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SUSTAINABILITY AND A FUTURE

Director

Mozambique, district of Moma, a small rural hospital in an area with 300,000 inhabitants, 5 hours' drive from the provincial capital of Nampula. Since the start of 2006 we have been supporting, with difficulty but with some results, the local system, helping the hospitals and local health services to become gradually more autonomous, accessible and efficient. We are not working in a realm of bliss that is separate from and parallel to the local system, where staff is trained and motivated and everything works as it should. We are working and building in an existing healthcare system with a view to ensuring sustainability and a future. We have chosen the poorest areas, in the poorest countries, in the poorest continent. Our work is addressed particularly to the most isolated, rural districts on the fringes. This is where the "last billion" people live, the ones with the least resources, no voice and not even minimum healthcare.

In accordance with the principles expressed by the Declaration of Paris (2005), which were reiterated at the forum in Accra (2008) on the efficacy of aid, we believe that State budget support by large international donors is a good, efficient way of providing aid, but it must be accompanied and integrated by robust, intelligent support to peripheral healthcare providers and services at district level, without which all good intentions fail to provide ascertainable results for the poor.

This is how we operate in the various countries where we are present: in Angola since 1997, in Ethiopia since 1985, in Kenya since 1955, in Mozambique since 1978, in Southern Sudan since 2006, in Tanzania since 1968, and in Uganda since 1959.

Doctors with Africa CUAMM operates in various countries through 40 ongoing projects, in collaboration with 14 (government and diocesan) hospitals (of which 4 are regional) 25 districts, 4 nursing science schools and 3 faculties of medicine (in Mozambique, Uganda and Ethiopia). Almost 80 Doctors with Africa Cuamm volunteers are working in the field together with approximately 400 employed local providers.

Within the services we are supporting, our teams have carried out 462,051 outpatient examinations, 46,266 pre- and postnatal examinations, 113,757 admissions, 138,553 vaccinations, and 20,643 child deliveries. We have monitored and controlled trends in our hospitals, checking accessibility, equity, efficiency and staff productivity.

The year 2008 was marked by the opening of the hospital in Yirol, in Southern Sudan, an area comprising some 400,000 inhabitants who had been without even minimum hospital services until then. On 16th February, in the presence of the Regional Health Minister, Bishop Mons. Mazzolari, Dr. Guido Bertolaso, head of the Italian Civil Protection Service and Mons. Mazzucato, former director of our organization, the new hospital was officially inaugurated. The first caesarean section was performed on the same evening.

In the month of October we completed our endeavours, started in 2006, to respond to the enormous health needs in the area of disability, traumatology and orthopaedics present in the Wolisso area in Ethiopia. In the hospital of the same name we built and inaugurated a new ward and two specific surgical theatres: in 2008, 452 patients were admitted, 367 major surgical operations were performed and 856 patients underwent rehabilitation treatments.

Gender equality, economic opportunities, education, food safety, environmental hygiene and access to drinking water are nonmedical factors with a high impact on health, prompting the need to seek programme alliances with other organizations in the districts where we work (international or local NGOs), which are able to guarantee support in relation to these health determinants. This is our policy in Mozambique, Ethiopia and Uganda.

We have worked more and better on methods and tools of know how, including systems for routine information and critical information analysis. Field work is now undergoing systematic monitoring and assessment, based on organizational logic characterized by outcome-oriented management. Work to reorganize processes and procedures has been continuing at the head and coordination offices, in partial cooperation with the consultants of Sodalitas, to improve management of its various component parts, including the economic and financial sectors.

To address these changes, Doctors with Africa CUAMM has reinforced its staff training

and retraining pathways for expatriate staff. It has more frequently and efficiently analysed the situation in the areas in which it operates based on seven baseline surveys; it has joined international networks on specific topics (e.g. mother/child area, contracting, etc.); it has taken part in scientific forums and debates; it has built awareness among health providers and has involved Italian public opinion on the subject of global health and international health cooperation.

Doctors with Africa CUAMM has promoted and disseminated its commitment to the right to health for all: we have moved people, groups and institutions to support the right to health, particularly among the very poor. Every woman and man, group, profession, parish, church, foundation, company: all together we are committed to know more about Africa, how it lives, its dramas and dignity, to build a more just, fairer, more civil future. On the crucial topic of global health and thanks to a specific project entitled, *“Equal opportunities for health: action for development”*, we have involved 29 Italian and European partners, including the Italian Observatory for Global Health (OISG), the Secretary of the Italian Medical Students Association (SISM), 20 faculties of Medicine and residency programmes, various professional associations of physicians, nurses and other categories. My thoughts now turn to the work, dedication and energy spent by our local groups; at present there are about twenty of them and they epitomize the renewed vitality of working and being “with Africa”.

Thanks also to the involvement of many people, friends, businesses, foundations, and public institutions, and to greater commitment to creating relations and interest around our mission and the projects we conduct in Africa, fund raising has increased, exceeding 10 million euros, 50% of which came from private citizens.

In June there was a change in hands between myself and Mons. Luigi Mazzucato: we all have the highest esteem and affection for him. The intense, heartfelt participation in the events of June (Holy Mass and meeting at the head office of our NGO) and October (Great Hall of Padova University) were tangible, unmistakable signs of this. We also extend our sincerest thanks for agreeing to remain and for continuing to give his precious contribution for the cause of Africa and its poor.

Don Dante Carraro

IN ITS 59 YEARS OF HISTORY

1.252

have been sent to serve on projects: of these, 367 have returned once or several times. The total number of service departures is therefore 1.908

3.725

years of service have been spent, with a mean of 3 years for each seconded person

920

students have been accommodated at the college: of these, 640 were Italian and 280 came from 34 different countries

279

physicians from the Veneto region have served in almost 60 years

192

hospitals have received services

38

countries have benefitted from services

150

main programmes have been conducted in cooperation with the Italian Ministry of Foreign Affairs and various international agencies

FLASH

Today we are present in Angola, Ethiopia, Kenya, Mozambique, Southern Sudan, Tanzania, Uganda with:

78

providers: 50 physicians, 6 paramedics, 2 community experts, 20 administrative staff and logisticians

40

main cooperation projects and a hundred or so mini schemes, through which support has been delivered to:

14

hospitals

25

districts (for public health activities, mother-child care, fight against AIDS, tuberculosis and malaria, training)

3

motor rehabilitation centres

4

nursing schools

3

universities (in Uganda, Mozambique and Ethiopia)

MISSION

Mission

Doctors with Africa CUAMM, established in 1950, was the first certified NGO in the healthcare field in Italy and the largest Italian organization for the promotion and safeguard of the health of African populations. It conducts long-term projects within a developmental framework, an approach it extends to emergency situations in order to guarantee quality services that are accessible to all. Accordingly, it is committed to training dedicated human resources in Italy and Africa, to research and scientific dissemination in the technical field of health cooperation, to advocating the fundamental human right to health for all, even among groups on the very outer fringes, to disseminating, in institutions and among public opinion, the values of solidarity and cooperation among peoples, justice and peace.

Values

Doctors with Africa CUAMM intends to contribute, in the spirit of the Gospel and in a non-profit-making capacity by:

- serving the process of freedom and growth of all human beings, most notably the neediest and the suffering;
- advocating the values of the right to health, international solidarity, justice and peace.

In its 2000 document, Doctors with Africa CUAMM stated, "As health providers we are convinced that health is not a consumer good, but a human right and, as such, cannot be bought and sold. If health is a right, access to health services cannot be a privilege. If health is a right, fighting for its universal respect is a duty. Many African countries are unable to guarantee essential services and care that can meet the immense needs it faces. In the third millennium, women still die in childbirth and cannot go to hospital because it is too far and too expensive. Equity and service accessibility are among the key challenges for those who believe in public health, development and human rights."

Objectives

The main aim of Doctors with Africa CUAMM is to improve health conditions among the populations of the countries of sub-Saharan Africa and do everything in their power to promote necessary changes in the behaviour of rich countries towards poor countries and the growth of a culture of solidarity, cooperation among peoples, justice and peace. To achieve this objective, Doctors with Africa CUAMM intervenes, according to set priorities, in the following sectors:

- 1 designing and conducting long-term healthcare cooperation projects in a developmental framework, and adopting a similar approach to emergency management;
- 2 training and retraining dedicated human resources in Italy and Africa;
- 3 scientific studies, research and dissemination on the issue of health problems and fair global development, particularly with regard to African countries;
- 4 information activities, awareness building among the general public, developmental education;
- 5 promotion of specific information, awareness raising, advocacy schemes addressed to national and international institutions;
- 6 growth of the ethics of socially responsible donation and investment by private citizens and institutions.

Through cooperation projects in Africa and activities in Italy, Doctors with Africa CUAMM intends to build awareness that health is a fundamental human right; promote the exchange of ideas, acquaintances and friendship among different populations, and consolidate interest and hope in the future of Africa. The road to fair global development must be opened even to the poorest areas of the planet.

GOVERNANCE

Governing the Organization

The Organization's by-laws, approved on 17/12/2003, besides confirming the aims that underpin the mission of Doctors with Africa CUAMM, also serves to clarify the institutional framework of participation, direction and organizational and administrative management of all activities.

At the head of the organization is the **Board of Directors** (BoD), which decides on the strategic lines to undertake and makes sure that they are implemented, promoting the image of the organization among public and private, national and international institutions.

The Board appoints a **Director, Country representatives** and the **College Principal**.

The Director is responsible for organizing and managing all activities; he/she selects collaborators, both permanent and coopted to time-limited projects; he/she nominates the College Principal; nominates and directs country representatives; takes part, on the request of the President but without voting rights, in the Board Meeting.

The Director is appointed by the Board of Directors with a time-limited mandate, usually lasting three years, which is renewable. He/she enjoys full autonomy within the organization and is answerable to the Board of Directors, which can annul the mandate. The Director is appointed proxy, bestowed on him by the President of the "Opera S. Francesco Saverio", to legally represent the Foundation in all its organizational activities and acts within the powers granted him/her by the Board of Directors. The **Country representatives** are legal representatives of Doctors with Africa CUAMM in the country in which they operate, with management and local programming functions.

Board of Directors

As in previous years, in 2008 the BoD fulfilled its role as testified by the constant, unanimous participation of all its members, which met on the following dates: 25/02, 28/04, 19/06, 16/07, 15/12.

Board of auditors

The Board met on the following dates: 14/01, 11/04, 09/07, 06/10, 30/12.

Mission vigil

On 17/10/2008 the Bishop of Padova, Mons. Antonio Mattiazzo, led the Mission Vigil in the Cathedral, during which a crucifix was presented to several volunteers of Doctors with Africa CUAMM who were leaving for Africa.

Life of the Association

Throughout the history of our organization, emphasis has always been laid on cultivating human relations among participants, individually and in groups, communities, families. Accordingly, the "Doctors with Africa CUAMM family fete day" has recently been institutionalized.

The first articles in the present by-laws define the organization's legal basis and mission. These are followed in first place by an article on participation, describing the subjects and bodies. These are the active members and their Assembly, the support groups and their coordinating committee, and the student college.

There are 310 **active partners**, whose general assemblies took part on the following dates: 19/04, on new challenges in the strategic plan of Doctors with Africa CUAMM in the light of existing economic, financial and human resources; 25/10 an extraordinary general meeting, followed by a conference held on the morning of the same day, at which the various members and country representatives were divided into working groups, related to country of intervention; 13/12 with the presentation of the budget and the organization's updated three-year plan.

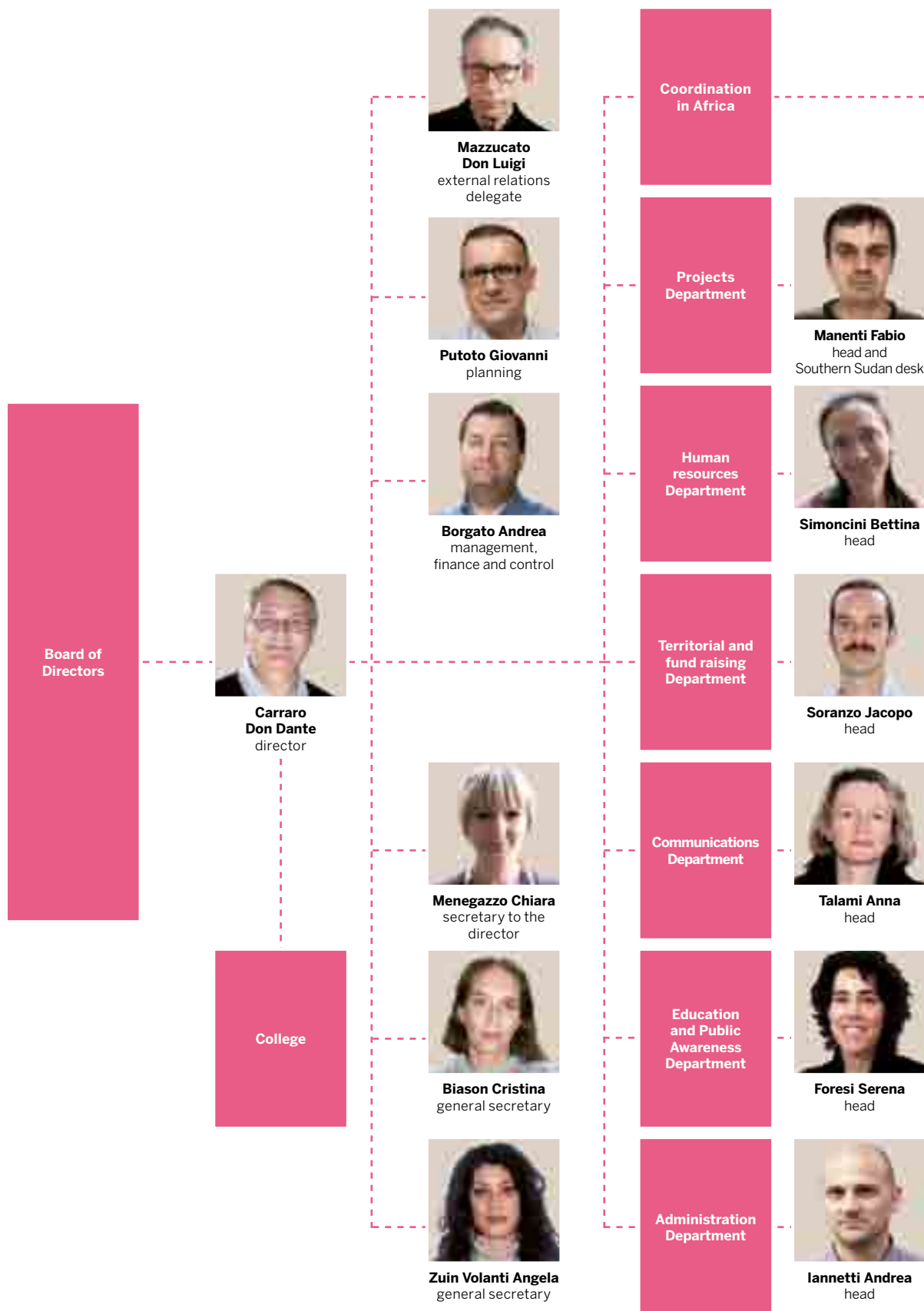
Partnership

The organization takes part in FOCSIV meetings (*Federazione Organismi Cristiani Servizio Internazionale Volontario* – Federation of Christian Organisations for Voluntary International

Service) through its representative, who is an elected member of the board of directors. The Board of Directors met three times during 2008 and 3 ordinary general meetings were held. Don Dante Carraro was appointed Board member of the Assembly of Italian NGOs and took part in six national board meetings (12/03, 07/05, 06/06, 19/09, 12/11 and 22/12). Doctors with Africa CUAMM took part in the board meetings of *Medicius Mundi International* in Basle (29/02), Geneva (on 22/23.05), and Rome (on 10/10). Doctors with Africa CUAMM is also a member of Link 2007, an association combining 11 key Italian NGOs. Don Dante Carraro took part in six Link 2007 meetings, held in Bologna on 28/03, 29/04, 06/06, 21/07, 08/09 and 17/10.

ORGANIZATION CHART

Last updated May 2009



Angola team 12 volunteers in service	Etiopia team 7 volunteers in service	Mozambique team 16 volunteers in service	Tanzania team 13 volunteers in service	Uganda team 21 volunteers in service	Kenya team 1 volunteers in service	Sud Sudan team 7 volunteers in service
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Conestà Natalia
Angola



Maroli Massimo
Ethiopia



Galloni Donata
Mozambique



Dalla Riva Donata
Tanzania



Lochoro Peter
Uganda



**Coordination
from Padova
headquarters**

Manenti Fabio



**Coordination
from Padova
headquarters**

Manenti Fabio



Bosisio Egidio
Mozambique desk



Comirato Giulia
Ethiopia desk



Ometto Giancarlo
Kenya desk



Ostanel Elena
Angola desk



Stecca Blandina
Uganda desk



Vicentini Stefano
Tanzania desk



Barella Gioia
secretary



Forte Lucia
training



Gatta Alessandra
management
and selection



Enio Marcello
north east area
contact person



Rampi Marco
north west area
contact person



Da Pos Giorgia
events and
awareness building



Previato Linda
media relation



Zanni Mariangela*
publications and
materials



Bertotti Elisabetta
assistant



Bassanese Stefano
information
technology



Boles Ettore
coordination
consultant



Canola Alessia
staff management



Fattore Ilenia*
accounting



Gallato Roberta
staff management



**Gambalunga
Roberta**
project management



Morbiato Teresa
accounting



Rosa Azzurra
project
management



Varotto Riccardo
project
management

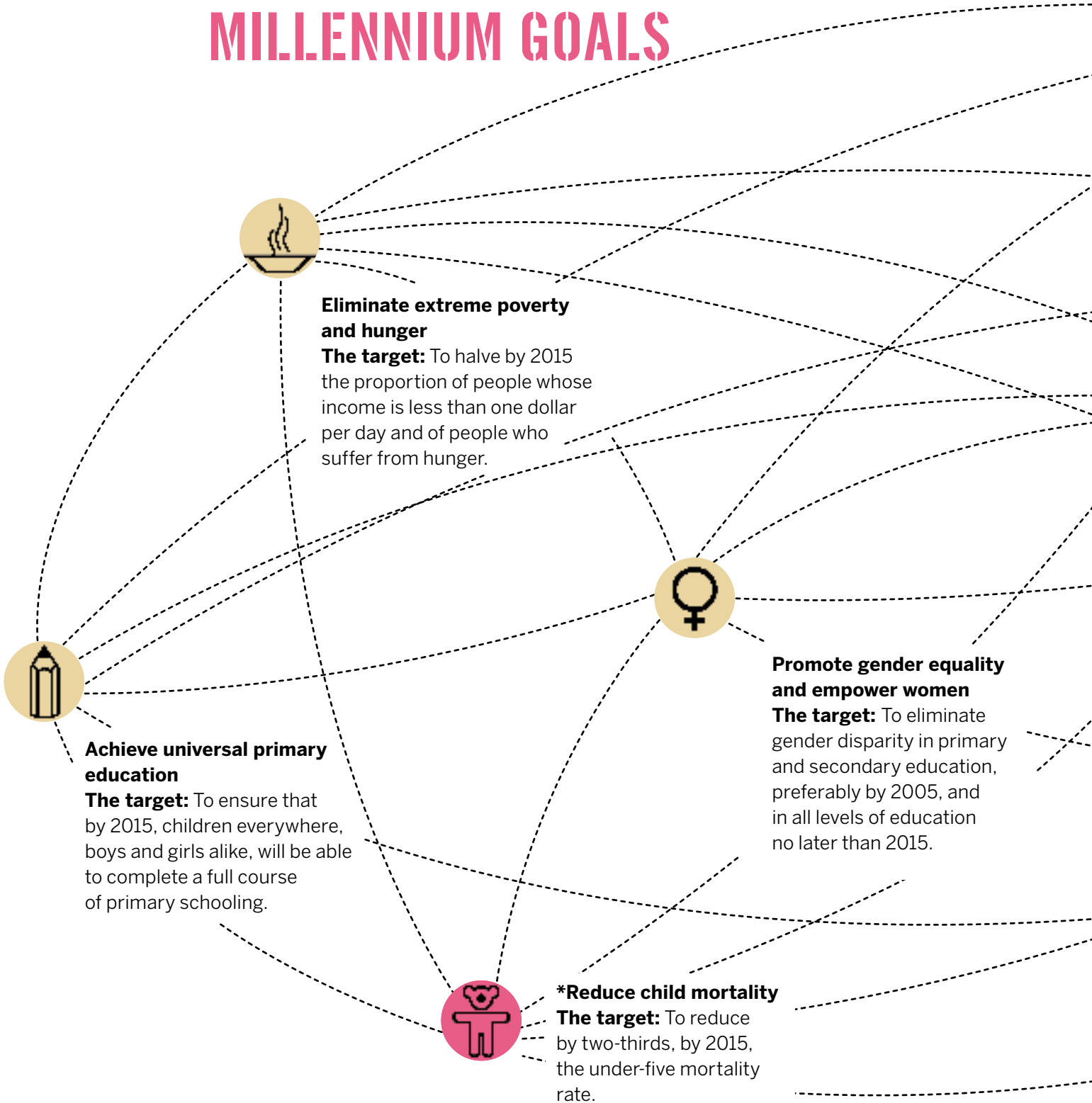
Assembly of
active members

Group
committee

* Zanni and Fattore replace Bissacco Elisa and Bullo Gloria, respectively

KEY WORDS

THE EIGHT MILLENNIUM GOALS



* Doctors with Africa CUAMM is particularly committed to the goals relating to health



***Improve maternal health**

The target: To reduce by three-quarters, by 2015 the maternal mortality ratio.



