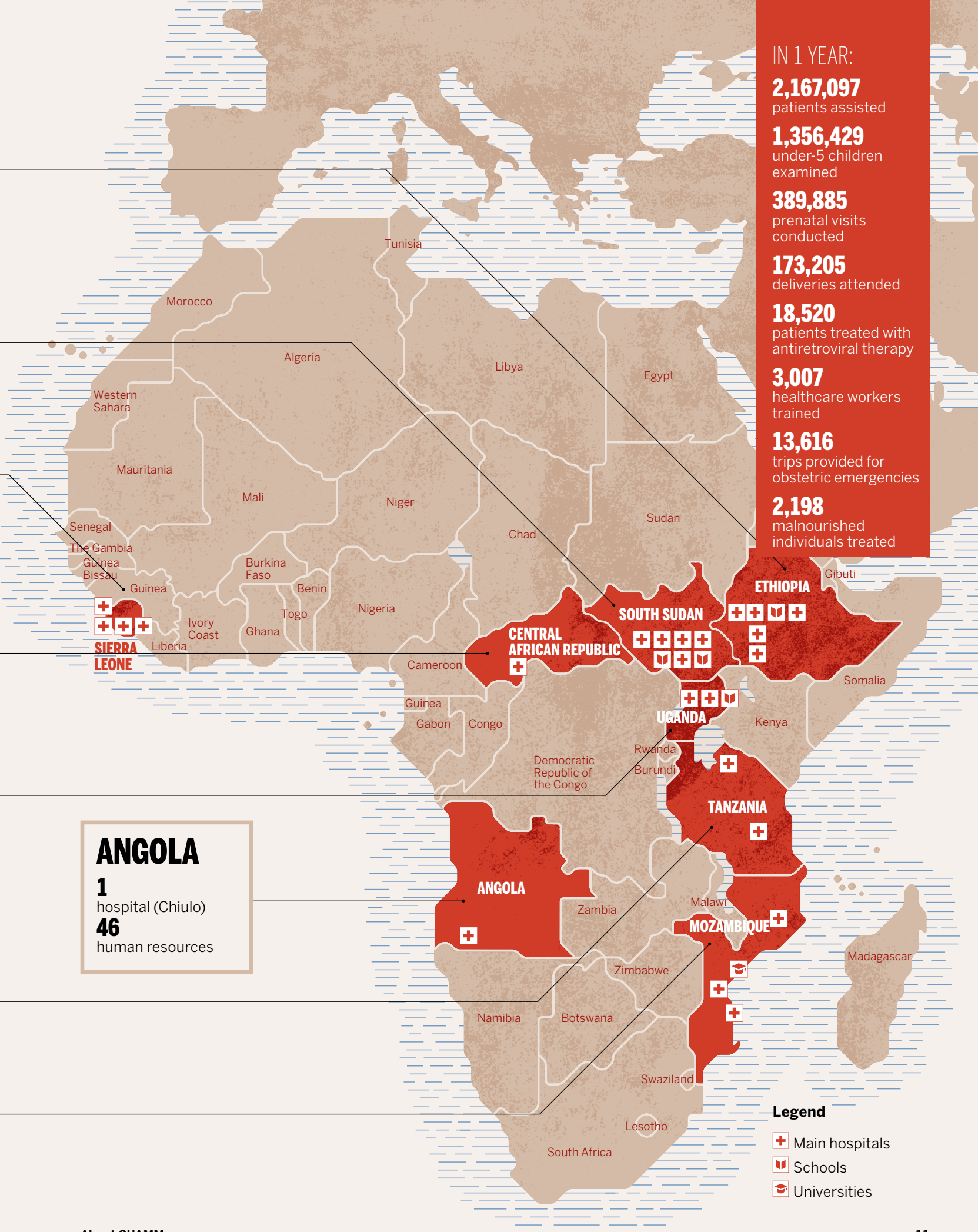
**106**  
human resources

## TANZANIA

**2**  
hospitals (Songambele and Tosamaganga)

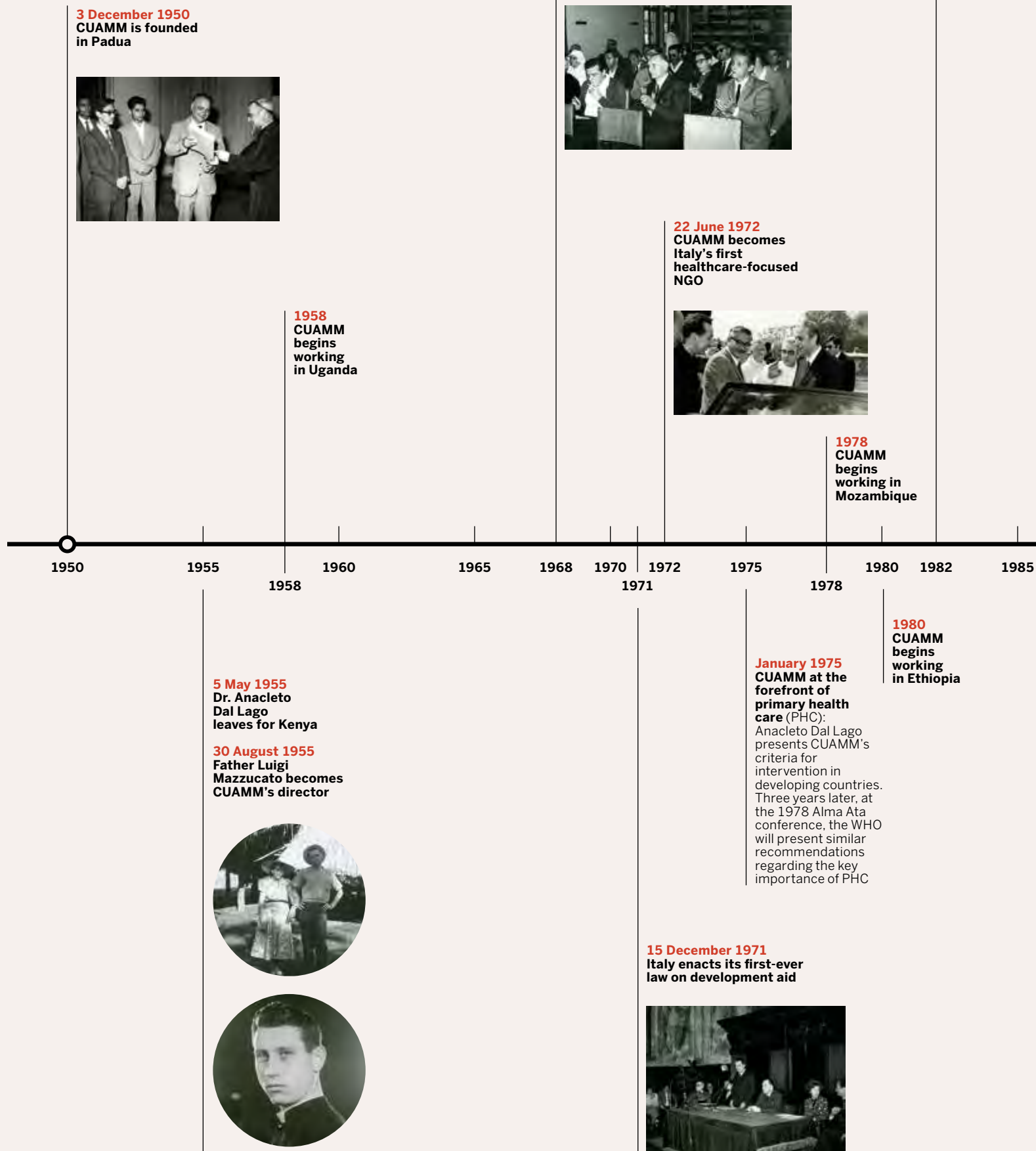
**149**  
human resources





# SEVENTY YEARS OF HISTORY

[doctorswithafrica.org/en/who-we-are/ourhistory/our-history-a-long-journey/](https://doctorswithafrica.org/en/who-we-are/ourhistory/our-history-a-long-journey/)





**June 1982**  
Tanzanian President Julius Nyerere welcomes CUAMM volunteers working in the country to the presidential palace



**25 July 1998**  
Dr. Francesco Canova, CUAMM's founding father, passes away



**15 December 2013**  
Civil war breaks out in South Sudan

**8 August 2014**  
Ebola breaks out in Western Africa

**September 2014**  
Midwifery school set up in Lui



**February 2008**  
**A new director for CUAMM:**  
Father Luigi Mazzucato ends his term as Doctors with Africa CUAMM's director; Father Dante Carraro replaces him

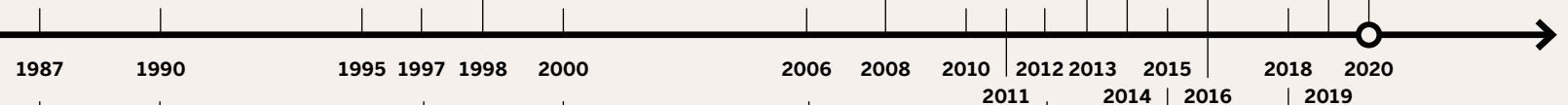


**November 2016**  
"Mothers and Children First: The First 1,000 Days" program is launched with a message from Italy's President

**7 May 2016**  
Private 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**  
Hospital buildings are constructed in Tanzania



**1997**  
CUAMM begins working in Angola

**2006**  
CUAMM begins working in South Sudan

**23 September 2000**  
Inauguration of the St. Luke Catholic Hospital in Wolisso, Ethiopia



**26 November 2015**  
Father Luigi Mazzucato passes away



**2012**  
CUAMM begins working in Sierra Leone

**November 2011**  
"Mothers and Children First" program begun

**23 March 2011**  
Publication of Paolo Rumiz's book *Il bene ostinato*

# OUR HISTORY WITH AFRICA

## ANGOLA



**1997**  
Intervention begun in Uíge Province to tackle the emergency brought by the civil war.

**2004**  
Health system support provided in Luanda and in Uíge and Cunene Provinces during the transition from emergency response to development work.

**2005**  
Program begun in support of the National Tuberculosis Control Program with funding from the Global Fund, and continued until 2016.

**2012**  
“Mothers and Children First” program begun at the Chiulo Hospital in Cunene Province; its aim is to ensure access to safe deliveries and care for newborns in four African countries.

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

**2016**  
Launch of “Mothers and Children First. The First 1,000 Days” (the period from conception through a child’s second birthday).

**2018**  
DOT pilot program begun in six municipalities in five provinces. Thanks to a photovoltaic system, electricity is ensured for the hospital in Chiulo.

**2019**  
Integrated program to tackle acute malnutrition (FRESAN) begun in Cunene Province.

## ETHIOPIA



**1980**  
First doctor sent to the Gambo leprosy hospital.

**1997**  
Agreement made with the Ethiopian Episcopalian Conference for construction of the St. Luke Catholic Hospital in Wolisso with an attached school for midwives and nurses.

**2012**  
“Mothers and Children First” program begun.

**2014**  
Intervention started up in South Omo.

**2016**  
“Mothers and Children First. The First 1,000 Days” begun.

**2017**  
Intervention including support for South Sudanese refugees started up in Gambella Region.

**2018**  
CUAMM’s partnership with the Ethiopian Ministry of Health strengthened with launch of two technical assistance projects.

**2019**  
Wolisso hospital recognized by Ethiopian Medical Society (through Ethiopian Health Minister Dr. Amir Aman) as best-performing hospital of the year.

**2020**  
Project begun in Harawa District, Somali Region, with infrastructure improvement and personnel training activities.

## MOZAMBIQUE



**1978**  
Launch of healthcare cooperation projects.

**1992/97**  
Interventions for functional rehabilitation of health network in Sofala Province.

**1997/2001**  
Support provided to Provincial Health Directorates (Sofala, Zambezia and Maputo).

**2002**  
Support provided to Beira Central Hospital.

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

**2014**  
Intervention in Cabo Delgado Province.

**2016**  
“Mothers and Children First. The First 1,000 Days” program.

**2017**  
Intervention in Tete Province to combat HIV/AIDS among the adolescent population; in addition, launch of program to fight noncommunicable diseases.

**2018**  
Relations begun with Mozambique’s Ministry of Health to draw up national guidelines on the management and treatment of diabetes and hypertension.

**2019**  
Program to combat noncommunicable diseases begun at primary healthcare level and 4th-level hospitals. Sofala and Cabo Delgado Provinces severely damaged by tropical cyclones Idai and Kenneth.

## CENTRAL AFRICAN REPUBLIC



**July 2018**  
Intervention begun at Bangui’s pediatric complex.

**August 2018**  
Giovanni Putoto, CUAMM’s Head of Planning, meets with Central African Republic’s President Faustin-Archange Touadéra at launch of project to support Children’s Hospital in Bangui, funded in part by European Commission’s Bêkou Trust Fund.

**April 2019**  
Project Head Stefano Vicentini presents project activities and data from Children’s Hospital in Bangui to Central African Republic’s National Assembly.

**November 2019**  
Visit by Pierre Somse, Central African Republic’s Health Minister, and Stefano Manservigi, Director-General of DEVCO, to Children’s Hospital in Bangui.

**December 2019**  
European Commission’s Bêkou Trust Fund renews its confidence in CUAMM and *Action Contre la Faim* (ACF), making it possible to continue partnership and activities with Children’s Hospital in Bangui for another year.

**2021**  
In partnership with OCHA, Bangui health referral system’s eight ambulances made continuously operational.



## SIERRA LEONE



**2012**

CUAMM begins working in Sierra Leone's Pujehun District.

**2014**

Sierra Leone is the country worst affected by the Ebola outbreak. CUAMM stays on in Pujehun, ensuring the presence of expatriate personnel and the continuity of essential services.

**2015**

Support started up for hospital in Lunsar after it was forced to close during the Ebola outbreak.

**2016**

"Mothers and Children First: The First 1,000 Days" program launched in Pujehun; support provided to PCMH in Freetown, the country's largest maternity hospital.

**2017**

Support begun to regional hospitals in Makeni and Bo and to district hospital in Bonthe. Inauguration of Sierra Leone's first maternal intensive care unit at PCMH.

**2018**

Launch of National Emergency Medical Service (NEMS).

**2019**

NEMS figures: 80 operational ambulances and 28,792 "missions" carried out.

**2020**

NEMS handed over to national health authorities. Three maternal intensive care units set up in Bo, Makeni and Pujehun.

## SOUTH SUDAN



**2006/2012**

Intervention launched at Yirol and Lui hospitals.

**2013/2015**

Public health program in Yirol West and Rumbek North. Cueibet health center given hospital status. Midwifery diploma course begun in Lui.

**2015/2017**

Public health program expanded throughout the former Lakes State. Intervention launched at hospital in Rumbek.

**2017/2018**

Response to the famine in former Unity State with an emergency intervention in the swampy areas near the Nyal Port. Public health program launched in 4 counties of former Western Equatoria State. Intervention begun at Maridi Hospital.

**2019**

Operating room completed in Nyal. New cycle of midwifery diploma course begun at the Lui Health Sciences Institute. Community health program begun: 640 community health workers in 8 counties.

**2020**

New pediatric ward at hospital in Rumbek completed and inaugurated. Community health program expanded to all 11 counties. Epilepsy clinic started up at Lui and Maridi hospitals and Mundri health center. Support begun for Rumbek Health Sciences Institute.

## TANZANIA



**1968**

Health system strengthening begun in Iringa Region.

**1990**

Inauguration of hospital in Iringa.

**2012**

Launch of "Mothers and Children First" program to ensure access to safe deliveries and care for newborns in four African countries.

**2014**

Project for treatment of child malnutrition launched in Iringa and Njombe Regions.

**2016**

Launch of second phase of "Mothers and Children First: The First 1,000 Days" (the period from conception through a baby's 2<sup>nd</sup> birthday), with a focus on nutrition.

**2017**

Italy's Prime Minister awards CUAMM best partner in the field of nutrition.

**2018**

CUAMM active in Tanzania for 50 years.

**2019**

CUAMM becomes member of technical working groups on nutrition, maternal and child health, early development, chronic noncommunicable diseases and HIV.

**2020/2021**

Test and Treat program for HIV prevention and treatment in Simiyu and Shinyanga Regions concluded; intervention focused on chronic diseases strengthened.

## UGANDA



**1958**

First doctor sent to hospital in Angal.

**1979**

Bilateral health cooperation agreement between Italy and Uganda: CUAMM doctors begin working inside Ugandan health system.

**1990s**

Hospital in Arua rebuilt and hospitals in Maracha, Angal, Aber and Matany rehabilitated.

**2012**

"Mothers and Children First" program begun.

**2016**

"Mothers and Children First: The First 1,000 Days" (the period from conception through a baby's 2<sup>nd</sup> birthday) program begun.

**2017**

CUAMM returns to West Nile to support response to South Sudanese refugee crisis.

**2018**

Intervention launched throughout Lango sub-region.

**2019**

Project begun in support of eye health in Arua District.

# MISSION AND VALUES

[doctorswithafrica.org/en/who-we-are/mission/vision/](https://doctorswithafrica.org/en/who-we-are/mission/vision/)

The core values underlying Doctors with Africa CUAMM's mission and activities are:

- **Christian inspiration and bonds with the Catholic Church**, with constant reference to Christian values and the Gospel;
- **"With Africa"**: our organization works exclusively with African communities, involving local people at various levels. We use the word "with" to underscore our conception of sharing, interchange, intense engagement, mutual effort, and the identification together not only of local problems and needs, but also values, in order to foster effective long-term development;
- **experience**: Doctors with Africa CUAMM has more than 70 years of experience working in developing countries;
- **specific skills** in the medical/healthcare field;
- **confidentiality**: our goal is to keep our focus on those in need of aid, not on those providing it.

Doctors with Africa CUAMM seeks to engage with everyone who believes in the values of dialogue, cooperation, volunteer work, cultural exchange, friendship between peoples, the defense of human rights, respect for life, the willingness to make personal sacrifices, prioritizing the poor, the spirit of service, and an understanding of CUAMM's criteria for intervention. We carry out long-term projects aimed at engendering development, training dedicated human resources in both Italy and Africa, conducting research and disseminating the findings, and affirming the basic and universal human right to health.

We have two central goals:

- **to improve health conditions in Africa**, based on our conviction that health is a universal human right, not a commodity, and thus access to health services cannot be a privilege; and
- **to foster feelings of positivity and solidarity towards Africa**, that is, a sense of responsibility to help increase institutional and public interest in, hope for and commitment to improving the future of the continent.

## POSTCARDS FROM 2021

### VACCINATION CAMPAIGN IN AFRICA

In 2021 Doctors with Africa CUAMM provided support to the **COVID-19 vaccination campaign** in all 8 countries where it is active, supporting logistics, training health workers and raising awareness among communities.



Photo: Nicola Berti

### MEETING WITH POPE FRANCIS

In March Pope Francis met with **Father Dante Carraro**, the director of Doctors with Africa CUAMM, in a **private audience**. A special occasion for our entire extended "family", it intensified our unswerving, increasingly vital commitment to help Africa tackle the challenges it faces.



Photo: Vatican Media

### PEDIATRICS DEPARTMENT INAUGURATED IN JINKA, ETHIOPIA

Late March saw the inauguration in Jinka, capital of the South Omo Zone, of the renovated **Pediatrics Department at the Jinka Hospital** and a new **early child development** service.



Photo: Nicola Berti

### WHAT WE CAN LEARN FROM AFRICA: HEALTH AS A COMMON GOOD.

In May the book **What We Can Learn from Africa: Health as a Common Good**, co-authored by Father Dante Carraro and Paolo Di Paolo, was published by Laterza.





## ACTIVITIES

- Doctors with Africa CUAMM is active in the field of **international development cooperation** in accordance with Law No. 125 of 11 August 2014 and later amendments (Art. 5 comma 1 lett. n) Legislative Decree 117/2017).
- Organization and management of **cultural, artistic and/or recreational activities of social interest**, including publishing, to foster and spread the culture and practice of volunteer work and activities of general interest (Art. 5 comma 1 - lett. i – Legislative Decree 117/2017).
- Organization and management of **activities of social, cultural and religious interest** (Art. 5 comma 1 - lett. k – Legislative Decree 117/2017).
- **University-level and post-graduate training** (Art. 5 comma 1 - lett. g - Legislative Decree 117/2017).
- **Scientific research** of particular social interest (Art. 5 comma 1 - lett. h - Legislative Decree 117/2017).

## NETWORKS WITH OTHER THIRD SECTOR ORGANIZATIONS

Doctors with Africa CUAMM is a **member of the Link 2007 network** based in Rome (Via Germanico 198).

### CUAMM VACCINATION HUB

Since June Doctors with Africa CUAMM has participated in Italy's national COVID-19 vaccination campaign, setting up **Padua's first 100% volunteer-run vaccination hub**.



Photo: Nicola Berti

### ANNUAL M.C.F. MEETING: PEOPLE AND SKILLS

Held on 13 November at Padua's Geox Theater, CUAMM's **Annual Meeting** gave us the opportunity to present the results of the **"Mothers and Children First: The First 1,000 Days"** program and to launch the new program, **"Mothers and Children First: People and Skills"**.



Photo: Ondolati

### NEONATOLOGY IN BEIRA

May saw the **inauguration of the renovated neonatology ward at Beira Central Hospital**, following its destruction by Cyclone Idai in 2019. Rehabilitated and expanded, it is now furnished with 17 cribs, 22 beds, 3 consulting rooms, a room for breast-feeding, a pharmacy, a laundry room, office space, new bathrooms and a staff area.



Photo: Luigi Baldelli

### AMBULANCES IN BANGUI

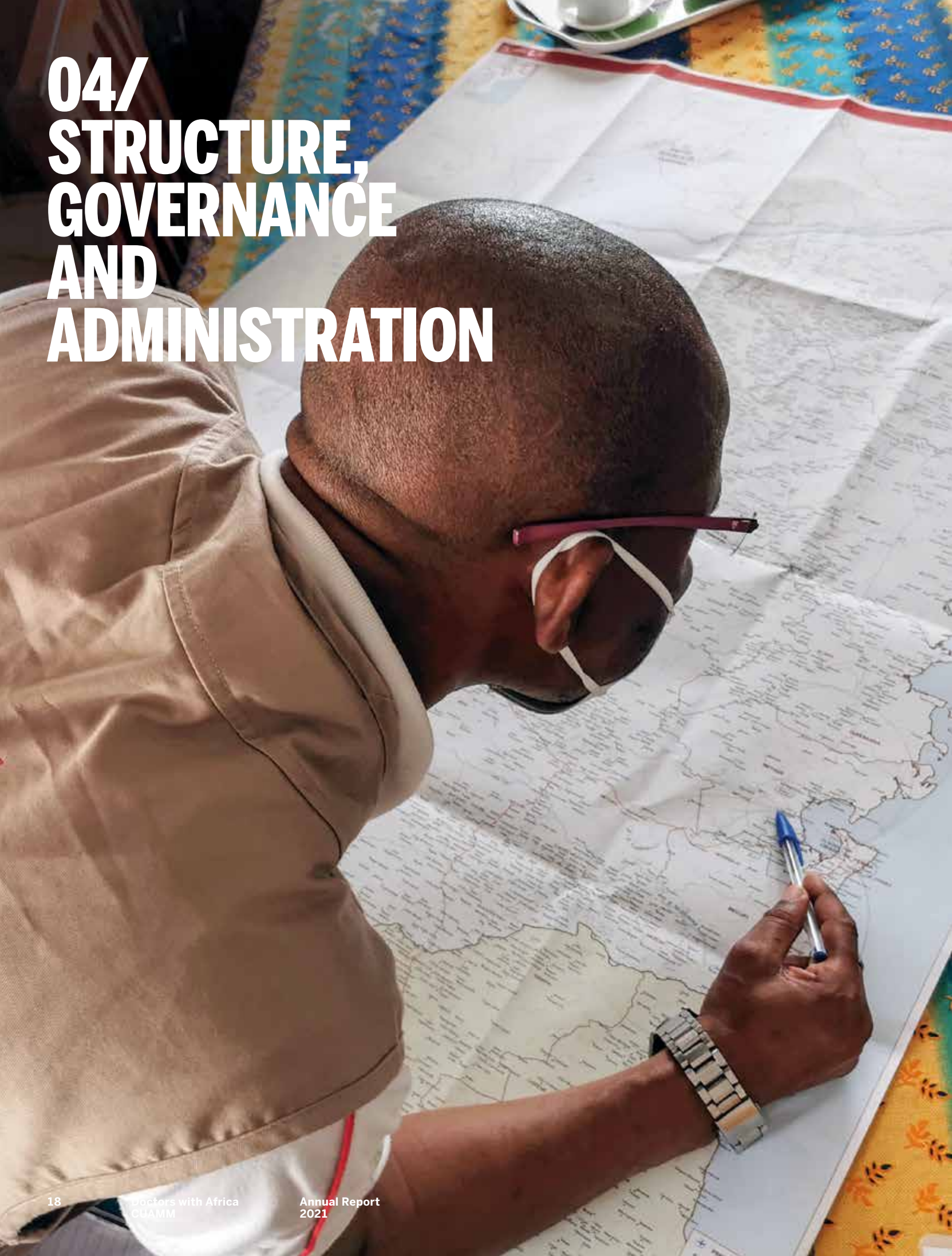
In the Central African Republic, in partnership with the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), CUAMM helped make the **Bangui health referral system's eight ambulances continuously operational**.



Photo: Nicola Berti



# 04/ STRUCTURE, GOVERNANCE AND ADMINISTRATION





# STRUCTURE, GOVERNANCE AND ADMINISTRATION

## SIZE AND MAKE-UP OF SOCIAL/MEMBERSHIP BASE

While Doctors with Africa CUAMM, as a non-profit activity integrated into the Opera San Francesco Saverio Foundation, does not have a formally constituted membership base, it does have an Italy-wide network of over 4,500 volunteers who work in support of its goals. Some are members of established CUAMM volunteer groups, while others support CUAMM based on shared values and their belief in the projects it implements in Italy and Africa.

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

As a third sector organization (TSO) branch of the Opera San Francesco Saverio Foundation, Doctors with Africa CUAMM is governed by the Foundation's own Board of Directors, which consists of eight members and the Bishop of Padua, its President by right. The Board and its Chairperson are responsible for governing CUAMM through the functions of direction, control and promotion. For the three-year period running from 2021 to 2023, the **Board of Directors** is composed as follows (appointment decree by the Bishop of Padua No. 605/2021 dated 2 April 2021):

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

Control of the organization is assigned to the **Board of Auditors** that reports to the Foundation. For the three-year period running from 2021 to 2023, the Board of Auditors is composed as follows (appointment decree by the Bishop of Padua No. 606/2021 dated 2 April 2021):

- **Chairperson:** Piersandro Peraro
- **Members:** Marco Razzino and Ennio Peruzzi

The Board of Directors approved amendments to Doctors with Africa CUAMM's model of organization, management and control by resolution of 11 June 2021. On the same occasion, pursuant to Art. 6 comma 1 lett. b) of Legislative Decree No. 231/2001, the Board appointed a **Supervisory Body** for the three-year period running from 2021 to 2023, composed as follows:

- **Chairperson:** Atty. Regina Proietti
- **Members:** Matteo Capuzzo and Ettore Boles.

By resolution of 11 June 2021, in accordance with Art. 4 comma 3 of Legislative Decree No. 117/2017, the **Board of Directors** also approved the Regulations of the Foundation's TSO branch as published by deed of Notary Daria Righetto of Padua (Rep. No. 11.401, Racc. No. 6186 deposited at the Padua branch of the National Revenue Agency on 22 July 2021 with No. 30869, series 1T).

**The legal representation and management of Doctors with Africa CUAMM** is vested in its Director, **Msgr. Dante Carraro**, whom the Board of Directors appointed for the three-year period running from 2021 to 2023 by resolution of 11 June 2021, through power of attorney of the Bishop of Padua, the Foundation's President by right (Rep. No. 77293 - Racc. 26685 of 14 June 2018, Notary Fulvio Vaudano of Padua). The Director has signatory powers for financial management as well. To ensure optimal operational management and facilitate the carrying out of certain procedures and/or handling of certain documents, some of the powers assigned to the Director may also be performed by the Administrative Manager of Doctors with Africa CUAMM, **Andrea Borgato**, through power of attorney of the Bishop of Padua, the Foundation's President (Rep. No. 77294 - Racc. 26686 dated 14 June 2018 – Notary Fulvio Vaudano of Padua). The functions of **Deputy Director** and the **management of finance and control** may also be performed by the Administrative Manager.

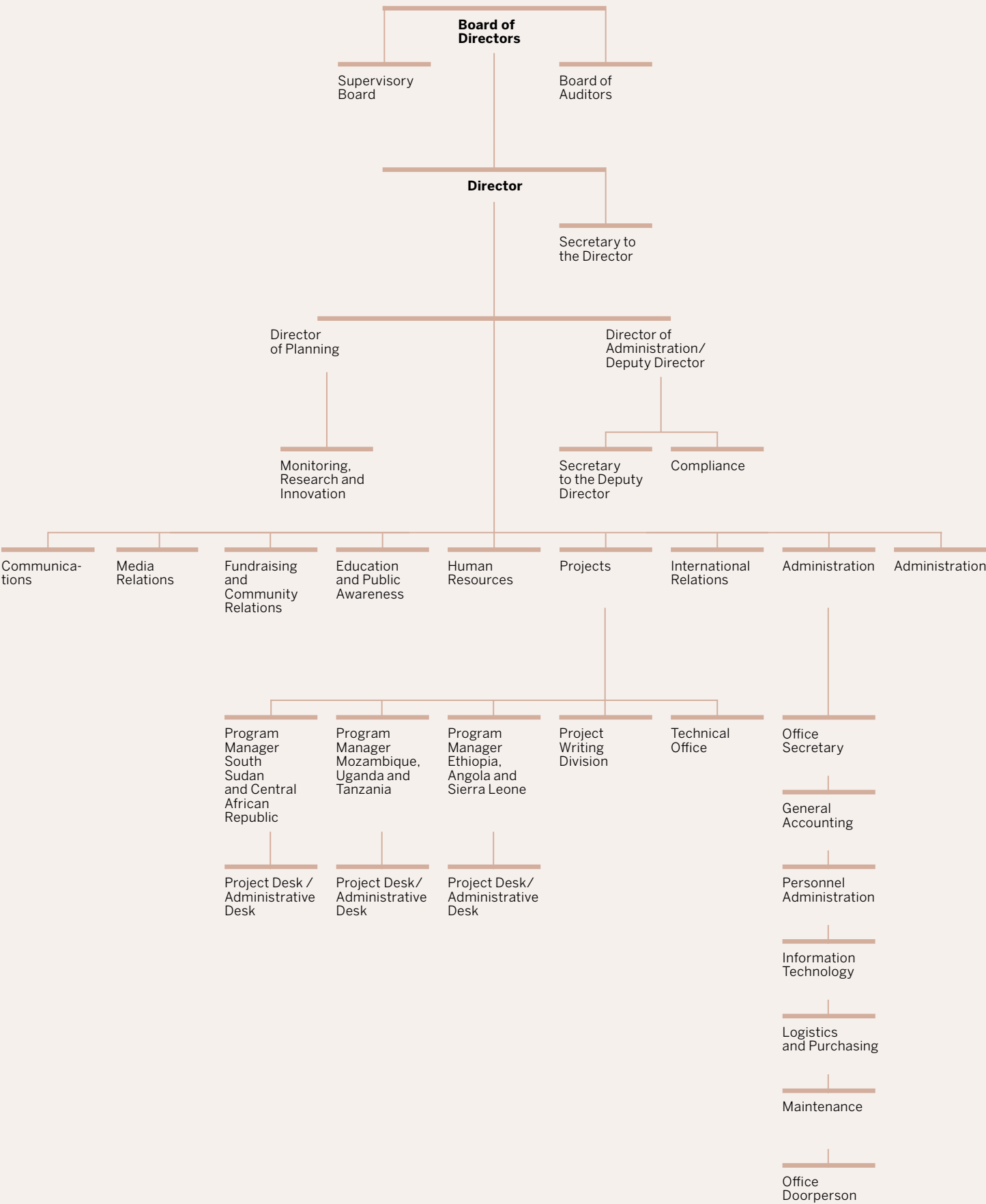
To help manage the organization's activities, CUAMM's Director relies on several managers whom he/she appoints to head up each of its separate divisions, as follows:

- **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 Boschini

## INTERNAL DEMOCRATIC SYSTEM AND PARTICIPATION IN CUAMM'S ACTIVITIES BY ITS SUPPORTERS

As its legal form is that of the Opera San Francesco Saverio Foundation, Doctors with Africa CUAMM does not have a membership base. Its supporters participate in its activities in accordance with Art. 3 of the TSO Regulations.

# ORGANIZATIONAL CHART

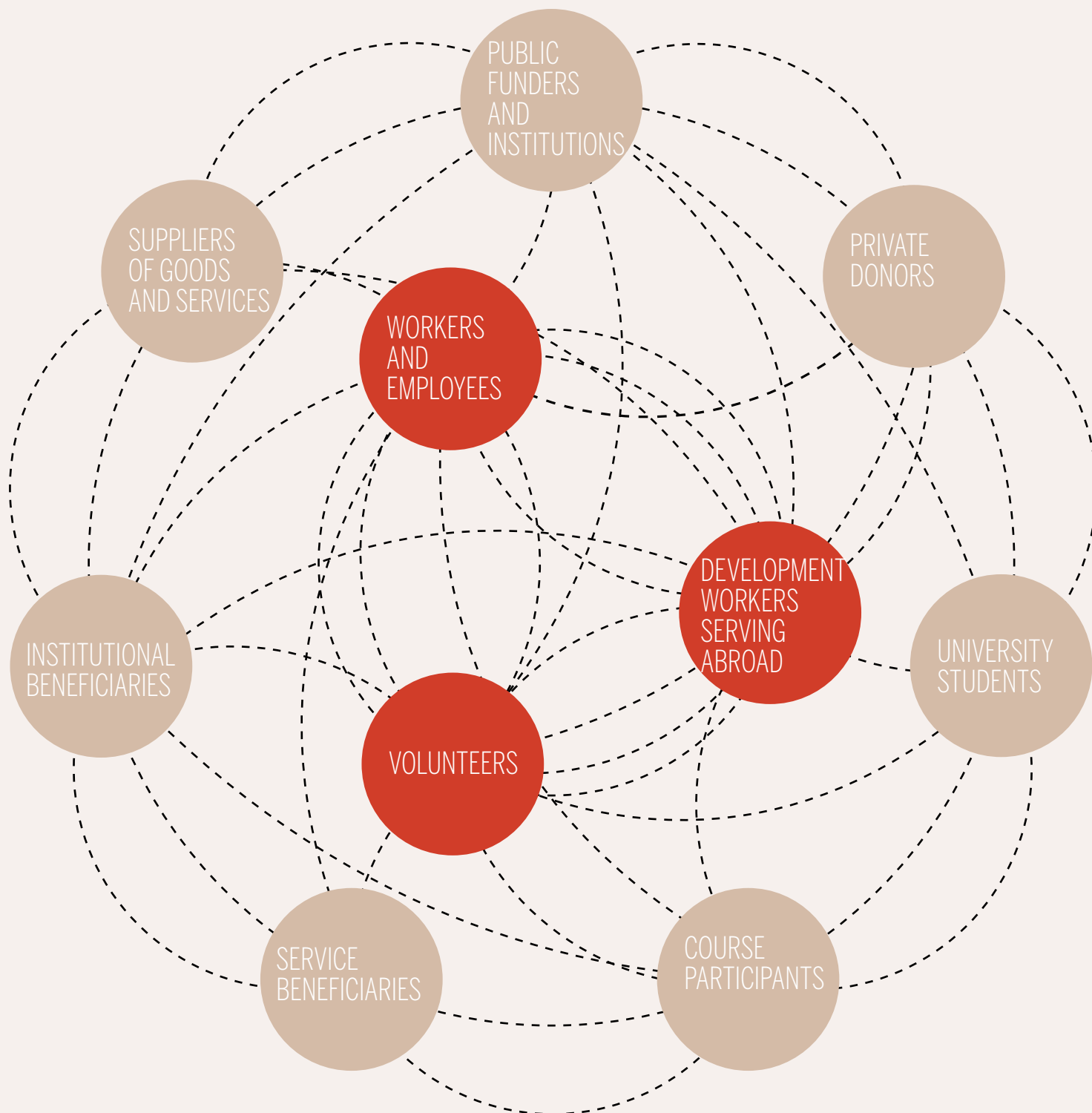




# MAP OF STAKEHOLDERS



CUAMM is **deeply committed to accountability**: it's crucial to us to know that our supporters consider us worthy of their trust. That's why **we've made our relationship with our stakeholders** – whether institutional or private, internal or external – **a top priority**.