***Combat HIV/AIDS, malaria and other diseases.**

The target: To have halted by 2015, and begun to reverse the spread of HIV/AIDS, malaria and other diseases, as tuberculosis.



Ensure environmental sustainability

The target: To integrate the principles of sustainability into country policies and programmes, to reverse the loss of environmental resources, and to halve the number of people without access to drinking water.



Develop a global partnership for development

The 189 member states of the United Nations who signed the Millennium Declaration in 2000 were committed to building a partnership for development, through solid policies and actions aimed at eliminating poverty: cooperation for development, international trade that meets the needs of the poorer countries, reduction and cancellation of the poorest countries' debt and the transfer of technologies.

EXCERPT FROM STRATEGIC PLAN 2008-2015

STRENGTHENING HEALTHCARE SYSTEMS: THE CONTRIBUTION OF DOCTORS WITH AFRICA CUAMM TO ACHIEVING THE RIGHT TO HEALTH FOR THE POOR WITHIN THE FRAMEWORK OF THE MILLENNIUM AGENDA

Loyal to the mission, principles and values that have guided its work in Italy and Africa for over fifty years and to guarantee the efficacy of its actions, Doctors with Africa CUAMM has implemented a critical analysis process of its programmed and managerial activities and its relations with the outside world and within the global environment in which it operates. Although by no means easy, this fascinating process, which lasted roughly one year, capitalized on the participation and contribution of staff, active members, groups and many other people who share a passion for human rights and are particularly committed, in various ways, to promoting the universal dimension of the right to health.

The result of this process was the Strategic Plan for 2008-2015, approved by the Board of Directors at the meeting of 1st October, 2007, which explicitly adheres to the spirit and timing of the Millennium Agenda that set several milestones to be achieved in the fight against the most deplorable forms of poverty, including the preventable death of over ten million children and five hundred thousand pregnant women each year and the massacres caused by epidemics such as malaria, tuberculosis and HIV/AIDS.

Clearly our mission is unlikely to be achieved by 2015: the Millennium Goals are an important target but they are just an intermediate step in the complex pathway towards global development based on universal rights. Besides, there are clear signs that progress made to date in African healthcare is still a long way from the internationally agreed targets. If rapid, significant changes are not implemented in the levels and types of financing, domestic policies and international relations, the families and communities of Africa will not benefit from this solemn planetary pledge. The Strategic Plan covers the salient steps in our history and recognizes how we must constantly strive to conjugate loyalty to the mission and the spirit of the founders with the ability to adapt strategies to an outside world undergoing continuous, rapid change.

Our history also shows a marked tendency to provide original, innovative solutions over time. This tradition strongly encourages us to address present challenges both serenely and audaciously.

- The first main innovation that the plan has to offer is the move from a project approach (dictated more by the wide variety of opportunities for involvement and funding) to strategic planning on a country by country basis.
- The second thematic area broached by the Plan is to search for greater integration and a more holistic approach to programmed activities in the field, awareness building activities, advocacy, lobbying, fund raising and a renewed managerial culture.
- All programmed, managerial and communications activities will be based on human rights, upheld by scientific evidence and aimed at achieving measurable results.
- The key strategic objective is the gradual transformation of our organization into a "reference centre" for strengthening African healthcare systems through profound changes in our being, doing and knowing.
- Emphasis will be laid on the model of a health-district-oriented healthcare system, composed of:
 - a) an extensive network of peripheral services of various sizes, which are able to respond to the primary needs of the population;
 - b) a district referral hospital for the delivery of the most complex forms of treatment (medicine, surgery, paediatrics, obstetrics and gynaecology). Intervention will include not only the classical forms of clinical intervention, but also action and support for other constituent parts of healthcare systems: governance, management, and fair financing. The objective is to contribute to making national healthcare systems equitable, high in quality, accessible to all and sustainable.

- The community and family dimensions of health will be considered essential parts of our programmes from the very start of data collection.
- All our activities will be subject to a systematic monitoring and assessment process, accompanied, where possible, by specific applied research actions.
- The plan strongly upholds that equality in terms of gender, economic opportunities, education, food safety, environmental hygiene and access to drinking water, are non medical factors with a high impact on the right to health and envisages that, in the districts where we operate, strategic alliances will be sought in support of these health determinants, with other professionally qualified organizations that share our values.
- Active participation in partnerships and promotion of alliances are not limited to programmed activities, but also include lobbying and advocacy activities and extend to management activities that require economies of scale.
- Our current presence in seven countries will gradually extend to three other western African nations, to better respond to our decision to be “with” Africa. It will also encompass initiatives in cooperation with the poor communities in the township outskirts, in line with the rapid urbanization currently underway.
- Anticipated consolidation and expansion actions will require an acceleration in communications activities, fund raising and enhanced skills in human resource management, particularly among the local populations.
- The Strategic Plan envisages the preparation of three-year operating plans and annual work plans for the central head office, for coordination and for country programmes.

The objectives that have been set are very ambitious, but they are in keeping with our mission, our history and with the opportunities and contradictions offered by modern-day society. We are fully aware that we now avail of a highly demanding tool which requires the union of endeavours and considerable cooperation, but we are driven and encouraged by the goodness of the cause.

We would like to dedicate this plan to the many people, women and men, who have given their lives to remain loyal to the values that will continue to inspire the work of Doctors with Africa CUAMM.

(from Strategic Plan 2008-2015, pages 1-2)

An aerial photograph of a village in Karamoja, Uganda, showing a cluster of small, simple buildings and a dirt road. The entire image is overlaid with a semi-transparent red color. The text is centered and written in a bold, white, sans-serif font.

**DOCTORS WITH AFRICA CUAMM IS
COMMITTED TO BECOMING A REFERENCE
CENTRE FOR STRENGTHENING
HEALTHCARE SYSTEMS IN AFRICA.
THE CHALLENGE IS TO DEMONSTRATE
TO THE INTERNATIONAL COMMUNITY,
ON THE BASIS OF A LONG, ACTIVE
EXPERIENCE IN AFRICA, THAT
AN EFFICIENT, EQUITABLE HEALTHCARE
SYSTEM ACCESSIBLE TO ALL
IS PARAMOUNT IN GUARANTEEING
A SIGNIFICANT INCREASE IN THE HEALTH
OF THE AFRICAN POPULATIONS AND
THAT IT IS THE URGENT, STRATEGIC
DUTY OF EVERYONE TO WORK IN THIS
DIRECTION.**



REPORT

AFRICA

DEMOCRATIC
REPUBLIC OF CONGO

Maquela do Zombo ●

Damba ●

Uige ●

●
Negage

● Lucapa

●
Luanda

● Saurimo

● Benguela

ANGOLA

● Cazombo

● Namibe

ZAMBIA

● Mavinga

● Chiulo

NAMIBIA

ZAMBIA



Chiulo, Angola

ANGOLA

PROJECTS 2008

POLITICAL PROFILE

Surface area 1,246,700 sq.km

Capital Luanda

Population 17 million

Rate of demographic growth 2.9% per year

Literate adult population 67%

GDP 32.8 billion dollars in 2005

GDP per capita 2.678 US \$ (PPP US\$)

Increase in GDP 14.6%

Inflation 0.2% per year

Unemployment (% of total workforce) -

Population that lives on less than 1 dollar per day 70%

Life expectancy at birth 41 years

Human development index (Undp - Human Development Report 07/08) Ranked 162nd out of 177 countries

Brief history It became independent in 1975; between 1975 and 2002 it was ravaged by a bitter civil war causing 4,500,000 homeless and leaving 5 million land mines buried throughout the country.

HEALTHCARE PROFILE

Number of doctors (2004) 8 per 100,000 inhabitants

Number of nurses (2004) 115 per 100,000 inhabitants

Number of obstetricians (2004) 4 per 100,000 inhabitants

Infant mortality (2006) 154 per 1,000

Mortality of children under 5 years (2006) 260 per 1,000 live births

Children aged 1 year vaccinated against measles 48%

Maternal mortality (2005) 1,400 women out of 100,000

Prevalence of HIV (between 15 and 49 years in 2005) 2.1%

Prevalence of tuberculosis (2006) 344 per 100,000 people

ANGOLA

PROJECTS 2008

Current commitment

Doctors with Africa CUAMM has been operating in Angola since 1997, through medical health, obstetrics and paediatric care projects. After consolidation of the peace process, as from 2004, the government has been strengthening its commitment to investment and to the resumption of effective control of the areas abandoned during the war; but reorganization of the public administration system is still very fragile. Accordingly, in the areas in which the healthcare system has started functioning again, Doctors with Africa CUAMM has shifted its focus from emergency to development. Priority has always been given to the more peripheral, deprived areas, as testified by the numerous projects conducted in the past in the provinces of Kunene and Uige, at the extreme north and south of the country.

In 2008 we have, instead, been concentrating on consolidating hospital activities at the secondary care level, developing peripheral district and community healthcare activities and improving interventions to promote mother/child health in the municipalities of Damba, at Damba hospital and in the municipality of Ombadja, at the hospital of Chiulo, which belongs to the local dioceses. Interventions have also continued in both areas to control HIV infection and malaria.

Another strength of the work of Doctors with Africa CUAMM is intervention in support of the National Programme to fight against tuberculosis, supported by the Global Fund, which involves 11 of the 18 provinces of the country, to which Direct Observation Therapy (DOTS) has been extended.

Lastly, work has continued, particularly in Uige, to train intermediate level nurses and to retrain basic nurses.

In 2008, Doctors with Africa CUAMM was present in Angola with 14 volunteers.

Commitments for 2009

- Maintaining a presence in the hospitals of Damba and Chiulo, focusing on mother/child health and strengthening management skills in the delivery of healthcare services
- Strengthening local preventive activities in the mother/child and HIV-AIDS sectors in the municipalities of Damba and Chiulo
- Continuing to support the training of intermediate level nurses at the IMS in Uige and continuing training at the Canova Centre in Uige.
- Continuing to support the National Programme to fight against tuberculosis in 11 provinces and extending it during the year to 18 provinces.

NATIONAL PROGRAMME

Support for the National Programme to combat tuberculosis

Intervention in the fight against tuberculosis has involved 11 of the 18 provinces of Angola. The National Programme to combat tuberculosis, financed by the Global Fund, is undoubtedly the pride of Angolan health policy in this stage of post-war recovery. The Angolan Ministry of Health has recognized Doctors in Africa CUAMM as an NGO with the know-how needed to perform planned actions. The aim of the project, which is a continuation of the intervention started in 2005, is to achieve the National Programme to combat tuberculosis in terms of both treatment and prevention. Intervention envisages training of local personnel (to strengthen both diagnostic skills and improve treatments offered to patients, and the ability of the policy-making/administrative platform involved in management of the National Programme to combat tuberculosis), renovating and refurbishing existing DOT facilities and supporting the opening of new ones, work supervision, data collection and analysis, raising awareness among the population about correct behaviour (by promoting theatrical activities and community healthcare education events and "publicity" campaigns).

As far as training is concerned, in 2008, 30 laboratory technicians, nine provincial laboratory supervisors and 100 nurses working at the DOT centres were trained. Management training was also provided through workshops for 11 provincial supervisors and a management and

administration module was introduced into the seminars for DOT laboratory workers and nurses. Some 90 theatrical presentations were given and 8 new DOT centres were opened, continuing as ever to support the distribution of drugs and materials in the centres already in operation. In 2008, thanks to this intervention, in the 11 provinces supported by the project 13,694 new cases of tuberculosis (with a positive test) were diagnosed out of a total of 29,900 cases (Koch's bacillus and other forms). One hundred percent of cases underwent treatment. In addition, there was a fall in the drop-out rate, decreasing from 26% to 20% in 2008.

Beneficiary population: the population of the 11 provinces (Bengo, Benguela, Bie, Cabinda, Huambo, Huila, Luanda, Lunda Norte, Malange, Moxico, Uige) i.e. 15,922,790 people.

Local partner: Ministry of Health, NPCT (National Programme to control tuberculosis and leprosy)

Total budget: 1,201,759 euros

Sources of funding: UNDP/Global Fund to combat AIDS, tuberculosis and malaria

Expatriate personnel: 1 doctor (project leader), 1 project officer (administrative worker), 1 logistician

Local healthcare personnel: 2 doctors

Local support staff: staff of Doctors with Africa CUAMM: 1 logistician, 1 secretary, 1 book keeper, 1 assistant, 2 drivers, 1 cleaner; staff of National Programme to combat tuberculosis: 1 driver, 4 supervisors, 1 secretary; staff of National Programme to combat tuberculosis-laboratory division: 3 laboratory technicians; staff of National Programme to combat tuberculosis-managers: 3; staff in provincial offices: 9 logisticians. Work in the provinces is carried out with the supervisors (1 per province) and laboratory supervisors (one per province).

Project duration: 1 year and 3 months (01/01/2008 - 31/03/2009).

PROVINCE OF UIGE

Local staff training

The work of Doctors with Africa CUAMM in the province of Uige began in 1997. It is a vast area with approximately 1.5 million inhabitants, divided into 16 municipalities. This area was greatly involved in the long Angolan war. In the early years, emergency support was given to the hospitals of Uige and Negage and later to the hospitals in Songo, Maquela and Damba. The project started in 2006 with the objectives of strengthening teaching skills at the nursing school (*Instituto Médio de Saúde- IMS*), by retraining teachers, collaborating in the organization of practical training (hospital placements) and supporting the management of teaching, administration and logistics at the institute; the intervention of Doctors with Africa CUAMM has also contributed to the preparation and dissemination of training material among ministerial employees; in 2008 work was also done to improve IMS infrastructures, by setting up classrooms, providing electricity and appropriate teaching equipment. Work was done to begin preparing an area for a laboratory in which to train laboratory technicians. Approximately 500 IMS students and educators were involved in the project and in 2008, 94 professional nurses received their diploma. To improve management, staff retraining was carried out at the Canova diocesan training centre. An agreement was drawn up and signed with the Diocese of Uige in 2008.

In 2008 some 100 technical healthcare staff took part in four retraining seminars and over 2,000 manuals and brochures were printed and distributed.

Beneficiary population: 500 pupils and trainers from the *Instituto Médio de Saúde*, 5 members of the permanent training nucleus, provincial healthcare network providers. Inhabitants of the city and municipalities (indirect): 1,400,000 people.

Local partner: Provincial Health Directorate of Uige, *Instituto Médio de Saúde* Management, Diocese of Uige

Total budget: 780,090.99 euro

Sources of funding: Italian Episcopal Conference, Maria Bonino Foundation, Doctors with Africa CUAMM

Expatriate staff: 1 project leader doctor, 1 nurse

Local support staff: 1 driver, 2 logisticians

Project duration: 5 years (08/03/2006 - 31/03/2011)

Support for provincial healthcare directorate in permanent training for epidemiological vigilance

Considering the repeat occurrence of dramatic epidemics in the province, the aim of the project was to enhance training of healthcare staff involved in responding to epidemics, particularly laboratory and epidemiological vigilance staff and the staff employed to supervise compliance with treatment. During 2008, two seminars were organized for laboratory technicians and epidemiological vigilance staff took part in specific training activities, made even more necessary by the epidemic of cholera occurring in the spring of 2008.

In this working year, two seminars for integrated care of infant pathologies were organized and attended by 24 nurses and six local trainers in Uige; 15 nurses from Damba and Maquela do Zombo, two of the furthest provinces from Uige, attended the seminar held in Damba.

Beneficiary population: Provincial healthcare network (nursing and epidemiological vigilance) staff and pupils and trainers from the *Instituto médio de saude* (direct). 1,400,000 people, inhabitants from the province of Uige (indirect)

Local partner: Provincial healthcare directorate of Uige

Total budget: 110,000 euros

Sources of funding: Italian Embassy in Luanda

Expatriate staff: 1 project leader doctor, 1 nurse, 1 *project assistant*

Project duration: 1 year (29/10/2007 - 28/10/2008)

Restoration of healthcare services in the two municipalities of Damba and Maquela

In 2008 the activities performed in the previous years in the context of the project were consolidated: hospital care, support to peripheral units, continuous training of local staff and analysis of collected epidemiological data. In 2008 three peripheral maternity wards were built (two in the municipality of Maquela do Zombo and one in the municipality of Damba) and a waiting home in the municipality of Damba for women almost ready to give birth. In order to increase accessibility to healthcare, particularly for mother/child health, an ambulance was bought and fitted with a radio system and drugs have been constantly provided. In this way an efficient referral system has been created between the peripheral units (health centres and points) and the hospitals of Maquela do Zombo and Damba. In 2008 a training course was organized on management of obstetric emergencies for healthcare providers in the two hospitals.

Local awareness building campaigns continued throughout 2008 with the use of mobile teams and informative campaigns. Provision of essential drug kits in the two municipal health centres and points was also guaranteed.

Concerning the fight against HIV, in addition to the informative campaigns, cooperation with the provincial hospital of Uige was consolidated in the municipality of Damba for the transfer of HIV-positive test cases. A voluntary HIV test centre was built in the municipality of Maquela do Zombo and the national programme to combat HIV started antiretroviral treatment and prevention of mother-child transmission. Again in the municipality of Damba, a baseline study was conducted through interviews with a sample of 400 heads of families designed to closely define, after complete data analysis, the next intervention projects to construct. The research topics were as follows: socioeconomic status of the families, ways of reacting to disease, propensity to use hospital healthcare services.

At the start of 2008, Maquela hospital was handed over to the local counterpart, in keeping with Doctors with Africa CUAMM's commitment to intervene in support of the local healthcare system, which then gradually assumes responsibility.

Beneficiary population: 500,000 inhabitants in the province of Uige and 35 nurses

Local partner: Provincial healthcare directorate of Uige, Diocese of Uige

Total budget: 1,102,870.40 euros

Sources of funding: European Union, Caritas Antoniana, Africa Chiama – Association of Friends of Doctors with Africa CUAMM, Doctors with Africa CUAMM

Expatriate staff: 1 project leader doctor

Local support staff: 1 driver, 1 logistician

Project duration: 1 year and 6 months (01/01/2006 - 30/06/2008)

Support for municipal healthcare system in Damba

The main aim of the project is to reduce mother and infant mortality by providing essential, high quality healthcare services in the municipal hospital, health centres, health points and in the community. During 2008, the data needed to define the intervention programme in Damba were collected and analysed in cooperation with the local health authorities.

The presence of a surgeon guaranteed continuous quality treatment at Damba hospital, in addition to consolidating the system for referring complex cases from the peripheral healthcare facilities to the hospital.

Use of Damba's *Casa de Espera*, as a waiting area for pregnant women, has led to a marked improvement in the management of complex and at-risk cases. Mobile teams have been organized to accompany the community as a means of recognizing the importance of care

during childbirth. Medicines to treat pregnant women with anaemia and treated mosquito nets to prevent malaria were also distributed during service trips. Through periodic mobile clinics and the organization of awareness-building activities within the community, the vaccination programme was consolidated for children under five years, supporting local healthcare authorities in implementing the national vaccination and HIV prevention programme.

In 2008, 2,705 patients, of whom 1,040 children, were admitted to hospital. Care was provided at 668 childbirths, of which 59 caesarean sections, and 8,017 outpatient examinations were performed.

Beneficiary population: the entire population of the municipality of Damba which, according to a government estimate, stands at 175,000 inhabitants, for whom the municipal hospital in Damba is the only reference centre.

Local partner: Provincial healthcare directorate of Uige, Diocese of Uige.

Total budget: 158,613.45 euros

Sources of funding: UNICEF

Expatriate staff: 1 doctor

Local healthcare personnel: 1 laboratory worker

Local support staff: 1 logistician

Project duration: 1 year (11/02/2008- 10/02/2009)

Prevention of HIV/AIDS in the municipality of Damba

The aim of the project is to support awareness-building activities in the community and to promote voluntary HIV testing in the municipality of Damba, in addition to organizing a mobile voluntary test service in order to guarantee access to HIV testing among the rural populations and to promote biosafety practices and safe hospital waste disposal at the municipal hospital of Damba.

In this framework, six activists were trained and the activities of the mobile team for mother/child health (already operating in the municipality) were consolidated. Candidates were also selected for the prevention of mother-child transmission for the HIV test.

Beneficiary population: Damba hospital reference population i.e. 180,000 people

Local partner: Municipal healthcare directorate, Diocese of Uige

Total budget: 22,310 euros

Sources of funding: World Health Organization (WHO)

Local healthcare staff: 6 activists

Local support staff: 1 driver, 1 logistician

Project duration: 29/05/2008 - 30/06/2008

PROVINCE OF KUNENE

Restoration of healthcare services in the municipality of Ombadja and support for Chiulo hospital

Hospital care has been improved in Chiulo, particularly for pregnant women and, to deal with medical-surgical emergencies, the operating wing has been extended and renovated and the number of specialized local staff increased. The hospital has reached maternity ward occupation rates of 120%, while a constant presence in the paediatric department has permitted management of admissions and examinations, leading to an average occupation rate of 200%. According to hospital data, in 2008, 5,900 patients, of whom 2,510 children, were admitted to Chiulo. Care was provided for 693 childbirths, of which 66 caesarean sections and 24,340 outpatient examinations were carried out.

In the municipality of Ombadja, the aim of intervention carried out in cooperation with the local NGO Mafiku, was to integrate the services offered by Chiulo hospital with the health centres, health points and communities, focusing particularly on pregnant women, staff training, and control of sexually-transmitted diseases and HIV virus.

During 2008, logistic support for the public health team was strengthened and support grew for the programme to distribute essential drugs to the population living within the hospital catchment area. In addition, a mobile team was organized for vaccinations, prenatal control and health education. The tuberculosis control programme was strengthened, giving support to specially appointed nurses within the hospital service, with weekly visits to inpatients and supervision of application of the national treatment protocols. As regards information, education and mobilization of the school-age population on sexually-transmitted diseases, courses and seminars were organized by Doctors with Africa CUAMM in support of the local NGO Mafiku, in eight schools in the municipality of Ombadja and, within the various communities, addressed particularly to pregnant women. Training was provided for 35 traditional midwives and 40 health promoters from all villages in the municipality, who were equipped with bicycles and first aid kits.

Beneficiary population: Chiulo hospital catchment area i.e. 600,000 people (indirect); the residents of the municipality of Ombadja equal to 183,209; the 120 hospital workers; 60 pupils from the nursing school (direct).

Local partner: Diocese of Ondjiva, Provincial health directorate of Kunene, NGO Mafiku

Total budget: 1,100,355.90 euros

Sources of funding: European Union, CUAMM con Sara per l'Africa, Solidarity Market of Bassano del Grappa, Doctors with Africa CUAMM

Expatriate staff: 1 internist, 1 surgeon, 1 logistician, 1 administrative worker, 1 laboratory worker

Local healthcare personnel: 3 intermediate level nurses, 4 members of vaccination staff, 6 social workers, 5 activist nurses, 1 laboratory technician for the blood bank.

Local support staff: 25 workers of various professions

Project duration: 2 years and 6 months (01/01/2007 - 30/06/2009)

Renovation of Chiulo hospital

During the war, Chiulo hospital was the only facility in the province able to provide secondary health care. Since 2001, Doctors with Africa CUAMM has been carrying out renovation work on a ward by ward basis. During 2008 the maternity and paediatrics divisions and operating wing were completely renovated. In addition, the provincial government of Chiulo, through the Public investment programme, undertook to refurbish some infrastructures belonging to Chiulo hospital during 2008. The synergies between the various types of intervention produced an integrated development project in which structural refurbishment is a means of guaranteeing quality of care for beneficiary hospital patients. Restored works are gradually handed over to the local counterpart, i.e. the Diocese of Ondjiva, in order to guarantee project sustainability. Continuous, good quality relations have been established between the Partnership and the local government authorities, permitting synergic developmental interventions to be defined and implemented.

Beneficiary population: hospital catchment area i.e. approximately 200,000 people

Local partner: Diocese of Ondjiva

Total budget: 84,060 euros

Sources of funding: Trentino Alto Adige Regional Government, Doctors with Africa CUAMM Trentino group, Doctors with Africa CUAMM

Expatriate staff: 1 logistician and 1 engineer

Local support staff: 20 construction workers

Project duration: 2 years (01/01/2007 - 31/12/2008)

Training and retention of healthcare staff at Chiulo hospital

The main aim of Doctors with Africa CUAMM's presence at Chiulo hospital is to improve the quality of care and to support organizational management through healthcare and management staff training. In particular, this project supports the training of new nurses and the introduction of new staff within the hospital facility.

Since it is located in a very isolated area, Chiulo hospital has always had problems recruiting and keeping healthcare staff, particularly experts and specialists who are more attracted by the city and its better living and working conditions.

The aim of the project is therefore to promote the training of new nurses in order to address present shortages and to guarantee the permanency of more skilled personnel. Accordingly, we have sought to improve housing conditions through the construction of lodgings for healthcare personnel.

In 2008, nine houses were built with three rooms each and two with four rooms. As from 2009, the hospital will start to allocate these apartments on the basis of applications that are received via a ranked list, which will take into account seniority of service, type of family unit, specialization and distance between home and place of work. This intervention is essential to the delivery of quality healthcare services at Chiulo hospital.

Beneficiary population: 120 hospital employees and 60 pupils per course year for the health technician school (direct). A total of 183,209 people living in the hospital catchment area (municipality of Ombadja) (indirect). However, approximately 600,000 people benefit from Chiulo's services as a reference hospital (northern part of Kunene and the areas bordering the province of Huila).

Local partner: diocese of Ondjiva, provincial government of Kunene

Total budget: 606,397.32 euros

Sources of funding: Italian Episcopal Conference, Doctors with Africa CUAMM

Expatriate personnel: 1 logistician and 1 building technician

Local healthcare staff: 2 doctors and 2 nurses

Local support staff: 46 labourers

Project duration: 1 year and 11 months (01/04/2007 - 28/02/2009)

Application of measures to prevent exposure to HIV virus and support prevention and treatment at Chiulo hospital

The aim of the project is to promote a safe blood-withdrawal centre at Chiulo hospital, equipped with adequate transfusion methods, referring donors who test positive for HIV to the information centre and for the local voluntary test service, introducing post-exposure prophylactic measures and raising awareness about the need for the community to possess safe blood banks, through the practice of voluntary donation.

During 2008 a seminar was held for nurses at Chiulo hospital and the students from the school, enabling local healthcare staff to acquire new skills, particularly in relation to methods of HIV virus transmission. Antiretroviral drugs were purchased for and distributed within the community and parallel information and awareness-raising sessions were held. Training sessions were organized and held for healthcare staff on HIV post-exposure prophylaxis and a protocol was presented for HIV post-exposure prophylaxis. Participation included all the staff working in Chiulo. Mobile clinics periodically intervened in the community with information and awareness-building sessions.

The World Health Organization has produced a video showing the role of Chiulo hospital as a rural reference unit for HIV testing and treatment in Angola, starting from the activities conducted within the framework of this project.

Beneficiary population: hospital reference population (approximately 600,000 people)

Local partner: Provincial healthcare directorate of Kunene, Diocese of Ondjiva

Total budget: 8,541.52 euros

Sources of funding: World Health Organization (WHO)

Expatriate staff: 1 infectivologist, 1 logistician

Project duration: 2 months (29/05/2008 - 31/07/2008)

HIV infection control at Chiulo hospital

The aim of this project, which comes under the umbrella of the provincial operating programme to combat AIDS, is to contribute to the control and reduction of HIV-AIDS infections and the prevalence of tuberculosis in the municipality of Ombadja, in the province of Kunene. The activities around which the project is oriented are as follows: strengthening counselling and voluntary testing services, increasing accessibility by pregnant women to services to reduce vertical transmission from mother to child, through implementation of a special intervention protocol, an increase in prenatal cover, and organization of a clinic for outpatient appointments to accompany patients on antiretroviral treatments requiring hospital admission. Treatment with antiretroviral drugs was introduced to Chiulo in January 2007. With the arrival of a full-time doctor at this service, activities have considerably improved.

In 2008, 3,700 HIV tests were performed, of which 255 were positive. Of the 255 patients testing positive, 208 are currently undergoing antiretroviral treatment. Of the 1800 pregnant women tested, 42 were HIV positive and all have been guaranteed treatment for mother to child prevention.

Beneficiary population: 187,540 people in the province of Kunene

Local partner: Provincial healthcare directorate of Kunene, National Institute to combat AIDS (INLS), Diocese of Ondjiva

Total budget: 93,439 dollars

Sources of funding: UNICEF, Doctors with Africa CUAMM

Expatriate staff: 1 project leader doctor, 1 administrative worker

Local healthcare personnel: 3 social workers, 1 obstetrician, 1 laboratory technician

Project duration: 1 year and 3 months (01/03/2007 - 31/05/2008)



ERITREA

Mekele

Gonder

SUDAN

DJIBOUTI

SOMALIA

Wolisso

Geto

Addis Abeba

Werder

ETHIOPIA

Dubbo

Dolo Odo

Moyalè

KENYA



Wolisso, Ethiopia

ETHIOPIA

PROJECTS 2008

POLITICAL PROFILE

Surface area 1,104,300 sq.km

Capital Addis Abeba

Population 83.1 million

Rate of demographic growth 2.6% per year

Literate adult population 35.9%

GDP 11.2 billion dollars in 2005

GDP per capita 1.192 (PPP US \$)

Increase in GDP 9.0% per year

Inflation 16.8% per year

Unemployment (% of total workforce) 16.7%

Population that lives on less than 1 dollar per day 46% of population and 89% lives with less than 2 dollars per day

Life expectancy at birth 50.7 years

Human development index (Undp - Human Development Report 07/08) 169th out of 177 countries

Brief history After a military dictatorship lasting 17 years, EPRDF took power in 1991 and remains the governing party. Between 1998 and 2000 a bloody war with Eritrea devastated Ethiopia, causing 80,000 deaths and preventing any development process. Relations between Ethiopia and Eritrea remain very tense and an indirect war fought on Somali soil, is presently under way. While Ethiopia supports the federal government now in power in Somalia, Eritrea supports the rise of the Islamic courts. The future of Ethiopia is closely linked to future events in Somalia.

HEALTHCARE PROFILE

Number of doctors (2004) 3 per 100,000 inhabitants

Number of nurses (2004) 21 per 100,000 inhabitants

Number of obstetricians (2004) 1 per 100,000 inhabitants

Infant mortality (2006) 77 per 1,000 live births

Mortality of children under 5 years (2006) 123 per 1,000 live births

Children aged 1 year vaccinated against measles 63%

Maternal mortality (2005) 720 per 100,000 live births

Prevalence of HIV (between 15 and 49 years in 2005) 2.0%

Prevalence of tuberculosis (2006) 641 per 100,000 persons

ETHIOPIA

PROJECTS 2008

Current commitment

The presence of Doctors with Africa CUAMM in Ethiopia dates back to 1986, gaining impetus between 1996-97 with the extraordinary challenge of designing and building Wolisso hospital, culminating in 2000, as a Jubilee gift from the Italian to the Ethiopian Episcopal Conference. Since 2003, Doctors with Africa CUAMM, together with the Ethiopian Catholic Church, has signed a collaboration protocol with the health authorities in Oromya region to consolidate the development of the hospital and nursing school in Wolisso. This agreement was renewed in 2008 and marked materialization of the first formal partnership in Ethiopia between a private nonprofit organization and the government-run public service.

During 2008 the action of Doctors with Africa CUAMM was concentrated in the Oromya region in the Wolisso "platform" with three types of intervention: support for the hospital and nursing school, support for specialist services and public health activities in the hospital catchment area, thanks to the district's public health project, financed in 2007 by the Italian Ministry of Foreign Affairs.

Intervention by Doctors with Africa CUAMM in Addis Abeba developed through healthcare coordination of the Catholic secretariat of the Ethiopian church, with the aim of strengthening the coordination role of all catholic healthcare facilities; this project culminated at the end of the year in the first annual general meeting of catholic healthcare facilities.

Again in the area of training, partnerships with the University of Addis Abeba have been strengthened to train orthopaedic specialists and with the University of Jimma to train health officers at the Wolisso hospital.

In 2008, 7 volunteers from Doctors with Africa CUAMM served in Ethiopia.

Commitments for 2009

- Consolidate the presence of Doctors with Africa CUAMM at Wolisso Hospital in the management and quality of medical, orthopaedic and paediatric care
- Support the nursing school in Wolisso and assess implementation of a obstetrics course
- Consolidate and expand the activities of Wolisso hospital's public health department within the nearby districts, particularly in the field of mother-child health
- Support expansion and coordination functions of the Ethiopian Episcopal Conference's healthcare office
- Guarantee support for specialist training in the Universities of Addis Abeba and Jimma

OROMYA REGION

DISTRICTS OF WOLISSO, GOMO AND SURROUNDING AREAS

Wolisso hospital and nursing school

The aim of the project was to guarantee healthcare protection in the district of Wolisso and in the surrounding districts, by providing high quality healthcare services accessible to all and by ensuring regular functioning of the hospital and nursing school. Thanks to major intervention by Doctors with Africa CUAMM, the hospital with its 144 beds, offers high quality standards in terms of service and treatment for the population of the entire region. In 2008 alone it guaranteed 56,510 outpatient appointments, 10,981 vaccinations, 8,260 inpatient admissions and 5,393 surgical procedures. At the attached nursing school, 31 new nurses graduated, while activities within the local community, particularly community medicine and protection of mother-child health, led to 10,186 prenatal examinations and 14,955 vaccinations.

Beneficiary population: 1,175,000.00 inhabitants (population residing in Wolisso area, South West Shoa, Oromya region)

Local partner: Ethiopian Episcopal Conference, Health Bureau and Bureau of Planning and Development of Oromya

Motor rehabilitation project

Partner: Doctors with Africa CUAMM Trentino

Total budget: 660,000 euros

Sources of funding: Italian Ministry of Foreign Affairs, Cuamm Lecco Association, Bettiol Srl, Only The Brave Foundation Onlus, Lavazza Luigi Spa, Morellato Spa, S.A.M.S. Holding Snc, Provincial Government of Trento through Doctors with Africa CUAMM Trentino, Doctors with Africa CUAMM

Expatriate staff: 1 doctor with role of hospital healthcare director, 1 internist, 1 paediatrician, 1 doctor with role of public health coordinator

Local healthcare staff: 127 (13 doctors, 5 health officers, 97 nurses, 6 physiotherapists, 1 chemist, 2 radiology technicians, 2 laboratory technicians, 2 environmental health workers)

Local support staff: 122

Project duration: 3 years and 2 months (01/01/2008 – 28/02/2011)

The aim of the project is to contribute to improving the health of the population of the South West Shoa Zone, an area inhabited by approximately 1,175,000 people, in the centre of the state of Oromya, where there is a high occurrence of trauma and problems requiring qualified orthopaedic treatment. The objective is to organize an orthopaedics department at Wolisso hospital that is able to provide specialist services to a large proportion of the population and to collaborate with Addis Abeba University in clinical training of Ethiopian Orthopaedics residents.

During 2008 two national seminars were held for orthopaedic providers including specialists and the new orthopaedics ward and orthopaedics operating wing were inaugurated. Besides these significant events, specialist missions in orthopaedics were carried out and on-the-job training was provided for ward (orthopaedic and nursing) staff. Some data give an idea of the results achieved: 452 patients were admitted to the orthopaedics and traumatology ward, 4,237 physiotherapy sessions were held, 367 major and 168 minor orthopaedics operations were performed.

Beneficiary population: 1,175,000 inhabitants (population residing in the district area of Wolisso, South West Shoa, Oromya region)

Local partner: Ethiopian Episcopal Conference, Health Bureau and Bureau of Planning and Development of Oromya, Orthopaedics Residency Programme at the University of Addis Abeba

Partner: Doctors with Africa CUAMM orthopaedics group, Orthopaedics and Traumatology Residency Programme of Padova University

Total budget 675,196.10 euros

Sources of funding: Friends of Father Pretto and Fratel Fiocchi Association, Doctors with Africa CUAMM Orthopaedics Group, Cuamm con Sara per l'Africa, Doctors with Africa CUAMM Piedmont Group, Monte dei Paschi di Siena Foundation through the group Jenga Insieme Onlus, Doctors with Africa CUAMM Siena, Noi con l'Africa Zimella, Doctors with Africa CUAMM

Expatriate staff: Orthopaedic and physiotherapy personnel from the Doctors with Africa CUAMM orthopaedic group on a brief mission

Local healthcare staff: 1 specialists in orthopaedics, 1 physiotherapist, 1 ward sister and three nurses per shift

Project duration: 4 years and 10 months (01/10/2005 - 01/07/2010)

Support for primary and community healthcare in the districts of Wolisso and Gomo

Globalization is severely testing social cohesion in many countries and the healthcare system does not operate as it should and, in some cases, could. Focusing on primary healthcare, acting on the control of health determinants, linked to water and food hygiene, accessibility to services and healthcare education, is the key to rapidly responding to the demands of efficiency and efficacy in healthcare services.

In 2008 a public health department was set up at St. Luke's hospital in Wolisso and three new health centres and three clean water wells were completed. A monthly mobile clinic programme has also been established in collaboration with the healthcare providers of the communities involved, offering a good mother-child health service package: vaccinations, growth monitoring, pre- and postnatal clinics, awareness raising and health education events, referral of patients, where necessary, to St. Luke's hospital.

Beneficiary population: the inhabitants of the area (South West Shoa, Oromya region): 93,000 (direct), 311,000 (indirect).

Local partner: Ethiopian Episcopal Conference, Health Bureau and Oromya Disaster Prevention and Preparedness Commission, St. Luke Hospital and College of Nursing

Total budget: 666,895.80 euros

Sources of funding: Italian Ministry of Foreign Affairs, St. Luke's Hospital in Wolisso, Doctors with Africa CUAMM Piedmont group, Mother Theresa of Calcutta Missionary Group

of Villa del Conte, Uno per Cento Onlus, Doctors with Africa CUAMM

Expatriate staff: 1 public health coordinator

Local healthcare personnel: 1 public health expert, 2 public health nurses, 1 hygienist-environmental health provider

Local support staff: 1 administrative worker, 1 secretary, 1 cleaner

Project duration: 3 years (01/08/2007 - 31/07/2010)

“SOUTHERN NATIONS, NATIONALITIES AND PEOPLES” (SNNP) REGION

Support to the maternity clinic in Geto

This is a dispensary and maternity clinic, which has been operating since 1996 and offers primary level services to the population of this mountainous area, where communications are difficult and services poor. Mobile clinics have been set up particularly for vaccinations and healthcare education interventions in the schools. The aim of intervention is to enhance services addressed to mothers and children, who are the weakest, most vulnerable members of the population. In 2008, activities included 6,651 outpatient examinations, 89 normal deliveries, and 23 referred deliveries. In the hospital and surrounding community, 1,178 prenatal examinations, 622 mother and child health visits and 3,124 vaccinations were provided and 27,848 people were reached by health education interventions.