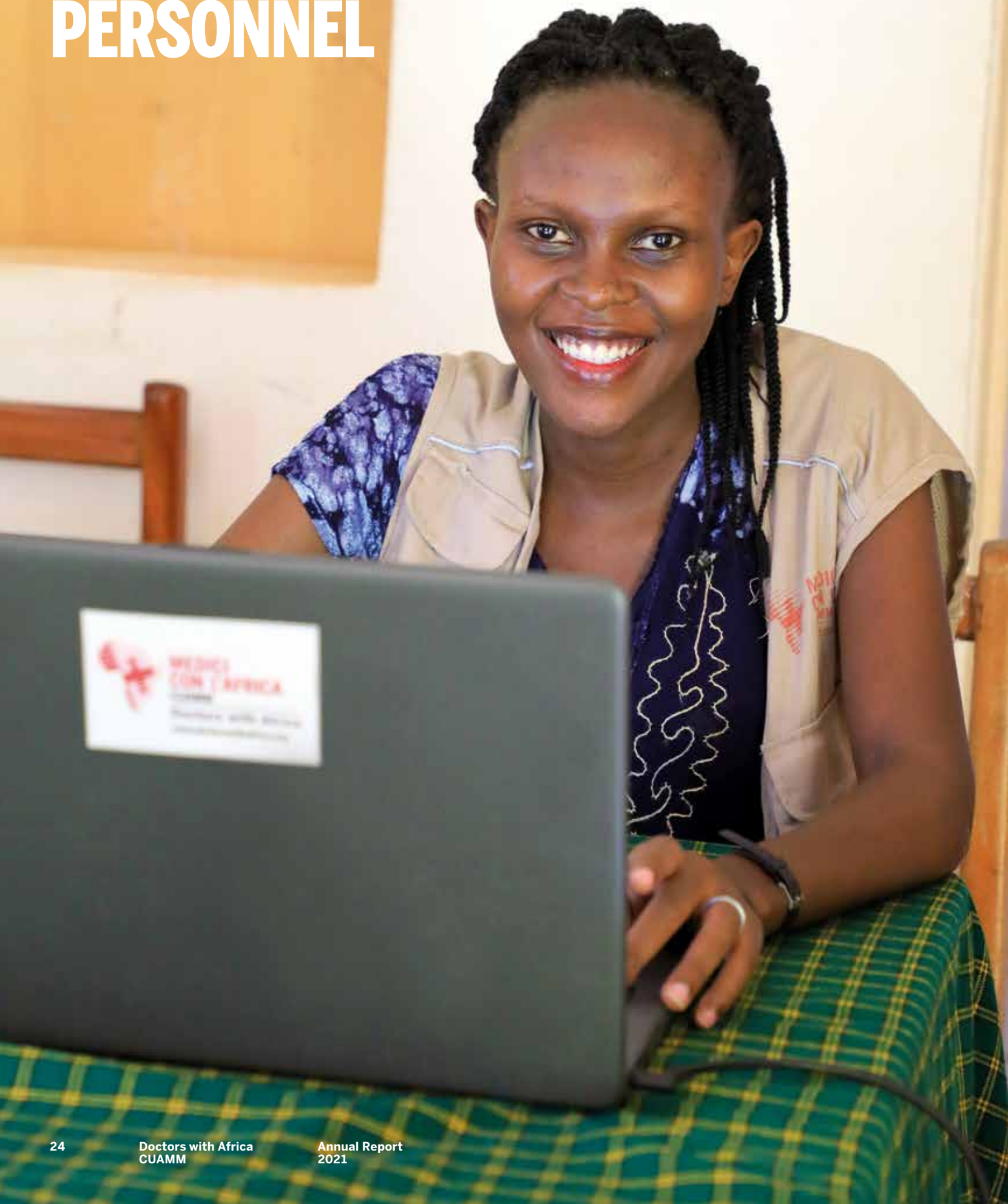


	Stakeholders	Interests/expectations	How we engage them
<b>Internal stakeholders</b>	<b>Workers and employees</b>	<ul style="list-style-type: none"> <li>– achievement of mission objectives, job motivation/recognition</li> <li>– stable employment relationship</li> <li>– organizational well-being, corporate atmosphere</li> <li>– job role autonomy</li> <li>– sense of belonging</li> <li>– remuneration and benefits</li> <li>– equal opportunities</li> <li>– training and acquisition of new skills/opportunities for professional growth</li> <li>– health and security for oneself and one's co-workers</li> <li>– work-life balance</li> </ul>	<ul style="list-style-type: none"> <li>– dissemination of organizational Code of Ethics and policies</li> <li>– meetings with division heads</li> <li>– periodic meetings with Director (general staff meetings)</li> <li>– periodic publications: <i>èAfrica</i> and <i>Health and Development</i></li> <li>– CUAMM weekly newsletter</li> <li>– CUAMM monthly newsletter</li> <li>– occasional/thematic newsletter from the Director</li> <li>– circulation of Annual Report providing information on activities and financial statements</li> <li>– participation in events organized for external stakeholders, especially the Annual Meeting</li> </ul>
	<b>Staff serving abroad</b>	<ul style="list-style-type: none"> <li>– appropriate job remuneration</li> <li>– job motivation/recognition, achievement of mission objectives</li> <li>– job role autonomy</li> <li>– sense of belonging</li> <li>– sense of moral/social gratification</li> <li>– equal opportunities</li> <li>– training and acquisition of new skills/opportunities for professional growth</li> <li>– health and security for oneself and one's co-workers</li> </ul>	<ul style="list-style-type: none"> <li>– dissemination of organizational Code of Ethics and policies</li> <li>– meetings in the field (in Africa) with Director and division heads</li> <li>– periodic publications: <i>èAfrica</i> and <i>Health and Development</i></li> <li>– CUAMM weekly newsletter</li> <li>– CUAMM monthly newsletter</li> <li>– occasional/thematic newsletter from the Director</li> <li>– circulation of Annual Report providing information on activities and financial statements</li> <li>– participation in events organized for external stakeholders</li> </ul>
	<b>Volunteers</b>	<ul style="list-style-type: none"> <li>– work atmosphere suitable to one's psychophysical characteristics</li> <li>– sense of belonging</li> <li>– sense of moral/social gratification</li> <li>– training and acquisition of new skills/opportunities for professional growth</li> </ul>	<ul style="list-style-type: none"> <li>– dissemination of organizational Code of Ethics and policies</li> <li>– meetings with Director and specific division heads</li> <li>– periodic publications: <i>èAfrica</i> and <i>Health and Development</i></li> <li>– CUAMM weekly newsletter</li> <li>– CUAMM monthly newsletter</li> <li>– occasional/thematic newsletter from the Director</li> <li>– circulation of Annual Report providing information on activities and financial statements</li> <li>– participation in events organized for external stakeholders, especially the Annual Meeting</li> </ul>
<b>External stakeholders</b>	<b>Public funders and institutions</b>	<ul style="list-style-type: none"> <li>– rational allocation of resources</li> <li>– assessment of organizational/ intervention effectiveness</li> <li>– comparison with similar organizations</li> <li>– transparency with regard to organizational information</li> <li>– transparency with regard to initiatives supported</li> </ul>	<ul style="list-style-type: none"> <li>– dissemination of organizational Code of Ethics and policies</li> <li>– meetings with Director and/or division heads</li> <li>– periodic publications: <i>èAfrica</i> and <i>Health and Development</i></li> <li>– audio/video productions</li> <li>– media coverage</li> <li>– circulation of Annual Report providing information on activities and financial statements</li> <li>– participation in events organized for external stakeholders, especially the Annual Meeting</li> </ul>



<b>External stakeholders</b>	<b>Private donors</b>	<ul style="list-style-type: none"> <li>– rational allocation of resources</li> <li>– assessment of organizational/ intervention effectiveness</li> <li>– comparison with similar organizations</li> <li>– transparency of organizational information</li> <li>– transparency with regard to initiatives supported</li> </ul>	<ul style="list-style-type: none"> <li>– dissemination of organizational Code of Ethics and policies</li> <li>– meetings with Director and specific division heads</li> <li>– letters of thanks for each donation received</li> <li>– periodic publications: <i>èAfrica and Health and Development</i></li> <li>– CUAMM weekly newsletter</li> <li>– CUAMM monthly newsletter</li> <li>– occasional/thematic newsletter from the Director</li> <li>– circulation of Annual Report providing information on activities and financial statements</li> <li>– participation in events organized for external stakeholders, especially the Annual Meeting</li> </ul>
	<b>Suppliers of goods and services</b>	<ul style="list-style-type: none"> <li>– ongoing working relationship</li> <li>– client solvency</li> <li>– respect for/meeting of deadlines</li> <li>– enforcement of contractual provisions and compliance with ethical standards</li> </ul>	<ul style="list-style-type: none"> <li>– dissemination of organizational Code of Ethics and policies</li> <li>– meetings with Deputy Director and Head of Administration</li> <li>– circulation of Annual Report providing information on activities and financial statements</li> <li>– participation in events organized for external stakeholders, especially the Annual Meeting</li> </ul>
	<b>Institutional beneficiaries</b>	<ul style="list-style-type: none"> <li>– services delivered at a level of quality and professionalism that meets demands/ expectations</li> <li>– transparency of information</li> <li>– control of services provided</li> </ul>	<ul style="list-style-type: none"> <li>– institutional meetings and events (project launch and closure, inauguration of facilities, international days, etc.)</li> <li>– activity implementation monitoring workshops</li> <li>– help with the development of ministerial guidelines on specific health matters</li> <li>– availability of project reports</li> <li>– circulation of Annual Report providing information on activities and financial statements</li> <li>– dissemination of organizational Code of Ethics and policies</li> </ul>
	<b>Service beneficiaries</b>	<ul style="list-style-type: none"> <li>– universal, nondiscriminatory service delivery</li> <li>– high-quality and professional service delivery</li> <li>– transparency of information</li> <li>– service delivery continuity</li> </ul>	<ul style="list-style-type: none"> <li>– people-oriented service delivery</li> <li>– information and awareness-raising activities on health/ social matters (community gatherings, coffee ceremonies, cooking demonstrations, radio campaigns, etc.)</li> <li>– distribution of informative materials and tools (brochures, kits for mothers, emergency kits, etc.)</li> </ul>
	<b>Course participants</b>	<ul style="list-style-type: none"> <li>– training and acquisition of new skills</li> <li>– opportunities for professional growth</li> <li>– job opportunities following traineeship</li> <li>– sense of belonging</li> </ul>	<ul style="list-style-type: none"> <li>– dissemination of organizational Code of Ethics and policies</li> <li>– meetings with Director and specific division heads</li> <li>– periodic publications: <i>èAfrica and Health and Development</i></li> <li>– CUAMM weekly newsletter</li> <li>– CUAMM monthly newsletter</li> <li>– occasional/thematic newsletter from the Director</li> <li>– circulation of Annual Report providing information on activities and financial statements</li> <li>– participation in events organized for external stakeholders, especially the Annual Meeting</li> </ul>
	<b>University students</b>	<ul style="list-style-type: none"> <li>– sense of belonging</li> <li>– training and acquisition of new skills</li> <li>– opportunities for professional growth</li> <li>– sense of moral/social gratification</li> </ul>	<ul style="list-style-type: none"> <li>– dissemination of organizational Code of Ethics and policies</li> <li>– meetings with Director and specific division heads</li> <li>– periodic publications: <i>èAfrica and Health and Development</i></li> <li>– CUAMM weekly newsletter</li> <li>– CUAMM monthly newsletter</li> <li>– occasional/thematic newsletter from the Director</li> <li>– circulation of Annual Report providing information on activities and financial statements</li> <li>– participation in events organized for external stakeholders, particularly the Annual Meeting</li> </ul>

# 05/ PERSONNEL





## PERSONNEL IN AFRICA

Doctors with Africa CUAMM carries out health development projects against a backdrop of mounting and constantly evolving complexity, including the sociopolitical situations in the African countries where we are active.

That's why it is more important than ever for us to be able to rely on well-qualified and motivated human resources, individuals capable of developing ever more finely-honed skills in the areas of analysis, research, knowledge of local settings, planning and organization.

We recruit and select these human resources both from our internal pool – those who have already worked with our organization in the past, whom we see as capital to be retained and developed – and external professional candidates, as follows:

- **European “internationals”;**
- **African “internationals”**, i.e. from countries different than the one in which the intervention is to be carried out;
- **“nationals”**, i.e., locals from the country in which the intervention is to be carried out.

Although to a lesser extent than in 2020, 2021 was also impacted by the COVID-19 pandemic in terms of getting personnel to the field, due to their obligation to quarantine once in their destination country, longer absences when they returned home for vacation (they had to quarantine there as well), and CUAMM work teams that were often smaller than originally planned. All of this made the job of responding to (the many) needs much more challenging.

In 2021 Doctors with Africa CUAMM managed some **4,518 human resources**, 3,400 of whom under “special management” in South Sudan (see further details at upper right).

Of the total HR pool, **1,118 individuals worked on projects: 764 skilled professionals** (not only from the medical/health field, but also administrators, logisticians and community experts) and **354 support staff**. Since one of CUAMM's top objectives is to partner with local personnel, we are glad to report that from 2020 to 2021, **the number of qualified national (local) staff** grew by almost **10%**.

## SUPPORTING THE HEALTH SYSTEM IN SOUTH SUDAN

South Sudan remains extremely fragile, and still unable to sustain health services on its own. That's why Doctors with Africa CUAMM has been appointed by local government as the organization responsible for supporting the health system in

**12 South Sudanese counties**, providing support to local authorities, **134 peripheral health facilities and 5 hospitals**.

CUAMM also helps with the management and remuneration of local staff, paying a **supplemental salary to around 2,100 individuals**, and guarantees a **monthly incentive to a network of some 1,300 village health and nutrition workers**.

We will continue to provide this “special management” support until the government has the ability and resources to manage the personnel working in its health facilities on its own.

## PERSONNEL CHARACTERISTICS (GENDER AND AGE)

It is noteworthy that while **83% of CUAMM's doctors are international** (74% European and 9% African), **82% of our non-medical health personnel are national** (locals). This figure underscores the **priority Doctors with Africa CUAMM gives to building the capacity of the local personnel** with whom we work; in fact, we only send international personnel to fill positions for which the African countries in question do not yet have such professionals at their disposal.

CUAMM's **European international personnel** totaled 238, including 135 women and 103 men. In terms of age, 41.2% were under 35, 33.6% were aged from 35 to 55, and 25.2% were over 55.

Regarding our **African international personnel**, of the total 43 individuals working on projects in 2021, 29 were men and 14 women. 34.9% were under 35 years of age, 62.8% were aged from 35 to 55 and just 2.3% were over 55.

Finally, the number of **African national personnel** (locals) working with CUAMM was 837, 71.2% of whom were men and 28.8% women. 48.4% of these individuals were under 35 years of age, 46% were aged from 35-55 and 5.5% were over 55.

## PERSONNEL SELECTION AND TRAINING

The human resources that CUAMM selects to fill various positions within our organization's projects are trained prior to their departure to their host countries. Initially they are provided with general information and materials on the specific setting and job to be carried out, and subsequently they are sent to CUAMM headquarters (European internationals in Italy and African internationals and locals on site) to complete their training.

In 2021, using a hybrid in-person and remote system due to the pandemic, CUAMM provided **100 days of pre-departure readiness training** in Italy and one week of training for junior administrative staff. After completing the training, **137 European international professionals** left to join personnel already operational on the ground.

## YOUTH TRAINING (JPO AND ACS PROGRAMS AND MORE)

For the last 19 years Doctors with Africa CUAMM has run the **Junior Project Officer (JPO)** program, an initiative that offers young medical residents an opportunity to undertake a period of theoretical and practical training in an African country under the mentorship of a CUAMM specialist doctor. **271 medical residents** from universities throughout Italy have taken this opportunity up **since 2002** and **30 more did so in 2021**. Many of the residents worked on their specialist theses while abroad, contributing to CUAMM's ongoing operational research activities.

In addition, CUAMM was able to place **8 young people** in four of the African countries in which we work thanks to Italy's national **Alternative Civilian Service (ACS)** program.

Although the JPO and ACS programs are the best structured, they are not the only examples of training opportunities in Africa for younger people interested in getting involved with development work. Unfortunately, due to the pandemic, the number of young trainees in 2021 was far lower than in prior years: only 4 young professionals left to join our personnel in the field, hoping to gain the requisite experience for placement on a future project.

To learn more about CUAMM's youth-training opportunities, see the "Education and public awareness" section in this Annual Report and check out our website at [www.doctorswithafrica.org](http://www.doctorswithafrica.org).

## ORTHOPEDIC GROUP

Founded in 2002, the Orthopedic Group brings together specialist health professionals such as orthopedists, physiotherapists and nurses who undertake fundraising activities and consulting missions and provide technical support in support of projects that are already underway. The group has focused special attention over the years on **the St. Luke Catholic Hospital in Wolisso, Ethiopia**.

Unfortunately, in the last two years, again due to the COVID-19 pandemic, only one orthopedic resident has been able to take part in this initiative (under the JPO program).

The group's president is Dr. **Luigi Conforti**.



## PERSONNEL SERVING IN AFRICA IN 2021

**4,518**  
human  
resources



**1,118**

human resources involved in CUAMM projects, including:

**764**

qualified professionals, including:

483

African nationals (locals)

43

African internationals (expats)

238

European internationals (expats) including

214 Italians

**354**

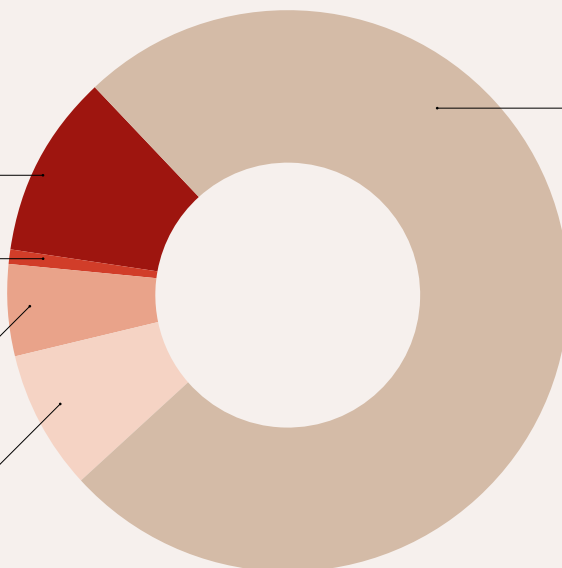
support staff

**3,400**

human resources under special management in South Sudan

**+10%**

qualified local African personnel from 2020 to 2021

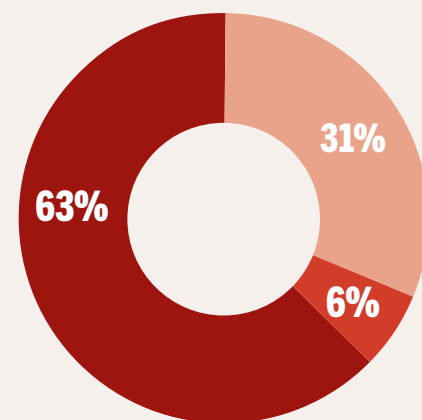
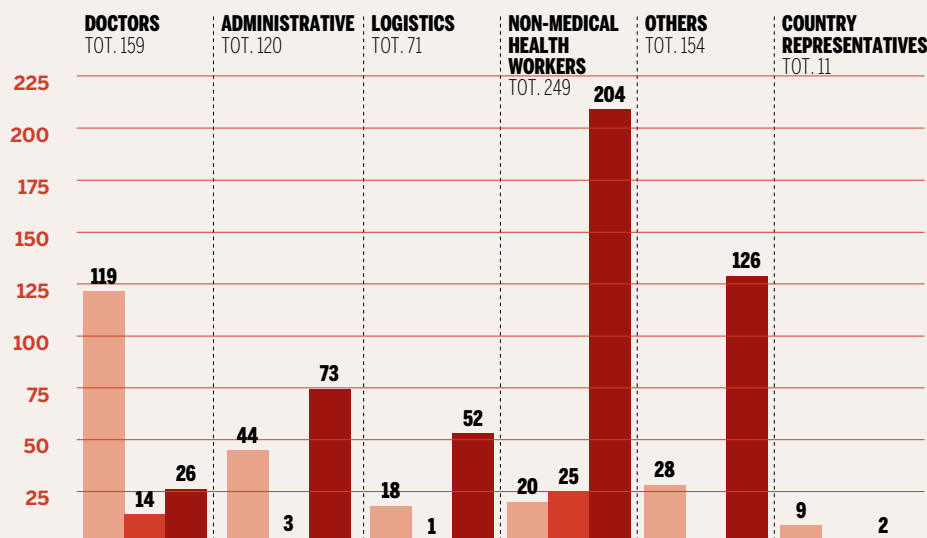


## PROFESSIONAL CHARACTERISTICS/ BACKGROUND OF QUALIFIED PERSONNEL

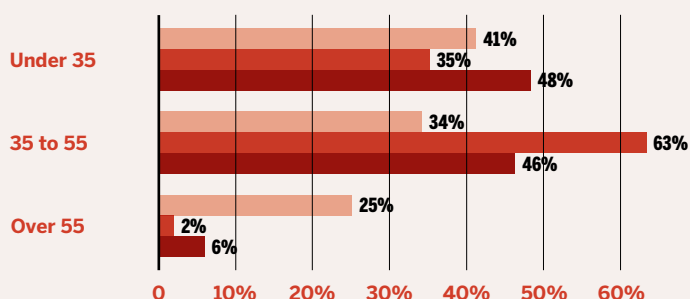
European international personnel (expats)

African International personnel (expats)

National personnel (locals)



## AGE



## GENDER



# PERSONNEL IN ITALY

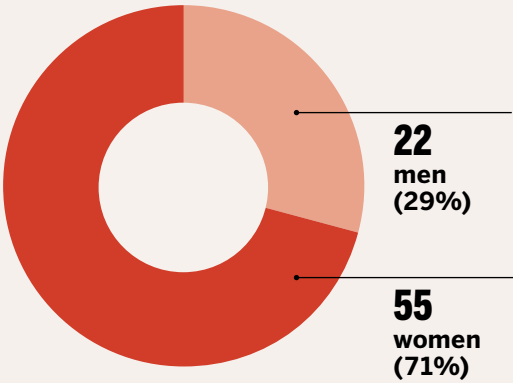
In 2021 Doctors with Africa CUAMM in Italy had **65 employees** and **12 collaborators**, 71% (55) of whom were women and 29% (22) men. In terms of age, 9% were under 30; 16% were aged from 30 to 35; 20% from 36 to 40; 11% from 41 to 45; and 44% were 46 or older. With regard to years of service, 38% of personnel had been with the organization for less than 5 years; 22% from 5 to 10 years; 11% from 11 to 15 years; and 29% had worked with Doctors with Africa CUAMM for over 15 years.

# STUDENT COLLEGE

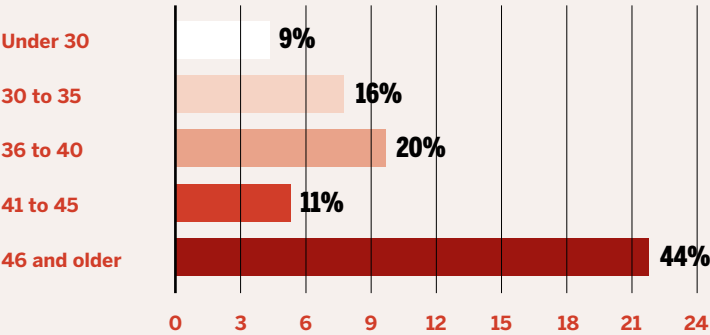
A total of **67 students** (35 women and 32 men) attended **Doctors with Africa CUAMM's Student College in 2021**: 39 in the area of biology/health, 10 in engineering, 3 in psychology, 9 in humanistic disciplines, 3 in economics and 3 in other fields.

## PERSONNEL SERVING IN ITALY IN 2021

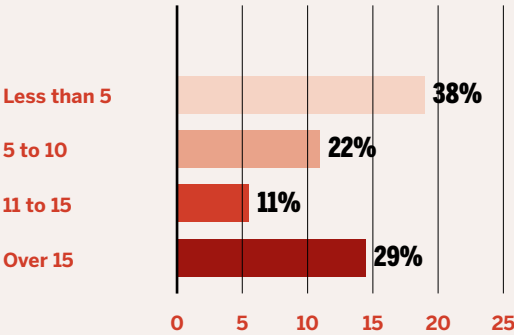
**77**  
human  
resources,  
including:  
  
**65**  
employees  
  
**12**  
collaborators



## AGE RANGE



## YEARS OF SERVICE





# REMUNERATION SYSTEM

## STAFF AT ITALIAN HEADQUARTERS

Staff relationships at Doctors with Africa CUAMM's headquarters are generally regulated by employment contracts in accordance with the Association of Managers of Institutions Dependent on the Ecclesiastical Authority (AGIDAE)'s National Collective Agreement. Some staff work based on "continuous collaboration" (term) contracts.

In accordance with Art. 16 of Legislative Decree No. 117/2017, CUAMM adheres to the ratio between the maximum and minimum gross annual remuneration of its employees.

## STAFF SERVING ON PROJECTS IN AFRICA

Employment relationships with project staff in Africa are regulated by "continuous collaboration" (term) contracts in accordance with the national collective agreement agreed to on 9 April 2018 with the FeLSA CISL, NIdiL CGIL and UILTemp trade unions concerning the regulation of coordinated and continuous project collaborations.

## VOLUNTEERS

CUAMM headquarters volunteers are reimbursed for expenses that they can document as having been incurred for institutional activities. In 2021 no such reimbursements were made.

## BOARD OF DIRECTORS

Pursuant to Art. 14 of Legislative Decree No. 117/2017, we note that no compensation was paid to the members of the Board of Directors.

## BOARD OF AUDITORS

Pursuant to Art. 14 of Legislative Decree No. 117/2017, we note that no compensation was paid to the members of the Board of Auditors.

## SUPERVISORY BOARD

We note that no compensation was paid to members of the Supervisory Board.





# 06/ ACTIVITIES AND RESULTS

<https://doctorswithafrica.org/en/annual-report-2021/>

The **COVID-19** pandemic underscored the ways in which we share a collective destiny. Doctors with Africa CUAMM took action from Italy in **support of a vaccination campaign in Africa.**

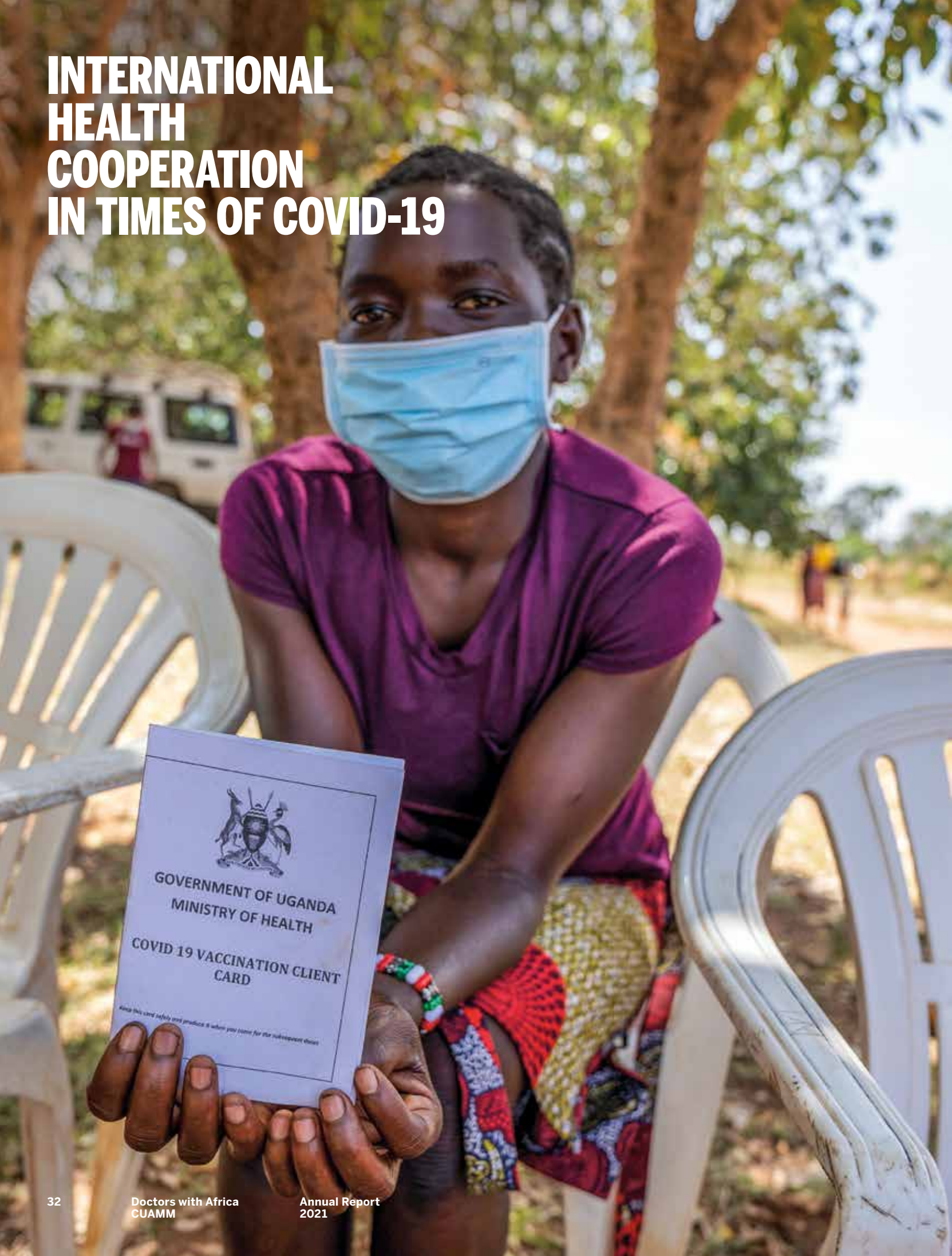








# INTERNATIONAL HEALTH COOPERATION IN TIMES OF COVID-19



## COVID-19 AND GLOBAL HEALTH

**In Africa, data on confirmed cases of and deaths caused by COVID-19 have been vastly underestimated.** There are many reasons for this, including the widespread unavailability of tests and – even more problematic – the lack of systems for civil registration and vital statistics such as Italy's National Institute of Statistics (ISTAT) for keeping records of births, deaths and the cause of the latter. For example, South Sudan has done a total of about 300,000 COVID-19 tests, while Italy did over 1 million tests *daily* at the height of the pandemic. According to WHO data, Africa has reported around 250,000 deaths since the start of the pandemic; yet only six of Africa's 54 countries have reliable systems for registering deaths and their causes. In South Africa, a significant proportion of the number of excess deaths recorded since the start of the crisis – 300,000 – is likely attributable to COVID-19. Thus it is important to exercise caution and avoid making ill-considered affirmations about the supposed lesser impact of COVID-19 on Africa (a conjecture put forth by numerous media outlets). To prevent the emergence of new and dangerous variants in Africa, **its population must be vaccinated**. COVID-19 vaccine patents should be suspended, and investments should be made in testing, epidemic surveillance systems and registration systems.

### “A VACCINE FOR ALL OF US”

The data shows that African countries come in last place in terms of the number of COVID-19 vaccine doses administered to the overall population. Indeed, WHO data as of April 2022 reported that only **16% of the African population were fully vaccinated, while 21% had received at least one dose**. The continent's low vaccine coverage is also a global security issue, so pushing for effective vaccination campaigns there is also a way to help limit the spread of new variants.

From the outset, Doctors with Africa CUAMM's **“A Vaccine for All of Us” campaign** was devised as **a support to local healthcare services** (which were already fragile prior to the pandemic) at both the center and peripheral levels in the most remote districts and health centers, as well as in communities. The main goal continues to be that of improving health service delivery, increasing its availability, quality and use. **We have supported health systems with vaccination campaigns in 4 main areas:**

- **Logistics:** ensuring the transportation of vaccines to the health facilities in the areas of intervention, including the most peripheral ones, and supervising health authorities at vaccination sites. Pickup trucks and motorcycles, fuel, and cell phones to facilitate communication were also provided.
- **Training:** training personnel involved with the vaccination campaign on topics including how to store and administer vaccines, data collection and, more broadly, infection control and management. For example, in Uganda's Karamoja sub-Region we trained 330 health workers on how to administer vaccines and manage waste; 45 data clerks on data collection; 9 technical experts in cold chain storage; and 440 activists on awareness-raising activities.

- **Raising awareness:** informing the public about the importance of getting vaccinated, how to do so, and how to help prevent spread of the virus. In South Sudan, Doctors with Africa CUAMM involved the existing network of 672 village health workers and 48 activists to do this; as of December 2021, some 3,025 individuals and 521 local leaders had been reached through outreach activities. Following a number of such campaigns and a mobile clinic intervention in Sierra Leone's Pujehun District from July to December 2021, 18,038 individuals received their first COVID-19 vaccine dose and 12,842 became fully vaccinated.
- **Distribution of medical materials, equipment and consumables:** ensuring the availability of medical consumables, protective and sanitizing equipment and equipment for health facilities to minimize exposure to hazards by health personnel and service users. For example, we set up 24 vaccine administration sites in South Sudan's Lakes State region.

## CREATING RESILIENT HEALTH SYSTEMS

The COVID-19 pandemic that broke out in 2020 had a severe impact on African health systems, with people's fear of contagion leading to **reduced access to health services**. In 2021, Doctors with Africa CUAMM worked to make African hospitals and health centers more robust, safe and resilient, capable of preparing for, managing (absorbing, adapting and transforming) and learning from the shocks and extreme events that occur ever more frequently in the most remote areas of the continent.

## AN INTERNATIONAL NETWORK FOR LOGISTICS

Thanks to our partnership with the United Nations Humanitarian Response Depot (UNHRD), **Doctors with Africa CUAMM** was able to deliver critically important materials such as tents, generators and solar lamps to ensure basic and urgent care in the medical facilities that we support. We did so by organizing **two humanitarian flights** from the UNHRD hub in Brindisi on to South Sudan and Mozambique, in collaboration with the Directorate General for Development Cooperation of the Italian Ministry of Foreign Affairs and International Cooperation. CUAMM also entered a **partnership with H. Essers**, Belgian leader in the field of logistics with headquarters near Padua, that makes it possible for our organization to store materials for the management of emergencies in Italy, Africa and elsewhere free of charge.



# INTERNATIONAL HEALTH COOPERATION IN TIMES OF COVID-19

1. Reception area at CUAMM's vaccination hub in Rubano, Padua.
2. Delivery of materials in Parma.
3. Presentation at Milan's Mangiagalli Hospital of service-providing assistance to pregnant women with COVID-19.