Beneficiary population: 109,740 inhabitants of the villages of Burat, Gumer district, Guraghe Zone, SNNP Region

Local partner: Diocese of Emdibir, Zonal Health Desk

Total budget: 60,000 euros

Sources of funding: Doctors with Africa CUAMM

Expatriate staff: Religious staff

Local healthcare personnel: 6 nurses and paramedics

Local support staff: 6

Project duration: 3 years (01/01/06 - 31/12/08)

ADDIS ABEBA

Support for the Department of Health of the National Secretariat of the Ethiopian Catholic Church

The aim of the project is to provide initial support in capacity building at the National Secretariat of the Catholic Church in Ethiopia, by accompanying the head of department by means of staff from Doctors with Africa CUAMM and with specific, periodic counselling. Once the department has been organized, the purpose of the office will be to provide a coordination service for 77 catholic healthcare facilities in Ethiopia, with technical-financial backing. Health policy documents have been drawn up and various meetings organized in all healthcare facilities of the Ethiopian Church in order to promote local capacity building activities and activate lobbying and advocacy mechanisms within the nonprofit public-private partnership, not only in the catholic church but also at government level, with a view to working towards the sustainability of the same facilities.

Beneficiary population: 77 healthcare facilities of the Catholic Church

Local partner: Ethiopian Episcopal Conference, through the national catholic secretariat; Uganda Catholic Medical Bureau

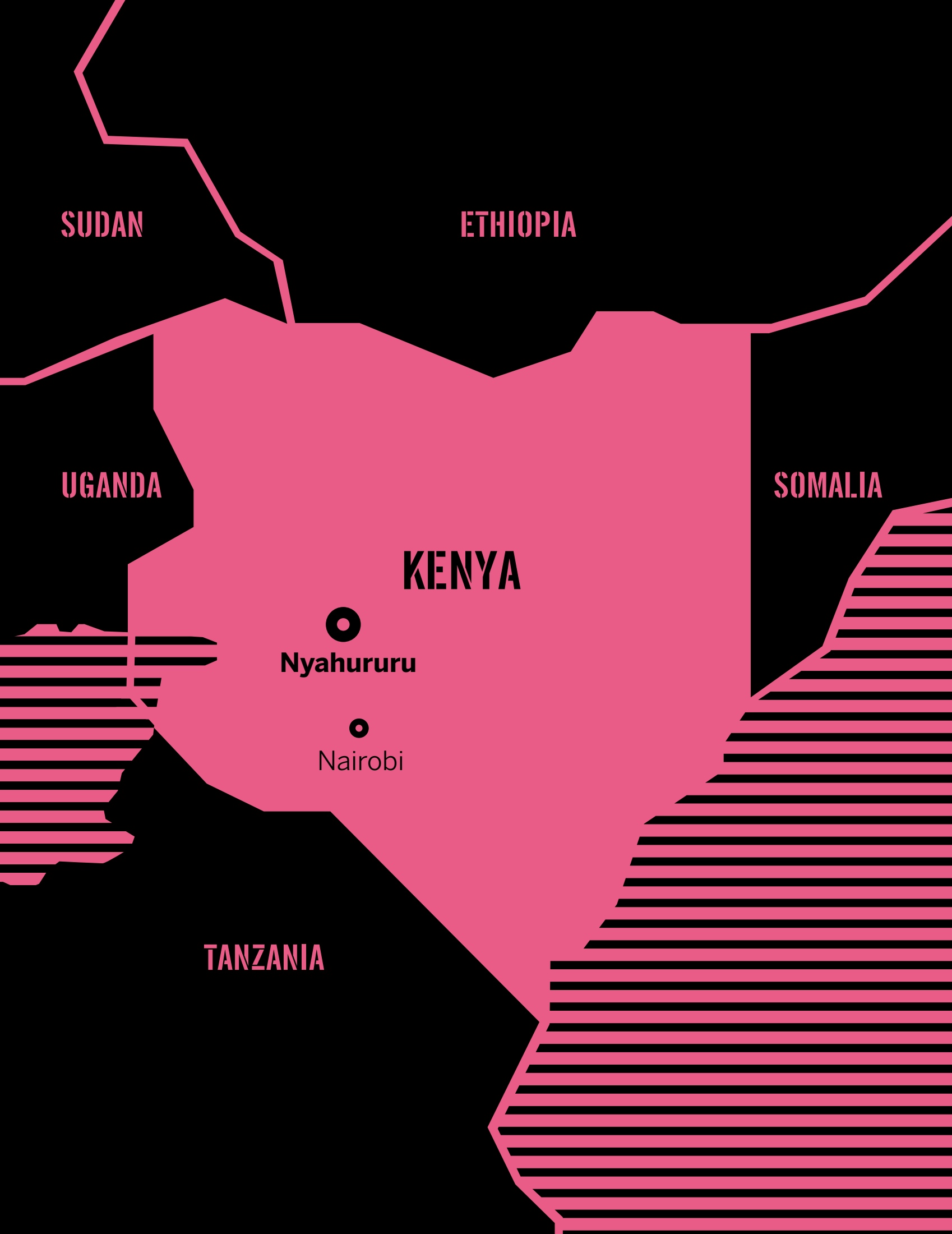
Total budget year 2008: 23,420 euros

Sources of funding: Doctors with Africa CUAMM

Expatriate personnel: 1 expert consultant in hospital and healthcare facility management

Staff: 1 head of department

Project duration: 1 year (01/05/08 - 31/04/09)



SUDAN

ETHIOPIA

UGANDA

SOMALIA

KENYA



Nyahururu



Nairobi

TANZANIA



Nyahururu, Kenya

KENYA

PROJECTS 2008

POLITICAL PROFILE

Surface area 582.646 sq.km

Capital Nairobi

Population 37.5 million

Rate of demographic growth 2.6% per year

Literate adult population 73.6%

GDP 18.7 billion dollars in 2005

GDP per capita 1.316 (PPP US \$)

Increase in GDP 5.7% per year

Inflation 13.1% per year

Unemployment (% of total workforce) -

Population that lives on less than 1 dollar per day 22.8% of population and 58.3% lives with less than 2 dollars per day

Life expectancy at birth 51 years

Human development index (Undp - Human Development Report 07/08) 148th out of 177 countries

Brief history Kenya gained independence in 1963 and has been governed autocratically for 40 years. Peaceful elections held in 2002 have led to a succession of disagreements and rivalries within the government. The population is divided into 42 ethnic groups. The confused situation of nearby Somalia has repercussions on the country, with the arrival of hundreds of homeless Somalis each day.

HEALTHCARE PROFILE

Number of doctors (2004) 14 per 100,000 inhabitants

Number of nurses (2004) 114 per 100,000 inhabitants

Number of obstetricians (2004)--

Infant mortality (2006) 79 per 1,000 live births

Mortality of children under 5 years (2006) 121 per 1,000 live births

Children aged 1 year vaccinated against measles 77%

Maternal mortality (2005) 560 per 100,000 live births

Prevalence of HIV (between 15 and 49 years in 2005) 4.9%

Prevalence of tuberculosis (2006) 334 per 100,000 people

KENYA

PROJECTS 2008

Current commitment

Fifty years after the first mission to Kenya by a doctor from Doctors with Africa CUAMM and after supporting a dozen local hospitals in various healthcare districts, the organization provides a social and healthcare type intervention involving two of the seven provinces into which the country is administratively divided. The activities of Doctors with Africa CUAMM are closely linked to the work of the catholic missionaries and healthcare services made available by the Catholic Church. Added to this is the collaboration with priests of the diocese of Padova operating in Kenya.

The year 2008 witnessed a continuation of activities in favour of the disabled and seropositive and those in support of coordination of diocesan healthcare facilities, with regular supervision meetings, in collaboration with the diocesan coordinator.

In 2008, 2 volunteers from Doctors with Africa CUAMM served in Kenya.

Commitments for 2009

- Continue to support St. Martin's Association in implementing a community programme for the rehabilitation and socioeconomic integration of differently abled people
- Continue to support coordination of diocesan healthcare facilities in the diocese of Nyahururu and the dispensary workshop, particularly for screening and monitoring patients affected by HIV AIDS.

DISTRICTS OF NYANDARUA AND LAIKIPIA

Establishment of a diocesan healthcare office and consolidation of diagnostic services for controlling HIV-AIDS infection

The aim of the project is to improve the health conditions of the population of the districts of Nyandarua and Laikipia West by setting up a diocesan health office able to coordinate the various healthcare activities managed by the diocese and provide the population of the districts involved with adequate diagnostic services for controlling HIV and AIDS infection. This will be achieved partly by consolidating nonprofit healthcare services in the diocese of Nyahururu and integrating them with those provided publicly. The activities of the Nyahururu workshop successfully continued with the continuous increase in the number of patients treated (with an average of forty patients per day). Internal and external renovation work continued in addition to thorough supervision of the various diocesan dispensaries, with a view to drawing up a plan for their support and rationalization.

Beneficiary population: approx. 860,000 inhabitants from the districts of Nyandarua and Laikipia

Local partner: diocese of Nyahururu – healthcare sector

Total budget: 471,083.74 euros

Sources of funding: Monte dei Paschi di Siena Foundation, il Santo dei Miracoli, Alì Spa, CUAMM con Sara per l'Africa, Jenga Insieme Onlus/Doctors with Africa CUAMM Siena, Doctors with Africa CUAMM

Expatriate staff: 1 laboratory technician (project leader) employed in loco for three years, 1 doctor specializing in public health: consultant for diocesan healthcare coordinator, employed in loco for 2-3 months per year.

Local healthcare staff: 1 clinical officer, 2 nurses, 1-2 laboratory technicians employed in dispensary/workshop management, 1 specialized nurse with experience in public health employed as coordinator of diocesan healthcare activities.

Local support staff: 2 women employed to clean and maintain the premises; 1 driver for car transfers and for taking care of the courtyard and areas outside the dispensary.

Project duration: 3 years and 8 months (01/04/2006 – 30/11/2009)

The community at the service of the disabled

In 2008 support continued for the local St. Martin's Association, with a view to developing a community programme for the rehabilitation and socioeconomic integration of differently abled persons. 150 members of the community (parents, church leaders, volunteers, community workers and teachers) were trained on and made more aware of the subject of disability; residential courses were held for volunteers and 1,800 physiotherapy treatments

carried out. 25 people with various types of disability underwent a complete rehabilitation programme; 50 disabled children from needy families were registered at teaching or training institutes; and the work of 35 microcredit groups continued.

Beneficiary population: 672,918 inhabitants of the diocese of Nyahururu

Local partner: diocese of Nyahururu, Saint Martin Catholic Social Apostolate

Total budget: 423,543.02 euros

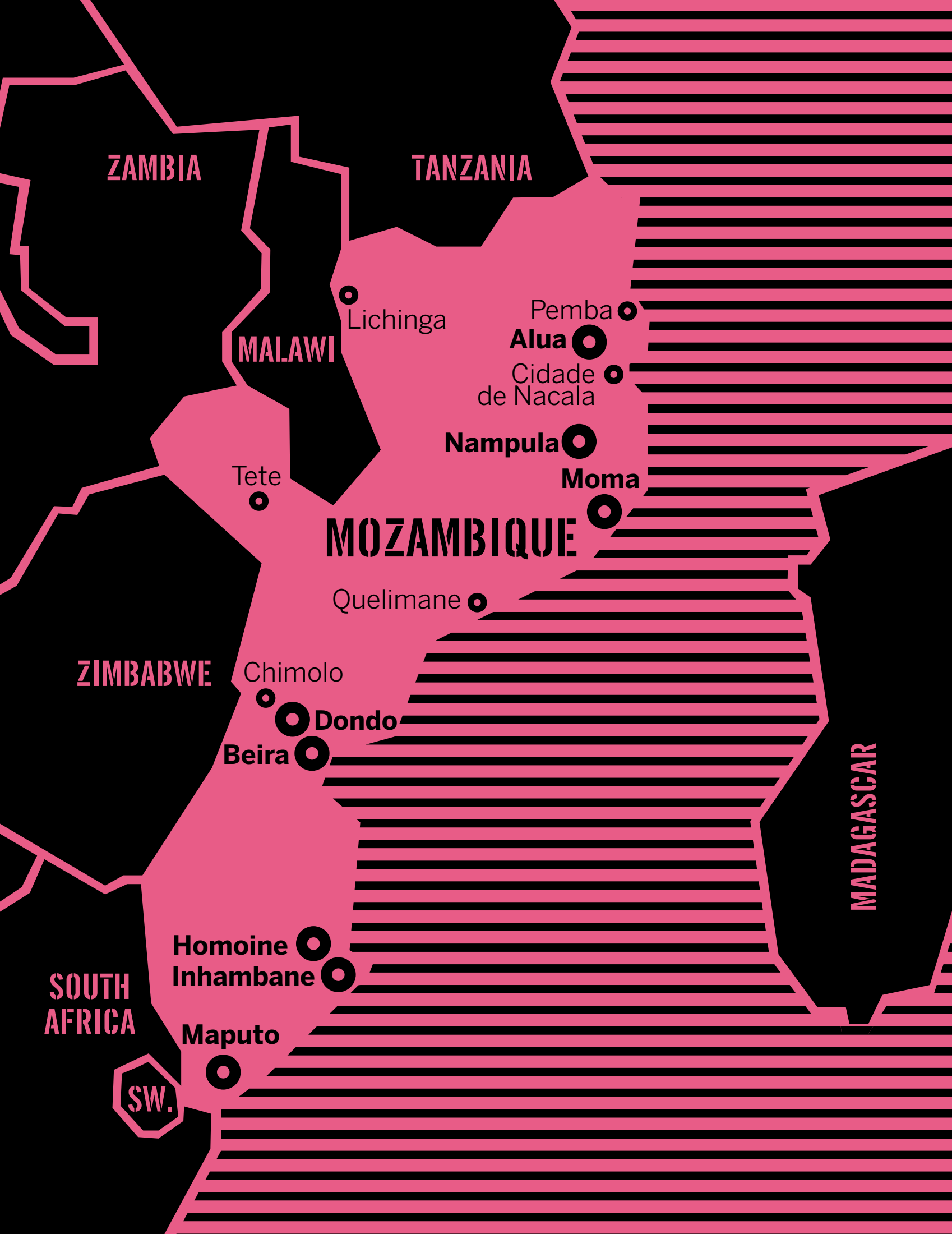
Sources of funding: Opera Provvidenza Sant'Antonio, Saint Martin Catholic Social Apostolate, local communities, Jenga Insieme Onlus, Doctors with Africa CUAMM Siena, Diocesan missionary centre of Padova, Doctors with Africa CUAMM

Expatriate personnel: 1 physiotherapist

Local healthcare personnel: 10 rehabilitation providers and social workers, assistants

Local support staff: 2

Project duration: 3 years (01/04/2007 – 31/03/2010)



ZAMBIA

TANZANIA

MALAWI

Lichinga

Pemba

Alua

Cidade de Nacala

Nampula

Moma

Tete

MOZAMBIQUE

Quelimane

ZIMBABWE

Chimolo

Dondo

Beira

MADAGASCAR

SOUTH AFRICA

Homoine

Inhambane

Maputo

SW.



Beira, Mozambique

MOZAMBIQUE

PROJECTS 2008

POLITICAL PROFILE

Surface area 801,590 sq.km
Capital Maputo
Population 21.4 million
Rate of demographic growth 2.4 % per year
Literate adult population 38.7%
GDP 6.6 billion dollars in 2005
GDP per capita 1.345 (PPP US \$)
Increase in GDP 8.5% per year
Inflation 7.9% per year
Unemployment (% of total workforce) -
Population that lives on less than 1 dollar per day 36.2%
Life expectancy at birth 44 years
Human development index (Undp - Human Development Report 07/08) 172nd out of 177 countries
Brief history 16 years of civil war, ending in 1992, caused one million deaths and over 6 million refugees and homeless. The democratic institutions formally appear to be strong but the wealth produced by economic reforms implemented at the end of the 1980s has not been equally distributed. 80% of the population still lives by agriculture.

HEALTHCARE PROFILE

Number of doctors (2004) 3 per 100,000 inhabitants
Number of nurses (2004) 21 per 100,000 inhabitants
Number of obstetricians (2004) 12 per 100,000 inhabitants
Infant mortality (2006) 96 per 1,000 live births
Mortality of children under 5 years (2006) 138 per 1,000 live births
Children aged 1 year vaccinated against measles 77%
Maternal mortality (2005) 520 per 100,000 live births
Prevalence of HIV (between 15 and 49 years in 2005) 12.5%
Prevalence of tuberculosis (2006) 624 per 100,000 persons

MOZAMBIQUE

PROJECTS 2008

Current commitment

Doctors with Africa CUAMM has become a consolidated presence in Mozambique since 1978. During 2008 the organization's commitment, shared by the local health authorities, to improve the health status of the poorest members of the population was consolidated by expanding and supporting the government healthcare network, strengthening and integrating primary healthcare programmes through care provision and staff training, with a view to increasing access to healthcare services and overcoming regional inequalities in resource allocation.

Intervention took place in two main geographical areas:

- **in the province of Sofala:** support for the central hospital of Beira where technical support has continued and the arrival of specialists in medicine, surgery and obstetrics-gynaecology has continued to back the Faculty of Medicine at the Catholic University of Mozambique in the training of new, qualified Mozambican doctors; consolidation of the district healthcare system by integrating hospital and community components; the HIV and child malnutrition projects have continued in the healthcare district of the city of Beira and in three other rural districts of the province of Sofala, providing support to the provincial programme heads and expanding to new rural districts of the province;
- **in the province of Nampula:** support for the hospital of Moma and consolidation of the district healthcare system through an HIV-malnutrition programme which aims to integrate hospital care activities with community and territorial interventions; in 2008 support ended for the mother-child health nursing course at the training centre in Alua (province of Nampula).

In 2008, 20 volunteers from Doctors with Africa CUAMM served in Mozambique.

Commitments for 2009

- Continue to support the central hospital in Beira to guarantee integration between clinical and teaching activities for students on the medical degree course
- Continue to support training at the Faculty of Medicine of the Catholic University of Beira
- Continue to provide support in the areas of HIV and child malnutrition in the healthcare district of the city of Beira and in three other rural districts of the province of Sofala
- Start a support action in the field of HIV and malnutrition in Moma and in a neighbouring district in the south of the province of Nampula
- Support community treatment of tuberculosis (DOTS) in the district of Moma

PROVINCE OF SOFALA

University hospital of Beira: programme to integrate clinical and teaching activities

The central hospital in Beira (500,000 inhabitants, the second city in Mozambique) is a 770-bed multiplex hospital facility. The aim of intervention by Doctors with Africa CUAMM is to enhance the quality of clinical care in the areas of medicine, surgery and obstetrics-gynaecology and to guarantee qualified standards of care to patients and ensure assistance and training to the students of the Faculty of Medicine of the Catholic University of Mozambique (UCM), a reference point for training in the north of the country. In the various medical, surgical and obstetric-gynaecological wards, Doctors with Africa CUAMM ensure a constant presence on the ward, on call and in the outpatient clinics. They have also provided training opportunities for paramedics, a training programme for departmental staff and held 25 seminars on various topics, for nurses, doctors, midwives and auxiliaries. The organization has also guaranteed the supply of drugs, medical, surgical and teaching material.