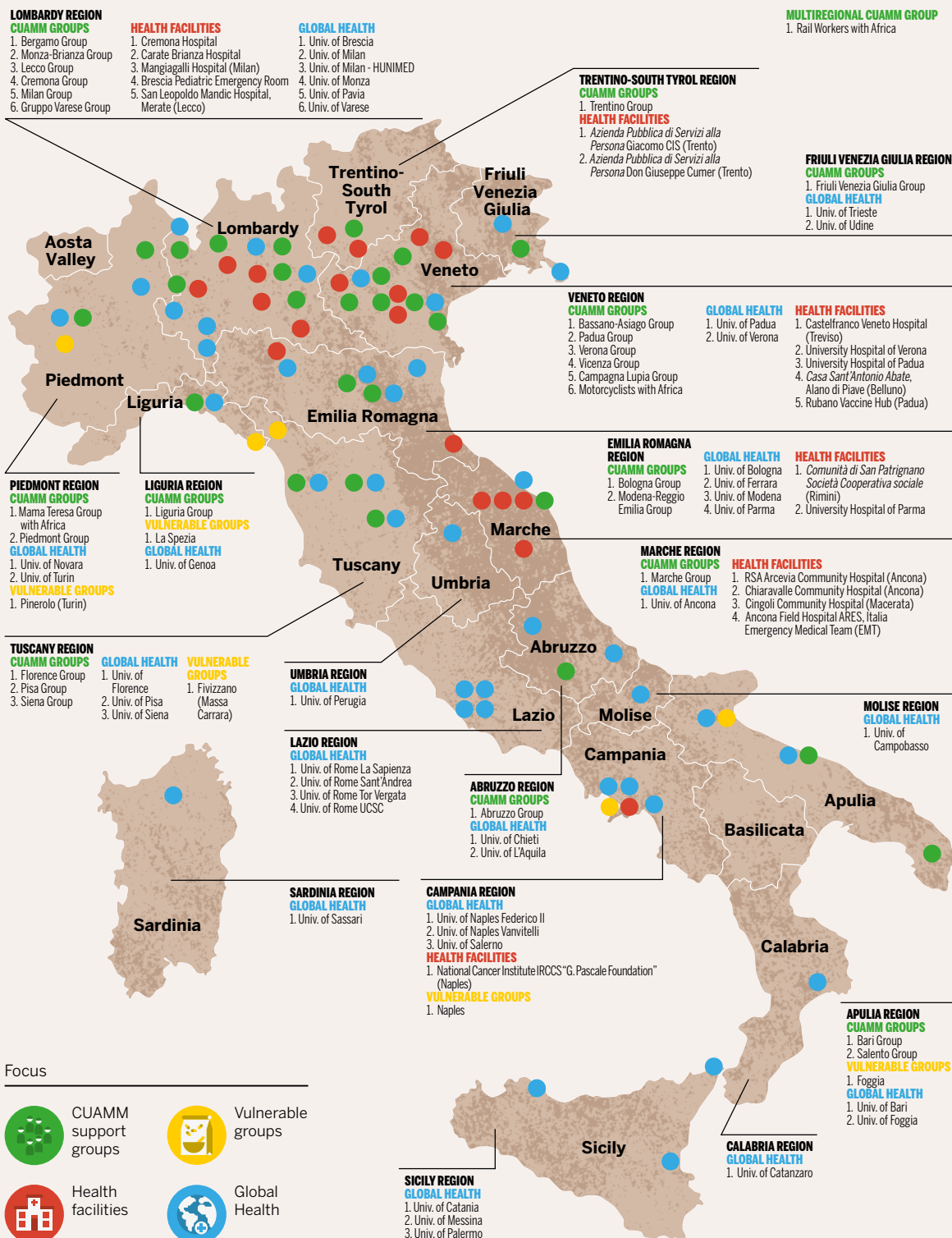


# SIDE BY SIDE WITH ITALY'S MOST VULNERABLE

Doctors with Africa CUAMM has worked in support of Italy's COVID-19 vaccination campaign since June 2021, partnering with the Veneto Region, the local health authority "ULSS 6 Euganea", and the Diocese of Padua to **set up Padua's first volunteer-run vaccination hub**. Located in Rubano, Padua, and staffed by around **190 dedicated volunteers**,

the hub operated for **234 days** to administer COVID-19 vaccines, ultimately getting more than **48,000 shots into arms**, including first, second and third (booster) doses.

The intervention was part of a broader project called "Italian Response to COVID-19" that took place in **19 health facilities in 16 Italian regions** with the goal of improving hygiene infrastructure and practices, patient assistance, and personnel protection and efficiency.



## Italian Response to COVID-19

Doctors with Africa CUAMM's "Italian Response to COVID-19" project is part of a broader program we developed that leverages our network of volunteers, professionals and health trainers to provide a prevention-oriented response to the pandemic, with a special focus on Italy's most vulnerable and marginalized communities. Supported by the U.S. Agency for International Development (USAID), the project involves health facilities, universities, associations and volunteer groups throughout Italy.

# ANGOLA

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

## IN 2021

The COVID-19 pandemic had a severe impact on project implementation in Angola throughout 2020. Fortunately, in 2021 CUAMM was able to restart a program we had had to suspend earlier because of the impossibility of getting health personnel to the area: interventions to **tackle acute malnutrition** in the **Cunene Region**, which is increasingly battered by long periods of drought.

Work also continued on the project in Luanda to **fight and prevent infectious diseases** (HIV/AIDS), including providing PPP and sanitizing materials to tackle the spread of COVID-19 to health centers and the health staff with whom we collaborate. Another project in support of 3 hospitals and 5 health centers in Luanda was approved and launched with the aim of **improving diagnostic services for tuberculosis patients** and **digitizing health records** with a new focus on COVID-19 as well.

We also continued our support in the area of **maternal and child health** to the Chiulo Hospital in Cunene Province. CUAMM's on-the-ground presence made it possible to **train health staff** working at the hospital and in

peripheral health centers on the management of malnutrition in children and obstetric emergencies.

In addition, we ensured the continuity of our **public health activities** with *brigadas moveis* (mobile brigades that provide vaccinations for children and the distribution of iron and folic acid supplements to pregnant women) that traveled to 33 villages in Ombadja Municipality. The support provided to pregnant women staying at the **maternity waiting homes** (*casa de espera*) continued without interruption, including the presence of traditional midwives who carried on their outreach and awareness-raising activities in the municipality.

## 2021 SNAPSHOT

**46**  
human resources

**44**  
health facilities supported

**€ 1,088,647**  
invested in projects

## COUNTRY PROFILE

**Luanda**  
capital

**32,866,268**  
population

**1,246,700**  
sq. km.  
land area

**16.7**  
average age  
of population

**61.1**  
life expectancy  
at birth (m/f)

**5.4**  
average no.  
of children  
per woman

**148<sup>th</sup>**  
**out of 189**  
**countries**  
human  
development  
index ranking



**241**  
**maternal**  
**deaths**  
per 100,000  
live births



**77.2**  
**under-5**  
**child deaths**  
per 1,000  
live births



**51.6**  
**newborn**  
**deaths**  
per 1,000  
live births



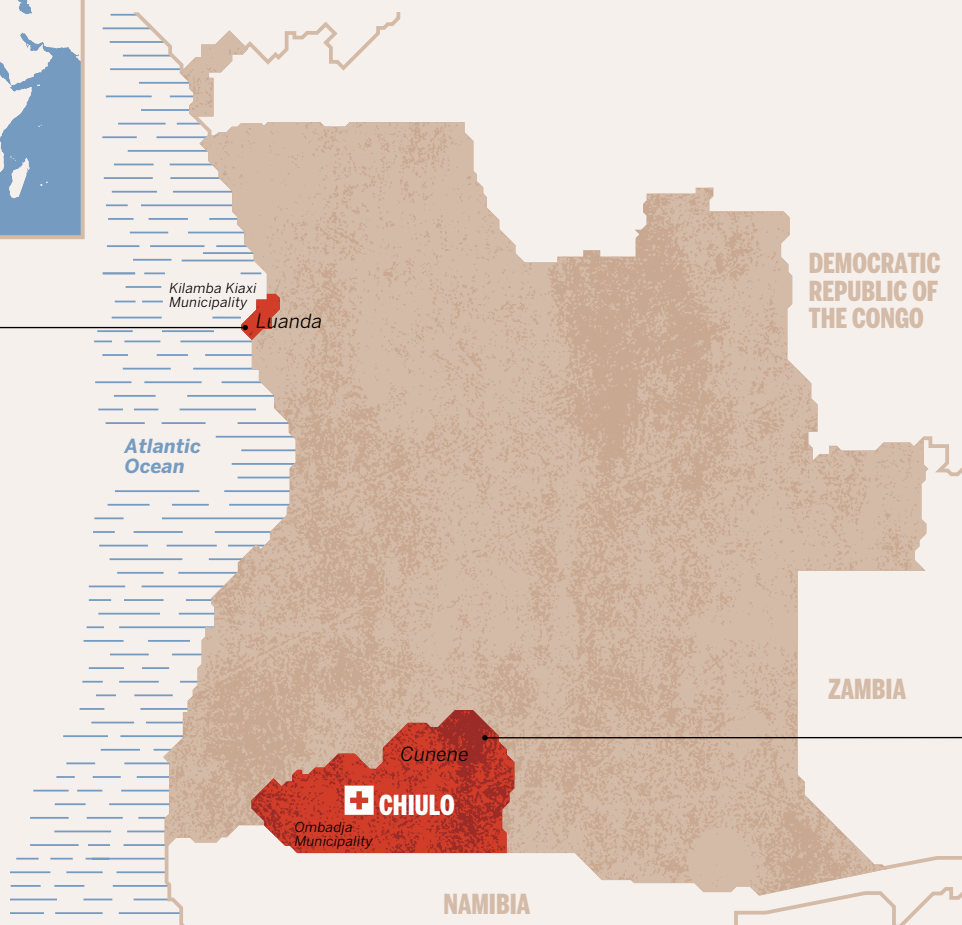


# WHERE WE WORK



## LUANDA PROVINCE

**Kilamba Kiaxi Municipality**  
8 health centers supported for HIV/AIDS testing and treatment



## CUNENE PROVINCE

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



## RESULTS ACHIEVED

	<b>MATERNAL AND CHILD HEALTH</b>	<b>4,888</b> prenatal visits conducted	<b>3,287</b> deliveries attended	<b>9,247</b> under-5 children examined	<b>70</b> trips provided for obstetric emergencies
	<b>NUTRITION</b>	<b>159</b> children treated for severe acute malnutrition			
	<b>INFECTIOUS DISEASES</b>	<b>206</b> patients diagnosed with tuberculosis			
	<b>CONTINUAL TRAINING</b>	<b>120</b> midwives			

# ETHIOPIA

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

## IN 2021

The COVID-19 pandemic brought both direct and indirect consequences for Ethiopia in 2021. CUAMM carried out an intervention in **Addis Ababa** in partnership with the local health authorities of Kolfe sub-city to **strengthen the delivery of basic services for reproductive and mental health** and contain the spread of COVID-19 at three referral health centers for some of the city's most populous woredas. At the **Wolisso Hospital** in the South West Shoa Zone, international staff was made available to support key services such as internal medicine, pediatrics and health management; however, the COVID-19-related restrictions led to a marked drop in people's access to these services, which led in turn to a heavy cost burden. Despite the challenging financial situation, in 2021 the **Wolisso Hospital's new neonatal unit** became fully operational, and **national guidelines on neonatal intensive care** were developed in partnership with Ethiopia's Ministry of Health, the Ethiopian Pediatrics Society, the St. Paul's Hospital in Addis Ababa and the district hospital of Tulu Bolo in the South West Shoa Zone.

The impact of the pandemic was less severe in the more isolated areas where Doctors with Africa CUAMM is active. In the **South Omo Zone**, our **maternal and child health** intervention

continued with support for the **Jinka and Turmi Hospitals**, as did our intervention in the **Gambella Region to support South Sudanese refugees living in the Nguenyyiel refugee camp**, with activities to improve infrastructure, equipment, staff training and the referral system. We also implemented activities in partnership with the Ethiopian Ministry of Health and the Ethiopian Diabetes Association to improve diabetes services in 15 national hospitals. In the **Somali Region's Harawa District**, our health intervention in partnership with a local NGO proceeded with **activities to improve infrastructure and train staff** at the district health center. Yet another intervention was begun in the districts of Aw Barre and Bokolmayo.

The conflict in the **Tigray Region**, which had begun in November 2020, worsened in November 2021, spreading to the neighboring Afar and Amhara Regions. This led the federal government to declare a state of emergency, forcing CUAMM to suspend its intervention there in support of 6 health facilities. Exacerbating things further, the economic situation continued to deteriorate, with an ongoing currency devaluation and an inflation rate that jumped to 35% in December 2021.

## 2021 SNAPSHOT

**135**

human resources

**193**

health facilities supported

**€3,529,657**

invested in projects

## COUNTRY PROFILE

**Addis Abeba**  
capital



**401**

**maternal deaths**  
per 100,000 live births

**112,078,730**  
population

**1,104,300**  
sq. km.  
land area



**55.2**

**under-5 child deaths**  
per 1,000 live births

**19.5**  
average age  
of population

**66.6/67**  
life expectancy  
at birth (m/f)



**39.1**

**newborn deaths**  
per 1,000 live births

**4.1**  
average no.  
of children  
per woman

**173<sup>rd</sup>**  
**out of 189**  
**countries**  
human  
development  
index ranking



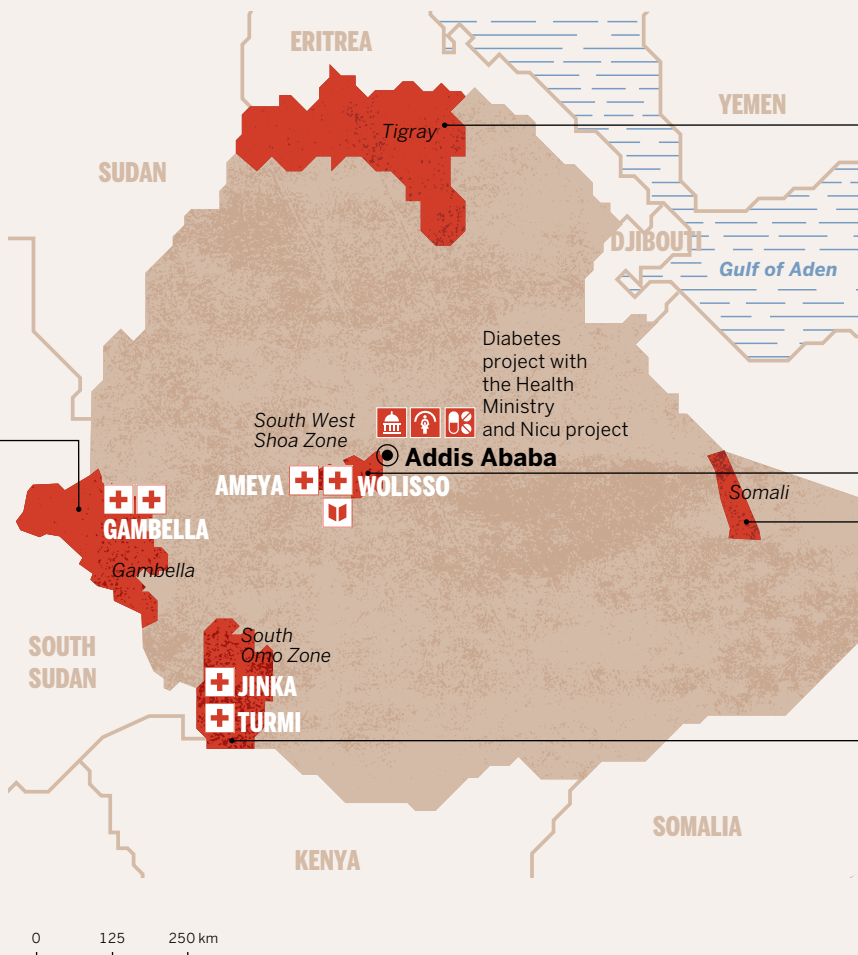


## WHERE WE WORK



### GAMBELLA

2 hospitals (Gambella Regional Hospital and Primary Hospital)  
3 districts  
6 health centers  
104,120 population served  
1 refugee camp (Nguenyiel)  
90,506 refugees



### TIGRAY

6 health centers  
112,800 population served

### SOUTH WEST SHOA ZONE

2 hospitals (St. Luke Catholic Hospital in Wolisso and Ameyya)  
1 school for nurses and midwives  
5 districts  
28 health centers  
1,240,333 population served








### SOMALI

1 health center  
3 districts  
743,590 population served

### SOUTH OMO ZONE

2 hospitals (Turmi and Jinka)  
2 districts  
3 health centers  
560,603 population served

## RESULTS ACHIEVED

	<b>MATERNAL AND CHILD HEALTH</b>	<b>41,080</b> prenatal visits conducted	<b>1,672</b> trips provided for obstetric emergencies	<b>12,193</b> deliveries attended	<b>198,335</b> under-5 children examined	<b>13,113</b> vaccinations administered
	<b>NUTRITION</b>	<b>330</b> children treated for severe acute malnutrition				
	<b>INFECTIOUS DISEASES</b>	<b>144,032</b> patients treated for malaria	<b>407</b> patients treated for tuberculosis	<b>1,607</b> patients treated with antiretroviral therapy		
	<b>CONTINUAL TRAINING</b>	<b>397</b> community agents	<b>303</b> nurses and midwives	<b>112</b> doctors	<b>465</b> others	
	<b>CHRONIC DISEASES</b>	<b>2,099</b> visits for diabetes	<b>4,191</b> visits for hypertension	<b>1,491</b> patients with diabetes	<b>26</b> patients with cerebral ischemia	
	<b>SURGICAL PROCEDURES</b>	<b>2,903</b> major surgical procedures, incl. 219 orthopedic ones		<b>2,765</b> minor surgical procedures, incl. 441 orthopedic ones		<b>1,011</b> physiotherapy sessions provided
	<b>HUMAN-ITARIAN RESPONSE</b>	<b>2,943</b> under-5 children examined	<b>900</b> deliveries attended	<b>3,171</b> prenatal visits conducted		



# MOZAMBIQUE

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

## IN 2021

2021 in Mozambique was marked not only by the COVID-19 pandemic, but also by a constant rise in terrorist attacks in the **Cabo Delgado Province**, the northernmost part of the country, where the number of internally displaced climbed to over 750,000 people out of a population of 1.2 million inhabitants. Doctors with Africa CUAMM helped develop a **humanitarian response** that incorporated our development programs already underway (with a special focus on **maternal and child health**), while simultaneously addressing the key needs of the displaced. Basic medical assistance services were provided to refugees in camps that did not provide them, as well as to the communities hosting the refugees.

Awareness-raising and informative activities on the most widespread endemic diseases – COVID-19, cholera, malaria and others – were conducted in 6 districts of Cabo Delgado, and a major project in support of mental health and displaced victims of gender violence was also started up.

Upon completion of the renovation work in 2021, the **Beira Central Hospital's neonatal unit was officially inaugurated** and made

**operational** after Cyclone Idai ravaged it in March 2019.

On the COVID-19 front, Doctors with Africa CUAMM worked alongside local authorities to support the **COVID-19 vaccination campaigns in two Provinces: Tete and Sofala**.

We also continued to implement our **adolescent sexual and reproductive health** projects in Tete and our program to combat **noncommunicable chronic diseases** (diabetes, cervical cancer and hypertension) in Maputo, Sofala, Zambézia and Cabo Delgado.

## 2021 SNAPSHOT

**181**

human resources

**60**

health facilities supported

**€6,511,473**

invested in projects

## COUNTRY PROFILE

**Maputo**  
capital



**289**

**maternal deaths**  
per 100,000 live births

**31,255,435**  
population

**799,400**  
sq. km.  
land area



**73.2**

**under-5 child deaths**  
per 1,000 live births

**17.6**  
average age  
of population

**57.8/63.7**  
life expectancy  
at birth (m/f)



**54**

**newborn deaths**  
per 1,000 live births

**4.8**  
average no.  
of children  
per woman

**181<sup>st</sup>**  
**out of 189**  
**countries**  
human  
development  
index ranking



## WHERE WE WORK



### SOFOALA PROVINCE

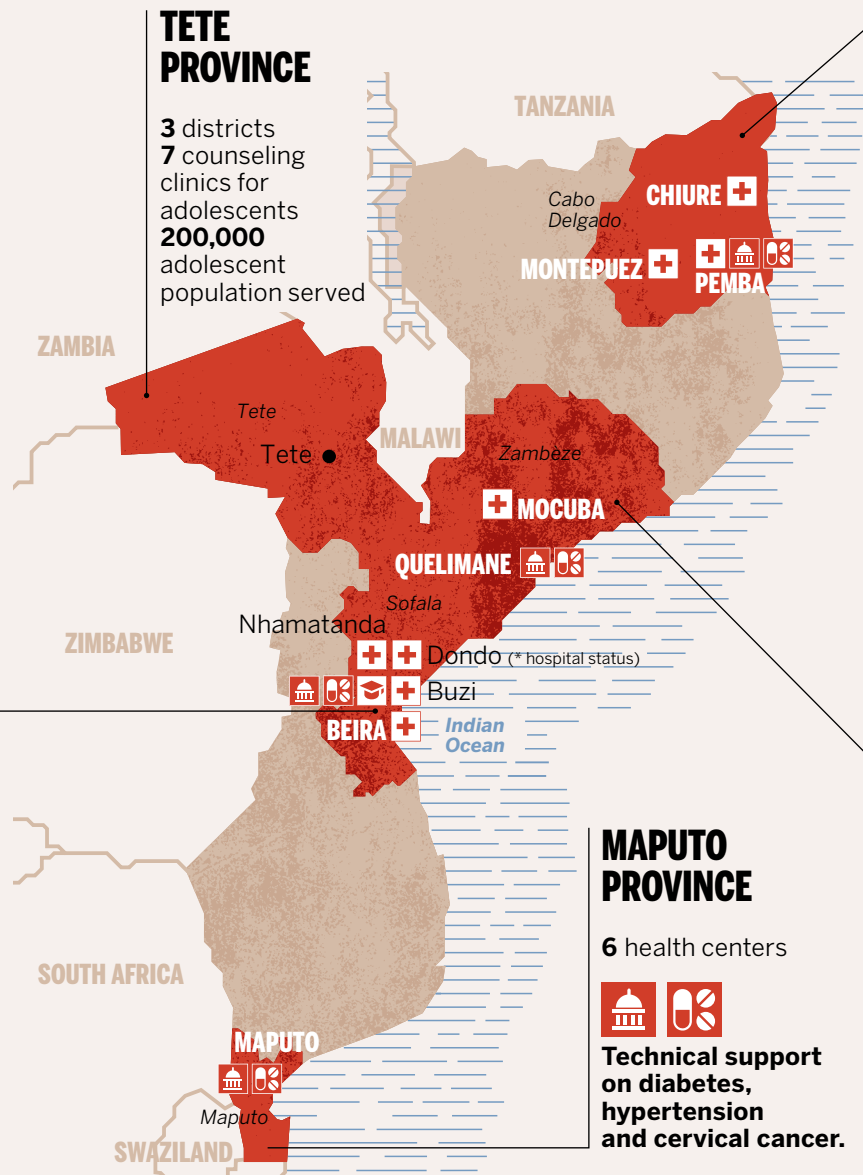
4 hospitals (Beira Central Hospital, Buzi, Nhamatanda and Dondo health center, which has hospital status)  
1 university (Catholic University of Mozambique)  
13 health centers  
463,442 population served

### TETE PROVINCE

3 districts  
7 counseling clinics for adolescents  
200,000 adolescent population served

### CABO DELGADO PROVINCE

3 hospitals (Chiure, Montepuez and Pemba)  
23 health centers  
6 districts  
1,235,844 population served



### ZAMBEZIA PROVINCE

1 hospital (Rural de Mocuba)  
5 health centers  
2 districts






### MAPUTO PROVINCE

6 health centers



Technical support on diabetes, hypertension and cervical cancer.

## RESULTS ACHIEVED

	<b>MATERNAL AND CHILD HEALTH</b>	<b>81,772</b> prenatal visits conducted	<b>44,760</b> deliveries attended	<b>5,242</b> transfers for obstetric emergencies	<b>976</b> under-5 children examined
	<b>NUTRITION</b>	<b>70</b> children treated for severe acute malnutrition			
	<b>INFECTIOUS DISEASES</b>	<b>143,919</b> adolescents informed/educated about HIV/AIDS	<b>68,072</b> adolescents tested for HIV	<b>765</b> adolescents who tested HIV-positive	
	<b>CONTINUAL TRAINING</b>	<b>36</b> University of Beira graduates			
	<b>CHRONIC DISEASES</b>	<b>4,607</b> visits for diabetes	<b>25,663</b> visits for hypertension		



# CENTRAL AFRICAN REPUBLIC

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

## IN 2021

2021 saw the continuation of CUAMM's support for the Central African Republic's **Children's Hospital in Bangui** in partnership with *Action Contre la Faim* (ACF) and Rome's Bambino Gesù Children's Hospital.

To counter the COVID-19 pandemic, Doctors with Africa CUAMM **organized specific training courses** for hospital staff and led community **awareness-raising campaigns**. We also set up hand-washing stations with water and soap at the pediatric hospital. CUAMM helped **improve the care provided to children** as well as the **hospital's management and administrative capacity** by organizing human resources and materials and collecting and processing health data to plan and evaluate the care provided. Our organization also took part in the payment of salaries, trained hospital staff and purchased drugs and lab supplies. In addition, we ensured the overall operation of **hygiene services, logistic maintenance of the hospital, and the presence of specialized CUAMM doctors** in order

to guarantee round-the-clock **quality pediatric care**.

In partnership with the Ministry of Health and Population, CUAMM also supported the health system in the Bangui region in 2021 through the **deployment of 8 ambulances in the urban areas of 13 districts**, helping people to access emergency services, especially in cases of obstetric and pediatric complications, and as a result reducing maternal and child mortality and improving coordination between health centers and the hospital. To make the most of the ambulance initiative, Doctors with Africa CUAMM led a community awareness-raising campaign and trained the ambulance staff. We also provided the requisite equipment and medicines for the ambulances and organized periodic meetings to share the results of the initiative.

2021  
SNAPSHOT

**75**  
human resources

**1**  
health facilities  
supported

**€3,631,592**  
invested in projects

## COUNTRY PROFILE

**Bangui**  
capital

**4,745,179**  
population

**622,980**  
sq. km.  
land area

**17.6**  
average age  
of population

**53.3**  
life expectancy  
at birth (m/f)

**4.6**  
average no.  
of children  
per woman

**188<sup>th</sup>**  
**out of 189**  
**countries**  
human  
development  
index ranking



**829**  
**maternal**  
**deaths**  
per 100,000  
live births



**116.5**  
**under-5**  
**child deaths**  
per 1,000  
live births

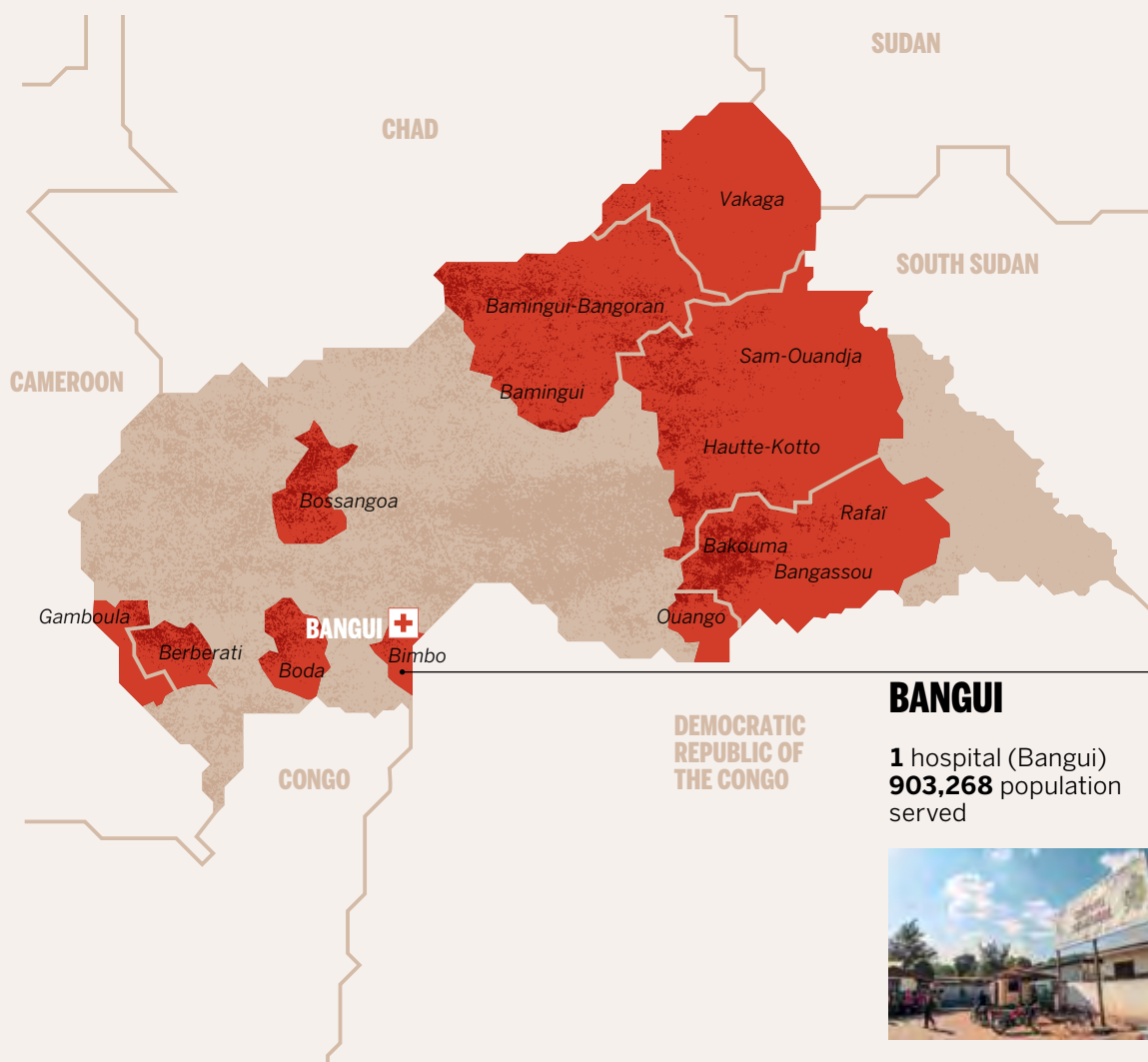


**84.5**  
**newborn**  
**deaths**  
per 1,000  
live births





## WHERE WE WORK



### BANGUI

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



## RESULTS ACHIEVED



### MATERNAL AND CHILD HEALTH

**71,065**

under-5 children examined

**18,940**

pediatric hospitalizations

**1,511**

newborns admitted to the neonatal intensive care unit

**2,107**

vaccinations administered

**623**

major pediatric surgical procedures, including **170** orthopedic ones

**775**

minor pediatric surgical procedures

# SIERRA LEONE

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

## IN 2021

Doctors with Africa CUAMM's 2021 activities in Sierra Leone included providing support to the **National Emergency Medical Service (NEMS)**, the first such service **provided to the country's health authorities in 2020**. NEMS enabled the use of dedicated ambulances to **transport both people affected by COVID-19 and COVID-19 swabs** during the pandemic.

Although the pandemic led to a partial reduction in access to health services, including maternal care, Doctors with Africa CUAMM continued its support for **Sierra Leone's largest maternity hospital**, located in Freetown, attending more than 6,200 deliveries, continuing to screen for gestational diabetes, and proceeding with high dependency unit (HDU) activities. Support was provided to the HDUs in the regional hospitals of Makeni, Bo and Pujehun, **ensuring intensive care for patients** in need of it and thereby improving the level of care provided.

CUAMM also continued its support for **Bonthe and Pujehun**, the country's most remote health districts, providing training and assistance in the area of **maternal and child health**. In Bonthe we continued to incentivize the use of **boats to transport pregnant women** living in riverine communities, who would otherwise

be unable to get to the hospital to deliver their babies.

Our work and technical assistance at the hospital in Pujehun continued, as did our promotion of the referral back system, which entails the use of vouchers to **get the most fragile pediatric patients back to their villages** as soon as they are discharged from the hospital, so as to facilitate their recovery.

With the onset of the COVID-19 pandemic, CUAMM helped the district to implement a vaccination campaign, providing logistic support, ensuring the supply of protective equipment and consumables, and assisting with awareness-raising campaigns.

## 2021 SNAPSHOT

**93**  
human resources

**25**  
health facilities supported

**€1,858,775**  
invested in projects

## COUNTRY PROFILE

**Freetown**  
capital

**8,297,882**  
population

**72,180**  
sq. km.  
land area

**19.4**  
average age  
of population

**53.9/55.5**  
life expectancy  
at birth (m/f)

**4.2**  
average no.  
of children  
per woman

**182<sup>nd</sup>**  
**out of 189**  
**countries**  
human  
development  
index ranking



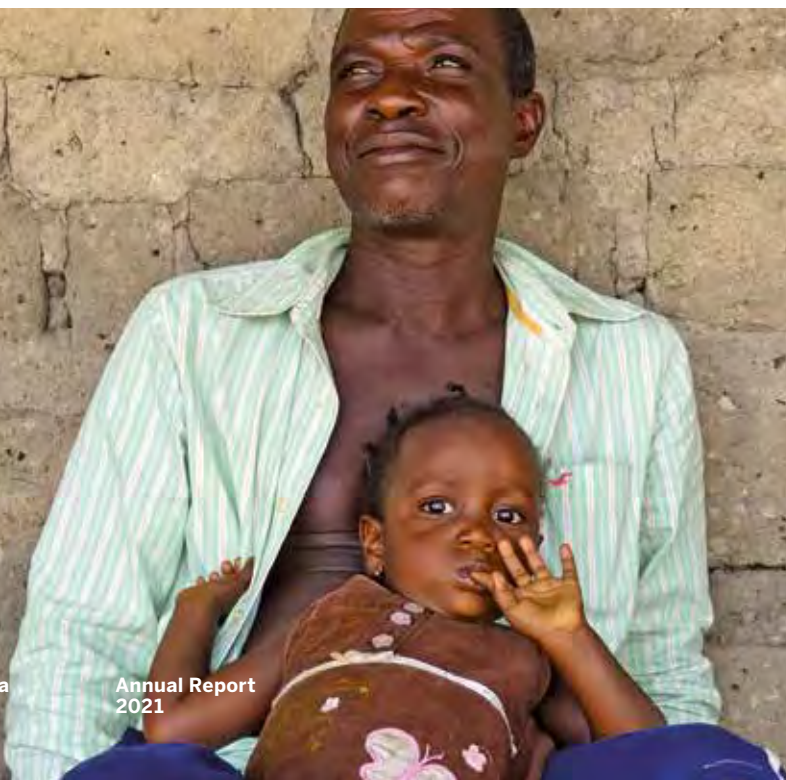
**1,120**  
**maternal deaths**  
per 100,000  
live births



**105**  
**under-5 child deaths**  
per 1,000  
live births



**78.5**  
**newborn deaths**  
per 1,000  
live births





## WHERE WE WORK



### FREETOWN WESTERN AREA

**1** hospital  
(Princess Christian Maternity Hospital in Freetown)  
**10** health centers  
**1,573,109** population served



**NEMS project**

### BOMBALI DISTRICT

**1** hospital (Holy Spirit)  
**636,000** population served



### BO DISTRICT

**1** hospital (Bo)  
**5** health centers  
**603,716** population served

### PUJEHUN DISTRICT

**1** hospital (Pujehun CMI)  
**5** health centers  
**384,864** population served



### BONTHE DISTRICT

**5** health centers  
**210,531** population served



0 40 80 km

## RESULTS ACHIEVED

<b>MATERNAL AND CHILD HEALTH</b>	<b>94,098</b> prenatal visits conducted	<b>6,231</b> trips provided for obstetric emergencies	<b>50,371</b> deliveries attended	<b>445,809</b> under-5 children examined
<b>NUTRITION</b>	<b>271</b> children treated for severe acute malnutrition			
<b>INFECTIOUS DISEASES</b>	<b>349,588</b> patients treated for malaria	<b>56,109</b> under-5 children treated for acute respiratory infection		
<b>CONTINUAL TRAINING</b>	<b>6</b> community agents	<b>134</b> nurses and midwives	<b>5</b> doctors	<b>25</b> others
<b>CHRONIC DISEASES</b>	<b>7,468</b> pregnant women tested for gestational diabetes		<b>371</b> cases of gestational diabetes diagnosed	

# SOUTH SUDAN

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

## IN 2021

Doctors with Africa CUAMM maintained its characteristic approach in South Sudan in 2021, providing **integrated and comprehensive support** to help strengthen the national system and build up the resiliency of local communities. More specifically, we provided support to 11 county health offices, 5 hospitals, and 135 peripheral health facilities.

A network of **413 nutrition workers** was activated to integrate the diagnosis and treatment of acute, moderate and severe malnutrition, including the hospitalization of those with complications, at 50 different sites.

Nutritional support was also provided to AIDS and tuberculosis patients and their families through the mobilization and **training of some 1,350 community agents**, which helped ensure nutritional screening and the treatment of cases of malaria, diarrhea and pneumonia in the country's most remote regions.

Doctors with Africa CUAMM also supported vaccination drive volunteers and provided **mobile health teams** and a **free ambulance service** to enable a prompt response to the needs of those displaced by conflict and floods. In addition, we continued our efforts to help contain **COVID-19** in 2021, taking the lead in the

**implementation of the country's vaccination campaign**, initially at the hospital level and subsequently through outreach activities as well, helping get shots into the arms of 8,444 individuals, including 1,193 health staff, in the period from June to December 2021.

CUAMM also made good on its commitment to ensure appropriate working conditions at health facilities through staff training, the supply of protective equipment, improved hygiene, the reorganization of spaces, and new entry screening procedures. **Isolation areas** were set up at hospitals and support was provided to help decentralize the diagnostic process. Our organization also helped with **outreach and awareness-raising efforts to help communities understand how to prevent and manage the spread of COVID-19 infection**.

Lastly, CUAMM renewed its efforts to help train qualified local health staff, continuing our support of the Health Sciences Institute in Lui and strengthening our intervention at its counterpart in Rumbek.

## 2021 SNAPSHOT

**333**  
human  
resources

**3,400**  
human  
resources  
managed

**140**  
health facilities  
supported

**€12,410,111**  
invested  
in projects

## COUNTRY PROFILE

**Juba**  
capital

**11,381,000**  
population

**658,841**  
sq. km.  
land area

**19**  
average age  
of population

**56/59**  
life expectancy  
at birth (m/f)

**4.5**  
average no.  
of children  
per woman

**185<sup>th</sup>**  
**out of 189**  
**countries**  
human  
development  
index ranking



**1,150**  
**maternal**  
**deaths**  
per 100,000  
live births



**98.6**  
**under-5**  
**child deaths**  
per 1,000  
live births



**63.7**  
**newborn**  
**deaths**  
per 1,000  
live births





# WHERE WE WORK



## FORMER WESTERN LAKES STATE

1 hospital (Rumbek)  
1 school for nurses and midwives (Rumbek)  
4 counties  
52 health centers  
541,787 population served

## FORMER EASTERN LAKES STATE

1 hospital (Yirol)  
3 counties  
27 health centers  
305,611 population served



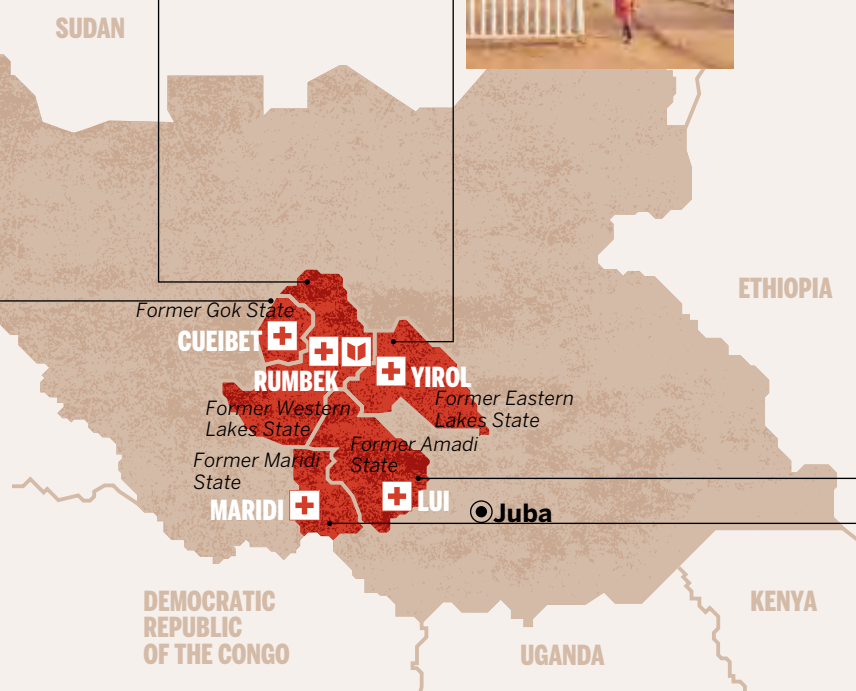
## FORMER AMADI STATE

1 hospital (Lui)  
1 school for nurses and midwives (Lui)  
3 counties  
42 health centers  
183,513 population served



## FORMER GOK STATE

1 hospital (Cueibet)  
1 county  
13 health centers  
126,941 population served



## FORMER MARIDI STATE

1 hospital (Maridi)  
1 county  
115,719 population served

## RESULTS ACHIEVED

	<b>MATERNAL AND CHILD HEALTH</b>	<b>69,559</b> prenatal visits conducted	<b>20,190</b> deliveries attended	<b>361,926</b> under-5 children examined	<b>33,768</b> vaccinations administered
	<b>NUTRITION</b>	<b>354</b> children treated for severe acute malnutrition			
	<b>INFECTIOUS DISEASES</b>	<b>135,825</b> patients treated for malaria			
	<b>CHRONIC DISEASES</b>	<b>924</b> community agents	<b>62</b> nurses and midwives	<b>31</b> doctors	<b>88</b> others

# TANZANIA

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

## IN 2021

Doctors with Africa CUAMM's activities in Tanzania were heavily impacted by the **COVID-19 crisis** in 2021. The country's already weak health facilities were therefore unable to take appropriate countermeasures, which left them unprepared to handle the large number of infected patients when the Delta variant emerged in July. Doctors with Africa CUAMM supported the health system by providing **medical supplies, drugs and protective materials** and making its **personnel** available to help treat the sick. In the fall, when COVID-19 vaccination campaigns kicked off, our organization lent its support to the 5 regions where we are active – Iringa, Njombe, Simiyu, Shinyanga and Dodoma – assisting with **logistics, vaccine distribution and immunization** in villages and helping to raise community awareness about the virus.

We also continued our intervention in the area of **maternal and child health, facilitating access to health services**, including **obstetric emergency services**, to those in need, to ensure greater service coverage, equity and quality. Support was provided to peripheral health facilities through the **training of health workers**, supervision and the supply of **drugs**. In addition, CUAMM worked to combat **acute and chronic malnutrition**, supporting Tanzania's national program with educational activities to promote the **exclusive**

**breastfeeding** of newborns for the first 6 months of life, **weaning, and proper infant feeding**. Integrated with water and agriculture-related initiatives carried out in partnership with other NGOs, the interventions sought to improve the quality of services provided by nutritional units through **health personnel training**, supervision and the supply of **nutritional supplements** critical for the treatment of malnourished individuals. CUAMM integrated them with other activities aimed at early child development to help foster children's **physical, cognitive, social and emotional development**.

Our HIV prevention and treatment efforts also continued with a program in the Shinyanga and Simiyu Regions that implemented the **test-and-treat strategy** and provided free care and treatment to HIV-positive patients. The program also involved **awareness-raising campaigns** to reduce HIV-related stigma and offered opportunities for testing, with a special focus on adolescents. Another key goal for CUAMM was to bolster **efforts to prevent and treat chronic diseases** at the national level. We developed an integrated project for the **prevention and treatment of diabetes and hypertension** at the Tosamaganga Hospital, which became the district referral facility for the diagnosis and care of such patients, with peripheral facilities supporting treatment and follow-up.

## 2021 SNAPSHOT

**149**  
human resources

**120**  
health facilities  
supported

**€2,805,814**  
invested in projects

## COUNTRY PROFILE

**Dodoma**  
capital

**61,048,540**  
population

**885,800**  
sq. km.  
land area

**18**  
average age  
of population

**63.6/67.2**  
life expectancy  
at birth (m/f)

**4.8**  
average no.  
of children  
per woman

**163<sup>rd</sup>**  
**out of 189**  
**countries**  
human  
development  
index ranking



**524**  
**maternal deaths**  
per 100,000  
live births



**53**  
**under-5 child deaths**  
per 1,000  
live births



**37.6**  
**newborn deaths**  
per 1,000  
live births





## WHERE WE WORK



### IRINGA AND NJOMBE REGIONS

**3** hospitals  
(Tosamaganga, Kilolo District Hospital and Mafinga Town Council Hospital)  
**27** health centers  
**4** districts  
**888,197** population served

### SHINYANGA REGION

**1** regional hospital (Shinyanga)  
**2** health centers  
**2** districts  
**511,178** population served

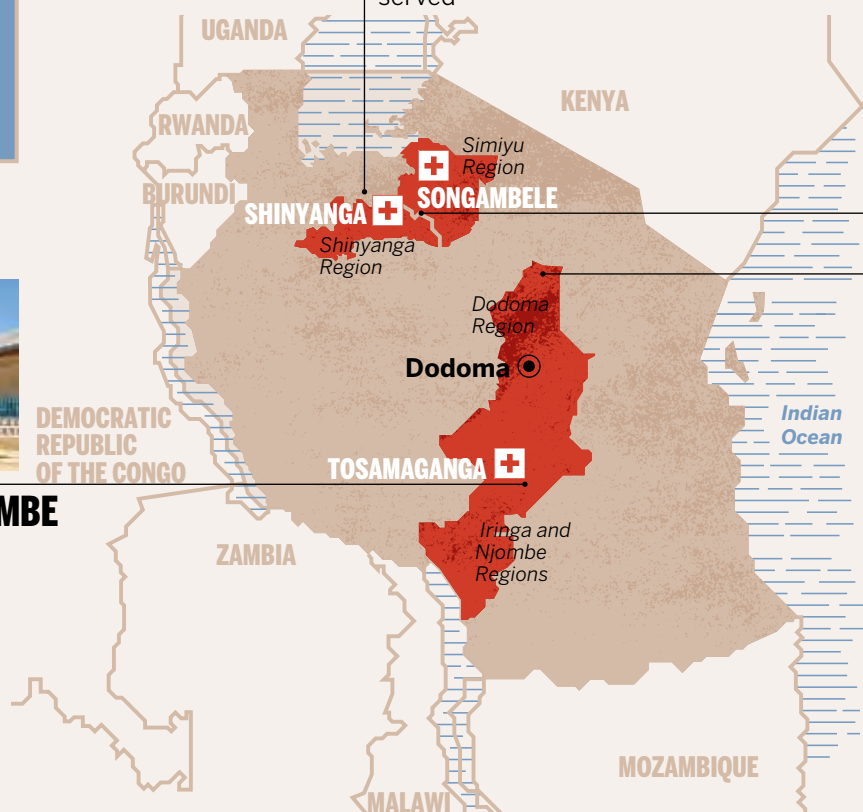
### SIMIYU REGION

**1** hospital (Songambele)  
**10** health centers  
**3** districts  
**1,211,630** population served



### DODOMA REGION

**8** health centers  
**2** districts  
**29,464** population served



## RESULTS ACHIEVED

MATERNAL AND CHILD HEALTH	33,009 prenatal visits conducted	401 trips provided for obstetric emergencies	15,255 deliveries attended	73,901 under-5 children examined	17,593 vaccinations administered
NUTRITION	460 children treated for severe acute malnutrition	15,367 children under the age of 2 screened for stunting in Simiyu Region		40 children under the age of 2 diagnosed with chronic malnutrition in Simiyu Region	
INFECTIOUS DISEASES	3,182 patients treated for malaria	212 patients treated for tuberculosis	11,289 patients treated with antiretroviral therapy		
CHRONIC DISEASES	1,138 visits for diabetes	3,016 visits for hypertension	375 patients with cardiomyopathies	63 patients with cerebral ischemia	
CONTINUAL TRAINING	11 community agents	61 nurses	21 midwives	28 doctors	47 others

# UGANDA

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

## IN 2021

Doctors with Africa CUAMM's 2021 activities in Uganda focused on three main areas: 1) helping to mitigate the COVID-19 pandemic by providing support aimed at keeping ordinary services accessible and ensuring their quality (most importantly maternal and child services, but also others); 2) supporting COVID-19 vaccination campaigns; and 3) formulating new projects, particularly in the Lango and Karamoja sub-regions.

CUAMM supported the **COVID-19 vaccination campaigns** started up by the authorities of 10 districts by assisting with **logistics, transport, the supply of fuel supply, the cold chain, staff support, data registration/collection, and community awareness-raising campaigns**. By the end of 2021, average vaccine coverage in the Lango region's Oyam District and nine districts in Karamoja was higher than the national average, providing a sense of hope for 2022.

With regard to new projects, a highlight is the **mentorship program** aimed at bolstering the skills of health workers in the area of maternal and child health (obstetric and neonatal emergencies, triage, early child development, adolescent health and infection prevention and control). Thanks to mobile teams of Ugandan specialist doctors who devoted their energies to

tutoring (training, supervision and data management), CUAMM was able to assist **61 health centers**, including hospitals, in 2021. Doctors with Africa CUAMM was awarded a note of merit by the Ugandan Ministry of Health for the results achieved.

**Interventions for tuberculosis and malaria control and support to the Matany hospital got underway**, and 2021 also saw the successful conclusion of our three-year program to improve **food security** and the **nutritional status** of communities in the sub-region of Karamoja in a sustainable, integrated manner, with a special focus on the most vulnerable mothers and under-5 children.

As part of the **Mothers and Children First program**, we proceeded with our **support of Aber Hospital and surrounding health network** in Oyam District, enhancing the intervention by adding an adolescent health component with services and activities at the health, school and community levels. There was much activity in terms of both the Junior Project Officer (JPO) program and research.

Last but not least, our mobile clinic program (surgical camps) to provide eye surgery to the local population, South Sudanese refugees, and other people settled in the **West Nile region** entered its second year.

## 2021 SNAPSHOT

**106**

human resources

**381**

health facilities supported

**€2,725,910**

invested in projects

## COUNTRY PROFILE

**Kampala**  
capital

**46,855,361**  
population

**199,810**  
sq. km.  
land area

**16.7**  
average age  
of population

**61/65.6**  
life expectancy  
at birth (m/f)

**4.7**  
average no.  
of children  
per woman

**159<sup>th</sup>**  
**out of 189**  
**countries**  
human  
development  
index ranking



**375**  
**maternal**  
**deaths**  
per 100,000  
live births



**46.4**  
**under-5**  
**child deaths**  
per 1,000  
live births



**33.8**  
**newborn**  
**deaths**  
per 1,000  
live births





## WHERE WE WORK

**Note:** Only Aber and Matany hospitals are included in those considered in Focus on hospitals.



### WEST NILE REGION

**3** districts (Arua, Arua City and Terego)  
**1** hospital (Arua regional referral hospital)  
**1** health center  
**245,300** population served  
**116,070** refugees

### KARAMOJA REGION

**3** hospitals (Matany, Moroto and Amudat)  
**10** districts (Napak, Nakapiripirit, Nabilatuk, Amudat, Moroto, Abim, Kotido, Kaabong, Karenga and Katakwi)  
**141** health centers  
**1,307,400** population served

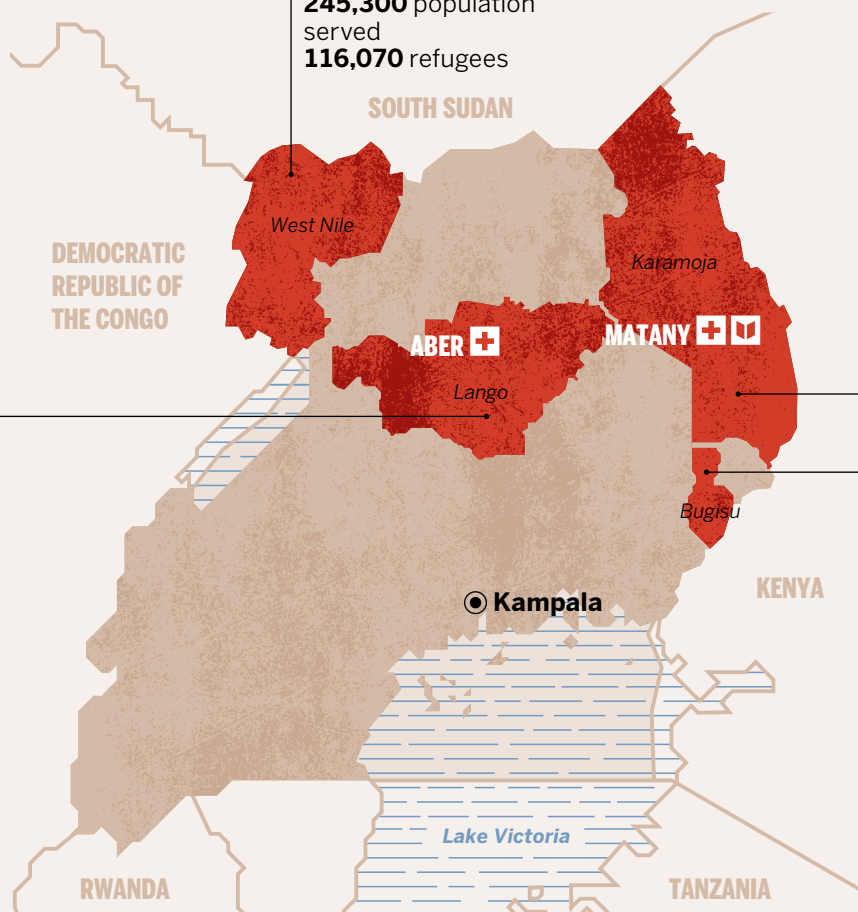


### LANGO REGION





**6** hospitals (Aber, Lira regional referral, Amai, Apac, Nightingale Hospital and St. Anne)  
**10** districts (Oyam, Apac, Kwanja, Kole, Lira, Lira City, Otuke, Alebtong, Dokolo and Amolatar)  
**227** health centers  
**2,583,100** population served

### BUGISU REGION

**1** district (Bududa)  
**294,800** population served



## RESULTS ACHIEVED

 <b>MATERNAL AND CHILD HEALTH</b>	<b>65,529</b> prenatal visits conducted	<b>27,149</b> deliveries attended	<b>195,170</b> under-5 children examined	<b>87,568</b> vaccinations administered
 <b>NUTRITION</b>	<b>554</b> children treated for severe acute malnutrition			
 <b>INFECTIOUS DISEASES</b>	<b>660,608</b> patients treated for malaria	<b>1,255</b> patients treated for tuberculosis	<b>5,624</b> patients in antiretroviral therapy	
 <b>CONTINUAL TRAINING</b>	<b>27</b> community agents	<b>57</b> midwives	<b>5</b> doctors	<b>42</b> others

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





# MATERNAL AND CHILD HEALTH

**Maternal, newborn, child and adolescent healthcare** continue to be pressing needs in sub-Saharan African countries, and are among the primary goals outlined in the 2030 Agenda for Sustainable Development. For Doctors with Africa CUAMM, women's access – or lack thereof – to reproductive health and obstetric emergency services is one of the most important indicators of the social inequality between the world's richer and poorer countries, as well as between the rich and poor populations within individual countries. Access to an attended delivery is an indirect indicator (or proxy) of the overall functioning of a health system, since it implies the round-the-clock presence of quality obstetric services, both basic and advanced, and hence the continuous availability of skilled human resources, medicines and equipment (including the

possibility to receive blood transfusions), as well as transportation and communications to link households and communities with the peripheral health network and hospital, as per the continuum of care approach. That is why Doctors with Africa CUAMM, with our **Mothers and Children First: The First 1,000 Days program**, is working hard to implement a comprehensive reproductive health intervention on a district and regional basis, with a special focus on ensuring pregnant women's access to skilled birth attendants and to basic and comprehensive emergency obstetric care (BEmOC and CEmOC) in order to reduce stillbirths and neonatal and maternal (including adolescent) morbidities and mortality ("triple returns"). CUAMM also supports **10 hospitals and their respective districts** in this area, involving communities, peripheral networks, hospitals and local stakeholders.



**120,200**  
deliveries attended  
in hospitals

**53,005**  
deliveries attended  
at district health  
centers

**14,644**  
major direct  
obstetric  
complications  
(MDOCs)



## TUMAINI AND STELLA

*Tumaini is 24 years old and pregnant for the second time. She lives in a village called Mtera that lies 172 kilometers from Tanzania's Tosamaganga Hospital. Tumaini delivered her first baby while making her way toward the hospital, but he died almost immediately, before she managed to get to the facility. Despite this, Tumaini – which means "hope" in Kiswahili – did not lose heart. When she became pregnant a second time, to make sure that the same thing would not happen again, she decided to spend the days running up to the delivery at the Wanyafilo, the maternity waiting home at the Tosamanga Hospital for mothers and many other expecting women like herself. Here, mothers-to-be meet and chat, comparing their experiences and forming special bonds and friendships. This time, the courageous Tumaini was only meters away from the delivery room the night her labor began, and at 4:30 in the morning she gave birth to a healthy 3.3-kg baby girl whom she named Nyota – the Kiswahili word for "star".*

**Tumaini,**  
beneficiary and guest at the maternal  
waiting home in Tosamaganga,  
Tanzania.



# MOTHERS AND CHILDREN FIRST: THE FIRST 1,000 DAYS

Maternal and child health is at the top of the list of Doctors with Africa CUAMM's intervention priorities. Indeed, **too many mothers in sub-Saharan Africa are still dying of treatable diseases**, with the lives of the most fragile and vulnerable put at risk by long distances to hospitals, insufficient health facilities and personnel, and a lack of information. Following the implementation of our 5-year program, **Mothers and Children First**, in four districts in four African countries, we implemented a second 5-year program in seven countries to **provide continuity, expanding activities** with a special focus on nutrition during pregnancy and the care of newborns through age 2. Called **Mothers and Children First: The First 1,000 Days**, the intervention, which has now also drawn to a close, provided **support and training to local health staff** to ensure a **safe, attended delivery** for a growing number of women, as well as **interventions to counter chronic and acute malnutrition** in mothers and their children. Indeed, the linchpin of the program, beyond the interventions already part of the earlier program, was providing **nutritional support from conception on through a child's second birthday**, with prenatal visits and activities to support the promotion of exclusive breastfeeding, weaning and the monitoring of a child's development, as well as early diagnosis and treatment of forms of acute malnutrition.

- The **10 hospitals** involved in the program were:
- Chiulo (Angola)
  - Wolisso (Ethiopia)
  - Montepuez (Mozambique)
  - Songambe (Tanzania)
  - Tosamaganga (Tanzania)
  - Matany (Uganda)
  - Aber (Uganda)
  - Pujehun (Sierra Leone)
  - Yirol (South Sudan)
  - Lui (South Sudan)

Also involved were the health centers associated with these hospitals, which provided **77,322 attended deliveries** in 2021.

## OTHER DIFFICULT SETTINGS

CUAMM's intervention was not limited to these 10 districts and hospitals; it also involved another 13 districts in the eight African countries where we are active.

In **Sierra Leone**, where our maternal health intervention was limited first to 4 hospitals, and then, starting in April 2021, to 3, our work aims to improve major direct obstetric complications services by bolstering the emergency and referral system with ambulances and improving the quality of hospital-provided care.

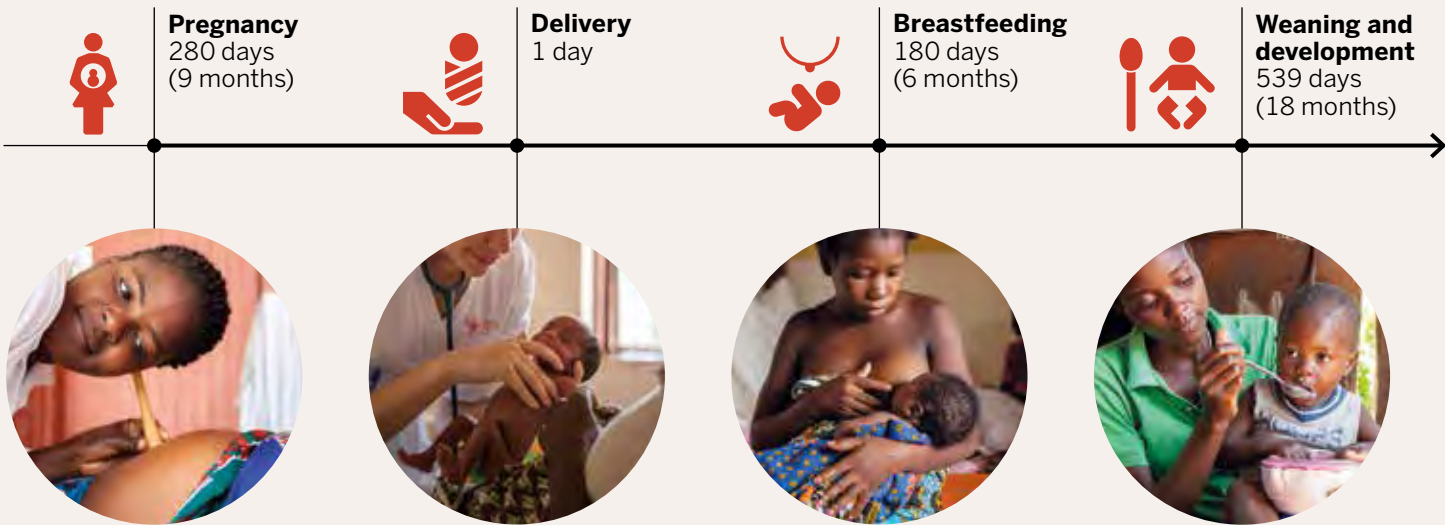
The table on p. 56 shows the major direct obstetric complications treated in Sierra Leone compared to the other areas where CUAMM is active. As can be seen, in 2021 the number of major direct obstetric complications treated out of the total number of those expected surpassed 50% only in Matany, while in the other areas the figure remained stable due to **renewed service utilization**, which had fallen in 2020 due to the COVID-19 pandemic.

Despite the challenges of working in South Sudan, our work to support the hospitals in Yirol, Lui, Cueibet, Rumbek and Maridi continued, although periodic guerilla attacks and widespread insecurity made getting around and conducting activities difficult.

**In 2021, in the eight countries where we are active, Doctors with Africa CUAMM ensured a total of 173,205 attended deliveries, including 120,200 in the 22 hospitals (of the 23 where we are active) that provide attended deliveries.**

*\*Important note: Data from 22 hospitals.*

## A 1,000-DAY JOURNEY: 9 MONTHS OF PREGNANCY + THE FIRST 2 YEARS OF LIFE





## RESULTS FROM THE 5<sup>th</sup> YEAR

### PRENATAL AND POSTNATAL VISITS

**1,200,000**

Five-year objective

2017 → **189,700**

2018 → **336,950**

2019 → **296,903**

2020 → **327,695**

2021 → **343,967**

**1,495,215**  
in five years

### DELIVERIES ATTENDED

**320,000**

Five-year objective

2017 → **55,209**

2018 → **62,332**

2019 → **71,288**

2020 → **65,027**

2021 → **77,322**

**331,178**  
in five years

### SEVERELY MALNOURISHED CHILDREN TREATED

**10,000**

Five-year objective

2017 → **2,409**

2018 → **2,385**

2019 → **2,404**

2020 → **1,800**

2021 → **1,839**

**10,837**  
in five years

When interpreting the 2020 and 2021 results, it is important to take into consideration the extraordinarily adverse impact that the COVID-19 pandemic and associated lockdown measures had on health systems. The World Health Organization has estimated that in low-resource countries, including those in sub-Saharan Africa, essential health services such as attended deliveries and vaccinations were disrupted on average by 40%.



**125%**  
result achieved in the 5-year period



**104%**  
result achieved in the 5-year period



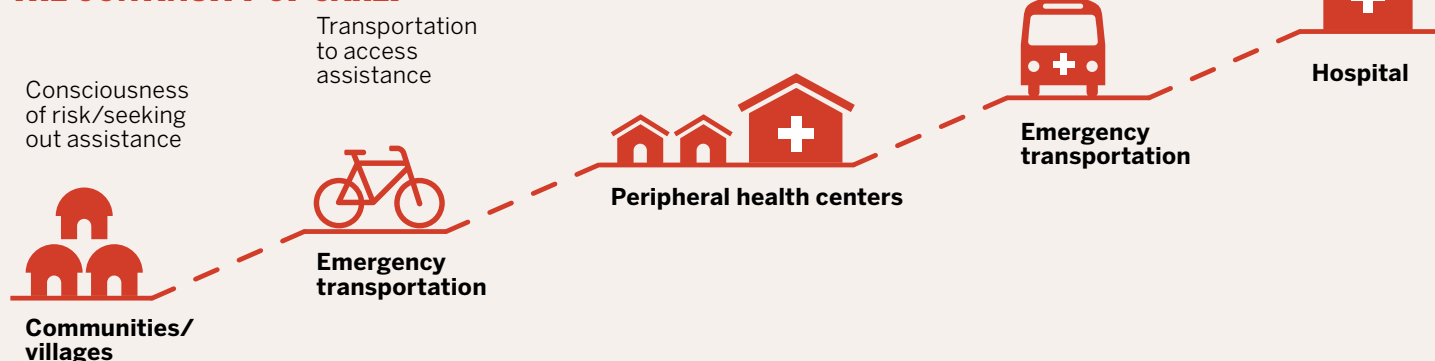
**107%**  
result achieved in the five-year period

100%  
Five-year objective surpassed

We can report having not only achieved, but actually surpassed, our targets and goals.

## DOCTORS WITH AFRICA CUAMM WORKS AT THREE LEVELS:

COMMUNITIES AND VILLAGES, PERIPHERAL HEALTH CENTERS AND HOSPITAL TO FACILITATE THE CONTINUITY OF CARE.



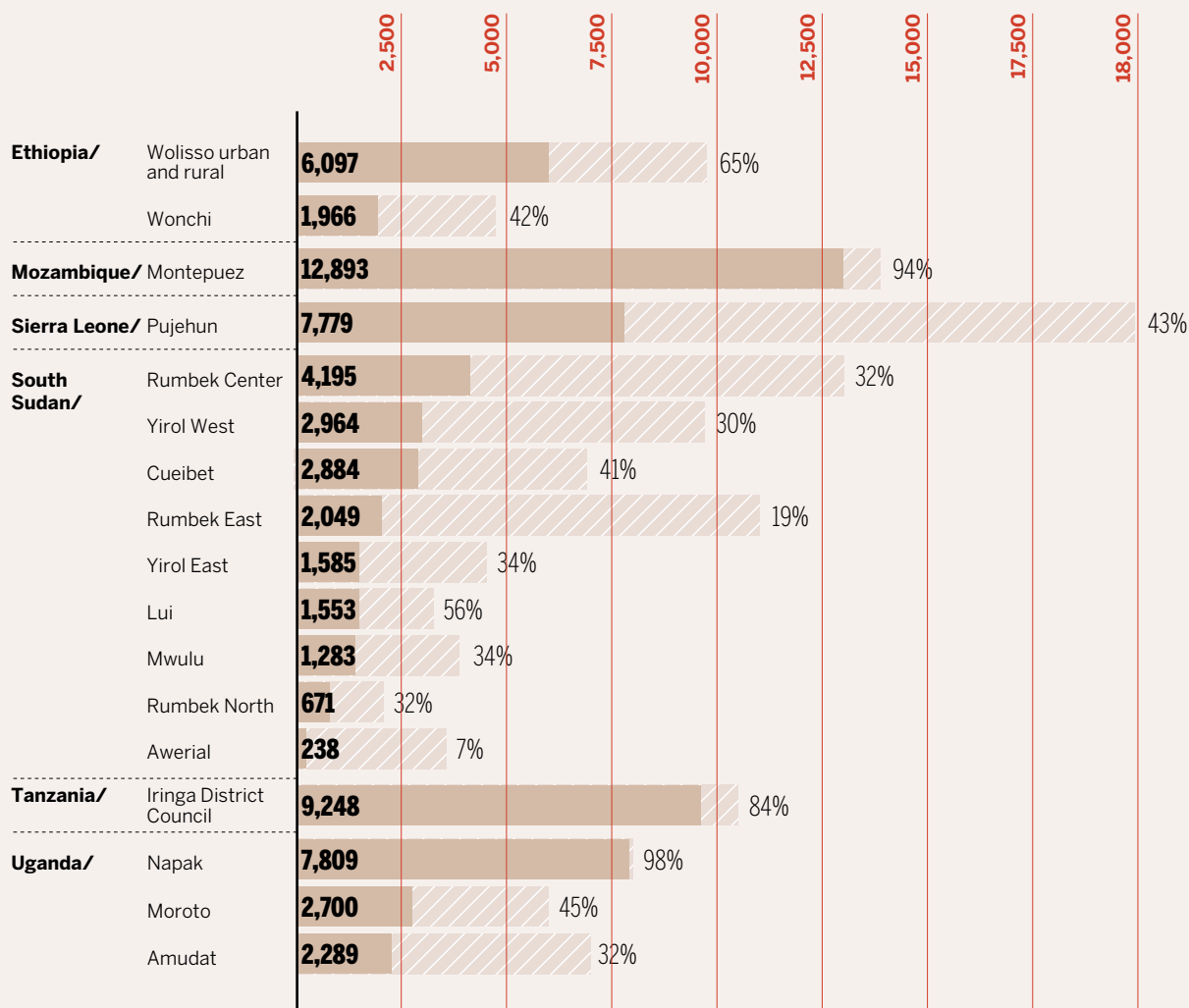
## ATTENDED DELIVERY COVERAGE IN INTERVENTION DISTRICTS (HOSPITALS AND HEALTH CENTERS)\*

Deliveries attended  
at hospitals/in health  
centers\*

Non-attended  
deliveries \*\*

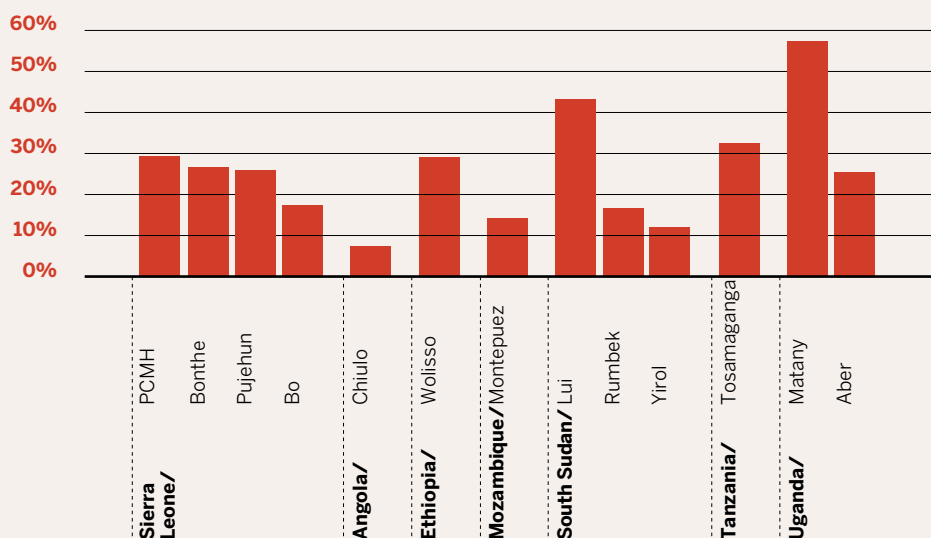
\* For number of hospital  
deliveries, see Focus on  
hospitals (p. 72)

\*\* Non-attended deliveries  
are calculated as the  
difference between  
expected deliveries  
and attended deliveries



## OBSTETRIC COMPLICATIONS AS A PROPORTION OF THOSE EXPECTED IN THE REFERENCE AREA

% MDOCs  
out of those expected







## ENSURING GOOD NUTRITION

**Ensuring good nutrition**, especially during pregnancy and early childhood, has been increasingly acknowledged as **a priority** since the 2030 Agenda for Sustainable Development was signed by the 193 Member States of the United Nations.

Doctors with Africa CUAMM focuses on nutrition by working in support of national policies and programs, **helping educate pregnant women on the topic** at the community, dispensary and health center levels, teaching mothers about the **advantages of exclusive breastfeeding for the first 6 months** after birth and **monitoring their baby's growth** in the first few years of its life.