Beneficiary population: approximately 7 million people in the hospital catchment area (the provinces of Sofala, Manica, Tete, Zambesia); approximately 150,000 hospital

users/year; medical and paramedical personnel (approximately 900 units); 311 Faculty of Medicine students.

Local partner: Directorate of Beira central hospital

Total budget: 1,232,930.87 euros

Sources of funding: Italian Ministry of Foreign Affairs, General Hospital of Padova/Veneto regional government, Cariparo Foundation, Doctors with Africa CUAMM

Expatriate staff: 1 internist, 1 gynaecologist, 1 surgeon

Local healthcare personnel: 15 full time auxiliaries and 20 nurses

Local support staff: 1 administrative worker, 5 caretakers

Project duration: 3 years and 7 months (24/01/2007 - 31/08/2010)

Faculty of Medicine of the Catholic University of Mozambique: programme to support the training of doctors

The aim of the project is to foster a process of decentralizing university training in Mozambique. In this way it will contribute to training doctors with a view to providing primary healthcare services in the central and northern regions of the country.

Project activities are part of the teaching framework adopted by the university, i.e. problem-based learning (PBL) which, for the first four years, envisages six-week modules on complex topics, front lessons and study groups. In the 5th and 6th years, teaching takes place in hospital and rotates around 11 weeks in the various wards; the students accompany the permanent staff in clinical work, discuss cases by the bedside, in general meetings and in tutorial groups. Our staff supports teaching activities for students in years 1 to 4 by preparing teaching modules, front lessons, tutorial groups, practical work, assessment tests, faculty outpatient visits.

The following have been programmed, organized and managed for 5th and 6th year students: a week of introductory lessons, ward activities, tutorial groups, assessment tests, organization of "estagios rurais" (placements on a rotational basis in rural hospitals). The work carried out has helped cover theoretical and practical teaching in the areas of anatomy-surgery and internal medicine. Access to study for young people from the northern, less prosperous regions of the country, has been promoted by the awarding of nine scholarships and 12 subsistence grants. In 2008, 24 students graduated in medicine. The volunteers of Doctors with Africa CUAMM also guaranteed, according to expertise, clinical work on the internal medicine and general surgery wards and at the digestive endoscopy clinic.

Beneficiary population: 311 students registered at the Faculty of Medicine of Beira University

Local partner: Faculty of Medicine of the Catholic University of Mozambique

Total budget: 1,784,244 euros

Source of funding: Italian Episcopal Conference; Catholic University of Mozambique, Cariparo Foundation, Doctors with Africa CUAMM Cremona, Doctors with Africa CUAMM Salento, Amarcord 45 Bocconi, Doctors with Africa CUAMM

Expatriate staff: 2 internists, 1 surgeon

Local support staff: 1 driver, 1 secretary

Project duration: 3 years (01/03/2008 - 28/02/2011)

HIV and child malnutrition: an integrated response

In one of the provinces with the highest rate of malnutrition and seropositivity in the whole of Mozambique, in close cooperation with the provincial directorate of Sofala and the district directorates, the aim of the intervention is to implement prevention programmes and improve the services provided for malnourished children and those affected by HIV-AIDS.

At the same time support is provided to the paediatrics ward, the paediatric day hospital and the peripheral health centres.

At Beira hospital, Doctors with Africa CUAMM has provided technical assistance to the day hospital for children with HIV-AIDS: 4,739 children affected by HIV have been referred, 5,416 outpatient examinations have been carried out, 497 children have undergone antiretroviral treatment and 35 providers have been trained.

In Beira city district and in the districts of Dondo, Nhamatanda, Buzi, Gorongosa, Chemba and Maringue, technical assistance has been provided to the district directorates to develop malnutrition prevention programmes and provide real community treatment for malnutrition in nutrition centres. 341 supervision visits have been made (117 in the city of Beira and 224 in the districts) and approximately 1,500 children are receiving nutritional support at home. The supply of teaching and healthcare material has been guaranteed and a new nutritional centre will be built in Beira. Training has been given on the follow-up protocol for children at risk of malnutrition and on the treatment of severe infant malnutrition. Continuous training and supervision in health centres has also been assured.

Beneficiary population: infant population in the province of Sofala, Beira city district and nine provincial districts (Dondo, Nhamatanda, Buzi, Gorongosa, Maringue, Chemba, Caia, Cheringoma and Marromeu). Total population of approximately 1,796,000 inhabitants.

Local partner: provincial health directorate of Sofala, Beira central hospital directorate,

paediatric day hospital at Beira hospital and seven district health directorates

Total budget: 679,735.24 euros

Sources of funding: UNICEF, Association of Friends of Children infected by HIV-AIDS Onlus, Municipality of Dueville, Doctors with Africa CUAMM

Expatriate personnel: 1 paediatrician, 1 nutritionist

Local healthcare personnel: 2 mother-child healthcare nurses, 27 activists/auxiliaries

Local support staff: 11 (6 caretakers, 1 logistician, 2 office workers, 2 drivers)

Project duration: 2 years (01/01/2008 - 31/12/2009)

PROVINCE OF NAMPULA

Primary care and treatment of AIDS in Moma district

In Moma, a rural district of Mozambique, five hours' drive from the capital of the province of Nampula, the work by Doctors with Africa CUAMM has focused on primary healthcare and AIDS treatment, by integrating various programmes and healthcare activities, increasing access and use of treatment and prevention services throughout the catchment area and continuous assistance in hospital wards. In 2008 the project guaranteed 9.210 admissions, 7,925 child deliveries and 188,830 outpatient visits. Provision was made for direct, continuous technical assistance in the inpatient wards, for HIV screening, support and supervision of vaccination and mother-child health programmes and local staff training. Health education interventions were also implemented in district communities and were addressed particularly to young people, community leaders, traditional doctors and religious leaders.

The interventions implemented in 2008 included restoration of several peripheral health units, construction of a new maternity wing at Moma hospital, the supply of healthcare material and equipment, access to means of transport for transferring urgent patients from the peripheral health care units to Moma hospital and the provincial hospital in Nampula.

Beneficiary population: the population of the district of Moma (approx. 300,000 inhabitants)

Local partner: provincial healthcare directorate of Nampula, local NGO Aro Moçambique

Total budget: 1,093,041 euros

Sources of funding: European Union, Celim, Clinton Foundation, Diocesan Caritas of Como, Doctors with Africa CUAMM

Expatriate personnel: 1 doctor, 1 obstetrician, 1 expert in social sciences, 1 office worker-logistician

Local healthcare staff: 1 community assistant and 20 community activists

Local support staff: 1 logistician, 1 book keeper, 2 drivers, 8 caretakers

Project duration: 3 years (10/01/2006 - 09/01/2009)

HIV and child malnutrition: an integrated response in the districts of Moma and Mogovolas

The aim of the project is to reduce the impact and incidence of malnutrition and HIV-AIDS in the infant population in the areas involved by the project, through an integrated approach to mother-child health programmes. Most notably, the project offers support to the district directorates in designing and implementing infant malnutrition treatment and prevention programmes, and preventing vertical mother-to-child transmission of HIV, with robust involvement of the local communities through the work of voluntary activists. The project is in its early stages: in 2008, two groups of local activists were selected and trained and supervision work was started in the health centres with a nutritional centre.

Beneficiary population: population of infants and pregnant women in the districts of Moma and Mogovolas (total population of approximately 600,000 inhabitants, including 105,400 children from 0 to 4 years and 30,000 pregnant women)

Local partner: provincial health directorate of Nampula and district health directorates of Moma and Mogovolas

Total budget: 549,968 euros

Sources of funding: UNICEF, Doctors with Africa CUAMM

Expatriate staff: 1 paediatrician, 1 nurse-nutritionist, 1 expert in social sciences, 1 logistician

Local healthcare staff: 2 community assistants, 25 activists in each district

Local support staff: 15 persons (12 caretakers, 1 book keeper, 1 logistician, 2 drivers)

Project duration: 1 year and 2 months (01/11/2008 - 31/12/2009)

DISTRICT OF ERATI

Reduction of maternal mortality in the rural setting

Training of nurses employed in the mother-child health sector has continued in Alua. Thanks to Doctors with Africa CUAMM, 25 new nurses have been trained who are able to offer a primary care service to the women in the poorest rural areas of the province of Nampula. Intervention aims to support the teaching corps in educational and assessment activities and towards pupils with learning difficulties, and to directly support the medical and paediatric wards of Alua health centre and the pupils on rural placements.

Beneficiary population: women of fertile age in the training centre of Alua, district of Alua, district of Erati, province of Nampula (4,076,642 inhabitants)

Local partner: provincial healthcare directorate, Alua training centre

Total budget: 472,002 euros

Sources of funding: Italian Ministry of Foreign Affairs, provincial health directorate of Nampula, Doctors with Africa CUAMM

Expatriate personnel: 2 nurses

Local support staff: 1 driver, 1 logistician, 2 cooks, 3 caretakers

Project duration: 2 years and 6 months (01/09/2004 - 29/02/2008)



LIBYA

EGYPT

CHAD

Khartoum ●

ERITREA

SUDAN

ETHIOPIA

**CENTRAL AFRICAN
REPUBLIC**

Rumbek ●

● **Yiol**

Lui ●

● Juba

**DEMOCRATIC REPUBLIC
OF CONGO**

UGANDA

KENYA



Yiroi, Southern Sudan

SOUTHERN SUDAN

PROJECTS 2008

POLITICAL PROFILE

Surface area 640,000 sq.km
Population Between 7.5 and 9 million
Capital Juba
Rate of demographic growth 2% per year
Literate adult population 25%
GDP 27.5 billion dollars in 2005
Population living on less than 1 dollar per day 90%
Human Development index (Undp - Human Development Report 07/08) -
Brief history Southern Sudan does not exist as an independent country. The signing of the *Comprehensive Peace Agreement* on 9th January, 2005, marked the final phase of a civil war, lasting almost 20 years, between the government of Karthoum and the South, causing 2 million deaths, 400,000 refugees and 4 million homeless. In 2011 a referendum will be held to decide on the actual independence of Southern Sudan.

HEALTHCARE PROFILE

Number of doctors (2004) 1 per 100,000 inhabitants
Number of nurses (2004) -
Number of obstetricians (2004) -
Infant mortality 150 per 1,000 live births
Mortality of children under 5 years 250 per 1,000 live births
Maternal mortality 1.700 per 100,000 live births
Prevalence of HIV (between 15 and 49 years in 2005)
Estimates between 1 and 7%

SOUTHERN SUDAN

PROJECTS 2008

Current commitment

In 2008 relative peace was maintained, although several episodes of tension occurred in the south of the country, where the work of Doctors with Africa CUAMM is concentrated. The political-institutional situation remains volatile and fragmented, despite progress during 2008. In the healthcare setting, some significant progress has been made in the government hospital of Yirol, in the Lakes State, with the definition of hospital staff and the transfer of Sudanese doctors by the central authorities. There remains the problem of providing them with suitable accommodation considering the current lack.

Our work has guaranteed: management of surgical emergencies and service in the maternity wing, continuation of hospital building refurbishment and training of qualified healthcare staff. Hospital governing bodies continue to show little involvement in management considering that they are to assume greater responsibility in offering quality healthcare services that are accessible to the community.

In 2008 negotiations were started for another intervention in the state of Western Equatoria, in the hospital of Lui.

In 2008, 3 volunteers from Doctors with Africa CUAMM served in Southern Sudan.

Commitments for 2009

- Consolidate our presence in the government hospital of Yirol, Lakes State, to support improvement of hospital management and accessibility of mother-child services
- Start support for the Sudanese Evangelical Church of Lui, in the state of Western Equatoria, with restoration of the buildings and improvements in management and accessibility of mother and child services.

LAKES STATE - YIROL DISTRICT

Yirol emergency: a hospital to be reopened

The objective of this project was to contribute to improving the quality and type of healthcare services provided in the district of Yirol, by returning its hospital to the community. The first phase of restoration work was concluded in 2008, with completion of the building housing the maternity wing and the building for the paediatrics and medical wings. Support was also provided for clinical and surgical activities and for facility management, by the arrival of Italian and Ugandan healthcare providers who had been trained on the job with local staff. During the year, a thousand or so surgical procedures were performed (with an average of about seventy operations per month). Over 600 women were finally able to give birth in hospital. The intervention of Doctors with Africa CUAMM is destined to continue consolidating hospital activities and its role in the district healthcare system: during the inauguration ceremony the facility was formally "handed over" to its community.

Beneficiary population: 400,000 people from the district of Yirol in the Lakes State

Local partner: Ministry of Health of the Lakes State

Total budget: 1,286,795.04 euros

Sources of funding: Civil protection department of the Italian government, Africa Chiama – Association of Friends of Doctors with Africa CUAMM, Doctors with Africa CUAMM Piedmont Group, Missionary Group of Asiago, Sant'Arcangelo Città del Mondo, Bazzichetto Enrico Srl, Grafica Veneta Srl, Sinetica Industries Srl, SINV Spa, Doctors with Africa CUAMM

Expatriate personnel: 1 project leader surgeon, 1 internist, 1 nurse, 1 head of restoration work, 1 administrator-logistician, consultant anaesthetist, 2 obstetricians and one Ugandan anaesthetist

Local healthcare personnel: 49 people (paid incentives)

Local support staff: 20 in Yirol (Southern Sudan) and 6 in Arua (Uganda)

Project duration: 2 years and 3 months (03/10/2006 – 31/12/2008)

STATE OF WESTERN EQUATORIA - MUNDRI DISTRICT

Restoration of Lui hospital

The aim of the project was to contribute to improving the health conditions of the district population, by restoring Lui hospital buildings and giving support to the clinical activities carried on there. The first few months of the project were used to prepare and organize activities, particularly in Uganda, where the intervention's logistic base is located. The project objectives, methods, means and key commitments of the partners were agreed with the Diocese of Lui and hospital governing bodies. These commitments were formalized in an agreement signed by Doctors with Africa CUAMM with the Diocese of Lui and the district political and healthcare authorities.

Beneficiary population: 200,000 people in the Diocese of Lui in the district of East Mundri, state of Western Equatoria

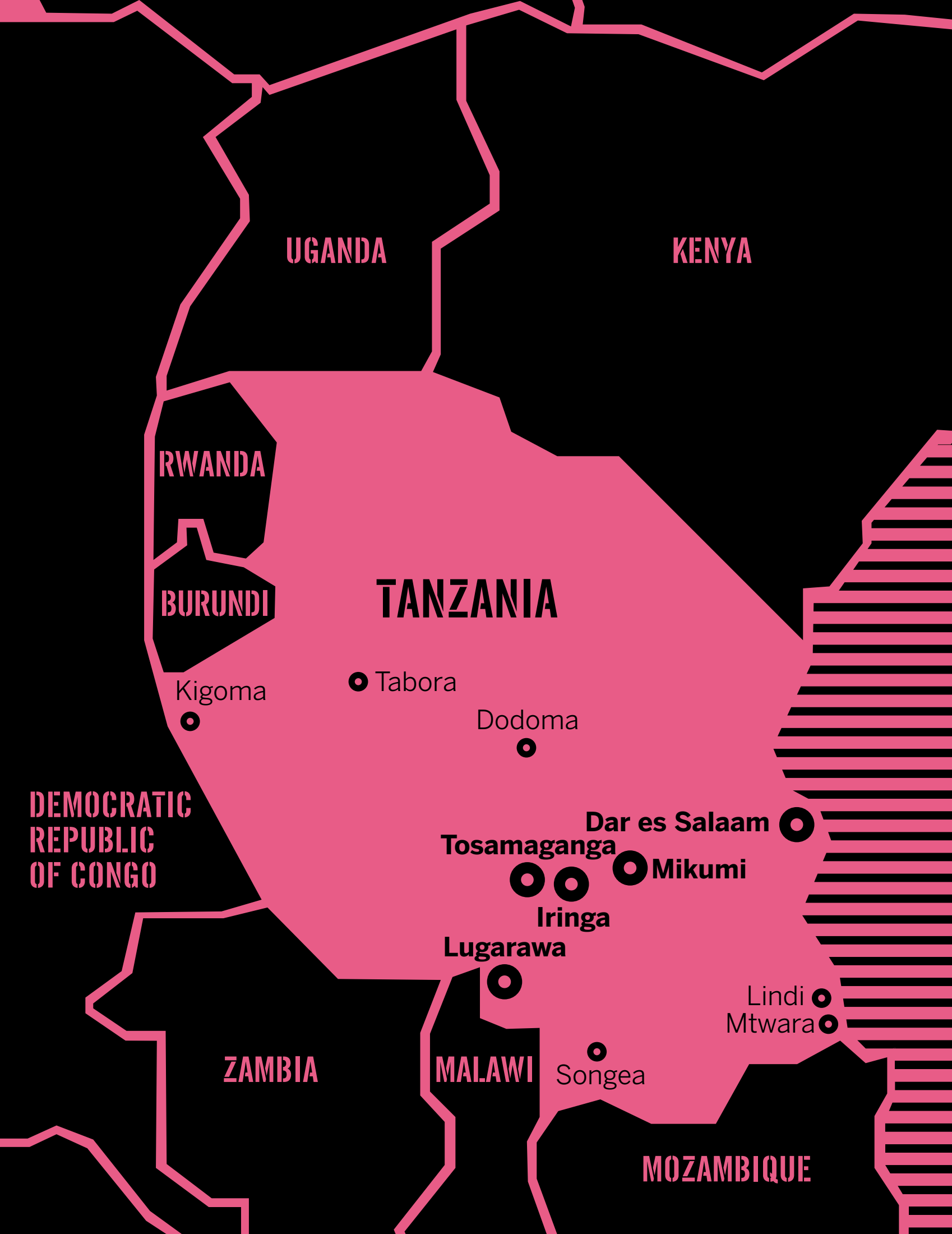
Local partners: Diocese of Lui, Ministry of Health of the State of Western Equatoria

Total budget: 3,000,000 euros

Sources of funding: Doctors with Africa CUAMM

Expatriate staff: 1 logistician

Project duration: 3 years (01/08/2008 – 31/07/2011)



UGANDA

KENYA

RWANDA

BURUNDI

TANZANIA

Kigoma

Tabora

Dodoma

**DEMOCRATIC
REPUBLIC
OF CONGO**

Dar es Salaam

Tosamaganga

Mikumi

Iringa

Lularawa

Lindi
Mtwara

ZAMBIA

MALAWI

Songea

MOZAMBIQUE



Mikumi, Tanzania

TANZANIA

PROJECTS 2008

POLITICAL PROFILE

Surface area 945,087 sq.km
Population 38.3 million
Capital Dodoma
Rate of demographic growth 2% per year
Literate adult population 69.4%
GDP 12.1 billion dollars in 2005
GDP per capita 730 (PPP US \$)
Increase in GDP 5.9% per year
Inflation 6.3% per year
Unemployment (% of total workforce) -
Population that lives on less than 1 dollar per day 57.8%
Life expectancy at birth 49.7 years
Human development index (Undp - Human Development Report 07/08) 159th out of 177 countries
Brief history Tanzania was formed in 1964 from the union of Tanganyika and Zanzibar. It is inhabited by over 130 ethnic groups. It has enjoyed good political stability for over 40 years, even though conflicts in neighbouring countries (Burundi, Democratic Republic of Congo and Rwanda) have brought over 500,000 refugees into the area.

HEALTHCARE PROFILE

Number of doctors (2004) 2 per 100,000 inhabitants
Number of nurses (2004) 37 per 100,000 inhabitants
Number of obstetricians (2004) -
Infant mortality (2006) 74 per 1,000 live births
Mortality of children under 5 years (2006) 118 per 1,000 live births
Children aged 1 year vaccinated against measles 93%
Maternal mortality (2005) 950 per 100,000 live births
Prevalence of HIV (between 15 and 49 years in 2005) 6.2%
Prevalence of tuberculosis (2006) 458 per 100,000 people

TANZANIA

PROJECTS 2008

Current commitment

The historic presence of Doctors with Africa CUAMM in Tanzania, starting between 1967 and 1968, is mainly concentrated in the south-east of the country, in the Iringa region (districts of Iringa Rural, Iringa Municipality, Ludewa and Makete), but there is also intervention in the region of Morogoro (in Mikumi).

Concentrating interventions and resources in a region and at district level is in line with our strategic plan to strengthen district healthcare systems in order to increase availability, accessibility and quality of services and to seek achievement of the Millennium Healthcare Goals (improve maternal health, reduce child mortality and reduce the major endemic diseases of HIV-AIDS, tuberculosis and malaria).

After analysing healthcare conditions in the district of Makete, a similar assessment was made in the district of Ludewa: these surveys helped plan future interventions in the districts and monitor and implement mother-child health services.

During the year we continued to work in support of the hospitals of Tosamaganga (in the district of Iringa Rural) and Lugarawa (in the district of Ludewa), and the Makete district hospital, to increase accessibility and quality of hospital and community services. Specific interventions have also been undertaken in the districts to increase access to antiretroviral therapy, through refurbishment of AIDS treatment facilities, the supply of laboratory equipment for the same centres and the training of health personnel to treat and support AIDS patients at home.

In 2008, 12 volunteers from Doctors with Africa CUAMM served in Tanzania.

Commitments for 2009

- Consolidate the presence of Doctors with Africa CUAMM in the hospital of Tosamaganga and in the district of Iringa Rural in order to boost accessibility and quality of services, particularly in the areas of mother-child health and the major endemic diseases.
- Start support work to improve the health information system in the district of Iringa Rural in order to produce quality data for district planning purposes.
- Continue work in the mother-child field in the districts of Makete and Ludewa
- Continue supporting the HIV-AIDS programme in the region of Iringa
- Continue supporting Mikumi hospital in the mother-child area thereby improving accessibility to clinical services.

REGIONS OF IRINGA AND MOROGORO

Support for healthcare services in the districts of Iringa Rural, Ludewa and Kilosa

The aim of the project is to make sure that the healthcare structures are able to deliver quality services, in compliance with national standards and policy lines. Other objectives include assurance of accessibility to mother-child services and support for healthcare and social services for HIV-positive and AIDS patients.

In Tosamaganga hospital (160 beds), during the year 7,847 outpatient examinations, 4,739 admissions, 1,330 assisted child deliveries, and 6,788 vaccinations were carried out.

In Lugarawa hospital (162 beds), over 9,000 outpatient examinations, 5,292 admissions, 1,620 assisted child deliveries and approximately 5,000 vaccinations were carried out. In Mikumi hospital (65 beds), 18,967 outpatient examinations, 4,686 admissions, 685 assisted deliveries and over 4,000 vaccinations were provided.

Local staff (547 labourers) were trained through 37 seminars and on-the-job training.

The awarding of scholarships enabled students to finish their studies. Essential drugs and consumables were purchased to reduce the cost of managing the hospitals and mother-child services (maternity wing, prenatal clinics), thus keeping charges down.

Services were run to provide voluntary HIV testing, prevention of mother-child transmission and outpatient antiretroviral treatment in the areas of Mikumi, Tosamaganga and Lugarawa. All blood donors were screened and local staff trained in preventing infection from accidental contamination. Activities continued to provide nutrition kits for AIDS patients

on antiretroviral treatment and home care services for HIV-AIDS patients: 25 providers follow up approximately 445 patients.

To monitor the efficacy of the various activities, supervision schemes were set up in the diocesan and government health facilities in the catchment area: maternity wings and health facilities belonging to Tosamaganga and Lugarawa hospitals (128 visits to maternity wings, dispensaries and health centres).

Beneficiary population: 2,030,000 (estimate at the start of project based on the population of Tosamaganga-region of Iringa, Lugarawa-region of Iringa, Mikumi-region of Morogoro)

Local partner: diocese of Iringa, diocese of Njombe, diocese of Morogoro

Total budget: 1,462,846 euros

Sources of funding: Italian Ministry of Foreign Affairs, Italian Episcopal Conference, Schiavetto Srl, Doctors with Africa CUAMM Modena Reggio Emilia, Doctors with Africa CUAMM

Expatriate personnel: 1 project leader, 3 doctors (1 Mikumi, 1 Tosamaganga, 1 Lugarawa), 1 anthropologist on a mission (3 months)

Local healthcare staff: 1 assistant medical officer, 1 part-time gynaecologist for Tosamaganga hospital

Local support staff: 1 secretary, 1 driver, 1 logistician, 5 caretakers

Project duration: 3 years and 9 months (01/5/2005 – 31/1/2009)

Fight against AIDS, tuberculosis and malaria in the districts of Iringa Municipality, Iringa Rural, Ludewa

The aim of the project was to build awareness among the sexually-active population in the various districts, about counselling and the voluntary test to improve diagnosis, thereby facilitating access to integrated AIDS treatment centres. Doctors with Africa CUAMM provided training activities, awareness-raising campaigns, production and distribution of informative material, support for the opening and organization of new centres and supervision of ones already operating. In the various centres 8,147 tests were performed, 1,442 of which were positive. 6,500 women were reached by counselling services and tests and the 691 women who tested positive were able to benefit from treatment to prevent mother-child transmission. Of the 597 partners undergoing the test, 245 were found to be positive.

To increase service accessibility, 2008 witnessed the opening, furnishing and fitting out of new voluntary counselling centres in the dispensaries of three districts, and 52 traditional midwives were trained, in compliance with national protocols, to prevent mother-child HIV transmission; 16 safe child delivery kits were distributed per term to the district healthcare facilities; 20 health providers were trained in post HIV-exposure prophylaxis; two awareness-building campaigns were conducted on preventing vertical transmission and on counselling and testing to ascertain own immunological status.

Beneficiary population: population between 14 and 45 years in the districts of Iringa Municipality, Iringa Rural, Ludewa and the population in general in the three districts (approximately 572,000 people)

Local partner: district health authorities (Council Health Management Team) of Iringa Rural, Iringa Municipality and Ludewa, Ministry of Health of Tanzania

Total budget: 102,353.73 euros

Sources of funding: AMREF/Global Fund to combat AIDS, tuberculosis and malaria

Local health staff: 1 local project leader doctor

Local support staff: 1 assistant book keeper, 1 secretary, 1 driver

Project duration: 1 year (01/11/2007 – 31/10/2008)

Iringa Hospital: orthopaedics and rehabilitation services

The aim of this project was to provide ongoing support for the orthopaedic ward of Iringa hospital, the only reference facility for orthopaedic surgery and physiotherapeutic rehabilitation in the whole of the region.

During 2008, 169 major orthopaedic operations and 256 minor procedures were performed, 45 of which with external fixers, in addition to 51 disability-related surgical operations. It was sought to improve the quality of services through the introduction of intervention protocols (e.g. for treatment of osteomyelitis, which is often AIDS-related, and the treatment of clubfoot). Special attention was laid on treatment of paediatric disabilities and surgical procedures were performed to lengthen lower limbs and correct various deformities. Cooperation continued with the Mgongo workshops (Consolata Fathers) for the production of wooden crutches and other essential material for carrying out traumatology surgery related to treatment of disabilities. Importance was also given to education and on-the-job training, dedicated to professional nurses, on preparation of casts and on monitoring patients with orthopaedic-traumatological problems. Other skilled personnel was trained in the diagnosis and dry treatment of fractures.

**Prevention
of transmission
from mother
to child and to
protect mother-
child health in the
district of Makete**

Beneficiary population: entire population of the region of Iringa, estimated at 1,680,000 inhabitants

Local partner: regional hospital of Iringa – Prime Minister's office, regional administration and local government, Ministry of Health and Social Care (PMO – RALG)

Partner: San Bortolo Hospital of Vicenza

Total budget: 90,540 euros

Sources of funding: Italian Ministry of Foreign Affairs, Italian Episcopal Conference, Municipality of Mezzolombardo, Doctors with Africa CUAMM Trentino group, San Bortolo Hospital of Vicenza, Doctors with Africa CUAMM

Expatriate personnel: 1 surgeon

Project duration: 1 year and 7 months (01/02/2007 - 30/08/2008)

In one of the districts with the highest rates of maternal mortality of Tanzania, the project endeavours to increase the number of assisted child deliveries by qualified staff; to increase the number of children and parents accessing HIV-AIDS diagnostic and treatment services; to increase the number of pregnant women and children accessing the service to prevent mother-child transmission; to build awareness and activate the community in AIDS prevention and on the use of health services.

The percentage of pregnant women who are aware of their immunological status now stands at 99.6%, while the percentage of those who complete mother-child transmission prevention programme (PMTCT) is 100% (in the first quarter it was 88%). PMTCT service coverage has reached 97%, with the setting up of 31 new sites for PMTCT in the district. The increase in the number of assisted child deliveries is approximately 15%. The percentage of children receiving antiretroviral treatment (ARV) reached 100% in the last quarter (compared to 98% in the first quarter of the year). All women accessing prenatal services and giving birth at healthcare facilities undergo testing and are advised to breast feed only.

During 2008 the delivery room and sexual and reproductive health unit were restored; 23 health facilities were supervised and in September work started on restoring and repairing the buildings; various training activities on prevention of mother-child transmission and safe child delivery involved 60 health providers, 164 village health workers and 198 traditional midwives; 29 meetings to raise awareness in the community were held and 62 district authorities and leaders from the various divisions were involved; 78 ward leaders and 182 village leaders were involved in awareness building activities; 10 NGOs and local associations were contracted to hold theatre activities and raise awareness in the villages; 5,700 copies of dissemination material were produced and 4,520 were distributed among the population; 20 members of the coordination board of the district health authorities (council health management team) were involved in training courses on monitoring and assessment.

Beneficiary population: population of the district of Makete (105,775), particularly women of reproductive age (28,410) and children aged under five years (14,680)

Local partners: district authorities from the district of Makete (Makete council management team); Ministry of Health of Tanzania; 10 local NGOs and CBOs (community based organizations)

Total budget: 320.689,91 euros

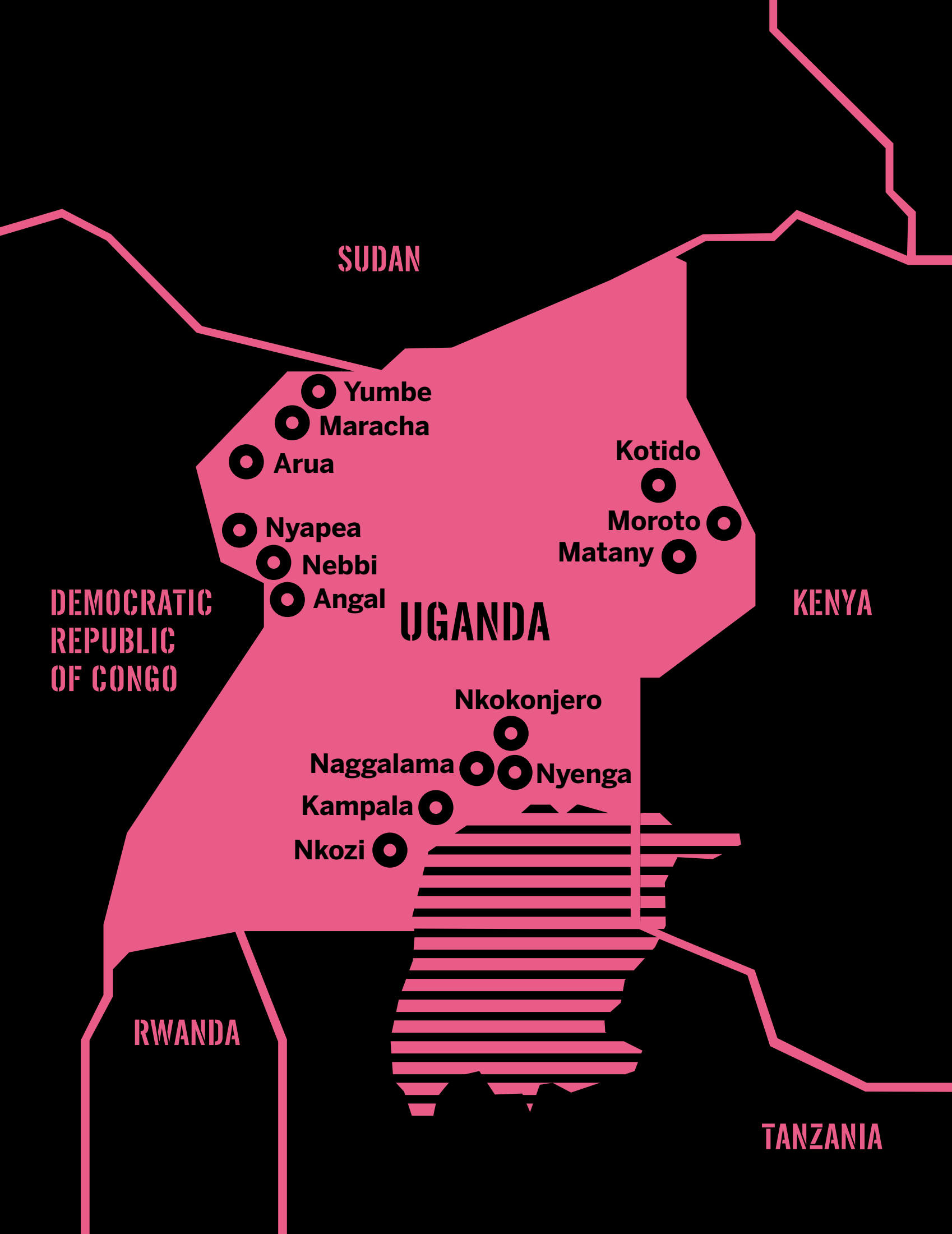
Sources of funding: UNICEF, Doctors with Africa CUAMM

Expatriate personnel: 1 public health consultant for two missions per year, 1 anthropologist for three months at the start of the project

Local health personnel: 1 local gynaecologist, 1 paramedic (assistant medical officer) as project leader, 1 social expert for the community activation component

Local support staff: 1 driver

Project duration: 1 year and 3 months (01/12/2007 – 01/03/2009)



SUDAN

UGANDA

KENYA

**DEMOCRATIC
REPUBLIC
OF CONGO**

RWANDA

TANZANIA

Yumbe

Maracha

Arua

Nyapea

Nebbi

Angal

Kotido

Moroto

Matany

Nkokonjero

Naggalama

Nyenga

Kampala

Nkozi



Karamoja, Uganda

UGANDA

PROJECTS 2008

POLITICAL PROFILE

Surface area 241,038 sq. Km

Capital Kampala

Population 30.9 million

Rate of demographic growth 3.2% per year

Literate adult population 67%

GDP 8.9 billion dollars in 2006

GDP per capita 1.519 (PPP US \$)

Increase in GDP 5.3% per year

Inflation 8.2% per year

Unemployment (% of total workforce) 3.2 %

Population living with less than one dollar per day 30%

Life expectancy at birth 47.8 years

Human development index (Undp - Human Development Report 07/08) 154th out of 177 countries

Brief history After the brutal dictatorship of Idi Amin, the country was devastated by a bitter civil war lasting eight years. Between 1962 (the year of independence) and 1986 there were eight changes in leadership, until Yoweri Museveni, the current president, came to power. Since then there has been a slow, but successful move towards peace and he is still president. The ferocious guerrilla warfare which caused the death and destruction of the north of the country for over 20 years, is finally over and the peace process has started. Tension and instability remain in the region of Karamoja, one of the poorest, most destitute areas of the country.

HEALTHCARE PROFILE

Number of doctors (2004) 8 per 100,000 inhabitants

Number of nurses (2004) 61 per 100,000 inhabitants

Number of obstetricians (2004) 12 per 100,000 inhabitants

Infant mortality (2006) 78 per 1,000 live births

Mortality of children under 5 years (2006) 134 per 1,000 live births

Children aged 1 year vaccinated against measles 89%

Maternal mortality (2005) 550 per 100,000 live births

Prevalence of HIV (between 15 and 49 years in 2005) 5.4%

Prevalence of tuberculosis (2006) 561 per 100,000 people

UGANDA

PROJECTS 2008

Current commitment

In 2008 Doctors with Africa CUAMM continued intervention work in the northern regions (in West Nile to the west and in Karamoja to the east) and in the central region (in Nkozi, Naggalama and Oyam) in support of government and private nonprofit health facilities, promoting clinical care and consolidation of management mechanisms and financial autonomy. Uganda is experiencing an important administrative decentralization process to reorganize the healthcare system. Attention to the development of the health networks and related services is therefore concentrated in the districts established after the ongoing decentralization process, but has also involved the more unstable northern areas, in West Nile and Karamoja, focusing particularly on supporting mother-child health. In West Nile, work has also continued in the fields of physical and mental disability (epilepsy) and the three main endemic disorders of HIV, tuberculosis and malaria, involving West Nile, Karamoja and the central region (districts of Mukono and Kayunga). In the central part of the county, there has been continued support for and collaboration with the Faculty of Health Sciences of the Uganda Martyrs University (UMU) of Nkozi, contributing in particular to formulation of the Faculty's five-year strategic plan. This also embraces collaboration with the Uganda Catholic Medical Bureau (UCMB), which is a coordination and support organization for nonprofit healthcare facilities. In the district of Oyam, in partnership with the NGO Coopi, interventions have been put in place to reduce neonatal and maternal mortality, and prevent violence against women, in compliance with National healthcare priorities.

In 2008, 20 volunteers from Doctors with Africa CUAMM served in Uganda.

Commitments for 2009

- Continue support for the diocesan nonprofit facilities of West Nile in order to improve clinical care, management and integration in the district healthcare system
- Continue support for community rehabilitation in the districts of Nebbi and Arua (West Nile)
- Continue support for the diocesan facilities caring for the blind in West Nile and Karamoja
- Continue technical support for the district offices of the five districts of Karamoja
- Consolidate support for Matany hospital and the start of specific support for the nursing school
- Continue support for the training of healthcare managers at the Catholic University in Nkozi
- Continue support for the administrative directorate of Naggalama hospital and management support for the HIV-AIDS clinic
- Consolidate intervention in maternal and neonatal health in the district of Oyam.

NORTH WEST (WEST NILE) AND NORTH EAST (KARAMOJA) REGIONS

Technical assistance in supervising activities to prevent and treat leprosy and tuberculosis: districts of Arua, Nyadri, Nebbi, Koboko, Kotido and Moroto (West Nile and Karamoja)

The aim of the project is to provide technical assistance to the districts involved, providing support for supervision work, data management, training and improving quality of performance. In 2008, there were 324 supervisions of healthcare units and 220 of laboratories, nine laboratory workers were trained and the quality of data collection increased on both prevention and treatment of tuberculosis and TB-HIV comorbid infection.

Beneficiary population: 1,944,748

Local partner: district authorities

Total budget: 82,021 euros

Sources of financing: World Health Organization, Maria Bonino Foundation

Local healthcare staff: 2 project assistants

Local support staff: 3

Project duration: 1 year (01/01-31/12/2008)

Organizational, training and structural interventions in hospital services and diocesan coordination: districts of Adjumani, Arua, Koboko, Moyo, Nebbi and Yumbe (West Nile)

Thanks to technical assistance in the hospitals of Angal, Maracha, Nyapea, the purpose of intervention was to improve health conditions in the district populations involved, providing quality, accessible healthcare services. Important results were achieved at Angal hospital (260 beds) with 29,651 outpatient examinations, 10,281 hospital admissions, 1,900 assisted child deliveries and 14,232 vaccinations. Significant services were also delivered in the hospital of Maracha (200 beds) with 33,779 outpatient examinations, 7,506 admissions, 836 assisted child deliveries and 7,983 vaccinations. Healthcare work at the diocesan offices of Arua and Nebbi were also supported and monitored; computer and teaching equipment were supplied, scholarships were awarded (1 for the degree in surgery, 1 for the hospital service management course) and training courses were held (in management, planning and monitoring, obstetric emergencies, HIV-AIDS data management, application of mother-child protocols).

An administrative wing was also built in Angal hospital.