CUAMM also works to tackle **acute and chronic malnutrition**, both of which are still widespread in Africa, especially during periods of drought and subsequent famine. Worldwide, 45% of under-5 child mortality is attributable to malnutrition (*The Lancet*, 2013) because it is **a factor that exacerbates and complicates every other disease**. That is why every health intervention, whether at hospitals or in health centers, must include management of this dire problem.

## TACKLING ACUTE MALNUTRITION

Acute malnutrition is due to **rapid weight loss or the inability to gain weight**, and usually occurs when an individual lacks access to a sufficient quantity of food due to famine, financial difficulties and/or other reasons. **Acute malnutrition can be moderate or severe**; in the latter case, it puts children at risk of death. Doctors with Africa CUAMM helps the nutritional units of the hospitals in the countries where we

are active to provide **intensive care for patients with severe or complicated acute malnutrition**, while **in some regions**, such as Karamoja in Uganda and Iringa and Njombe in Tanzania, we implement **activities to combat both severe and moderate acute malnutrition**.

*The table on the next page shows 2021 data on these hospital treatments.*

## TACKLING CHRONIC MALNUTRITION

Chronic malnutrition leads to stunting, i.e. low height-for-age. It is caused by a chronic lack of food or the limited use of potential resources, and thus begins in the first days after conception. It holds children back from reaching their full physical and cognitive potential, thereby **adversely affecting them for the rest of their lives**. Although there is unfortunately no real treatment for the condition, Doctors with Africa CUAMM implements specific programs to **educate mothers about the issue** and to **provide nutritional supplements** to pregnant women and children than can **help mitigate some of the adverse impacts of stunting**.

Key interventions include the treatment of anemia in pregnant women, administration of folic acid and other micronutrients such as iodine, prevention of malaria during pregnancy, improvement of the nutritional health of mothers, promotion of exclusive breastfeeding, and treatment for intestinal parasitic infections in children. In the **10 areas served** near the hospitals where the **Mothers and Children First: The First 1,000 Days** program was implemented for five years, **43,992 children under the age of 2 were monitored in 2021**, bringing the total to **162,551 over the 5-year period**.

**2,197**  
patients  
discharged

**1,384**  
patients  
cured

**63%**  
average  
cure rate

**9%**  
average  
mortality rate



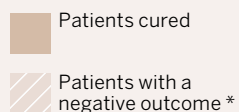
## CHRISTINE

*Christine has 6 children and lives with her family in the village of Lokilala, in Uganda. She is one of the beneficiaries of a program called "Nourishing the communities in the Moroto and Napak Districts with food and knowledge". While pregnant with her last child, Christine was encouraged by village health workers to get prenatal checkups at the health center. «During the checkups the health workers at the center, supported by CUAMM, gave me important information about both my health and my baby's.»*

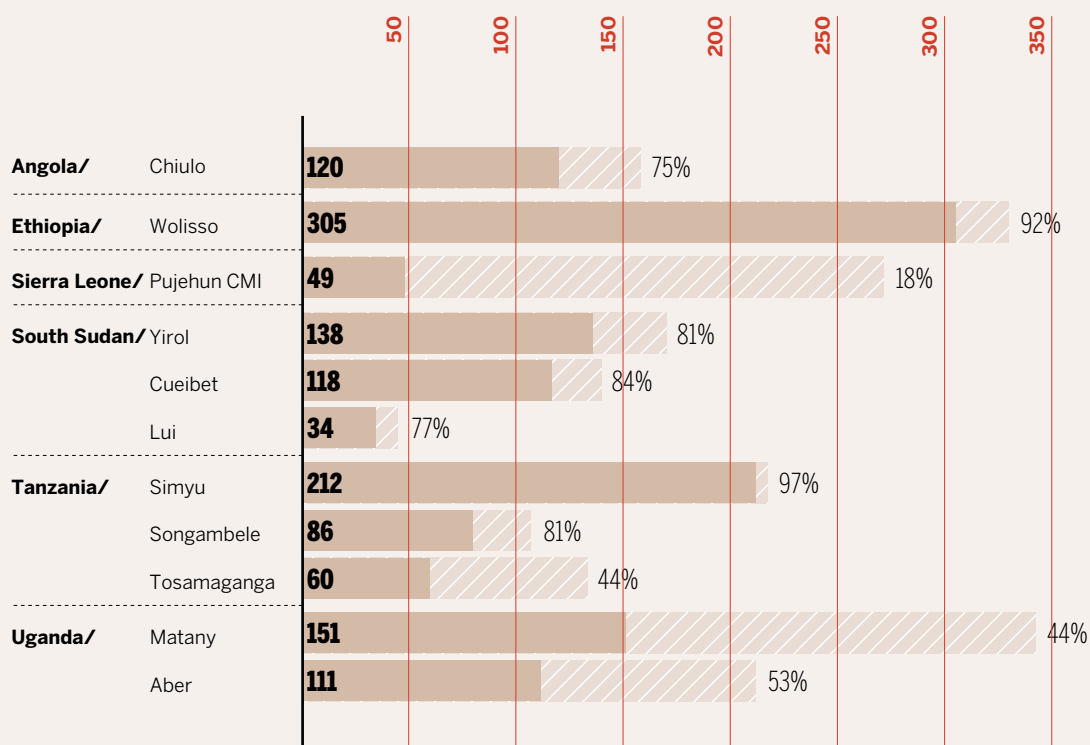
**Christine,**  
Ugandan mother  
and program beneficiary



# TREATMENT FOR ACUTE MALNUTRITION AT THE HOSPITALS



\* Those who died, abandoned treatment, or who decided to transfer/were transferred to another facility.







## INSIDIOUS ADVERSARIES

In recent years, thanks to the efforts of those engaged in international health development cooperation, there have been **important advances in the fight against major infectious diseases** such as malaria, tuberculosis and HIV/AIDS.

Fewer people are infected in Africa, there are fewer deaths and increasing numbers of the infected are receiving treatment. Even so, **a large swath of the African population continues to suffer disproportionately vis-à-vis the world's other continents from early death and preventable disabilities primarily caused by these major epidemic diseases.** Making matters worse, in many parts of sub-Saharan Africa **the COVID-19 pandemic has disrupted health services for the prevention, diagnosis and treatment of diseases** and led to the diversion of resources across health systems (*International Journal of Infectious Diseases*, 2022).

These **diseases affect people or groups of people who are at risk of poverty or already impoverished**, particularly pregnant women, children, adolescents and adults living in disadvantaged social circumstances that make it difficult to access and use prevention and treatment services.

## FIGHTING MALARIA

Every day in every hospital, dozens and dozens of malaria patients, especially under-5 children, arrive and receive treatment. As of 2018 **the number of cases diagnosed and treated has been recorded more accurately** at the hospitals and health centers that CUAMM supports, as shown country by country in the table on p. 61.

## FIGHTING TUBERCULOSIS

Slightly fewer people are infected with tuberculosis today, but **diagnosis continues to be difficult, especially in children**, despite the availability of new technologies such as the GeneXpert system, which is able to identify the presence of tuberculosis as well as possible resistance to rifampicin and hence possible multidrug resistance (MDR).

In 2021, as shown in the table on p. 61, CUAMM continued to carry out diagnostic activities using GeneXpert at the hospitals in **Wolisso** (Ethiopia) and **Matany** (Uganda), as well as expanding them to the hospitals in **Moroto** (Uganda) and **Tosamaganga** (Tanzania).

### Malaria, TB and HIV

**1,166,809**

malaria diagnoses

**1,874**

tuberculosis diagnoses

**116,452**

individuals tested for HIV

**1,002**

new HIV+ patients placed in treatment

### Pneumonia and diarrhea

**217,805**

Pneumonia diagnoses

**229,726**

diarrhea diagnoses

## FIGHTING HIV/AIDS

In 2021 CUAMM continued its **efforts to reduce HIV/AIDS with our Test and Treat program.**

Until a few years ago, patients who tested positive were placed in treatment only if their T4 lymphocyte (the white blood cells responsible for developing and strengthening cellular immunity) count dropped below a certain number, or if they were pregnant women. In our **Test and Treat program, every patient found to be positive is placed in treatment, regardless of their T4 lymphocyte count**, in an attempt to reduce the transmission capacity of each individual and diminish the spread of infection. The table on p. 61 shows the results of the activities of the antiretroviral clinics assisted directly by CUAMM.



### EDITA

*Edita's story is simultaneously one of liberation and empowerment, where a serious problem turns into a resource for both oneself and one's community. But this was only possible thanks to a program featuring the capacity for dialogue with a community, for sharing people's struggles and offering concrete opportunities for change. «I lived with HIV for 11 years,» Edita tells us. Then in 2019 I went to the health center for HIV treatment in Ngokolo, Tanzania, and they told me about Clubs, which was set up thanks to the Test&Treat project. Since then things have really changed for me. I've learned the value of Clubs, a group of people trained to support the facilities that provide antiretroviral drugs to communities, bringing them to the villages where people live. Being part of Clubs helped me to improve my health, because before, it took a long time to get to the health center to pick up the drugs myself. These services also helped me financially, because they made it possible for me to start up a small business selling fruits and vegetables and earn some income. So my life has gotten much better.»*

**Edita,**  
beneficiary and member of a  
Test and Treat Club in Tanzania.





## MALARIA

	No. of malaria diagnoses	No. of laboratory-confirmed malaria diagnoses (% confirmed)	No. of malaria diagnoses in under-5 children
<b>Angola</b>	1,612	1,525 (95%)	497
<b>Ethiopia</b>	144,032	58,473 (41%)	5,819
<b>Central African Republic</b>	7,787	n/a	7,787
<b>Sierra Leone</b>	349,588	299,545 (86%)	193,668
<b>Tanzania</b>	3,182	2,320 (73%)	755
<b>Uganda</b>	660,608	137,531 (21%)	516,766

## TUBERCULOSIS

	Hospital	Patients diagnosed with tuberculosis	No. tests using GeneXpert for MDR tuberculosis (% positive)	Patients who tested rifampicin-resistant (% resistant)
<b>Ethiopia</b>	Wolisso	407	1,303 (13%)	7 (4%)
<b>Tanzania</b>	Tosamaganga	212	543 (11%)	1 (2%)
<b>Uganda</b>	Matany	683	7,332 (4%)	9 (3%)
	Moroto	572	874 (9%)	5 (6%)

## HIV

	Hospital	Tested for HIV*	HIV positive (% positive)	Total no. of patients in antiretroviral therapy (new patients in 2021)
<b>Ethiopia</b>	Wolisso	13,870	71 (0.5%)	1,607 (69)
<b>Tanzania</b>	Bugisi	4,999	291 (5.8%)	3,077 (313)
	Mwamapalala	3,971	53 (1.3%)	580 (61)
	Ngokolo	2,607	80 (3.1%)	705 (51)
	Songambele	2,102	66 (3.1%)	286 (54)
	Tosamaganga	624	72 (11.5%)	6,641 (122)
<b>Uganda</b>	Aber	7,726	232 (3%)	5,198 (224)
	Matany	11,781	116 (1%)	426 (108)

\* Includes those who specifically request an HIV test, patients, and women during prenatal visits.

## In Mozambique in 2021

	Adolescents who received counseling	Tested for HIV	Positive for HIV (% positive)
<b>Beria</b>	113,257	43,658	680 (1.56%)
<b>Tete</b>	30,662	25,114	137 (0.55%)
<b>TOTAL</b>	143,919	68,772	817 (1.19%)

## ACUTE RESPIRATORY INFECTIONS

Along with malaria and diarrhea, acute respiratory infections are the top causes of death in under-5 children. The table below shows cases of these diseases treated at the hospitals and in the districts where Doctors with Africa CUAMM works.

## DIARRHEAL DISEASES

Diarrheal diseases – especially the most common form, bloodless diarrhea – are among the leading causes of death due to severe dehydration. This is all the more true in the case of children, who are at risk if not given continuous rehydration support (including oral rehydration if conditions allow). The table below shows the cases treated in the areas where Doctors with Africa CUAMM is active and where specific data is reported.

### ACUTE RESPIRATORY INFECTIONS

	No. of pneumonia diagnoses	No. of deaths due to pneumonia (% mortality)	No. of pneumonia diagnoses in under-5 children	No. of deaths due to pneumonia in under-5 children (% mortality)
<b>Ethiopia</b>	21,542	27 (0.1%)	17,072	11 (0.1%)
<b>Central African Republic</b>	1,228	29 (2.4%)	1,228	29 (2.4%)
<b>Sierra Leone</b>	73,293	73 (0.1%)	56,109	62 (0.11%)
<b>Tanzania</b>	16,152	57 (0.4%)	8,161	23 (0.3%)
<b>Uganda</b>	105,590	184 (0.2%)	61,549	155 (0.3%)

### DIARRHEAL DISEASES

	No. of diarrhea diagnoses	No. of deaths due to diarrhea (% mortality)	No. of diarrhea diagnoses in under-5 children	No. of deaths due to diarrhea in under-5 children (% mortality)
<b>Ethiopia</b>	25,290	6 (0.02%)	16,483	5 (0.03%)
<b>Central African Republic</b>	1,160	14 (1.2%)	1,160	14 (1.21%)
<b>Sierra Leone</b>	39,634	49 (0.1%)	30,581	35 (0.11%)
<b>Tanzania</b>	11,032	7 (0.1%)	7,521	5 (0.1%)
<b>Uganda</b>	152,610	442 (0.3%)	92,194	26 (0.03%)





According to World Health Organization data (WHO, 2021), every year more than 15 million people die prematurely from noncommunicable diseases (NCDs), with 85% of the deaths occurring in middle- or low-income countries. It has been estimated that chronic diseases will cause more deaths than communicable diseases by 2030, including in Africa. Thus the prevention and treatment of this group of emerging diseases, including in low-income countries, has become a key focus as well as one of the targets of the SDGs.

## DIABETES, HYPERTENSION AND HEART DISEASE

Patients affected by these diseases have been diagnosed and treated from the very start in the hospitals where Doctors with Africa CUAMM is present, yet because there have been so many of them, the cases have been poorly documented. For some time now, however, outpatient clinics dedicated to chronically ill patients have been set up in some of these areas, bringing an added benefit: the opportunity to integrate AIDS patients into this broader umbrella group, thereby reducing the stigma attached to their specific disease.

The table on the next page shows data from the hospitals with dedicated outpatient clinics where hospital admissions have begun to be recorded.

## CERVICAL CANCER

Cervical cancer is **the second most common cancer affecting African women**, but it can be prevented with the human papillomavirus vaccine and screening and early diagnostic methods. CUAMM has been **implementing projects to improve community awareness about the issue and offering cervical cancer screening** for several years, based on the **“see-and-treat”** approach, which entails acetic acid staining of the cervix followed by inspection of the latter (VIA) for potentially malignant lesions and immediate treatment with cryotherapy if any are found.

Evaluation and treatment are done by trained nursing staff, based on an evaluation goal of 20% of eligible women per year. By doing this, and treating every small lesion that is found, including inflammatory ones, we hope to prevent their becoming malignant lesions. Our approach is therefore one of secondary prevention rather than treatment.

More advanced forms of cervical cancer are treated surgically at the hospital, although with limited effectiveness, given that most patients arrive at the facility only after their tumors have reached an advanced stage and/or become inoperable.

The table on the next page shows data on our activities in 2021, when the level of support we provided fell and the pandemic adversely impacted both access to treatment and, to an even greater extent, prevention. In any case, these activities continue to be integrated into the routine services of a hospital or health center only infrequently. This is why it is so critical that support be made available to help increase awareness and demand for the service by women as well as health personnel.

### Chronic diseases

**51,269**

total no.  
of visits

**8,383**

total no.  
of admissions

### Cervical cancer

**5,374**

total no.  
of women screened

**393**

no. of VIA+

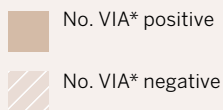
**352**

% of VIA+ treated  
with cryotherapy

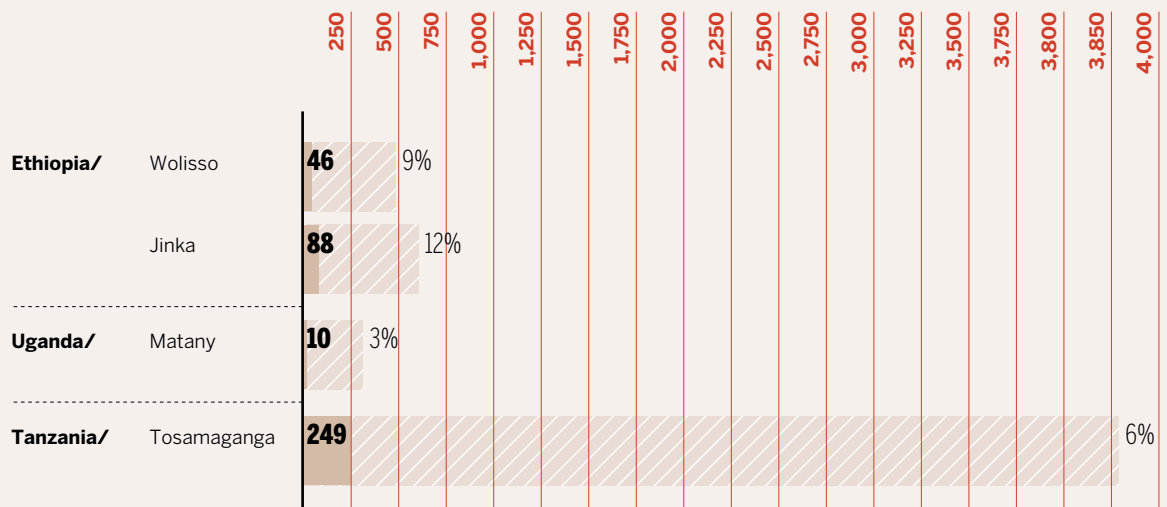
## DIABETES, HYPERTENSION AND HEART DISEASE

	Hospital	Outpatient visits			Hospitalizations		
		Diabetes	Heart disease	Hypertension	Diabetes	Heart disease	Stroke
<b>Ethiopia</b>	Wolisso	1,143	n/a	2,508	212	1	26
	15 Ethiopian hospitals	956	n/a	1,683	1,279	n/a	n/a
<b>Tanzania</b>	Tosamaganga	1,138	375	3,016	197	175	63
<b>Uganda</b>	Matany	415	1,880	1,390	54	1,880	28
	Aber	469	3,138	2,888	124	3,138	91
<b>Mozambique</b>	Sofala	992	n/a	8,242	266	n/a	n/a
	Zambezia	1,790	n/a	10,715	358	n/a	n/a
	Maputo	1,825	n/a	6,706	491	n/a	n/a
<b>TOTAL</b>		<b>8,728</b>	<b>5,393</b>	<b>37,148</b>	<b>2,981</b>	<b>5,194</b>	<b>208</b>

## CERVICAL CANCER ACTIVITIES



\* Visual inspection with acetic acid (VIA) is a preventive test. Those who test positive are treated with cryotherapy.



## THE IMPORTANCE OF SCREENING

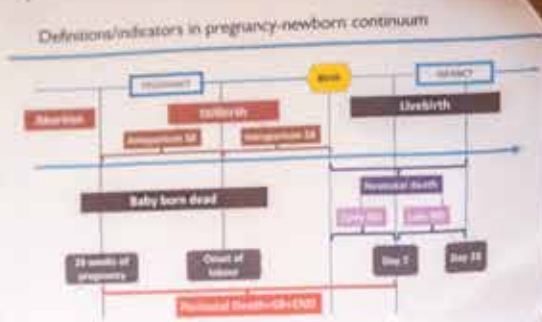
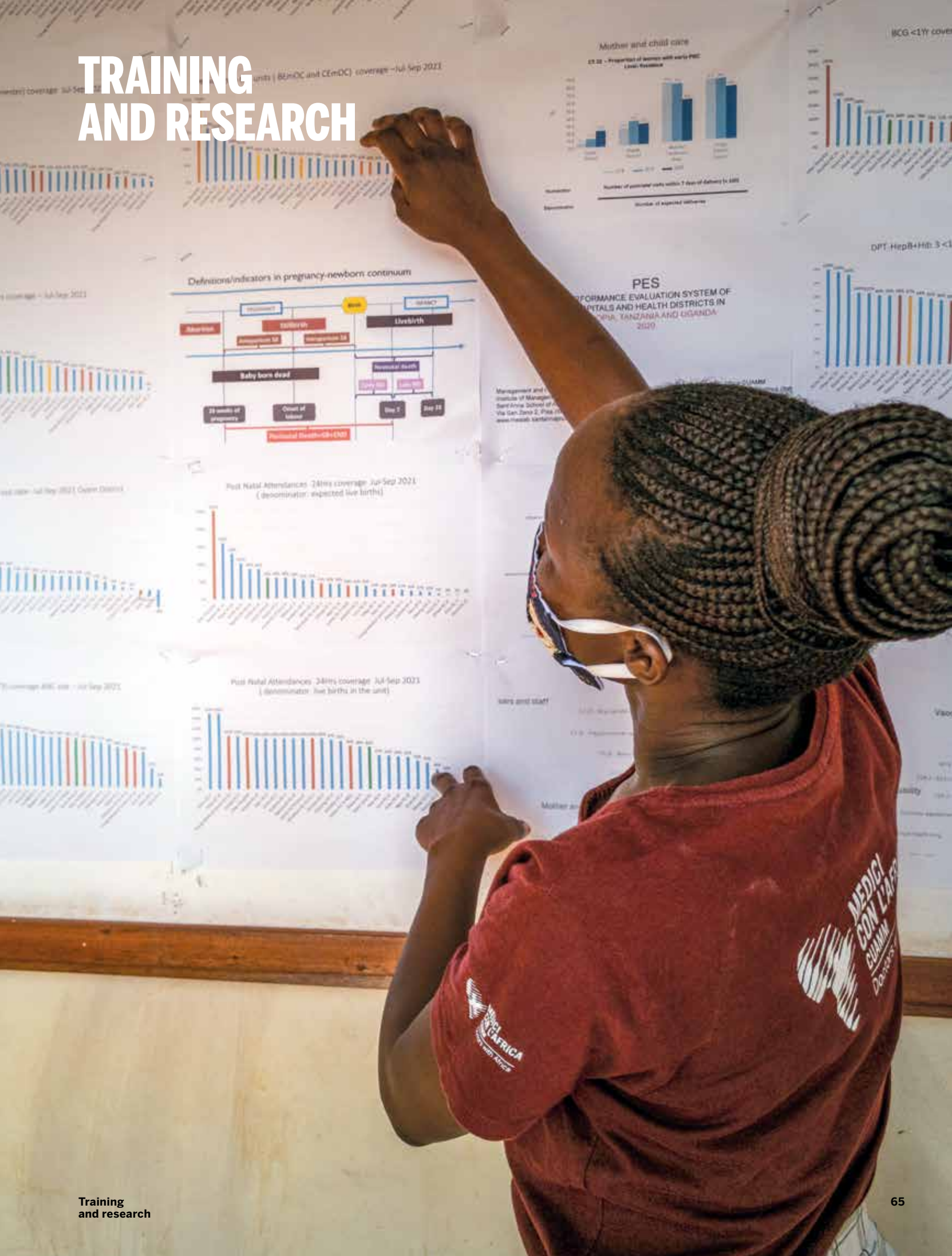
*“Every woman should be screened for cervical cancer. The best way to reach them is to carry out educational campaigns in communities. When I do this work, I use photographs and leaflets in an attempt to harness the power of images. It’s not easy, especially in rural areas, but I never tire of trying. When the women come to a health center, they are sometimes fearful about being examined, but when I’m there they rarely leave without getting it done.”*

**Cesarina Flora della Costa,**  
maternal and child health nurse





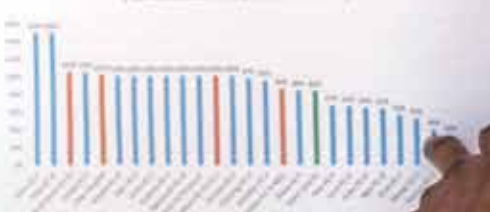
# TRAINING AND RESEARCH



Post Natal Attendances: 24hrs coverage: Jul-Sep 2021  
(denominator: expected live births)

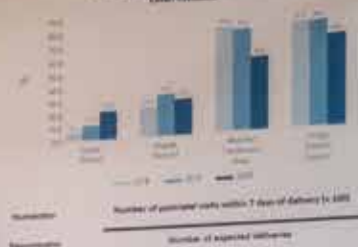


Post Natal Attendances: 24hrs coverage: Jul-Sep 2021  
(denominator: live births in the unit)

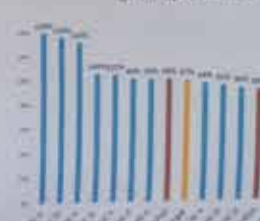


Mother and child care

CS 32 - Proportion of women with early PNC



DPT, HepB+Hib: 3 <1



Management and...  
Institute of Management  
Semi-Annual Report of...  
Via San Zeno 2, Pisa, Italy  
www.mesab.it/en/management

## THE CRUCIAL ROLE PLAYED BY TRAINING

Training health personnel is a crucial way of **improving and strengthening both the quality of care and health service delivery capacity.**

In addition to the training done every day by Doctors with Africa CUAMM personnel while **working alongside local health workers and authorities**, CUAMM also held numerous **ongoing education courses in 2021**, with the participation of **some 2,915 individuals including community agents, nurses, midwives, doctors and paramedics.**

In 2021, training activities led to diplomas for **92 health professionals**, including 36 doctors who graduated from the Faculty of Medicine at the Catholic University of Mozambique in Beira.



**2,915**

people trained through short-term courses or longer in-person residential courses

**92**

health professional graduates

### LARISSA

*"Being a doctor will enable me to work directly with people, helping them to improve their lives thanks to the knowledge I will have acquired through my studies. I have two siblings and my parents are separated. My mother is making huge sacrifices so that all three of us can study. It's impossible to put into words how grateful I feel. And I can't thank enough the many people who are supporting me, including those who gave me a scholarship so that I could do this. I hope they'll continue to support me and anyone else who needs it".*

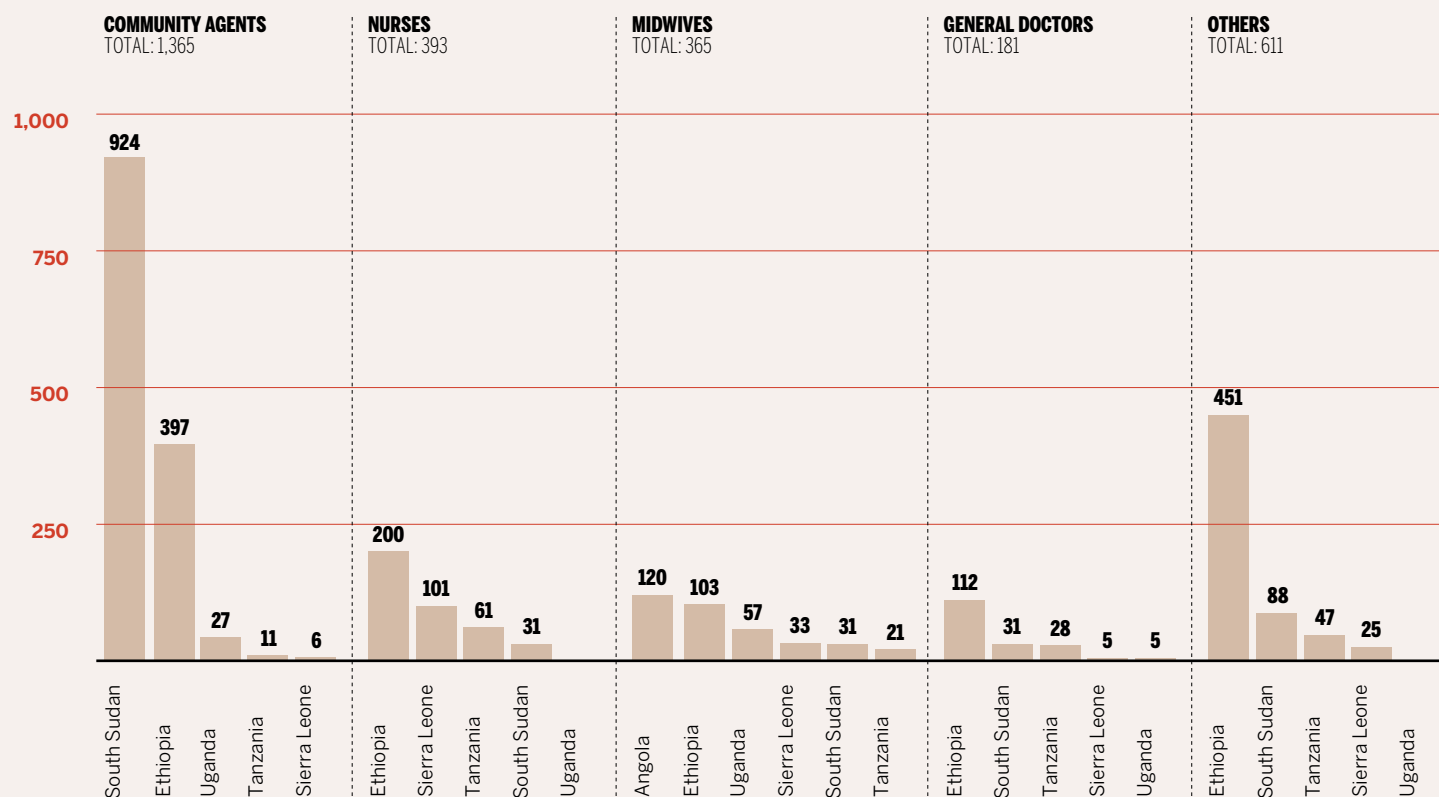
#### Larissa,

medical student with a scholarship at the Catholic University of Mozambique in Beira.





## TRAINING THROUGH SHORT-TERM COURSES OR LONGER RESIDENTIAL COURSES



## PROFESSIONAL AND UNIVERSITY-LEVEL TRAINING

	Facility	Graduates
<b>Ethiopia</b>	School for nurses and midwives in Wolisso	14 nurses and midwives
<b>Mozambique</b>	Faculty of Medicine – Catholic Univ. of Mozambique	36 doctors
<b>South Sudan</b>	School for nurses and midwives in Lui	-
	School for nurses and midwives in Rumbek	-
<b>Uganda</b>	School for nurses and midwives in Matany	42 nurses and midwives
<b>TOTAL</b>		<b>92 HEALTH PROFESSIONALS TRAINING</b>



## PROJECT MONITORING AND SYSTEMS MEASUREMENT

Activities for the monitoring and evaluation of Doctors with Africa CUAMM's projects and systems continued throughout 2021 to verify the effectiveness and impact of our health interventions. Especially noteworthy initiatives included **the fine-tuning of a new system for evaluating the performance of hospitals and district health services**, developed by the Sant'Anna School of Advanced Studies in Pisa in collaboration with CUAMM and used in Ethiopia, Tanzania and Uganda; **becoming part of Critical Care Africa, an international project involving the use of online registries** to assess the outcomes of critically ill patients, with the participation of intensive care units in nine African countries, four of which are supported by CUAMM; and a **growing use of IT tools** (such as the Kobo platform) for the online collection of project-related data for monitoring and research purposes. In the near future, Doctors with Africa CUAMM will begin internal testing of the District Health Information System 2 (DHIS2), an open source ITC platform already in use in 48 African countries.

## OPERATIONAL RESEARCH IN THE FIELD

2021 saw the **publication of 33 research papers** by Doctors with Africa CUAMM and another **8 that cited our organization to describe one of our interventions and/or contributions**. This figure is in line with our scientific output of recent years, and evidence of the research that accompanies and complements our activities on the ground as we bring quality medical care to the global South. As in the past, many of our papers were published in prestigious international journals, including *BMC*, *BMJ Global Health*, *Resuscitation* and *Frontiers*. Compared to 2020, both the number of authors involved in this scientific output and the number of our **Italian, African and European research center partners** rose in 2021, the latter from 66 to 68. In addition, we published our first two papers featuring cases from the Central African Republic, once more with a view to aligning our research and activities in the field. Doctors with Africa CUAMM plans to continue to invest in research as a tool with which to better understand the settings we work in, identify the most effective activities, and validate good practices in order to improve our interventions at every level of the health system. Because we believe that **research is a way to ensure quality interventions – the only kind of health cooperation we want to do**.





## RESULTS IN 2021

**5**  
main thematic areas

**33**  
published studies

**180**  
authors (from Italy,  
Africa and elsewhere)  
who contributed to  
CUAMM's research  
efforts

**68**  
partnerships with  
public and private  
research centers,  
international  
universities,  
institutions and  
hospitals,  
including

**27**  
African partners

There is a special focus on access to care among the many topics examined in our 2021 research. Examples include the respective roles of health insurance and the referral system; the difficulty of access to health services in shelter areas such as the refugee camp in Gambella, Ethiopia or in the slum areas in Apulia, Italy; and the critical role played by maternity waiting homes in reducing perinatal mortality by cutting down on pregnant women's delay in accessing quality care.

Every year Doctors with Africa CUAMM issues a volume containing its published articles, abstracts and posters presented at international conferences that year.

These annual collections can be downloaded free of charge at  
→ <https://doctorswithafrica.org/en/fieldresearch/>

### THEMATIC AREAS



**Maternal  
and child  
health**



**Infectious  
and  
tropical  
diseases**



**Universal  
health  
coverage  
and  
equity**



**Nutrition**



**Chronic  
diseases**

**68**

**research  
partners around  
the world**

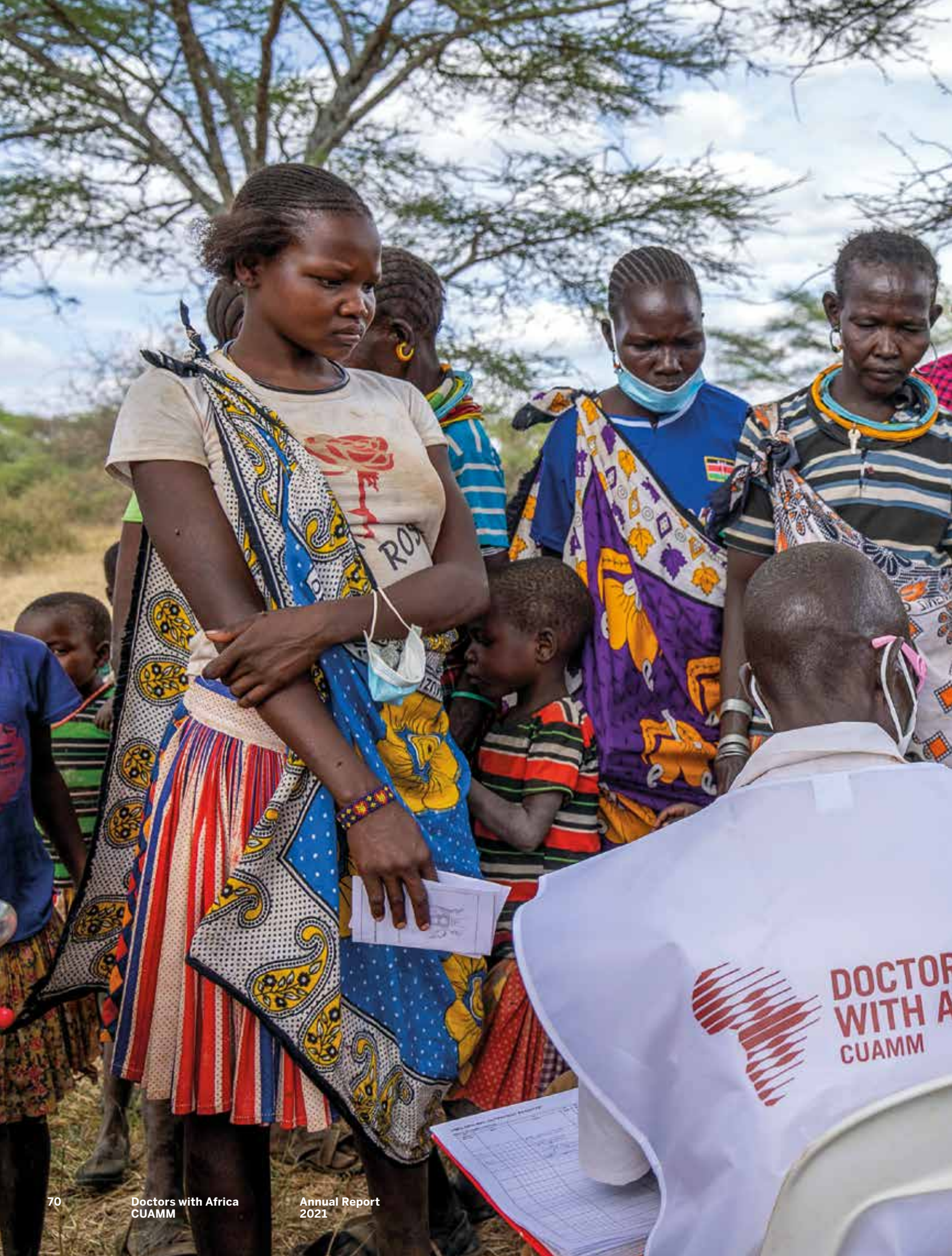
**14**  
in Europe

**20**  
in Italy

**7**  
in other  
countries

**27**  
in Africa











# FOCUS ON HOSPITALS

## THE NUMBERS AT A GLANCE

**23**

hospitals managed  
by Doctors with  
Africa CUAMM

**1**

in Angola

**5**

in Ethiopia

**3**

in Mozambique

**4**

in Sierra Leone

**5**

in South Sudan

**1**

in the Central  
African Republic

**2**

in Tanzania

**2**

in Uganda



In 2021 Doctors with Africa CUAMM helped manage **23 hospitals** in Africa: 1 in Angola, 5 in Ethiopia, 3 in Mozambique, 4 in Sierra Leone, 1 in the Central African Republic, 5 in South Sudan, 2 in Tanzania and 2 in Uganda.