Beneficiary population: 1,943,000 inhabitants of the districts of Adjumani, Arua, Koboko, Moyo, Nebbi and Yumbe

Local partner: diocese of Arua and Nebbi, diocesan offices of Nebbi and Arua, hospitals of Angal, Maracha and Nyapea

Total budget: 1,260,643.48 euros

Sources of funding: Italian Ministry of Foreign Affairs, Friends of Angal Association, Doctors with Africa CUAMM Como Onlus, Municipality of Calenzano, Municipality of Cerreto Guidi, Doctors with Africa CUAMM, IMG Attachments Srl

Expatriate personnel: 2 doctors, 1 laboratory consultant

Local healthcare staff: 1 project assistant (for training activities), 2 doctors, 2 doctor's assistants, 2 obstetricians

Local support staff: 1 engineer for building work, 3 drivers, 2 secretaries, 2 cleaners and 2 caretakers

Project duration: 3 years (01/08/2007 - 31/07/2010)

Improvement in the quality and accessibility of treatment services for rehabilitation of the disabled, including the blind: districts of Arua, Nebbi and Koboko (West Nile)

To improve the quality and accessibility of community rehabilitation services for the disabled and to support their integration into social and productive life, approximately 1,200 epileptic patients were put on treatment. Doctors with Africa CUAMM supported physiotherapy services in the hospitals of Arua and Nebbi. 217 prostheses and orthopaedic aids were produced and distributed and 19 epilepsy clinics were given regular support. A training course was held for physiotherapy unit providers and mobilization and awareness-building activities were conducted (including a radio talk show).

Lastly, 17 community-based rehabilitation workers were recognized by the local authorities and communities as "resource persons".

Beneficiary population: approx. 1,500,000

Local partner: districts of Arua, Nebbi and Koboko, hospitals of Arua and Nebbi

Total budget: 97,349 euros

Sources of funding: Autonomous Province of Trento through Doctors with Africa CUAMM Trentino group, Movimento Apostolico Ciechi, Doctors with Africa CUAMM

Local healthcare staff: 2 project officers

Project duration: 1 year and 6 months (01/07/2007 – 31/12/2008)

Organizational, training and structural interventions within the social services: districts of Moroto and Nakapiripirit (Karamoja)

The main objective of the project was to improve healthcare conditions in the population of the districts of Moroto and Nakapiripirit, by supporting the health coordination office of the diocese of Moroto and clinical paediatric activities at Moroto hospital.

During 2008 three health centres were restored and training courses held both for the peripheral health unit staff and for the staff of St. Kizito of Matany hospital. Regular support for the territorial health centres and technical support for the clinical paediatric services at Moroto hospital were also provided.

Beneficiary population: the total population in the districts of Moroto and Nakapiripirit

Local partner: diocese of Moroto and Matany hospital for interventions in support of the diocesan healthcare facilities, district of Moroto in support of the hospital, Karamoja Group

Total budget: 309,350 euros

Sources of funding: Autonomous province of Trento through the Karamoja Group, Matany Hospital Support Group onlus, Toyai Association onlus, Cooperazione e Sviluppo (Coopi), Doctors with Africa CUAMM

Expatriate personnel: 1 doctor specialized in public health

Local healthcare staff: 1 Ugandan doctor as health director of Matany hospital, 1 paediatrician

Local support staff: 2 drivers and 1 secretary

Project duration: 1 year and 10 months (01/03/2006 – 31/12/2008)

Response to chronic emergency: districts of Kaabong, Kotido, Abim, Moroto and Nakapiripirit (Karamoja)

The project has provided support for the district offices in terms of planning, development, monitoring and assessment of healthcare services in the framework of the national healthcare strategic plan, focusing particularly on support for mother-child health.

In 2008 correct planning of activities in all districts and a more precise use of the information system were achieved. This enabled regular coverage of vaccinations, assisted deliveries, HIV screening for pregnant women, distribution of mosquito nets to cover 80% of families, training of over 250 village health teams, 20 community leaders and 59 healthcare providers on family planning and reproductive health.

Beneficiary population: 953,400 people (of whom 195,587 children aged under five years)

Local partner: the district authorities of five districts in the region

Total budget: 243,203.61 euros

Sources of funding: UNICEF

Expatriate personnel: 2 doctors specializing in public health

Local health personnel: 4 junior doctors in public health

Local support staff: 5 drivers, 1 administrative assistant, 1 secretary

Project duration: 1 year (01/03/2008 – 28/02/2009)

Support for health centre healthcare services: districts of Katakwi and Amuria (Teso), districts of Kaabong, Kotido, Abim, Moroto and Nakapiripirit (Karamoja)

The aim of the project is to restore functioning in 10 health centres in the districts involved.

During 2008 the plumbing was improved in the health centres (three health centres were fitted with solar panels to permit the supply of running water, one health centre was connected to the community water network, a reservoir was created in another for collecting water), three operating theatres and six latrines were restored. Fourteen housing units were built for staff and two maternity wards were equipped with solar panels.

Beneficiary population: 498,118 people (22,762 neonates; 22,574 pregnant women, 101,283 children aged under five)

Local partner: district authorities, Cooperazione e Sviluppo (Coopi), Insieme si Può

Total budget: 260,898.35 euros

Sources of funding: UNICEF, Insieme si Può

Local support staff: 1 engineer (part-time)

Project duration: 1 year and 5 months (11/10/07 – 31/03/09)

CENTRAL REGION

Support for Naggalama hospital and healthcare coordination in the diocese of Lugazi

After major rebuilding work and reorganization of healthcare services management, the aim of the project is to offer support to the diocesan coordination healthcare offices and healthcare facilities of the diocese of Lugazi, particularly the hospital of Naggalama (district of Mukono). The objective of the various interventions is to improve accessibility, resource management, equity and quality of services and, necessarily, to integrate them into the district healthcare system. In the hospital of Naggalama (100 beds), service delivery included as many as 43,934 outpatient visits, 10,256 admissions, 2,396 assisted child deliveries and 15,741 vaccinations. Other activities included training (two specialized nurses, one pharmacist, one radiologist, two doctors, one clinical officer), organization and computerization of Naggalama hospital and storehouse accounting, improvement in human resources management (recruitment of a human resources manager and organization of *ad hoc* seminars) and support for hospital management bodies. All this led to health provider and manager training and improvement of hospital financial management, staff performance and management skills.

Beneficiary population: 190,000 inhabitants

Local partner: Diocese of Lugazi

Total budget: 545,095.32 euros

Sources of funding: Italian Episcopal Conference, Cariparo Foundation, Doctors with Africa CUAMM

Expatriate personnel: 1 project leader with technical assistance functions

Project duration: 3 years (01/04/07 – 31/03/2010)

Development and support for the HIV-AIDS clinic at Naggalama hospital

The aim of the project is to support the hospital's HIV-AIDS clinic in its delivery of all diagnostics, prevention and treatment services. This project is also integrated with another project conceived and coordinated by Doctors with Africa CUAMM and funded by the Mildmay Foundation with funds from CDC in Atlanta, which endeavours to provide antiretroviral treatment for 400 patients and to support home-based treatment activities.

In 2008 counselling was offered and the HIV test performed in 5,300 people (10,476 since the start of the project), 830 people underwent antiretroviral treatment and a database was created to collect and analyse data on clinic activities. Currently the clinic is open three days

per week and offers counselling, HIV-AIDS testing and support for pregnant women and for treatment of opportunistic infections. Approximately 900 patients are examined each month.

Beneficiary population: 190,000 inhabitants

Local partner: Naggalama hospital

Total budget: 95,959.55 euros

Sources of funding: Doctors with Africa CUAMM Como Onlus

Local healthcare staff: 1 project assistant and 1 nurse

Local support staff: 1 driver

Project duration: 3 years (01/04/2007 – 31/03/2010)

**Support for
healthcare managers,
University of Ugandan
Martyrs, Nkozi
(district of Mpigi)**

Training has always had a prominent place in the decision-making policy of Doctors with Africa CUAMM, bearing witness to the links between cooperation and training. During 2008, support continued for teaching and research at the Faculty of Health Sciences of the University of Nkozi, with a view to training public health managers. Routine teaching activities were carried out for the Certificate, Diploma and Masters courses in Health Services Management and the Diploma in Health Promotion and Education. The courses were completed by 63 students, 70 registered for the 2008-2009 academic year and 24 scholarships were awarded for the same period. Various types of material were purchased (112 books, two laser printers, 30 laptops for use by the students and 4 by the lecturers, a photocopier and other stationery). Financial support was also provided for three lecturers to take part in short training and retraining courses (two in Uganda and one in Italy). Another lecturer was awarded a study grant to cover the cost of board and lodging in the UK during attendance at a masters course in health promotion. An annual scientific conference was organized at the Faculty and two issues of the Faculty journal were published. Lastly, a research study was conducted on quality and the use of maternity services at the district of Oyam.

Local partner: University of Nkozi

Total budget: 1,499,520.96 euros

Sources of funding: Italian Ministry of Foreign Affairs, Italian Episcopal Conference, University of Nkozi, Cuamm con Sara per l'Africa, Municipality of Bassano, Municipality of Rosà, Monte dei Paschi di Siena Foundation, Doctors with Africa CUAMM

Expatriate personnel: 1 project leader doctor

Local healthcare staff: 3 Ugandan doctors specializing in public health and health systems management with teaching functions

Project duration: 3 years (01/01/2008 – 31/12/2010)

**Interventions in favour
of reproductive health:
district of Oyam**

The aim of the project is to contribute to the reduction in neonatal and maternal mortality, to improve access to reproductive health services by adolescents and to prevent violence against women in one of the most unstable districts in the country. During 2008 work was carried out to improve family planning services through training of 16 health providers, the organization of 28 health education sessions, 8 radio transmissions and 7 advocacy meetings. The interventions were specifically addressed to the younger generations through exploratory meetings on sexual and reproductive health of adolescents in several secondary schools in the district. Services fighting against gender discrimination practices were also consolidated. Antenatal preventive clinic services were reinforced, including prevention of HIV transmission from mother to child, thanks to the training of 18 health providers who held 28 sessions on prevention of mother-to-child vertical transmission (PMTCT) and 25 sessions on safe child delivery, involving over 5,000 persons. The referral system with Aber hospital was also reinforced. The number of safe deliveries increased (1,293 hospital-assisted deliveries), through treatment of obstetric and neonatal emergencies and the training of 10 new providers who conducted a vast territorial training programme and 128 educational sessions.

Beneficiary population: 320,000 people

Local partner: district of Oyam, diocese of Lira (Aber hospital), Uganda Martyrs University, Cooperazione Internazionale (Coopi)

Total budget: 2,239,128.44 euros

Sources of funding: European Union, Doctors with Africa CUAMM, Cooperazione Internazionale (Coopi)

Expatriate personnel: 1 project-leader doctor, 1 gynaecologist, 1 project assistant and 1 expert on social promotion, women's and adolescents' rights

Local healthcare staff: 1 doctor, 2 assistant anaesthetists, 4 laboratory assistants, 9 obstetricians, 5 specialised nurses, 2 community coordinators for the prevention of violence against women, 10 community workers/counsellors

Local support staff: 30 people with various qualifications

Project duration: 3 years (01/10/2007 – 30/09/2010)

FOCUS



Karamoja, Uganda

HOSPITAL DATA

2008

Hospital data

Doctors with Africa CUAMM's mission clearly states that the organization's vocation is to deliver healthcare services to the populations of Africa, particularly the more vulnerable ones, within the framework of the universal right to primary health care: "As health providers we are convinced that health is not a consumer good but a human right. In the third millennium women still die from childbirth and cannot go to hospital because it is too far or too expensive. Equity and accessibility to services are among the main challenges for those who believe in public health, development and human rights".

In Africa hospitals are the main facilities that deliver healthcare services. Doctors with Africa CUAMM has made it its duty to check that the members of the population, particularly the weaker sectors, actually have access to hospital care.

Performance

For some years now, our experience in Uganda has shown that accessibility to and equity of services rendered and the efficiency of hospital facilities and staff productivity are measurable. The volume of healthcare services delivered by a hospital can be measured using an aggregate indicator called SUO (Standard Unit per Output)¹ which, taking an outpatient visit as a unit of measure (OPD = Out Patient Department) and weighting the other main hospital services (admissions, child deliveries, pre and post natal examinations, vaccinations) enables the total volume of facility activities to be quantified. The formula indicated below shows the weights attributed to various services in calculating a hospital's total SUO.

This type of method permits comparison of the various hospitals with each other but, even more importantly, is designed to monitor each individual hospital over time. Applying this method enables Doctors with Africa CUAMM, its hospital managers and the hospital Board of Directors to rationally plan activities, make evidence-based decisions and account for choices to manage both successes and failures. Nonprofit hospitals in particular can check whether their work complies with their mission, which is to provide services for all

(accessibility), particularly those in greatest need (equity), while carefully managing their modest financial (efficiency) and human (productivity) resources.

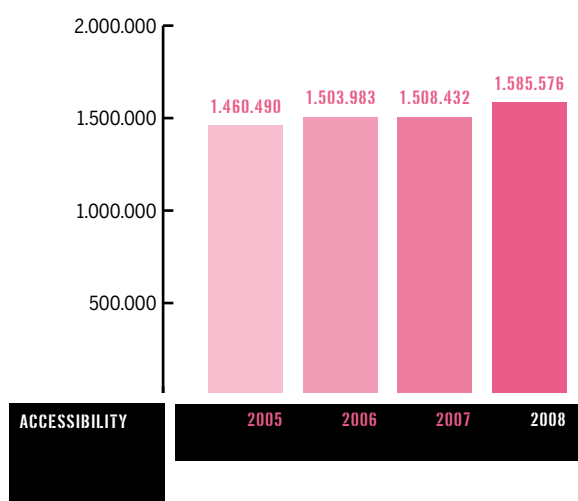
In 2005, Doctors with Africa CUAMM started to systematically collect data on hospital activities with a view to assessing performance in relation to mission.

In 2008 Doctors with Africa CUAMM was present or took part in management of 14 hospitals in Africa (5 in Uganda, 4 in Tanzania, 2 in Angola, 1 in Ethiopia, 1 in Mozambique and 1 in Sudan).

The Table below shows overall performance of 11 out of 16 hospitals that we have been supporting since 2005, since we have not been working in 5 of these hospitals in all four years. Hence the data refers to the trend of 11 hospitals supported between 2005 and 2008 (2 in Angola, 1 in Ethiopia, 3 in Tanzania, 5 in Uganda). Accordingly, these trends differ from the ones presented in the Annual Report 2007, which focused on 15 hospitals. The mean reported data differ from the mean data indicated in previous Annual Reports which refer to different groups of hospitals.

ACCESSIBILITY

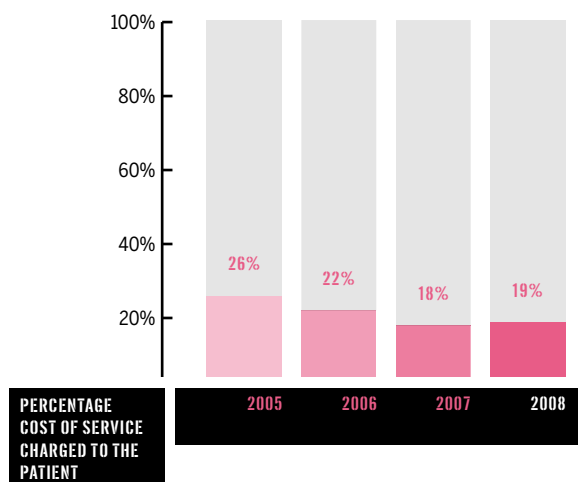
Accessibility (total SUO-op)



1. We can see from the chart that while accessibility (understood to be the ability to make services available for all) had stabilized in previous years, it has risen considerably during the last year (+5%), due mainly to the increase in the number of admissions (+5%) and child deliveries (+6%).

PATIENT CONTRIBUTION

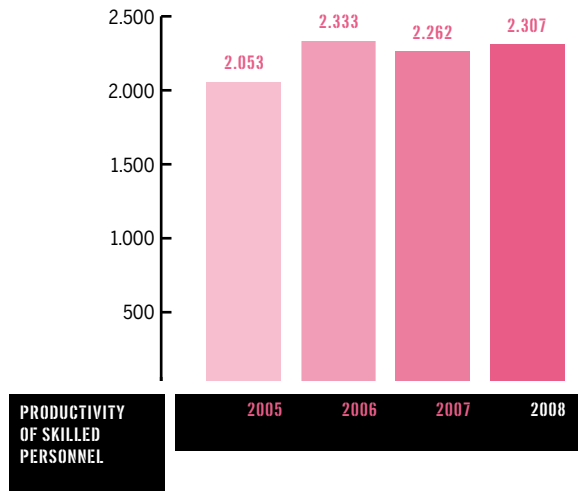
% cost of standard unit of output (SUO-op)



2. This chart shows what proportion of the cost of a unit of output (SUO-op) is incurred by the patient; this is calculated by deducting the cost charged to the hospital from the total cost of the unit of output, expressed as a percentage. This finding may be considered an equity indicator, insofar as it measures health service availability in monetary terms, particularly among the poor, i.e. what proportion of the cost of producing a service does the patient have to pay to obtain the service. Over the last year there has been a substantial stabilization in this indicator, i.e. the cost incurred by patients has essentially remained unchanged, thereby inverting the trend of previous years in which the mean financial burden charged to patients had been falling.

PRODUCTIVITY OF SKILLED PERSONNEL

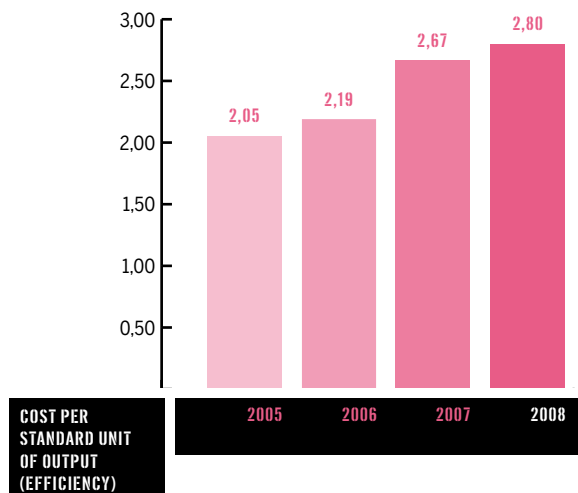
SUO-op for skilled personnel



3. This chart shows how many service units (SUO-op) are produced by a healthcare provider, i.e. shows how well qualified human resources are being used. In our hospitals, compared to an increase in productivity between 2005 and 2006, there was instead a fall in 2007 and considerable stability over the last year.

COST PER STANDARD UNIT OF OUTPUT

Efficiency (cost per SUO-op in Euros)



4. This chart shows the production cost per SUO, as an index of good use of financial resources. In our hospitals the progressive increase has been more marked, particularly over the last year, with a mean increase of 4.7%: this is a general trend in all African countries and is related to the general increase in prices (due to major fluctuations in oil prices during 2008) and to the increase in the cost of salaries, particularly to deal with the increase in the cost of living.

We can therefore conclude that last year, compared to the previous year, in these 11 hospitals, Doctors with Africa CUAMM has remained loyal to its mission of providing services to the populations that are accessible and equitable, while generally keeping up good resource deployment.