In these countries, as in the rest of the continent, hospitals are the main providers of health services, especially more complex ones such as surgery. That's why **assessing their performance is a priority for Doctors with Africa CUAMM, based on our belief in access to healthcare as a basic right of every human being, especially the poorest members of society.**

One tool for measuring the volume of health services provided by a hospital is the **standard unit per output (SUO)**, a composite index that uses outpatient contacts (op) as its unit of measurement and provides relative weights in terms of the cost of four other standard services provided by hospitals: inpatient contacts, deliveries, pre- and postnatal visits and immunizations. To learn more, see methodological notes on p. 7.

Using this index enables hospital managers and boards of directors to plan activities in a reasoned manner, making evidence-based decisions in alignment with the institution's mission, and to better understand which decisions led to successful outcomes and which to failed ones.

This measurement system can be used to derive four indicators:

- **PRODUCTIVITY**  
i.e., measurement of the total volume of a hospital's activities;
- **EQUITY**  
i.e., verification that the services provided by a hospital are accessible to everyone, particularly the most vulnerable members of a society;
- **STAFF EFFICIENCY**  
i.e., assessment of the degree of productivity of a hospital's staff;
- **MANAGEMENT EFFICIENCY**  
i.e., assessment of how optimal a hospital's use of its financial resources is.



**Chiulo**  
Angola



**Wolisso**  
Ethiopia



**Turmi**  
Ethiopia



**Gambella RH**  
Ethiopia



**Gambella Primary Hospital**  
Ethiopia



**Jinka**  
Ethiopia



**Montepuez**  
Mozambique



**Beira**  
Mozambique



**Nhamatanda**  
Mozambique



**Compleso Pediatrico di Bangui**  
Central African Republic



**Puejhun CMI**  
Sierra Leone



**PCMH**  
Sierra Leone



**Bonthe**  
Sierra Leone



**Bo**  
Sierra Leone



**Lui**  
South Sudan



**Yirol**  
South Sudan



**Cueibet**  
South Sudan



**Maridi**  
South Sudan



**Rumbek**  
South Sudan



**Songambebe**  
Tanzania



**Tosamaganga**  
Tanzania



**Matany**  
Uganda



**Aber**  
Uganda

### SUO(op)

The formula used to calculate the SUO(op) reflects the relative weights of the various hospital services:  

$$\text{SUO(op)} = (15 \times \text{inpatient contacts}) + (1 \times \text{outpatient contacts}) + (5 \times \text{deliveries}) + (0.2 \times \text{immunizations}) + (0.5 \times \text{pre-/postnatal visits})$$

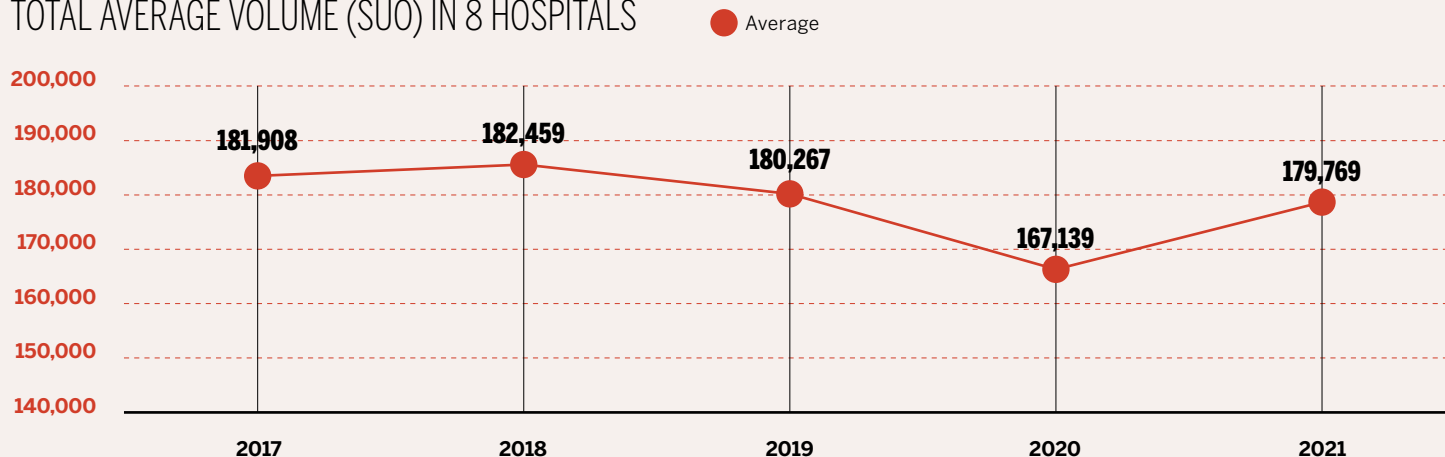
## PRODUCTIVITY

We assess overall performance by **averaging the results of the 8 hospitals for which data have been continuously available for the last 5 years** – the same hospitals that were considered in our 2020 Annual Report.

**2021 saw a recovery** with respect to 2020 (+7.6%), with productivity approaching the levels achieved in 2019 before the indirect effects of the COVID-19 pandemic began to adversely impact people's access to health services.

All of the hospitals showed an improvement in productivity from 2020 to 2021 except for South Sudan's Lui hospital, which recorded an 8% drop in admissions. This decline was, however, due to local factors unrelated to the pandemic.

### TOTAL AVERAGE VOLUME (SUO) IN 8 HOSPITALS

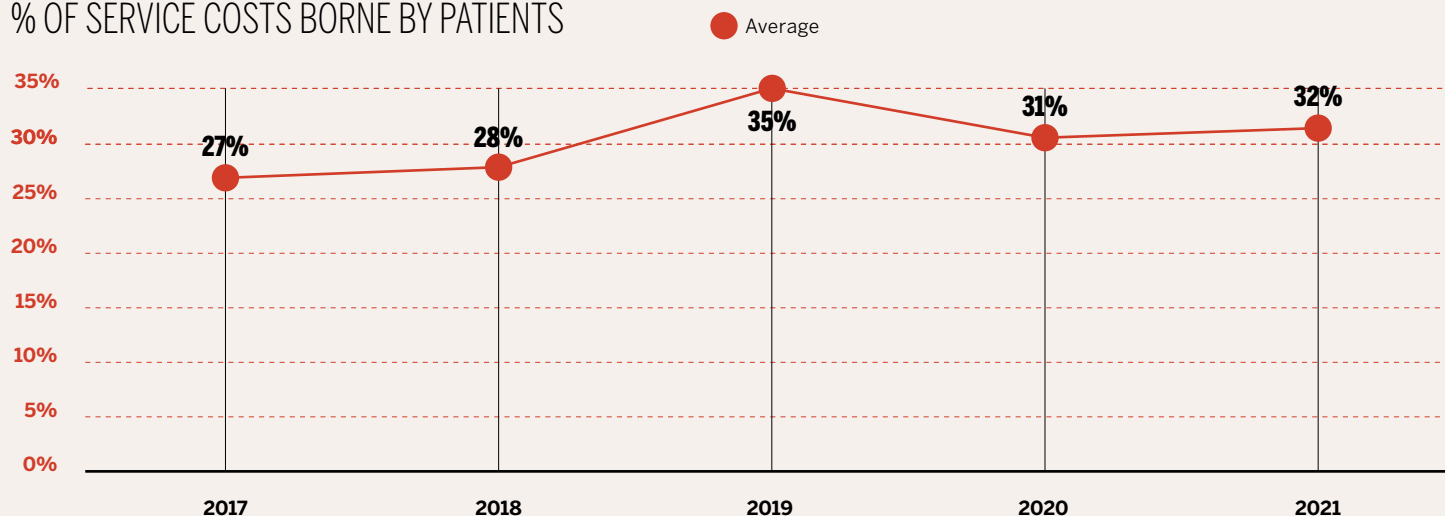


## EQUITY

The cost of services borne by patients is calculated as the **ratio of user revenues to total costs**.

In 2021 **the average patient-borne cost increased slightly** from 2020, rising **from 31% to 32%**, due to **a combination of factors**: i) a **recovery in admissions** (and hence of the total productivity level as seen above) that generated **higher user revenues**, although they were still lower than those generated prior to the pandemic; and ii) **an overall rise in costs**, especially for medicines (whose price rose) and operating costs (in part due to higher salary costs).

### % OF SERVICE COSTS BORNE BY PATIENTS



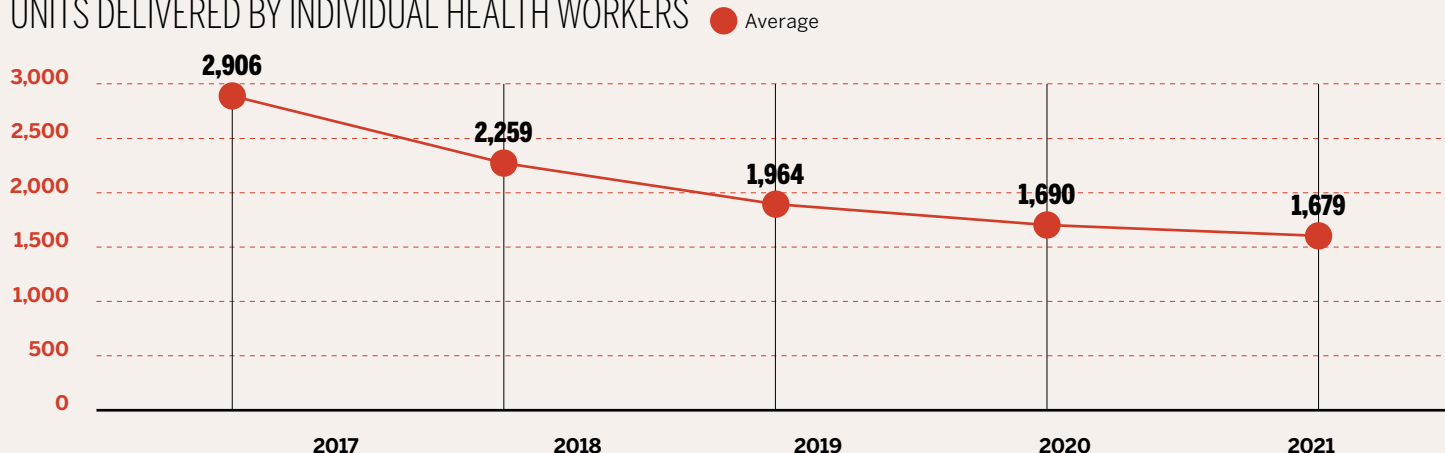


## STAFF EFFICIENCY

The level of staff efficiency (productivity), i.e. the ratio of total SUO to the number of qualified staff, **fell slightly compared to 2020** despite the recovery in global productivity.

This was due to an average 4% rise in the number of qualified staff, especially in Tosamaganga (Tanzania) and Aber (Uganda).

### UNITS DELIVERED BY INDIVIDUAL HEALTH WORKERS



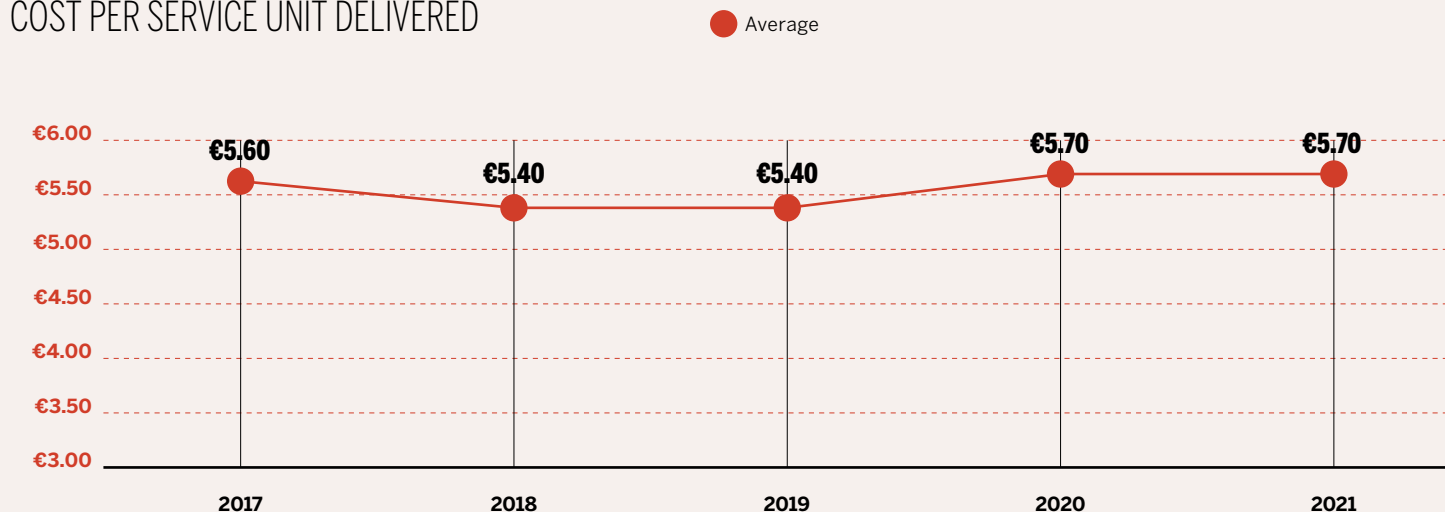
## MANAGEMENT EFFICIENCY

With regard to the costs of services per SUO, i.e. the ratio of total costs to total SUO, 2021 costs were similar to those in 2020 even despite the recovery in productivity.

This was due to higher production costs attributable mainly to the increased cost of drugs – a consequence of the pandemic and its impact on the global economy – but also to a slight rise in the number of qualified personnel.

Thus **2021 saw a degree of recovery in terms of total activity volumes, but also an increase in production costs**. Covering these higher productions costs will continue to be a major challenge, especially given the drop in global aid to the countries in need of it; if they persist, they will result in higher costs for patients.

### COST PER SERVICE UNIT DELIVERED



# THE QUALITY OF HOSPITAL SERVICES

In low-resource settings such as those found in the sub-Saharan African countries where Doctors with Africa CUAMM is active, it is essential to monitor not only how hospitals perform in terms of accessibility, equity and efficiency, but also to assess the quality of the services they deliver to the population. Low-cost services, in fact, are only of value if they are also *quality* services.

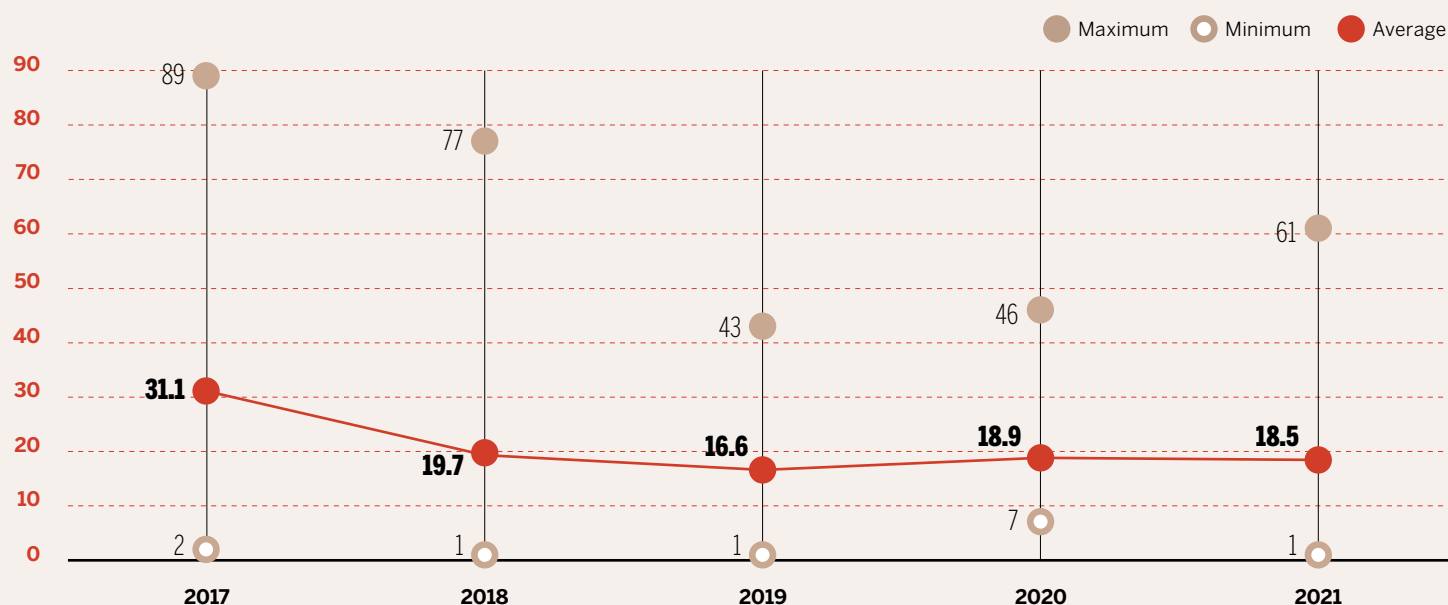
Although it is not easy to measure the overall performance of a hospital – and even more challenging to measure the quality of the services it provides – since 2012 we have been using the following indicators to facilitate assessment of the quality of obstetric assistance provided:

- STILLBIRTH RATE PER 1,000 LIVE BIRTHS;
- CESAREAN SECTION RATE AS A PERCENTAGE OF TOTAL BIRTHS;
- MATERNAL MATERNITY RATIO DUE TO MAJOR OBSTETRIC COMPLICATIONS AS A PERCENTAGE OF TOTAL MAJOR OBSTETRIC COMPLICATIONS.

## STILLBIRTH RATE PER 1,000 LIVE BIRTHS

This indicator refers to how **childbirths are handled** during the labor and expulsion phases, and thus assesses how appropriate and timely the interventions were. The figure does not include cases of stillbirth already considered certain prior to labor.

The 2021 figure was similar to that calculated in 2018 and 2020. This may be due to a pandemic-related continuance of greater delays in access that led to worse outcomes.

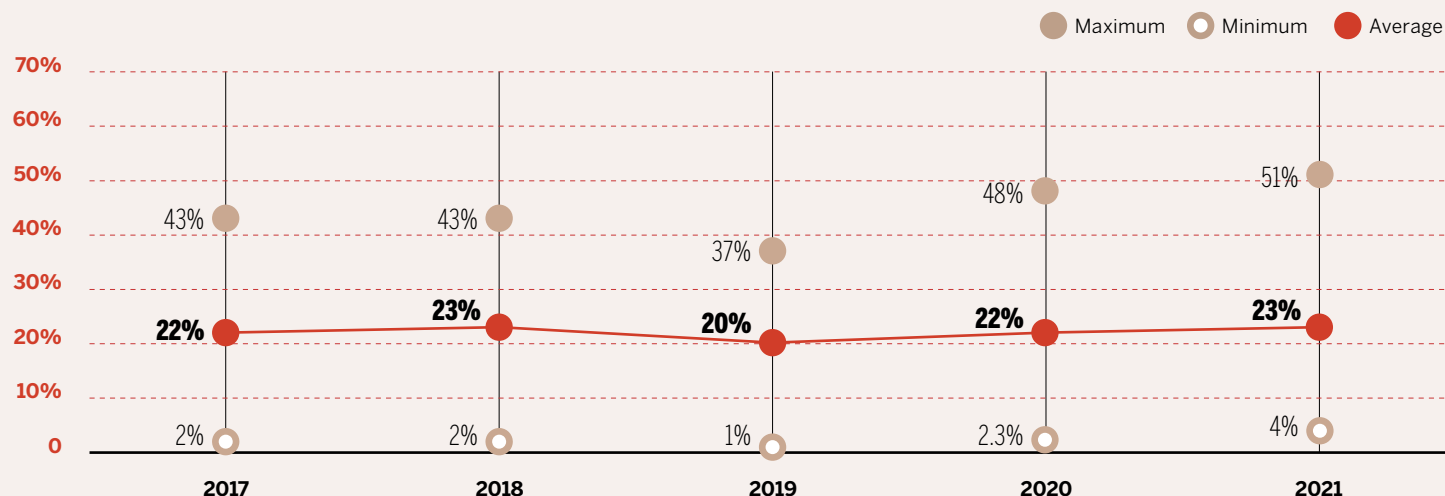




## CESAREAN SECTION RATE AS A PERCENTAGE OF TOTAL BIRTHS

Cesarean section rates can vary greatly from one hospital to the next, **depending on a variety of factors**. For example, the physical build of women is different from country to country, which may necessitate C-sections either more or less frequently. If a hospital is the only facility available for patients with complications, it usually has to handle a large number of complicated deliveries, and hence also a larger number of C-sections, based on the degree of efficiency of the referral system. Surgeons

and gynecologists in various settings may also have different “habits” in terms of doing C-sections or not. In 2021 the C-section rate rose slightly vis-à-vis 2020, due to the rise in the number of C-sections performed in Chiulo (Angola) and Turmi (Ethiopia), where the round-the-clock presence of emergency obstetric services had resumed. In the other hospitals the C-section **rate remained stable**.



## MATERNAL MORTALITY RATIO DUE TO MAJOR OBSTETRIC COMPLICATIONS AS A PERCENTAGE OF TOTAL MAJOR OBSTETRIC COMPLICATIONS

The WHO recommends a maternal mortality ratio lower than 1% as a benchmark for the treatment of major obstetric complications. The figures shown for the hospitals listed at the right, however, do not necessarily represent poor quality of care; it is instead quite likely that they were overestimated due to **inadequate information systems** unable to accurately track all of the major obstetric complications treated.

The frequent changes in recording criteria may be related to physician turnover, with a consequent failure to apply diagnostic criteria in a continuous and standardized manner. Despite these limitations, the 2021 figures remained **essentially stable** – with values of approximately 1% – **in almost all of the settings** considered except Bo (in Sierra Leone), which recorded the deaths of 43 women due to direct obstetric causes. The fact that CUAMM's support, including the presence of a gynecologist, ended in April 2021 may have led to a slight drop in the quality of care.

	2017	2018	2019	2020	2021
<b>Aber</b>	1.2%	0.7%	1.0%	1.1%	0.9%
<b>Matany</b>	0.9%	0.5%	0.5%	0.7%	0.6%
<b>Tosamaganga</b>	0.5%	0.2%	0.46%	0.6%	0.2%
<b>Songambebe</b>	1.5%	0.0%	1.5%	0.0%	0.9%
<b>Wolisso</b>	0.5%	0.4%	0.6%	1.0%	0.1%
<b>Turmi</b>	9.5%	0.0%	14.3%	4.3%	1.5%
<b>Gambella Regional</b>		3.7%	2.0%	1.0%	1.2%
<b>Gambella primary hospital</b>					0.8%
<b>Jinka</b>					0.5%
<b>Chiulo</b>	2.0%	4.2%	n/a	n/a	2.3%
<b>Pujehun</b>	1.9%	1.0%	4.0%	3.3%	1.3%
<b>Yirol</b>	1.6%	0.5%	2.4%	1.4%	0.0%
<b>Lui</b>	0.0%	1.0%	0.9%	1.3%	0.6%
<b>Cueibet</b>	0.8%	2.8%	n/a	0.7%	0.0%
<b>Rumbek</b>	2.9%	3.4%	2.3%	1.0%	0.9%
<b>Maridi</b>		1.0%	0.5%	0.4%	1.0%
<b>Lunsar</b>	0.6%	4.7%	1.4%	3.7%	n/a
<b>PCMH</b>	1.3%	1.2%	1.3%	1.6%	1.0%
<b>Bo</b>	1.5%	3.6%	1.2%	2.6%	4.3%
<b>Bonthe</b>	2.4%	1.1%	n/a	n/a	1.7%
<b>Makeni</b>	1.7%	1.1%	1.4%	0.7%	n/a
<b>Beira</b>	n/a	n/a	n/a	n/a	1.4%
<b>Montepuez</b>	2.6%	1.3%	1.1%	0.7%	1.7%
<b>Nhamatanda</b>					0.8%

# 2021 HOSPITAL DATA

Country	Hospital name	No. of beds	No. of outpatient visits	No. of admissions	Prenatal visits	Total no. of deliveries	Cesarean sections
UGANDA	<b>Matany</b>	250	37,127	15,407	4,455	1,765	565
	<b>Aber</b>	178	27,821	10,852	10,028	2,637	791
TANZANIA	<b>Songambele</b>	63	18,460	3,491	2,448	733	231
	<b>Tosamaganga</b>	165	31,963	6,354	2,520	2,927	1,024
ETHIOPIA	<b>Wolisso</b>	200	80,282	12,183	10,686	4,206	715
	<b>Turmi</b>	22	10,256	329	1,806	492	57
	<b>Gambella RH*</b>	124	1,007,500	24,778	1,900	2,386	362
	<b>Gambella Primary Hospital</b>	50	38,210	1,337	4,000	1,226	0
	<b>Jinka</b>	130	82,138	5,991	5,391	3,599	770
ANGOLA	<b>Chiulo</b>	234	25,055	4,510	4,888	1,891	173
SOUTH SUDAN	<b>Lui</b>	102	19,302	5,080	2,013	588	129
	<b>Yirol</b>	105	54,470	10,391	5,515	1,725	69
	<b>Cueibet</b>	98	23,442	5,386	5,679	1,166	82
	<b>Maridi</b>	70	15,017	6,990	4,943	1,083	104
	<b>Rumbek</b>	76	48,868	23,122	18,498	2,621	137
SIERRA LEONE	<b>Pujehun CMI</b>	59	3,767	3,957	1,203	1,052	410
	<b>PCMH*</b>	125	16,395	8,544	27,592	6,723	3,442
	<b>Bo*</b>	40	28,647	11,996	2,697	3,394	773
	<b>Bonthe</b>	87	4,655	2,809	1,518	930	313
MOZAMBIQUE	<b>Montepuez</b>	134	18,110	10,651	0	3,965	713
	<b>Beira</b>	823	126,150	17,159	0	6,113	2,963
	<b>Nhamatanda</b>	120	n/a	831	n/a	3,158	410
C.A.R.	<b>Bangui Pediatric Hospital Complex</b>	257	71,065	16,309	n/a	n/a	n/a
<b>TOTAL</b>		<b>3,512</b>	<b>1,788,700</b>	<b>208,457</b>	<b>117,780</b>	<b>54,380</b>	<b>14,233</b>



\* Hospitals where CUAMM handles maternity-related services only

No. of vaccinations	User fee revenues	Total revenues for recurrent costs	Recurrent costs	Total staff	No. of qualified staff
56,593	168,304	1,089,281	988,242	270	131
30,975	351,464	1,424,642	1,274,964	187	129
9,436	253,507	399,776	415,916	94	76
8,157	344,538	809,223	655,165	209	145
10,368	501,718	1,553,726	1,556,820	441	260
973				45	33
1,564				432	202
1,527				263	134
208				484	484
7,622				164	123
0			989,884	147	63
0			849,070	159	57
7,722			702,209	100	63
7,661			686,825	65	50
18,385			1,045,543	170	87
0			300,000	158	140
0				456	411
nd				306	256
2,415				86	67
0				338	84
0				1682	892
n/a				166	36
2,107				418	295
<b>165,713</b>	<b>1,619,531</b>	<b>5,276,648</b>	<b>9,464,638</b>	<b>6,840</b>	<b>4,218</b>

# FUNDRAISING IN ITALY AND ABROAD









# FUNDRAISING IN ITALY AND COMMUNITY RELATIONS

CUAMM's Fundraising and Community Relations division works throughout Italy to create new opportunities to inform, enthuse, and engage volunteers and supporters with our commitment to walk side by side with Africa. This is made possible thanks to:

- the existence of numerous and increasingly dynamic **CUAMM support groups**, and **future groups** yet to be created;
- the organization by these groups of awareness-raising and fundraising **events** in Italy in support of CUAMM's projects in Africa. In 2021 alone, **364 events** were held all over the country, including **66 presentations of the book *What We Can Learn from Africa: Health as a Common Good***, written by Father Dante Carraro with

the author Paolo Di Paolo and published by Laterza (see p.100);

- the broader promotion and availability of **gifts in support of CUAMM's activities** thanks to **Infopoint**, a space in Padua next to the headquarters of Doctors with Africa CUAMM that is open to all, as well as the **new CUAMM gift website**, [regalisolidali.cuamm.org](http://regalisolidali.cuamm.org) (see p. 88);
- the support of **individual donors, organizations, associations and other groups who believe in our mission, foundations, institutions** (see p. 113), **businesses** and **restauranters with Africa** (see p. 112).

2021  
SNAPSHOT

**39**  
support  
groups

**15**  
regions  
involved

**2**  
national group  
meetings

**4,590**  
volunteers

## SUPPORT GROUPS AND EVENTS

CUAMM support groups are made up of volunteers, many of whom are development workers who have returned from missions in the countries where CUAMM is active and decided to channel their enthusiasm and energies to help make Africa's voice heard in every corner of Italy. These volunteers are enormously important for all they do to promote and support outreach **initiatives** and **events** as well as **"special projects"** to provide **health prevention and assistance** to the poorest groups in Italian society.

In addition, **2 national CUAMM support group meetings** were organized in 2021. In fact, CUAMM's Fundraising and Community Relations division organizes these biannual meetings every year for the members of CUAMM's volunteer support groups to **keep them apprised** of CUAMM's projects in Africa and to **work together to plan** their next outreach and fundraising activities in Italy.

Due to the high number of cases of COVID-19, the first 2021 meeting was held remotely (on 25 May) with 92 volunteers in attendance, while the second was held in person over a two-day period (9-10 October) near Doctors with Africa CUAMM headquarters in Padua, with 67 volunteers in attendance.

### IN 2021

- **A new support group – Doctors with Africa CUAMM Romagna** – was founded, joining the **other 38 groups**; it is the fifth such group in the Emilia Romagna region. The group's creation came about in part thanks to the support of the **Race=Care sailing team**, which has organized and participated in sports competitions and other events in support of Doctors with Africa CUAMM's projects since 2020;
- **More than 4,590 people** were involved in organizing and implementing initiatives and events in Italy;
- **5 special projects** were launched to provide **preventive healthcare** both to the neediest groups in Italian society and others;
- Financial support provided by the U.S. Agency for International Development (**USAID**) for the **IRC project** gave CUAMM support groups precious additional resources to promote and carry out activities to mitigate the adverse effects of the pandemic in Italy.



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## JOIN US!

Get in touch with the CUAMM group closest to you, or set a new one up yourself.

To learn more, call +39 049 7991867 or email us at [e.pasqual@cuamm.org](mailto:e.pasqual@cuamm.org).

## EVENTS

CUAMM events, most of which are organized by our support groups and other CUAMM advocates and backers, provide valuable opportunities to make new audiences aware of Doctors with Africa CUAMM's mission and to strengthen ties between our organization and the many entities in the area, both institutional and non-institutional.

These events make it possible to:

- **raise public awareness:** In 2021, presentations of the book *What We Can Learn from Africa: Health as a Common Good* (written by Father Dante Carraro with the author Paolo Di Paolo and published

by Laterza) provided the opportunity to discuss a range of topics, from global health to our organization's efforts to assist the countries we are active in with their national COVID-19 vaccination campaigns;

- **raise funds:** In 2021 **support groups** organized various solidarity initiatives such as those carried out with **Restaurateurs with Africa**;
- **report** the results of our organization's work in Africa to CUAMM's many supporters, for example on occasion of the **Annual Meeting**.

IN 2021

**364**  
events  
held throughout Italy

**66**  
presentations  
all over Italy  
of the book  
*What We Can  
Learn from Africa:  
Health as a  
Common Good*

**1**  
Annual Meeting

## OUR SUPPORT GROUPS IN ITALY



1.  
Bari: presentation of the book  
*What We Can Learn from  
Africa: Health as a Common  
Good*, with the University  
of Bari's Rector, Stefano  
Bronzini, and the publisher  
Alessandro Laterza.

2.  
Rovolon (Padua), 10  
October 2021: start of the  
partnership between Padova  
Colli Group volunteers  
and *La Tenda del Padre  
Nostro* APS





## NORTHEAST ITALY

**178**  
events altogether

**35**  
book presentations of *What We Can Learn from Africa: Health as a Common Good*

**10**  
CUAMM support groups

**1**  
Special project in the Veneto region: Checkups and events for the prevention of cardiovascular diseases

## NORTHWEST ITALY

**90**  
events altogether

**19**  
book presentations of *What We Can Learn from Africa: Health as a Common Good*

**11**  
CUAMM support groups

**2**  
Special projects in:  
- Pinerolo (Turin): *Becoming part of your new community*  
- La Spezia: *Taking care of the homeless*

## CENTRAL ITALY

**78**  
events altogether

**8**  
book presentations of *What We Can Learn from Africa: Health as a Common Good*

**11**  
CUAMM support groups

**1**  
Special project in Florence: Free HIV and Hepatitis C screening

## SOUTHERN ITALY

**18**  
events altogether

**18**  
book presentations of *What We Can Learn from Africa: Health as a Common Good*

**5**  
CUAMM support groups

**1**  
Special project between Bari and Foggia: Health services in slum areas

### RACE=CARE

"Race=Care" is the name of the first sailing team in Italy ever to decide to cross the Atlantic Ocean (in a solo race, the Mini Transat) in support of Doctors with Africa CUAMM. Skippers Luca Del Zotto and Luca Rossetti raised funds for the *Mothers and Children First: The First 1,000 Days* program after setting off from the Riviera Romagnola.



### MOTORCYCLISTS WITH AFRICA

Motorcyclists with Africa is a CUAMM support group whose members are motorcycle enthusiasts who work to raise both awareness among the world of two-wheelers and funds in support of mobility projects (especially using motorcycles) in the African countries in which Doctors with Africa CUAMM is active.



### RAILWAY WORKERS WITH AFRICA

After organizing the Train of Health initiative from 2017 to 2020, in 2021 the Railway Workers with Africa CUAMM support group conducted awareness-raising initiatives in schools and fundraising events while waiting to relaunch the 2022 edition of the *Train of Health*.



### FROM THE HEART

On Mother's Day in 2021, in 19 Campagna Amica markets around Italy, CUAMM volunteers presented the *From the Heart* initiative created in partnership with Katia Zuanon of Prayers Collection and *Donne Impresa*, Coldiretti's female entrepreneurs group. The proceeds were donated to the hospital and nursing/midwifery school in Rumbek, South Sudan.



# ANNUAL MEETING IN PADUA

The 11<sup>th</sup> edition of the **Annual Meeting of Doctors with Africa CUAMM** was held on 13 November 2021 at Padua's Geox Theater. This event is the most important of the year for CUAMM as it gives us the opportunity to **report on the results we have been able to achieve thanks to the support of our donors**, as well as to **engage institutions** at multiple levels in an effort to have Africa and the COVID-19 emergency there put **at the center of their political agendas**.

The meeting also gave us a chance to present the results of the **Mothers and Children First: The First 1,000 Days** program, which has come to an end after 5 years, and to **launch** a major new initiative focused on training: **People and Skills**. In addition, we focused much attention on CUAMM's **vaccination campaign** for the distribution and administration of COVID-19 vaccines in all of the countries where we are active.

*«Attending the Annual Meeting live was a newfound gift for us CUAMM support groups. In fact, even though we never actually stopped working together, since we did it remotely, it meant we could once again undertake our journey together, in person, the way we love best, reuniting our big 'family' after a long time apart.»*

**Giuseppe Ferro,**  
President of Doctors  
with Africa CUAMM  
support groups



2021  
ANNUAL MEETING

**2,500**

participants from  
all over Italy

**174**

volunteers involved,  
including 60 from  
Coldiretti Padova

**7**

buses organized  
to transport  
meeting  
participants





# SPECIAL PROJECTS IN ITALY

SPECIAL  
PROJECTS  
IN 2021

5

Italian regions  
involved

3

support groups  
involved

47

volunteers

## PINEROLO

### **Becoming part of your new community**

Thanks to the financial support of USAID and the Piedmont Region and the collaboration of various local groups, in early 2021 CUAMM's Piedmont volunteers launched **Becoming part of your new community**, a project aimed at providing a medical mediation and health education service for migrants and other foreigners living in the province of Turin. Volunteers assisted more than **30 migrants of various nationalities** with their medical treatment and **more than 100 individuals were trained** on basic health topics. The project will continue in 2022.

## LA SPEZIA

### **Taking care of the homeless**

Thanks again to the financial support of USAID, Doctors with Africa CUAMM was able to give support in turn to La Spezia volunteers working on the *Volontariato Vincenziano San Giovanni Bosco* group's **"Breakfasts with a Smile" initiative, which provides assistance to vulnerable individuals**. The shower service was renovated, giving **370 homeless people** access to toilet and shower facilities; since July 2020, more than 24,800 meals and 2,600 food kits have also been distributed to those in need.

## VENETO

### **Cardiological checkups and outreach events on the prevention of cardiovascular disease**

Following retirement, in 2017 CUAMM Conegliano volunteer and cardiologist Alfredo Danese decided to put his long medical career to use organizing **awareness-raising events on the prevention of cardiovascular diseases** and **providing free cardiological checkups to those over 40**. Since then, Dr. Danese has provided support to more than **200 individuals in 6 municipalities in Italy's Veneto Region** (Auronzo di Cadore, Masi, Merlara, Mestrino, Piove di Sacco and Saccolongo). The initiative is also made possible thanks to municipal governments and a range of local associations that provide volunteers and space.

## FLORENCE

### **Free HIV and Hepatitis C screening**

In May 2021 CUAMM's Florence volunteers, working closely with partners including the City of Florence and the Caritas Foundation, offered 2 days **of free HIV and Hepatitis C screening to the city's most fragile and marginalized groups**.

Rapid tests were administered to **61 people**, including sex workers, the homeless, and other poor and marginalized people. A nearby infectious diseases facility was alerted about those who tested positive, while those who did not were given information on safe practices to better avoid risk. Psychological support and information on local social and health services were also provided.

## BARI AND FOGGIA

### **Health services in slum areas**

Active since 2015 in the slum areas around Foggia with the Su.Pr.Eme. Italia project supported by the Apulia Region and local organizations, in 2021 CUAMM volunteers from Bari **implemented a mobile service for primary healthcare assistance**. Assisted by cultural mediators, doctors explained the risk of COVID-19 infection to users of the service, monitoring, identifying and referring any suspected cases to health

facilities, as well as distributing prevention kits (masks and hand sanitizer). From August 2020 to August 2021, the mobile clinic team went out **160 times**, including every weekend, undertaking **4,400 triages**, serving **1,672 users** and distributing **15,000 masks** and **5,000 bottles** of hand sanitizer.

# SOLIDARITY GIFTS

## EVERYONE'S WELCOME TO INFOPOINT!



Active for the past three years, Infopoint is an open space on via San Francesco in Padua where people can ask for information on **CUAMM's projects** and have a look at our **regali solidali, items for purchase in support of our activities** that are made thanks to the precious collaboration of social cooperative sewing workshops employing women and men from various African countries. Infopoint is volunteer-managed; in 2021, **15 volunteers** devoted their free time to keep the space up and running.

## E-COMMERCE IN SUPPORT OF CUAMM



Christmas saw the launch of CUAMM's **new e-commerce initiative**, with an array of gift items for sale to individuals and companies who want to support CUAMM's work. They include the special edition line by the Italian-Nigerian illustrator **Diana Ejaita**: accessories made of African fabrics, "**Buone Cause**" (good causes), customizable objects in both paper and digital formats, and **bomboniere**, commemorative gift items for special occasions.

## GIVING AND DOING

*«My name is Rosalba and I've been a volunteer with CUAMM's Padua support group since 2019, the year I retired. I decide I wanted to devote some of my leisure time to CUAMM after visiting Tanzania and seeing the "real" Africa – a continent with a lot of poverty, but also one that is incredibly rich in so many ways. I met people there who helped me understand the difference between just giving, and **giving and doing** – what CUAMM has been doing with Africa for over 70 years. Together with many other volunteers, I serve at the Infopoint and help make "bomboniere", hand-made commemorative gift items for special occasions like baptisms, communions, confirmations, graduations and weddings.»*

**Rosalba Toninato,**  
volunteer with Doctors with Africa  
CUAMM's Padua support group



## TOGETHER IN SOLIDARITY

*«E-sfaira is a social services cooperative that has collaborated with CUAMM since 2020. Our two organizations came together when we realized that we shared similar values and goals. In fact, CUAMM's mission of solidarity fits perfectly with E-sfaira's own work in the areas of social services and integration. That's why our two artisanal sewing workshops are pleased to hand-sew the pouches for CUAMM's commemorative gifts using traditional African fabrics. The final product is truly unique – a special gift borne of the union of two projects of solidarity.»*

**Raffaella Caccin,**  
E-sfaira social cooperative





## RESTAURATEURS WITH AFRICA



2020 saw the launch of a new network of food-service businesses whose owners **chose solidarity** despite the pandemic crisis. In 2021, with the help of CUAMM's support groups, many of these businesses organized both **in-person and take-out initiatives in support of CUAMM's activities**.

## BUSINESS WITH AFRICA



The Business with Africa CUAMM support group includes companies, professional studios and freelance workers who work to support CUAMM's mission in various ways, including:

- through **charitable disbursements** or **in-kind donations**;
- by choosing **gifts in support of CUAMM's activities** ("regali solidali") for their companies at Easter, Christmas and on other holidays;
- by undertaking a **corporate volunteer** experience with CUAMM.

## A GOOD HABIT

*«Many of our customers eagerly await their Doctors with Africa CUAMM calendar year in and year out; some tell me it's the only one they want on their desk at home or work. I've been wanting to see Africa for myself for 70 years. I haven't been able to yet, but I try to do my part by involving my company and friends in support of the work CUAMM does there.»*

**Giorgio Toninato,**  
owner of Toninato Giorgio snc



# FUNDRAISING ABROAD

In recent years our International Relations division has become a strategic keystone for Doctors with Africa CUAMM. Its aim is to foster the **development of new relationships and associations with other actors engaged in international development**. The latter group includes a growing number of private foundations, some of which with ties to private entities and others to corporations with social responsibility aims.

Doctors with Africa CUAMM now has many projects and initiatives underway with such international partners in each of the countries where we are active; they support our work alongside, and sometimes in integration with, our more traditional development cooperation donors and help advance CUAMM's overall strategy.

These partnerships and associated projects are fostered further with meetings that also involve other institutions, foundations, universities, professional groups and private citizens in the challenge launched by CUAMM's strategic plan, helping in turn to put a more global spotlight on our organization's activities.

More specifically, in 2022 CUAMM's International Relations division worked on:

- the **dissemination of best practices in the field of global health** in partnership with the London International Development Center, the Trialect Traineeship Program, the German Health Alliance, Bournemouth University Disaster Management Centre (BUDMC), the Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO), the Lancet Migration Hub, Together for Girls and the American Chamber of Commerce in Italy (AmCham).
- **emergency response**, thanks to our partnerships with (and the support of) the Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO) in response to urgent needs in Ethiopia, Mozambique and Angola; the U.S. Agency for International Development (USAID) in response to the COVID-19 emergency in Italy; and the United Nations Humanitarian Response Depot (UNHRD).
- **international fundraising** in support of our many programs in Africa, thanks to partnerships with numerous companies and private foundations.



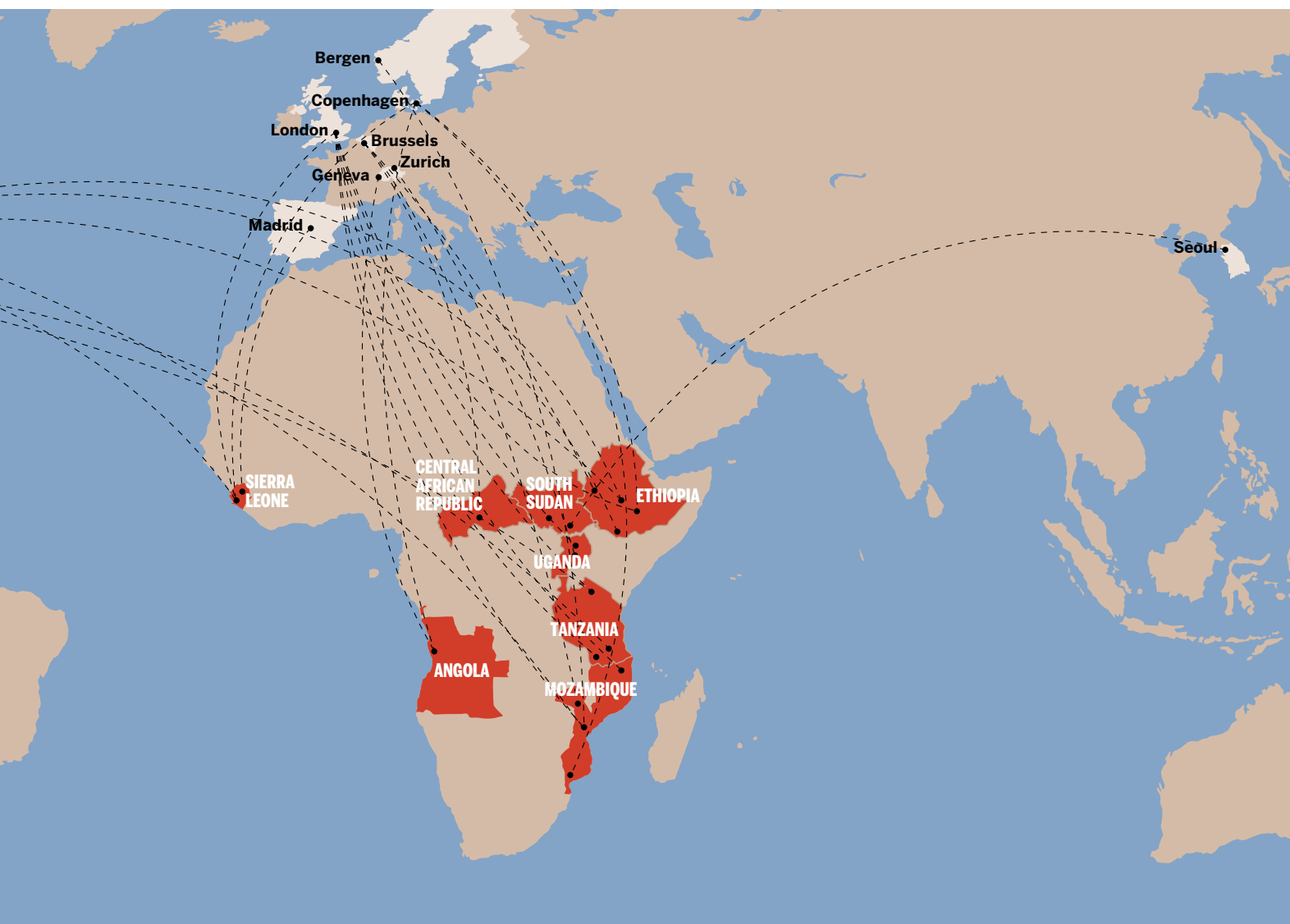


## CUAMM OVERSEAS

The network encompassing these partnerships extends from Europe (Switzerland, Denmark, Spain and the United Kingdom) all the way to the United States and Canada. That's why we created **Doctors with Africa CUAMM UK**, a charity headquartered in London, and **Doctors with Africa CUAMM USA**, which is registered as a 501(c)(3) organization and headquartered in New York.

CUAMM UK and CUAMM USA facilitate networking with local actors, helping inspire their commitment to supporting projects in the poorest sub-Saharan African countries.

1. COVID-19 supplies to be shipped to Africa at one of the United Nations' logistic hubs.
2. A logistic hub in the Province of Padua for the storage of materials for humanitarian crises.
3. Diagnostic supplies delivered to South Sudan thanks to a humanitarian flight organized in partnership with UNHRD and DG ECHO.



# SUPPORTING CONGREGATIONS ON THE FRONT LINE

Doctors with Africa CUAMM has launched a project in support of 25 religious congregations working on the front line to help manage hospitals and health centers in 23 African countries; its goal is to provide them with **health training and technical assistance**. We also help strengthen relations between the congregations, governments and local ministries. In 2021, technical assistance missions were carried out in three centers in Togo and one in Zambia; further missions are planned in 2022.

CUAMM provided training in the following areas:

- **Health facility management:** planning, data collection and management, crisis and emergency management, and human resource management;
- **Health facility administration:** financing, administration and control, and public/private partnership management;
- **Project management:** project cycle, reporting, and budgeting;
- **International fundraising:** donor research and cultivation and future project development.

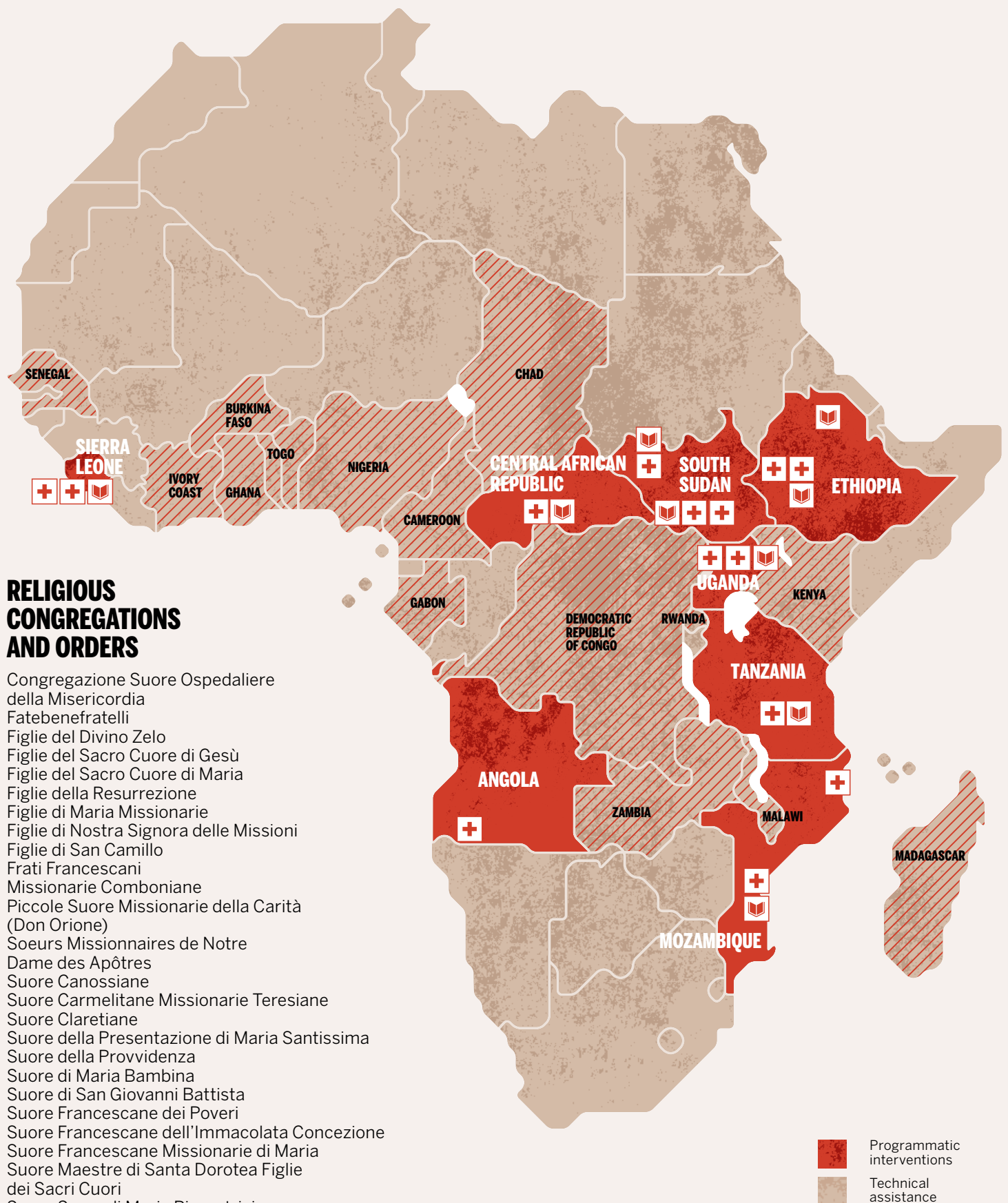


1. Visit to the Luigi Tezza Social Medical Center by Camillian Sisters in Lomé, Togo.
2. Organizational meeting with the Sisters of Providence, Camillian Sisters and Claretian Sisters in Afagnan, Togo.
3. Organizational meeting in Rome between CUAMM and congregation representatives.





## WHERE WE WORK



# EDUCATION AND PUBLIC AWARENESS





## HEALTH IS GLOBAL

Doctors with Africa CUAMM shows its commitment to advancing people's right to health in a range of ways, including through educational and awareness-raising initiatives.

We are convinced, in fact, that **helping familiarize young people, doctors and health professionals with development and cooperation issues** can lead to both a **more just world** and **more responsible medical practices**. That's why we organize **two residential training courses** every year at CUAMM's Padua headquarters, with 220 hours of lectures for medical residents and doctors from across Italy who are interested in learning more about health issues in developing nations – from public health to infectious diseases, and gynecology to pediatrics. Some will want to take part in order to prepare for a possible mission overseas themselves.

Due to the dire global health situation, all of these training opportunities took place online in 2021. However, participants were still able to interact with the trainers and among themselves, both while engaging in group work and through a variety of other modes of remote interactive exchange.

For decades CUAMM has also collaborated with the Italian Medical Students' Association (SISM), FederSpecializzandi, the Italian Association of Young Medical Doctors (SIGM), the National Federation of Physicians, Surgeons and Dentists (FNOMCeO), and the Italian Network for the Teaching of Global Health (RIISG) to offer seminars, courses and conferences on the topics of health cooperation and global health.

Thanks to the **Italian Response to COVID-19** project funded by the U.S. Agency for International Development (USAID), we were able to organize and hold our activities with SISM online, and in September 2020 launched our **"Global Health Wednesdays"**, a virtual space for SISM members that was

also open to anyone else interested in participating in weekly meetings to discuss global health and the evolution of the COVID-19 pandemic.

We also organized 19 webinars, reaching more than 5,000 students, in 2021. In addition to our online training sessions, the Italian Response to COVID-19 project involved a number of **digital debates** aimed at **promoting a constructive dialogue** between health workers and Italian civil society, and **increasing people's familiarity with and trust** in Italy's national health system. 2021 also saw the organization of three digital debates featuring international guests and focused on topical issues concerning the response to the pandemic and the concept of global health, something that had never before felt so tangible.

Another three-year project funded by the Cariparo Foundation drew to an end in November 2021; it had offered additional training activities to young doctors (with ECM accreditation), often in partnership with medical and hospital associations throughout Italy. These activities, too, were impacted by the pandemic, with sessions being rescheduled and subsequently held remotely rather than in person.



For years, CUAMM has offered medical students and residents the possibility to undertake a period of training in Africa; **thanks to our partnership with SISM, every month Doctors with Africa CUAMM provides four medical students with the opportunity to do an internship in Ethiopia or Tanzania** to begin to get acquainted with the world of international health cooperation.

**Launched in 2002, the Junior Project Officer (JPO) program** is instead aimed at medical residents. In agreement with the Conference of Rectors of Italian Universities (CRUI), the program offers a **period of field training** lasting from 6 to 12 months and **recognized by the student's university as part of her or his formal education.**

Although like our other training opportunities, these important field-training programs were also delayed or suspended in 2021 due to the pandemic, we are pleased to report that **361 medical students and 271 medical residents from 39 universities** across Italy have taken part in them from the time they were instituted on through the end of 2021.

Thanks to CUAMM's partnerships with various institutional entities representing the midwifery profession, as well as the generous support of private donors, since 2017 **scholarships have also been made available to students and recent graduates of midwifery degree courses** to enable them to undertake a period of training in one of the African hospitals with which we partner.

After a suspension of these activities in 2020 due to the pandemic, the following scholarships were revived in 2021:

- the **Michele Mega Scholarship** (running from 2016 to 2025), which offers two 3-month scholarships to University of Padua students as well as supporting a 5-day online training initiative, the Professional Training in International Health Cooperation Project, in April;
- a CUAMM scholarship for students of the University of Padua's midwifery course, which is open to students of all three course locations (Padua, Treviso and Vicenza);
- the **Irma Battistuzzi Prize** (established in 2018), which is funded by the Benedetti family and organized in partnership with the University of Padua's **Alumni Association**, offers a 2-month scholarship to a recent graduate of the university;
- the **Rachelina Ambrosini Foundation** (established in 2018), which offers a scholarship for a recent female graduate of the University of Salerno.



## ASTONISHING READINESS

*«In the three months I spent with the Wolisso Hospital's Delivery Unit staff I was often bowled over by the amazing work done there by local midwives, both women and men. They could often guess a mother-to-be's stage of labor just by lightly touching her belly. Even with the few tools at their disposal, they acted with astonishing readiness during emergencies and urgent cases. They understood how critical teamwork is, and thus the importance of listening to and communicating not only with their patients, but also with every single staff member. I learned so much from these young midwives – some even younger than me – and am sure that I'd be able to learn much more from them yet.»*

**Emma Santi,**  
Emma Santi,  
one of two winners of  
the 2021 Michele Mega  
Scholarship.





## UNIVERSITIES INVOLVED IN CUAMM PROGRAMS

**39**

Italian universities



## MIDWIVES

**50**  
midwives have  
left for Africa  
since 2016,  
including:

42  
students

8  
recent graduates

## SISM

**361**  
medical students  
have left for  
Africa since  
2016,  
including:

103  
for Tosamaganga,  
in Tanzania

258  
for Wolisso,  
in Ethiopia

## MEDICAL RESIDENTS WITH CUAMM

**271**  
medical  
residents have  
left for Africa  
since 2002,  
including:

91  
in pediatrics

28  
in gynecology  
and obstetrics

58  
in internal  
medicine

44  
in preventive  
hygiene and  
medicine

29  
in surgery

11  
in infectious  
diseases

4  
in anesthesiology

1  
in neurology

2  
in child  
neuropsychiatry

3  
in orthopedics

**Medical students**  
Areas from which  
SISM medical  
students with the  
Italian Medical  
Students' Association  
(SISM) leave with  
CUAMM for Africa

**Medical residents**  
Universities from which  
medical residents leave  
with CUAMM for Africa

**Midwives project**  
Universities from which  
midwives leave with  
CUAMM for Africa

# COMMUNICATIONS AND MEDIA RELATIONS

PRESS, TV  
AND RADIO  
IN NUMBERS

**3,293**

print and online  
pieces on CUAMM

**102,266**

viewers of CUAMM's  
Annual Meeting on  
Tv2000

**147**

appearances on  
national and local  
TV and radio





## COMMUNICATIONS

Doctors with Africa CUAMM translates its experiences and activities into a range of content and media for various audiences, describing both the needs and the beauty of Africa and helping to strengthen CUAMM's visibility in Italy, Africa and elsewhere around the world.

Our **publications** encompass fundraising materials such as mailings and brochures and special materials for donors. In compliance with the regulations for third sector organizations, we also produce an **Annual Report**, one of our primary tools for reporting to and strengthening our bonds with our stakeholders, who deserve to know not only about the financial aspects of CUAMM's programs and activities but also their broader impact.

2021 also saw the publication of ***Like Messages to the Wind: Hairstyles and Traditions***, a Doctors with Africa CUAMM calendar by the internationally renowned Italian-Nigerian illustrator **Diana Ejaita**, on the all-round beauty of African culture, with a focus on the culture of both traditional and present-day African hairstyles.

We also publish ***èAfrica***, a bimonthly informational magazine with a print run of around 40,000 copies for sending to our donor network and distribution at events, and ***Health and Development***, another magazine focused on international health development and policy that is issued three times a year in both Italian and English.

CUAMM's **digital and social communications** play an increasingly important role, as they enable us to keep our stakeholders and other interested members of the public constantly abreast of our activities in Africa and Italy. Our **website is available in Italian, English and Portuguese**, we send out **more than 60 newsletters**, and every month sees increased engagement and growing numbers of followers on our **social media platforms**.

An **online story for children is published every year on Mother's Day** to help raise kids' awareness of **health-related topics in Africa** and expand CUAMM's audience; the 2021 edition of this downloadable publication was entitled ***Bassù e la pulce monella*** (*Bassù and the Naughty Flea*).

CUAMM's Communications division also works to meet the **visibility needs of specific programs and activities in the field**, with materials for use by local human resources to **highlight the contributions of donors and partners**.

**Country profiles and factsheets** are drawn up in a range of languages to detail the programs and activities underway in each country. To strengthen CUAMM's **brand identity in the field**, materials including posters, plaques, banners and roll-up displays are also created for use by local offices and project activity coordinators. The division also creates **awareness-raising materials** for use in the field.

Press conference on  
2020 Annual Report.

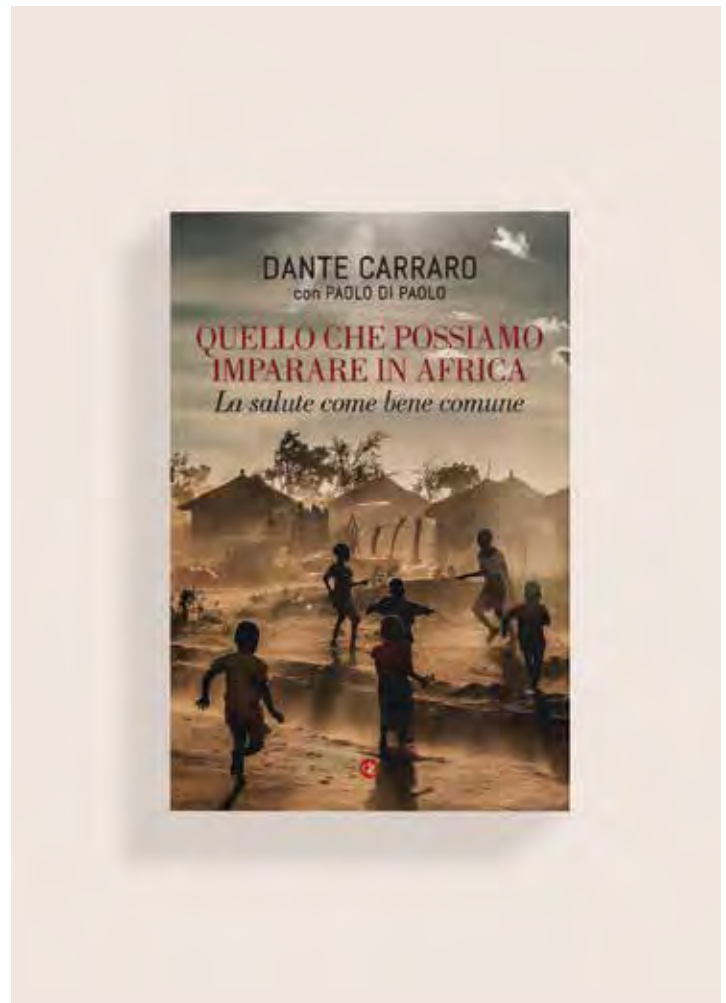


## WHAT WE CAN LEARN FROM AFRICA: HEALTH AS A COMMON GOOD

In May 2021 Laterza published *What We Can Learn from Africa: Health as a Common Good*, a book written by Father Dante Carraro with Paolo Di Paolo.

It recounts Doctors with Africa CUAMM's seventy years of history, past and present, through the eyes and experience of our organization's director and a writer who, although still young, is already a familiar figure in the Italian cultural debate, and offers **a vision of international health cooperation centered on care: of individuals, in the use of resources, and with regard to results.**

The book has been successful, with seven additional printings following the initial one for a total of some 11,000 copies thus far.



The author Paolo di Paolo during a visit to Uganda with Father Dante Carraro.







## HEALTH BONDS US

«Dante Carraro and I were both drawn straight away to the idea that this book would both tell a story and proffer some values and ideas. As I reread it in recent days, what struck me most is that it's not just a book that helps acquaint people with this extraordinary continent, its challenges and potential alike; nor does it just focus – as the subtitle states – on one of the most important topics for CUAMM since its foundation. The fact is that by now it's clear to everybody that we're all bound together by this thing called health; we can't just take care of one part of the world and leave everyone else on their own. There's a wonderful expression Father Dante often uses when talking about CUAMM's founding fathers, Canova and Mazzucato, about "knights of good". This is a book about community, where a man like Dante Carraro holds us all together in a great big community of Africans, Italians, human beings... This experience has been deeply human and personal, but it's also given me an opportunity to ponder a difficult topic, one that's never talked about enough in Italy. The media doesn't talk about it, we publishers don't talk about it, and yet it's a critical topic for us too, not just people in the global South – one that should help us grow and become better people.»

**Giuseppe Laterza,**  
Publisher



## THE HOPE TO HEAL

«This book isn't an interview in the strict sense of the word; it's something we wrote together, borne of long conversations, notes, recordings, and transcripts. One thing that we really wanted to do here was tell stories, using Father Dante and his experience for what it is: an experience made up of people, lives, actual encounters with other human beings, whether they are doctors, nurses, midwives or the sick. People in flesh and blood, not abstract characters; hands that you shake and eyes that you look into from up close. Starting with the trip we took together to Uganda, the whole experience was truly an open-air school for me, in the sense that your vocabulary goes right out the window, your belief systems too, all your assumptions and commonplaces and clichés. Pretty much everything goes out the window, and you just learn so much. After we got back there started to be all this talk about Wuhan and then, all of a sudden, our world turned upside down. The last sentence in the book is "the hope to heal", and that's really its core: health as a common good, because ultimately everything pivots around people's hope to heal. After all, this is a place where that hope is always alive; and that's what we can learn from Africa.»

**Paolo di Paolo,**  
author



## MEDIA RELATIONS

2021 saw CUAMM at the forefront of the **“A Vaccine for All of Us” campaign**, with the special endorsement and support of the scientific director of the Humanitas Research Hospital, Professor Alberto Mantovani, who lent his face and voice to our cause.

Over **3,200 print or online pieces** covering CUAMM's activities in Africa and Italy appeared this year. Our work was also featured elsewhere, including on national and local television stations; the most important included on **La7's DiMartedì** and **TV2000's Diario di Papa Francesco** and **Today**. **Rai 2's Frontiere** broadcast a thoughtful in-depth report from Sierra Leone about that country's COVID-19 vaccination efforts.

With the publication of the book **What We Can Learn from Africa: Health as a Common Good** written by Father Dante Carraro with Paolo Di Paolo and reviewed by Italy's top newspapers, from **Il Corriere della Sera** (Michele Farina) to **La Repubblica** (Pietro Del Re) and **Avvenire** (Paolo Alfieri), we now have another tool to help spread CUAMM's values and experiences.

Various television shows and local and national radio stations featured CUAMM's director as a guest, including **Rai 1's Unomattina**, **Rai 3's Geo**, **SkyTg24's Timeline**, **Radio Rai 1's Che giorno è**, **Radio InBlu** and **Radio Vaticana**. In 2021 Italian radio expanded its coverage of the topics most important to CUAMM; just a few of many examples were **Radio24's Uno**, **Nessuno**, **100Milan**, **Radio Rai 1's Che giorno è** and **Inviato speciale**, and **Radio Rai 3's Scienza** and **Tutta la città ne parla**.

**Media partnerships** at CUAMM's Annual Meeting included both our valuable long-time partnerships (TV2000's **Avvenire** and Gruppo Gedi/Veneto's **Corriere del Veneto** and **Gazzettino**) and a special new partnership with **Radio Rai Uno**, which showcased our event on its **Giornale Radio (Gr)** and other broadcasts, including **Gr Parlamento**.

The end of the year was marked by two important features: **Corriere della Sera's Buone Notizie** devoted its cover and opening story to CUAMM's vaccination work in Africa and **Avvenire** chronicled our work with three reports from Mozambique. Thanks to the production of **53 videos**, we were also able to continue telling our story on our YouTube channel and to reach new audiences, almost tripling our view count.

## SOCIAL MEDIA AND WEBSITE



**445,916**

sessions on Italian version of website



**44,643**

subscribers to our *Voices from Africa* newsletter  
**+ 7,021 since 2020**



**46,247**

followers  
**+ 3,336 since 2020**



**5,168**

followers  
**+ 864 since 2020**



**4,800**

followers  
**+360 since 2020**



**13,309**

followers  
**+ 1,170 since 2020**

**28**

linked Instagram pages



**2,486**

subscribers to our YouTube Channels  
**+581 since 2020**

**567,347**

views  
**+392.772 since 2020**

**455**

videos on our YouTube channel







# 07/ ECONOMIC AND FINANCIAL SITUATION

[doctorswithafrica.org/en/who-we-are/accountability/  
balance-sheet/financial-statements/](https://doctorswithafrica.org/en/who-we-are/accountability/balance-sheet/financial-statements/)





## 2021 FINANCIAL STATEMENTS AT A GLANCE

Doctors with Africa CUAMM is incorporated by law within the Opera San Francesco Saverio Foundation. Although there is just one set of annual financial statements for the Foundation, they comprise the results of three different activities: those of the Foundation, the non-profit NGO Doctors with Africa CUAMM, and the Student College.

OPERA SAN FRANCESCO SAVERIO

Financial Statements at 31/12/2021

### FINANCIAL STATEMENTS AT 31 DECEMBER 2021

ASSETS			
(amount in EUR)			
	31/12/2021	31/12/2020	Change
<b>(A) SHARED CAPITAL ISSUED AND NOT YET PAID</b>			
Payments already requested	0	0	0
<b>Total shared capital issued</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>(B) FIXED ASSETS</b>			
Intangible fixed assets	7,659	15,646	7,987-
Tangible fixed assets	2,677,271	2,857,120	179,849-
Financial fixed assets	6,689,622	6,668,000	21,622
<b>Total fixed assets</b>	<b>9,374,552</b>	<b>9,540,766</b>	<b>166,214-</b>
<b>(C) CURRENT ASSETS</b>			
Total inventories	0	0	0
Total receivables	23,409,912	24,699,869	1,289,957-
Total financial assets	0	0	0
Total cash and cash equivalents	21,340,615	17,484,280	3,856,335
<b>Total current assets</b>	<b>44,750,527</b>	<b>42,184,149</b>	<b>2,566,378</b>
<b>(D) ACCURED INCOME AND PREPAYMENTS</b>			
Total accrued income and prepayments	1,822,698	3,410,544	1,587,846-
<b>TOTAL ASSETS</b>	<b>55,947,777</b>	<b>55,135,459</b>	<b>812,318</b>
LIABILITIES			
(amounts in EUR)			
	31/12/2021	31/12/2020	Change
<b>(A) SHAREHOLDER EQUITY</b>			
Total shareholder equity	13,729,489	13,710,324	19,165
<b>(B) PROVISIONS FOR RISKS AND CHARGES</b>			
Total provisions for risks and charges	2,279,547	2,578,334	298,787-
<b>(C) RESERVE FOR SEVERANCE INDEMNITIES</b>			
	1,431,501	1,338,323	93,178
<b>(D) PAYABLES</b>			
Total payables	4,718,755	4,843,057	124,302-
<b>(E) ACCURED EXPANCES AND DEFERRED INCOME</b>			
Totale ratei e risconti passivi	33,788,485	32,665,421	1,123,064
<b>TOTAL LIABILITIES</b>	<b>55,947,777</b>	<b>55,135,459</b>	<b>812,318</b>

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

1



INCOME STATEMENT				
(amounts in EUR)		31/12/2021	31/12/2020	Change
<b>(A)</b>	<b>OPERATING VALUE</b>			
1	Contributions, offers and revenues from activities	41,648,157	46,551,875	4,903,718-
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	Increased in fixed assets for internal work	0	0	0
5	Other revenue and income	1,203,147	702,345	500,802
	<b>Total operating value</b>	<b>42,851,304</b>	<b>47,254,220</b>	<b>4,402,916-</b>
<b>(B)</b>	<b>OPERATING COSTS</b>			
6	Costs for raw materials, supplies, consumables and goods	141,809	100,742	41,067
7	Costs for services	39,217,123	43,502,549	4,285,426-
8	Costs for leased assets	58,463	44,615	13,848
9	Staff costs	2,885,869	2,771,331	114,538
10	Depreciation and devaluation	154,215	157,269	3,054-
11	Changes in inventories of raw materials, supplies, consumables and goods	0	0	0
12	Provisions for risks	0	0	0
13	Other provisions	0	20,474	20,474-
14	Other operating expenses	254,310	623,648	369,338-
	<b>Total operating costs</b>	<b>42,711,789</b>	<b>47,220,628</b>	<b>4,508,839-</b>
	<b>DIFFERENCE BETWEEN OPERATING VALUE AND COSTS</b>	<b>139,515</b>	<b>33,592</b>	<b>105,923</b>
<b>(C)</b>	<b>FINANCIAL INCOME AND EXPENCES</b>			
15	Income from investments	0	0	0
16	Other financial income	52,366	100,259	47,893-
17	Interest and other financial expenses	9-	27-	18
17-bis	Foreign exchange gains and losses	1,245	13,945-	15,190
	<b>Total financial income and expenses</b>	<b>53,602</b>	<b>86,287</b>	<b>32,685-</b>
<b>(D)</b>	<b>VALUATION ADJUSTMENTS TO FINANCIAL ASSETS</b>			
18	Revaluations	0	0	0
19	Write-downs	0	0	0
	<b>Total financial adjustments</b>	<b>0</b>	<b>0</b>	<b>0</b>
	<b>PROFIT OR LOSS BEFORE TAX</b>	<b>193,117</b>	<b>119,879</b>	<b>73,238</b>
22	Income tax for the year	105,099	99,538	5,561
23	<b>SURPLUS (DEFICIT) FOR THE YEAR</b>	<b>88,018</b>	<b>20,341</b>	<b>67,677</b>



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## Report on the audit of the financial statements

To the Chairman of the Board 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 Foundation), which comprise the balance sheet as December 31, 2021, 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 Foundation as at December 31, 2021, 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 Foundation 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 issued under any legal requirement, because for the year ended as December 31, 2021 pursuant to article 2409bis of the Italian Civil Code, the Foundation is not obliged to statutory Audit.

#### Responsibilities of Management and the Board of Statutory auditors 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 Foundation'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 Foundation or to cease operations, or has no realistic alternative but to do so.

The Board of Statutory auditors has the responsibility, in compliance with the applicable

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Pag. 1 di 2





legislation, for the supervision of the monitoring financial reporting process of the Foundation.

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#### 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 Foundation'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 Foundation'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 Foundation 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 6, 2022

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

Doctors with Africa CUAMM has no ongoing disputes with any governmental bodies, entities or individuals.

### Environmental safeguarding

With regard to environmental safeguarding, Doctors with Africa CUAMM has adopted the following policies for the implementation of its activities:

- 1) Only EU Ecolabel-certified *MultiCopy Zero* paper, which has a reduced environmental impact, is purchased for our offices in Padua. It is also certified Totally Chlorine-Free (TCF) and branded by the Forest Stewardship Council (FSC), having been produced along a controlled supply chain from responsibly managed forests.
- 2) All employees and collaborators of Doctors with Africa CUAMM are requested to print documents only if strictly necessary. This suggestion is included at the bottom of every CUAMM-issued email.

### Number of meetings held during the reporting period

The Board of Directors of the Opera San Francesco Saverio Foundation, which also administers Doctors with Africa CUAMM's activities, met twice during the year: on 11 June 2021 (to approve the Annual Report and the Final Balance for 2020) and again on 21 December 2021.

## MONITORING BY A SUPERVISORY BODY

As the supervisory body of the Opera San Francesco Saverio Foundation that also oversees Doctors with Africa CUAMM's activities, the Board of Auditors met four times during the year, on 22 January, 24 May, 30 August and 3 December 2021.

Its monitoring was related to:

- a) the proper keeping of accounting and tax records (general journal, VAT registers and depreciable assets book) and company books (Board of Directors' book of meetings and resolutions and Board of Auditors' book of resolutions);
- b) the fulfilment of Doctors with Africa CUAMM's obligations vis-à-vis the payment of withholding taxes and contributions on income from employment and self-employment for its staff in Italy and abroad, as well as its consultants;
- c) proper VAT payments;
- d) the online submission of mandatory tax forms;
- e) checking cash balances and verifying bank and postal accounts.

The Board of Auditors ascertained that Doctors with Africa CUAMM had operated within the scope of its mission and made no profit from the activities that were implemented. The Foundation earmarked the operating surpluses exclusively for the carrying out of its statutory activities, as noted by the Board of Auditors in its report to the financial statements ended 31 December 2021 attached to the Minutes regarding the approval of the financial statements themselves dated 8 June 2022.

In 2021 the expenditures of Doctors with Africa CUAMM, a non-profit NGO, totaled €41,986,172. Of this figure, 92.5% (€38,822,857) was invested in our projects for treatment, prevention and training in the countries where we work. Operating costs accounted for 3.2% of the total and included the overall management of CUAMM's facilities, staff, depreciations,

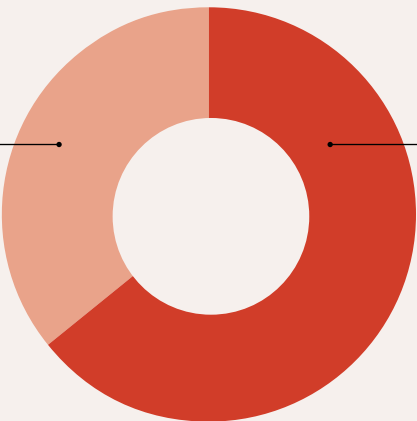
financial charges and taxes and fees. Communications, outreach and fundraising expenses accounted for 4.3% of the total and included the organization of events in Italy, publications, media relations, development education, loyalty marketing, new campaigns and the staff of the Communications, Community Relations and Fundraising divisions.

HOW WE RAISED FUNDS  
IN 2021

**TOTAL REVENUE**  
**€42,498,009**  
100%

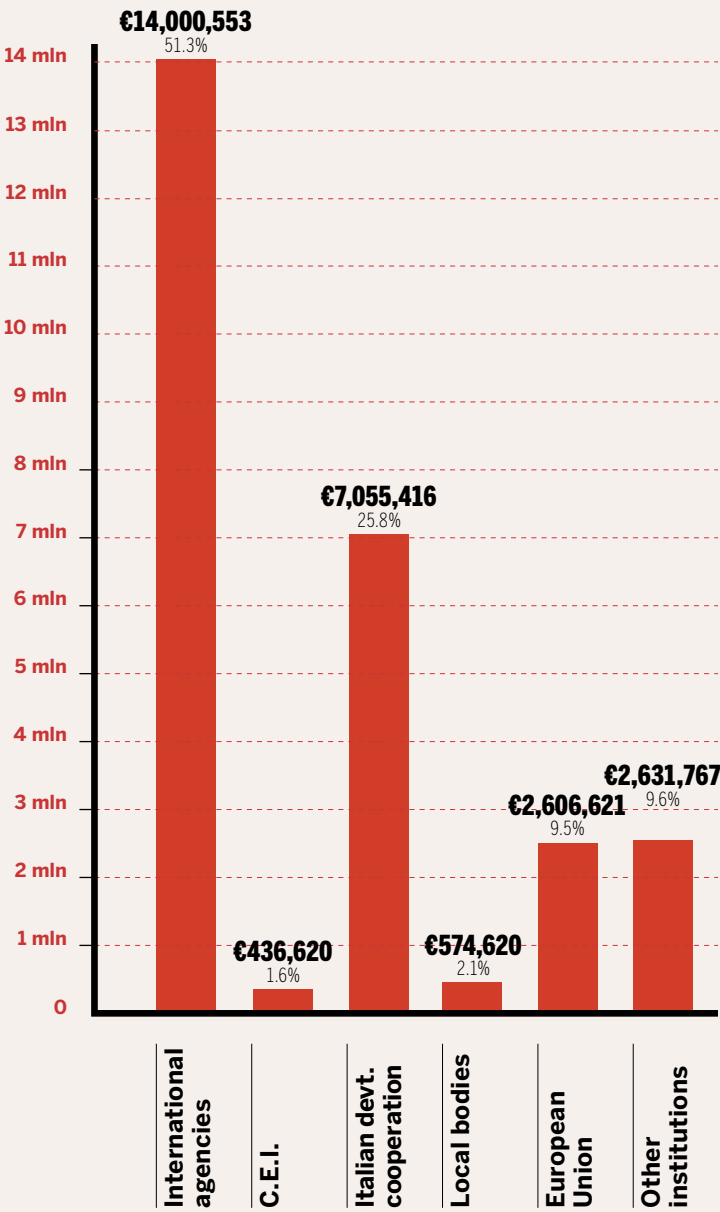
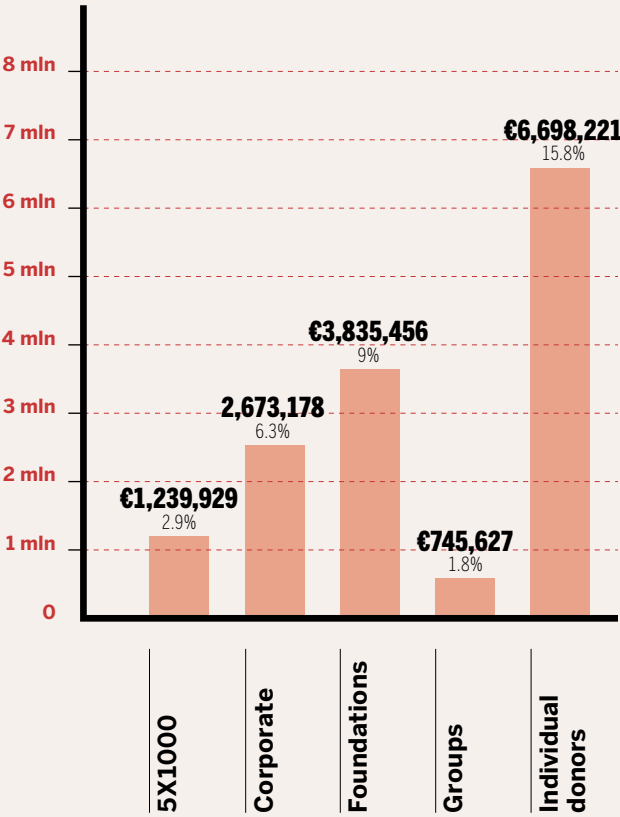
**FUNDS FROM  
INDIVIDUALS**  
**€15,192,411**  
35.8%

**FUNDS FROM  
INSTITUTIONS**  
**€27,305,598**  
64.2%



FUNDS FROM INDIVIDUALS

FUNDS FROM INSTITUTIONS

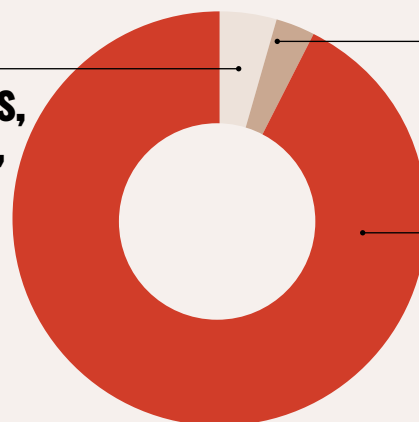




## HOW WE SPENT THE FUNDS RAISED

**TOTAL COSTS**  
**€41,986,172**  
100%

**PUBLIC AWARENESS,  
COMMUNICATIONS,  
AND FUNDRAISING**  
**€1,835,560**  
4.3%



**OPERATING  
COSTS**  
**€1,327,755**  
3.2%

**TREATMENT,  
PREVENTION  
AND TRAINING  
PROJECTS**  
**€38,822,857**  
92.5%

### Treatment, prevention and training projects:

Expenses for on-site project implementation, project services, other project-related expenses, and costs for project personnel.

### Operating costs:

Costs for personnel, general facility management, the purchase of raw materials, facility management services, depreciations, miscellaneous facility management expenses, financial expenses, and taxes and fees.

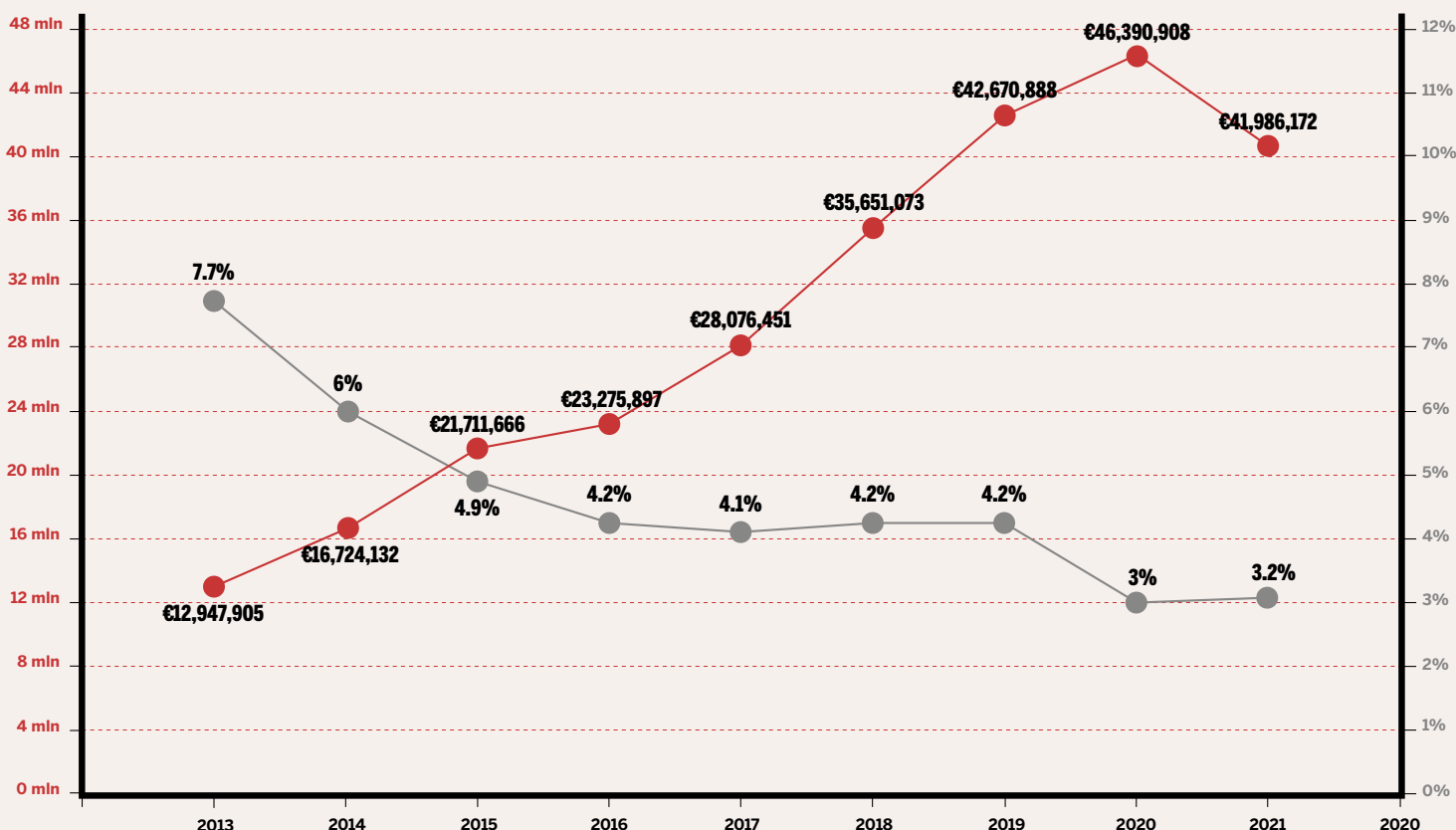
### Public awareness, communications and fundraising:

Costs for Communications, Fundraising and Community Relations division services and personnel, publications, media relations, events management and publicity, development education, relationship-building and campaigns.

## IMPACT OF OPERATING COSTS ON THE BUDGET

The chart below shows the trends in total expenditures and the impact of operating costs from 2013 to 2021.

● Total expenditures (in Euros)  
● Operating costs impact ratio (expressed as a percentage)



# THANK YOU FOR JOINING US ON THIS INCREDIBLE JOURNEY WITH AFRICA

## ASSOCIATIONS, GROUPS AND ORGANIZATIONS

Americares  
Amici del Cuore Alto  
Vicentino  
Assindustria Venetocentro  
Associazione Marco Polo  
Team  
Associazione Operazione  
Mato Grosso  
Associazione Realtà Veneta  
Bambini del Danubio Onlus  
Bhalobasa Onlus  
Comitato Bakhita Schio-  
Sudan  
Coordinamento Solidarietà  
Onlus di Bonate di Sotto  
El Quetzal - Onlus  
Federazione Italiana  
Pallavolo (FIPAV)  
Fraternità Monastica di  
Montecroce  
Gruppo Appoggio Ospedale  
di Matany Onlus  
Gruppo Missionario Noale  
Il Graticolato Società  
Cooperativa  
Insieme per L'Africa Onlus  
International Rescue  
Committee  
King Baudouin Foundation  
(KBFUS)  
Lunds Stift  
Manos Unidas  
Medici con l'Africa Como  
Onlus  
Operazione Occhi Dolci  
Ordine dei Medici Chirurghi  
e Odontoiatri Provincia di  
Padova  
Sindacato Italiano Medici  
del Trentino (S.I.M.E.T.)  
Tecla Onlus  
Tre Emme Trust Onlus  
Trialect  
Women and Children First

## COMPANIES

A.F. Energia Srl  
Ace International Trust  
Agrigelateria San Pe'  
Ali S.p.a.  
Altana Società Benefit S.r.l.  
Autech Srl  
Axa Im  
Azienda Vitivinicola Paolo  
Scavino  
Azzurra Group S.r.l.  
Beato Edoardo Materiali  
Ferrosi Srl  
Best Company Logistic Srl  
Beta Srl  
C.t. Safe Srl  
Calzaturificio S.c.a.r.p.a.  
S.p.a.  
Cantina Endrizzi Srl  
Cassa Rurale ed Artigiana  
- C.r.a. Borgo San Giacomo  
Cavalieri S.p.a.  
Cel Components  
Cercato & Associati S.r.l.  
Cesare Regnoli e Figlio S.r.l.  
Chiesi Farmaceutici  
CMP F.Ili Campagnolo  
Cortellazzo e Soatto  
Associazione Professionale  
Eni S.p.a.  
Eniac Spa  
Epigenia S.r.l.  
Estel Group S.r.l.  
FC Eventi S.r.l.  
Ferrari F.Ili Lunelli S.p.a.  
G.M.T. Spa  
G.M.T. Sud S.r.l.  
Gilead Sciences  
Grafica Veneta S.p.a.  
Idea Cinquanta Srl  
Impresa 2000 Srl  
Inarca S.p.a.  
IRSAP S.p.a.  
K.G. Bontira Srl  
Kolver Srl  
La Scala Società tra  
Avvocati  
La Sportiva S.p.a.  
Laboratorio Chimico,  
Farmaceutico A. Sella S.r.l.  
Leoncini S.r.l.  
Mafin S.r.l.  
Mair Research Spa  
Marcato S.r.l.  
Marsilli S.p.a.  
Medival S.r.l.  
Midac Spa  
MITA Cooling Technologies  
Srl  
Morellato S.p.a.  
M-Pharma Italia  
MSD Italia  
MSD Netherlands Srl  
Palma Srl Pavan S.p.a. Pba  
Spa  
Prayers Collection  
Sacchettificio Nazionale G.  
Corazza Spa  
Satelicom S.r.l.  
Skinlabo Srl  
Società Leoncini S.r.l.  
Studio Alcor Commercialisti  
S.p.a.  
Varem S.p.a.  
ViiV Healthcare  
Villaggi Club S.r.l.  
Zamberlan Calzaturificio  
S.r.l.

## FOUNDATIONS

Fondation Assistance  
Internationale (FAI)  
Fondazione Rizzato  
Cerino-Canova  
Vitol Charitable Foundation  
Fondazione Cassa di  
Risparmio di Padova e  
Rovigo  
Fondazione Cav. Lav. Carlo  
Pesenti  
Fondazione Gino Lunelli  
Chiesi Foundation  
Eni Foundation  
Fondazione Costruttori di  
Solidarietà  
Fondazione Nando e Elsa  
Peretti  
Fondazione Giuseppe  
Maestri Onlus  
Fondazione Prima Spes  
Onlus  
Fondazione Elena  
Trevisanato Onlus  
Fondazione Zanetti Onlus  
Fondazione del Monte di  
Bologna e Ravenna  
Symphasis Charitable  
Foundation  
Fondazione Martino e  
Silvana Gesuato  
Fondazione Flavio Filipponi  
Fondazione Prosolidar  
Fondazione Cassa di  
Risparmio di Firenze  
Fondazione Mons. Camillo  
Faresin Onlus  
Fondazione Piovan Onlus  
Fondazione Friuli  
Fondazione Intesa Sanpaolo  
Onlus  
Fondazione Rachelina  
Ambrosini  
World Diabetes Foundation  
(WDF)  
Fondazione Madonna  
dell'Ulivo  
Fondazione Happy Child  
Fondazione Specchio  
d'Italia  
Fondazione Un Raggio di  
Luce Onlus  
Fondazione Compagnia di  
San Paolo  
Fondazione Cariplo  
Fondazione Cariverona  
Fondazione di Sardegna  
Fondazione con Il Sud  
Fondazione Cassa di  
Risparmio di Torino  
Fondazione Cassa di  
Risparmio di Lucca  
Fondazione Cassa di  
Risparmio di Bologna  
Fondazione di Modena  
Merck for Mothers  
Caritas Pro Vitae Gradu  
Bristol Myers Squibb  
Foundation  
ELMA Philanthropies  
International AIDS Society  
(IAS).  
Fondo di Beneficienza  
Intesa San Paolo



## INSTITUTIONS

Agenzia Italiana per la Cooperazione allo Sviluppo  
 Agenzia Regionale Puglia per la Salute ed il Sociale (ARESS)  
 Azienda Zero Regione Veneto  
 Camões I.p.  
 Caritas Italiana  
 Central African Republic Humanitarian Fund  
 Centro Missionario Diocesano di Padova  
 Comune di Dueville  
 Comune di Padova  
 Conferenza Episcopale Italiana  
 Diocesi di Biella  
 Diocesi di Concordia, Pordenone  
 Diocesi di Fidenza  
 Diocesi di Padova  
 Diocesi di Vicenza  
 ECHO  
 Foreign Ministry of Ireland through the Embassy of Ireland in Uganda  
 Health Pooled Fund Ircss Materno Infantile Burlo Garofolo  
 Mahidol University  
 Ugandan Ministry of Health  
 Provincia Autonoma di Trento  
 Provincia di Padova  
 Regione del Veneto  
 Regione Emilia-Romagna  
 Regione Toscana attraverso Azienda Ospedaliera Universitaria Senese  
 SSHF South Sudan Humanitarian Fund  
 UNFPA  
 UNHCR  
 UNHRD  
 UNICEF  
 European Union  
 United States Agency For International Development (USAID)  
 World Food Program (WFP)

## WE WOULD ALSO LIKE TO THANK:

A.S.D. Associazione Italiana Cultura e Sport (AICS) di Costa di Rovigo  
 A.S.D. Polisportiva di Brendola  
 Acli Provinciali Cremona  
 Action for Global Health  
 Agriturismo La Camelia  
 AIDO e AVIS di Albizzate  
 American Chamber of Commerce (AmCham)  
 Amici Del Cuore  
 Altovicentino  
 Ass. Medici Cattolici Italiani - Fidenza  
 Ass. progetto Arcobaleno  
 Associazione "I Polli(Ci)Ni"  
 Associazione "I Solisti Veneti"  
 Associazione A.n.t.e.a.s. Camponogara  
 Associazione Aiutitly  
 Associazione Alunni Unipd  
 Associazione Amici di Banakutemba  
 Associazione Campagnalta Insieme  
 Associazione Culturale Franco Bertoldi  
 Associazione Cuore di Maglia  
 Associazione Donna e Madre Onlus  
 Associazione La Cappella Musicale  
 Associazione Madre Teresa Di Calcutta Onlus  
 Associazione Musicale Summertime  
 Associazione Musicumozart  
 Associazione Nazionale Dopolavoro Ferroviario  
 Associazione Sulle Strade del Mondo  
 ASST Brianza  
 ASST Sattelaghi  
 Auser Valsessera  
 AUSL della Romagna  
 AVIS Cremona  
 Az. agricola Podere Broletto  
 Az. Agricola "Le Passioni" di Repele Lucia  
 Az. Agricola "di Rovasenda"  
 Az. Agricola "Va Oltre"  
 Azienda Ulss 6 Euganea  
 Bistrot Di Qua D'Arno  
 Bookdealer  
 Bournemouth University  
 Buttignol Zotti Milan & Co.  
 Cascina Candiana  
 Cav Di Cairate  
 Cav Di Malnate  
 Centro "Ernesto Balducci" Onlus  
 Centro Culturale Casa "A. Zanussi"  
 Centro Missionario di Asti  
 Centro Missionario di Biella  
 Centro Missionario di Carpi  
 Centro Missionario di Genova  
 Centro Missionario di Imola  
 Centro Missionario di Novara  
 Centro Missionario di Pinerolo  
 Centro Salute Globale  
 Centro Servizi Volontariato Provinciale Di Padova  
 Centro Sociale Parrocchiale "Tarcisio Peraro"

Centro Studi G. Donati per il Volontariato e la Solidarietà  
 Circolo Auser di Boara Pisani  
 Corpo Italiano di Soccorso Ordine di Malta (CISOM)  
 Club Nautico Rimini  
 Colazioni Con il Sorriso  
 Coldiretti Padova  
 Coldiretti Veneto  
 Collaborazione Pastorale di Mogliano Veneto  
 Comune di Albizzate  
 Comune di Auronzo di Cadore  
 Comune di Brusson  
 Comune di Carpi  
 Comune di Casalsarugo  
 Comune di Castelleone  
 Comune di Conserve  
 Comune di Crema  
 Comune di Cremona  
 Comune di Firenze  
 Comune di Lecco  
 Comune di Masi  
 Comune di Merlara  
 Comune di Milano  
 Comune di Ornavasso  
 Comune di Pisogne  
 Comune di Ponte San Nicolò  
 Comune di Reggio Emilia  
 Comune di Sappada  
 Comune di Somma Lombarda  
 Comune di Sondrio  
 Comune di Torre Pellice  
 Comune di Villaverla  
 Comunità di San Frediano  
 Comunità di Villapizzone  
 Conservatorio di Milano "Giuseppe Verdi"  
 Consiglio dei Ministri  
 Cooperativa Aforisma  
 Cooperativa Sociale Anima  
 Cooperativa Sociale il Ce. sto, Credem  
 Cremeria delle Erbe  
 Crimedim  
 Croce Rossa Comitato di Busca  
 Decanato di Lecco  
 Diaconia Valdese  
 Diocesi di Carpi  
 Diocesi di Lucca  
 Diocesi di Pisa  
 Dipartimento di Salute della Donna e del Bambino, Università di Padova  
 Dual Sanitaly Spa  
 European Research Institute  
 Farmacia Pozzonovo Ferrino  
 Fioreria Le Quattro Stagioni  
 Fondazione 3b  
 Fondazione Cassa di Risparmio di Biella  
 Fondazione Gromo Losa  
 Fondazione Maria Bonino Onlus  
 Fondazione Poliambulanza  
 Fondazione Sodalitas  
 Fondazione Solidarietà Caritas Firenze  
 Genuino Cibo Contadino  
 German Health Alliance  
 German TB and Leprosy Association  
 Gruppo Alpini di Albizzate  
 Gruppo Amici Missioni GAM

Gruppo Volontari Conthackto  
 Gruppo Volontari quelli del Mercatino di Inzago  
 H.Essers  
 Hotel Casa del Pellegrino  
 Hotel Ristorante al Tezzon  
 Il Paniere Serafini  
 IOM  
 Ircss Stella Maris  
 Ispofactory Studio  
 Kilo Sfuseria del Vicolo  
 Kolver  
 La Fenice Libreria  
 La Tenda del Padre Nostro APS  
 Libreria gli Anni in Tasca  
 Libreria Pellegrini  
 Libreria Peregolibri di Barzanò  
 London International Development Center  
 Maia Studio di Arte Ostetrica  
 Medici in Strada  
 Medicus Mundi International  
 Melting Pro  
 Museo Castiglioni Palazzo della Salute (MUSME)  
 National Institute of Health  
 Nero Di Seppia - Ristobar Bistrò  
 Network Italiano Salute Globale  
 Opera Salesiana la Spezia  
 Opi Biella  
 Oratorio San Nicola in Dergano  
 Ordine dei Medici di Varese  
 Ordine Francescano Secolare d'Italia  
 Osteria Da Caronte  
 Osteria il Bardo  
 Pan American Health Organization (PAHO)  
 Palazzo Pfanner  
 Parrocchia dei Santi Martiri Nereo e Achilleo di Milano  
 Parrocchia dell'ospedale Santa Chiara di Pisa  
 Parrocchia di Bonate Sotto  
 Parrocchia di S. Ildefonso di Milano  
 Parrocchia Gesù Nostra Speranza Di Cossato  
 Parrocchia S. Nicola di Ornavasso  
 Parrocchia S. Benedetto  
 Parrocchia Santa Giustina di Milano  
 Pasticceria Alternino  
 Pasticceria Le Bontà  
 Penta Foundation  
 Partnership Maternal Newborn Child Health (PMNCH)  
 Quasilocanda di Villapizzone  
 Race=Care  
 Reparto di Oncologia Medica, AOU Pisana  
 Ristorante del Quore  
 Roncucci and Partners  
 Rosticceria da Salva  
 Rotary Club Monza Villa Reale  
 Salumeria Beltrami  
 Satelicom S.r.l  
 Scuola Materna Adele di Lainate  
 Scuole Vanzo  
 Segafredo Zanetti S.p.a.

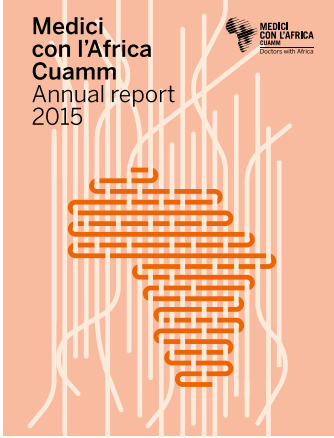
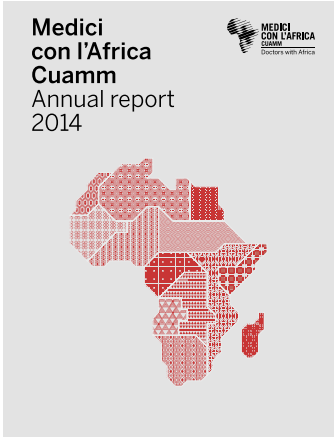
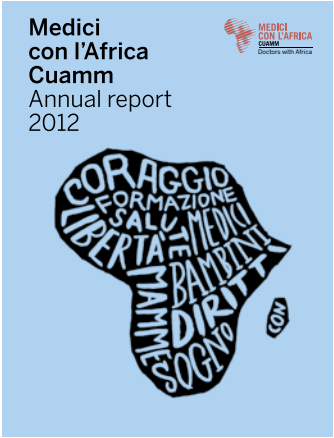
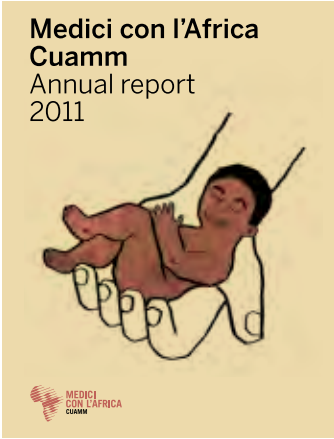
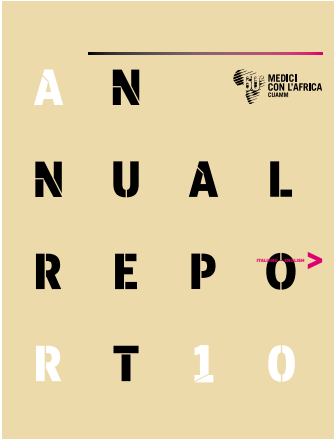
Seminario Minore di Rubano  
 Società di Mutuo Soccorso Pinerolo  
 Società Nazionale di Mutuo Soccorso Cesare Pozzo  
 Steve Jones Srl  
 STOPAIDS  
 Sugo Padova  
 Suore della Provvidenza  
 Teatro la Tenda  
 Tembo Communication  
 Designe  
 Tenuta Costigliola  
 THD Spa  
 Toninato Giorgio Di Rigato  
 Claudia & C. S.n.c.  
 Trattoria Da Giovanni  
 U.S. Embassies and Consulates in Italy, in Africa and the Holy See  
 UCID Rovigo  
 Unione Pastorale Arcella  
 Unita Pastorale Castel Maggiore  
 Università di Milano  
 Università di Pisa  
 University College of London  
 Uyba Volley Busto Arsizio  
 Wal-Cor Cioccolato S.n.c.  
 Women and Children First  
 Zeropiù Medicina per lo Sviluppo

**We would like to thank the many parishes and associations that, along with more than 4,500 volunteers who are part of the CUAMM Groups, advocate for Africa and our mission.**

**Special thanks are also due to Rotary Districts and individual Rotary Clubs, Lions Clubs, Sorooptimist International and Inner Wheel for their support of our outreach and communication activities.**

**We would also like to thank all the health workers who labored tirelessly on the front lines to take care of the health of patients during this pandemic year.**

COMMITTED TO ACCOUNTABILITY,  
YEAR AFTER YEAR.





















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HEADS Collective

# A VACCINE FOR ALL OF US.

Vaccinating African doctors, nurses and communities is both solidarity and security for everyone, and the only way to stop the spread of COVID-19 and its variants.

**Please help us support the vaccination campaign in Africa. Donate now at <https://doctorswithafrica.org>.**

*«Solidarity and security:  
together, these words  
now have special meaning.  
It is our moral obligation to help  
others, showing solidarity not  
only towards those close to us,  
but also those who are far away;  
indeed, our well-being depends  
on everyone else's.  
And then there is security:  
I want all of my loved ones  
and neighbors to have access  
to vaccines, but I also want  
vaccines to be available in Africa.  
These two things are in no way  
in contradiction. Solidarity and  
security go hand in hand.»*

**Prof. Alberto Mantovani,**  
immunologist and scientific director  
of the Humanitas Research Hospital

**2,167,097**

patients assisted

**1,356,429**

under-5  
children examined

**389,885**

prenatal visits  
provided

**173,205**

deliveries  
attended

**18,520**

patients treated  
with antiretroviral  
therapy

**3,007**

health workers  
trained

**13,616**

trips provided  
for obstetric  
emergencies

**2,198**

malnourished  
individuals treated

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**Doctors with Africa CUAMM**

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