Quality of hospital services

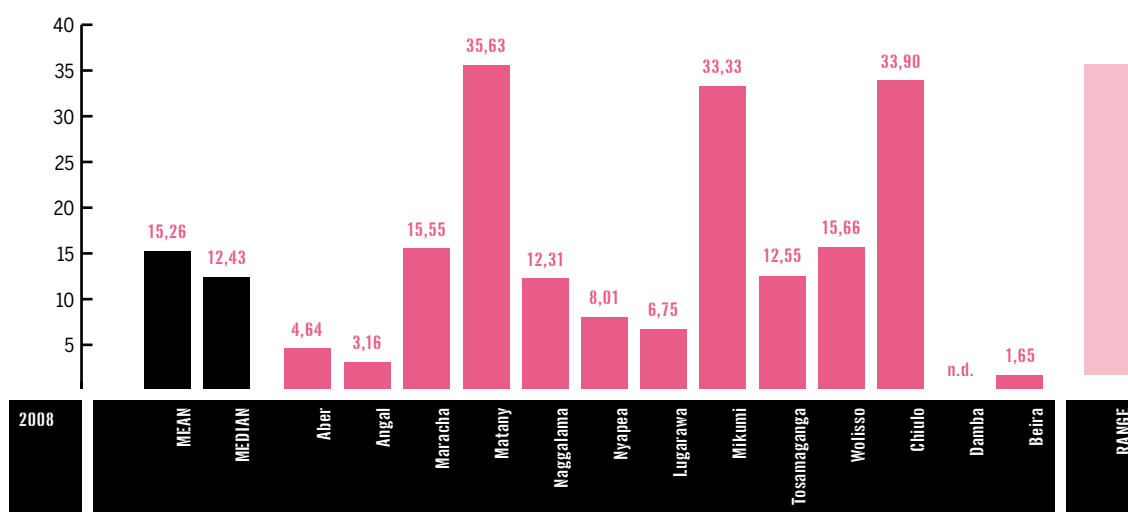
In settings where resources for service delivery are very limited, it is important to assess hospital performance and consequently production costs in terms of accessibility and equity. It becomes even more difficult to assess the quality of services rendered because there is no point in providing low cost services if they are poor in quality (with poor or harmful effects on patients' health). Measuring hospital performance is hard in general, and even more so in the countries where we are present. It is even more difficult to measure the quality of the services provided. In recent years we have been putting quality indicators into place in some of the hospitals where we work. In Uganda, an indicator referred to as the "total

quality score” is being implemented to assess the quality produced by a hospital through measurement of seven different quality dimensions:

- rate of recovery of inpatients
- ratio between skilled personnel and total personnel
- maternal mortality rate after hospital admission
- infection rate after caesarean section
- rate of stillborn per 1000 live births
- index of appropriate outpatient prescriptions
- index of patient satisfaction.

In 13 of the 14 hospitals where we work, we have only recently introduced some of these indicators. The following tables show two of them with the respective means, medians and range:

STILLBIRTHS /1000 LIVE BIRTHS



RATE OF INFECTION FROM CAESEREAN SECTION WOUNDS

MEAN	4.8 %	NYAPEA	3,2%
MEDIAN	4.3 %	LUGARAWA	5,0%
RANGE	1.3%-9.4%	MIKUMI	7,2%
ABER	3,3%	TOSAMAGANGA	n.a.
ANGAL	9,4%	WOLISSO	4,3%
MARACHA	2,7%	CHIULO	n.a.
MATANY	n.a.	DAMBA	n.a.
NAGGALAMA	1,3%	BEIRA	7,0%

The rate of stillbirths per 1000 live births is an indicator of quality of care during labour and child delivery, i.e. obstetric care in the labour room. As we can see, despite considerable variability among the hospitals, even the highest value is a sign of a relatively good quality of intrahospital obstetric care. The differences between hospitals, in some cases substantial, will be the subject of further analyses and assessments.

The rate of surgical infections due to caesarean section wounds is instead an indicator of the quality of care in the operating theatre and inpatient wards: a mean of 5% is more than acceptable considering the setting in which these surgical procedures are performed and bearing in mind that in almost all cases they are emergency operations for obstructed deliveries, often at high risk of wound infection (due to rupture of the membranes over 24 hours previously).

The use of a quality indicator as the "*total quality score*" is designed to permit comparison between hospitals not only in terms of efficient use of resources, i.e. standard unit of output costs, but also in relation to the cost of output quality i.e. which hospital offers better quality at the same cost, in other words, has the same quality at a lower cost.

Legend:

SUO-op (Standard Unit of Output per outpatient)= aggregate index designed to measure hospital productivity

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

HOSPITAL DATA - ACTIVITIES

Data 2005/2006/2007/2008

	OUTPUTS	OPD (OUTPATIENT VISITS)				INPATIENTS (NO. ADMISSIONS)			
		2005	2006	2007	2008	2005	2006	2007	2008
UGANDA	Angal 260 beds	31.031	29.079	26.168	29.651	10.918	10.226	8.950	10.281
UGANDA	Maracha 200 beds	23.249	33.243	31.009	33.779	7.073	7.190	7.154	7.506
UGANDA	Matany 220 beds	33.145	48.966	29.296	32.201	10.616	10.903	10.680	12.258
UGANDA	Naggalama 100 beds	30.682	35.895	39.880	43.934	8.680	8.241	8.377	10.256
UGANDA	Nyapea 139 beds	17.935	17.813	19.686	19.517	7.688	7.643	6.413	7.845
UGANDA	Aber 194 beds	n.a.	n.a.	n.a.	26.762	n.a.	n.a.	n.a.	6.106
TANZANIA	Lugarawa 162 beds	9.500	12.790	18.181	9.001	6.041	6.289	5.988	5.292
TANZANIA	Mikumi 65 beds	19.767	21.279	16.508	18.967	2.965	3.288	4.272	4.686
TANZANIA	Tosamaganga 160 beds	7.728	5.484	6.996	7.847	3.005	3.729	4.220	4.739
ETHIOPIA	Wolisso 144 beds	57.268	47.088	53.071	56.510	7.985	7.182	7.816	8.260
ANGOLA	Chiulo 200 beds	23.249	33.243	31.009	24.340	7.267	6.659	8.056	5.934
ANGOLA	Damba 92 beds	33.145	48.966	29.269	8.017	2.767	3.047	2.625	2.705
MOZAMBIQUE	Beira 770 beds	n.a.	n.a.	90.804	151.525	n.a.	n.a.	26.660	27.889

ANC (PRE AND POST NATAL VISITS)				DELIVERIES (NO. CHILD DELIVERIES)				IMMUNISATIONS (VACCINATIONS)			
2005	2006	2007	2008	2005	2006	2007	2008	2005	2006	2007	2008
3.152	2.928	4.458	4.236	1.675	1.607	1.680	1.900	12.573	13.472	11.082	14.232
2.945	2.895	3.757	4.236	732	770	718	836	13.852	14.226	13.067	13.405
4.761	3.507	2.391	1.770	1.085	956	826	814	15.601	32.689	10.924	13.766
5.935	5.847	5.940	6.905	1.612	1.749	1.965	2.396	13.604	13.489	9.277	15.741
5.680	2.001	2.212	2.354	1.101	1.103	1.174	1.123	7.287	7.979	7.402	7.983
n.a.	n.a.	n.a.	7.974	n.a.	n.a.	n.a.	1.293	n.a.	n.a.	n.a.	16.534
1.882	776	612	1.605	1.538	1.550	1.972	1.620	3.388	7.012	5.736	4.804
1.137	1.434	1.634	1.156	621	628	672	685	5.774	12.415	5.608	4.341
1.167	1.166	548	455	643	752	1.294	1.330	5.424	2.686	5.833	6.788
7.710	9.023	10.237	9.865	1.554	1.820	2.217	2.524	11.114	11.689	14.675	10.981
1.979	1.956	2.392	2.706	565	526	669	693	14.997	21.818	23.244	14.782
1.768	2.378	2.528	3.004	308	482	637	668	25.107	13.686	25.303	15.196
n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	4.366	4.761	n.a.	n.a.	n.a.	n.a.

TOTAL STAFF (NO. EMPLOYEES)				TOTAL QUALIFIED STAFF (QUALIFIED HEALTHCARE STAFF)			
2005	2006	2007	2008	2005	2006	2007	2008
131	132	128	150	57	57	54	55
140	140	132	120	102	69	59	50
236	123	177	177	80	69	87	87
105	107	108	114	63	68	57	88
58	58	101	104	48	45	49	51
n.a.	n.a.	n.a.	143	n.a.	n.a.	n.a.	99
198	88	117	82	87	49	97	58
98	65	53	55	35	38	23	33
164	147	123	159	77	66	56	101
244	243	233	272	127	124	156	169
108	111	120	116	74	71	78	81
50	47	57	24	32	28	35	20
n.a.	n.a.	725	476	n.a.	n.a.	266	266

HOSPITAL DATA - PERFORMANCE

Data 2005/2006/2007/2008

	PERFORMANCE	STANDARD UNIT OF OUTPUT (TOTAL STANDARD OUTPUT)				COST/SUO IN EURO (COST PER UNIT OF OUTPUT)			
		2005	2006	2007	2008	2005	2006	2007	2008
UGANDA	Angal 260 beds	207.267	194.662	173.263	198.330	1,87	1,00	3,91	1,75
UGANDA	Maracha 200 beds	137.247	149.236	145.478	155.348	1,50	2,09	2,08	1,66
UGANDA	Matany 220 beds	203.311	225.582	197.006	223.779	3,08	2,70	3,50	2,99
UGANDA	Naggalama 100 beds	174.630	173.876	187.077	206.460	0,89	1,74	1,20	1,39
UGANDA	Nyapea 139 beds	143.057	140.569	124.337	145.581	2,10	2,00	1,89	1,58
UGANDA	Aber 194 beds	n.a.	n.a.	n.a.	132.111	n.a.	n.a.	n.a.	3,00
TANZANIA	Lugarawa 162 beds	109.424	116.665	119.314	98.931	2,05	n.a.	0,63	2,59
TANZANIA	Mikumi 65 beds	69.070	76.939	85.887	94.351	1,66	1,54	1,28	1,99
TANZANIA	Tosamaganga 160 beds	57.686	66.299	78.207	87.728	2,27	1,97	2,83	4,75
ETHIOPIA	Wolisso 144 beds	150.292	157.080	187.538	200.764	2,64	3,63	4,75	4,30
ANGOLA	Chiulo 200 beds	133.798	129.061	155.401	118.195	1,69	2,04	2,54	5,12
ANGOLA	Damba 92 beds	74.708	74.013	54.924	56.108	n.a.	n.a.	n.a.	n.a.
MOZAMBIQUE	Beira 770 beds	n.a.	n.a.	512.534	593.665	n.a.	n.a.	n.a.	n.a.

FEES/SUO IN EURO (PRESCRIPTION CHARGE PER UNIT OF OUTPUT)				SUO/ QUALIFIED STAFF (STAFF PRODUCTIVITY)			
2005	2006	2007	2008	2005	2006	2007	2008
0,36	0,23	0,26	0,22	3.636	3.415	3.209	3.606
0,44	0,40	0,41	0,44	1.346	2.163	2.466	3.107
0,18	0,16	0,21	0,20	2.541	3.269	2.264	2.572
0,47	0,51	0,56	0,57	2.772	2.557	3.282	2.346
0,25	0,27	0,29	0,24	2.980	3.124	2.537	2.855
n.a.	n.a.	n.a.	0,52	n.a.	n.a.	n.a.	1.334
0,60	n.a.	0,27	0,59	1.258	2.381	1.230	1.706
0,86	0,88	0,78	1,09	1.973	2.025	3.734	2.859
0,57	0,50	0,37	0,34	749	1.005	1.397	869
1,36	1,57	1,43	1,55	1.183	1.267	1.202	1.188
0,20	0,32	0,33	0,32	1.808	1.818	1.992	1.459
n.a.	n.a.	n.a.	n.a.	2.335	2.643	1.569	2.805
n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1.927	2.232



Moma, Mozambique

HUMAN RESOURCES

HUMAN RESOURCES MANAGEMENT

The international cooperation setting is becoming increasingly complex, requiring adequate analysis, research, programming and organizational skills, in addition to knowledge of the local situation and related problems. These professional skills must also be accompanied by strong motivational drive.

In such a complex task, human capital may make the difference in terms of the quality and impact of the work we are called to carry out.

With this in mind, during 2008 we confirmed and implemented our commitment to improve all stages of human resources management involved in work in Africa. Recruitment has been broadened, training is being continually and constantly updated, a new staff selection process has been established, preparation for departure has become more specific and structured, and a system for monitoring the performance of individual volunteers has been developed.

RECRUITMENT

During 2008 we were contacted by approximately 500 people who were interested in our organization's work in Africa. After carefully screening the various curricula vitae, 109 professionals proved to be qualified for our project work in Africa.

Thirty-six professionals with previous experience in international cooperation were to attend the selection days; 73 people with no professional experience in this area were admitted to a preselection process designed to identify the most suitable human resources; of these 40

were admitted to the introductory week preceding the basic training course. After an additional selection interview, 22 of these professionals continued the healthcare provider training programme and 13 the administrative and logistics staff programme. Numerous active recruitment schemes have been conducted: from a search through the Doctors with Africa CUAMM website, to publication of vacant posts in international websites, to cooperation with various local health authorities in North and Central Italy; from participation at medical conferences, to contacts with Medical Associations, trade unions and the world of cooperation in general.

TRAINING AND PREPARATION

In 2008, too, we held basic courses for departing volunteers and continuing education events, and partnerships were struck with universities and local health authorities to organize seminars, courses and training projects on international health cooperation. All teaching courses for healthcare professionals were credited under the umbrella of the Italian Continuing Education in Medicine programme (ECM). Training was made possible thanks to the collaboration of 37 health professionals with experience in projects run by Doctors with Africa CUAMM, providing a total of 500 teaching hours.

- Basic training course**
- *Introductory week*
This course is addressed to healthcare and non-healthcare providers and offers points for discussion on the interrelations between health and development and introduces participants to international health cooperation. It was held in September 2008, lasts a total of 40 hours and was attended by 36 participants.
 - *Training course on healthcare organization and management in Africa ("course for healthcare providers")*
Three weeks of residential training with a concluding seminar, lasting a total of 140 hours of training, spread between November and May. Twenty-four people took part in the 2007/2008 edition: 18 doctors, 4 nurses, 1 obstetrician and 1 physiotherapist. In the 2008/2009 edition, there were 22 health providers: 13 doctors, 6 nurses, 2 physiotherapists and 1 obstetrician.
 - *Training course on administration and logistics in healthcare projects in Africa ("Course for administrative staff")*
This course takes the form of two residential weeks' training between November 2007 and January 2008, with a total of 80 hours' training. In January of this year 7 administrative staff and 2 logisticians successfully took part in the course. In the course starting in November there were 8 more administrative staff and 3 logisticians.
- Continuing education**
- *Training course on hospital management in Africa*
The third edition of the course was attended by 24 healthcare professionals, 15 with experience in developing countries. The aim was to provide essential elements on hospital planning, organisation and management that can be applied to settings with limited resources. The course was based on 40 hours of classroom teaching hours. 44 hours' training was used to illustrate specific features of nonprofit hospitals within the framework of African healthcare systems and to introduce essential elements of planning, organization and hospital management.
 - *Course on healthcare in violent, unstable environments (Course on post emergency restoration of healthcare systems)*
The fourth edition of this intensive course was held in May, providing a total of 90 hours' training. The course is addressed to Italian and foreign healthcare professionals and was attended by 13 foreign and 2 Italian providers who cooperate with international agencies and NGOs. The 10 trainers were healthcare professionals with consolidated experience in international healthcare cooperation in unstable settings.
 - *Documentation centre*
This centre houses over 3,000 books and journals on cultural and scientific subjects ranging from tropical medicine to the problems of developing countries, to international cooperation. 150 theses are available on the same subjects.

COLLABORATIONS

- *Refresher course in Tropical Medicine and International Health, Brescia University*

This course, now in its tenth edition, is addressed to healthcare providers keen to commit themselves to international cooperation. The course is conducted thanks to a broad partnership of foundations, research institutes and NGOs. Doctors with Africa CUAMM has been involved in the partnership from the first edition and its lecturers cover 20% of teaching hours (with a total of 90 hours).

- *The "Training to cooperate" project*

This project arose from a partnership between Doctors with Africa CUAMM and the Local Health Authority-University complex of Siena. The training project is recognized and was funded by the Region of Tuscany as a regional initiative project in international healthcare cooperation in the years 2007 and 2008. It is designed to offer basic preparation to health providers and administrative workers in the Macro Areas of Tuscany. Between April and May 2008, the project held differentiated courses involving 50 health providers and 30 administrative staff belonging to the three Macro Areas of Tuscany.

PROPOSAL FOR TRAINEE DOCTORS

The year 2008 witnessed continuation of the collaboration project with residents in medicine (*Junior project officers*). The aim of this project is to provide theoretical-practical training in the field, under the guidance of a senior physician from Doctors with Africa CUAMM, to facilitate future introduction of these figures into the framework of an international healthcare cooperation project.

In October 2008 this proposal was officially recognized by the University of Padova with whom Doctors with Africa CUAMM has signed an important agreement. This agreement acknowledges and governs collaboration by residency programme doctors within the proposal framework.

SELECTION

To select human resources with no experience in international cooperation, a preselection procedure has been developed to admit candidates to the basic training course.

During the year nine preselection days were held, each of which envisaged attitudinal, individual and group tests in addition to personal interviews. The aim was to select the most suitable human resources to take part in the training course for Doctors with Africa CUAMM projects.

After admission to the basic course, the selection procedure then takes the form of individual interviews and a psychological questionnaire to assess candidates' personality traits.

To emphasize each candidate's skills and expertise and to assess their ability to process and organize learned knowledge, a series of written tests has also been envisaged in the form of multiple choice questionnaires and an essay. In this way, at the end of the training period, the organisation has a pool of selected, trained people to include in its own projects.

During 2008 a new selection process was designed and implemented for candidates with previous experience in international cooperation settings, such as experience acquired from working with national and international NGOs and international agencies. These human resources spontaneously contacted Doctors with Africa CUAMM, through keenness to cooperate with the organization. To identify the most suitable people, several selection days were held to present the organization, administer individual and group tests, a psychological questionnaire, a technical/professional assessment and an individual interview. The course organizers give each individual participant a personal return.

This pathway enables Doctors with Africa CUAMM to create a pool of selected human resources with considerable professional experience, to cover the various positions required in projects in Africa.

MONITORING AND ASSESSMENT

The main objective of monitoring and assessment of staff performance is to make each individual provider aware of and responsible for continuously improving know-how and skills in their own specific professional field. The specific objective is to identify each provider's professional strengths in order to implement strategies to develop potentialities, and weaknesses, in order to identify training and support requirements and, consequently, the strategies and methods needed to achieve them.

Three types of form have been used to monitor and assess expatriate staff, on a twice-yearly basis.

At the end of the year these tools were analysed and it was decided to make a few changes to provide more detailed monitoring in the more strictly technical-professional areas.

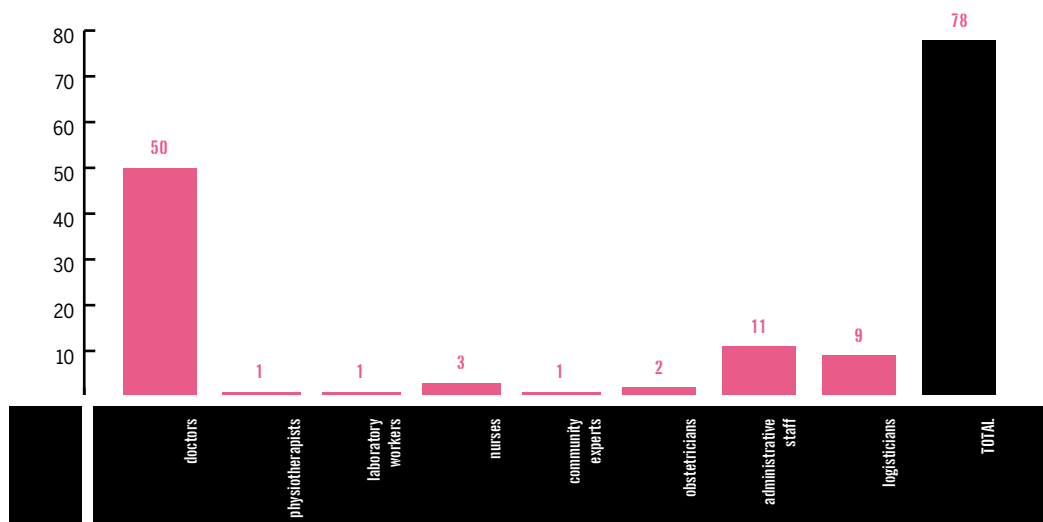
PERSONNEL

IN-SERVICE IN 2008

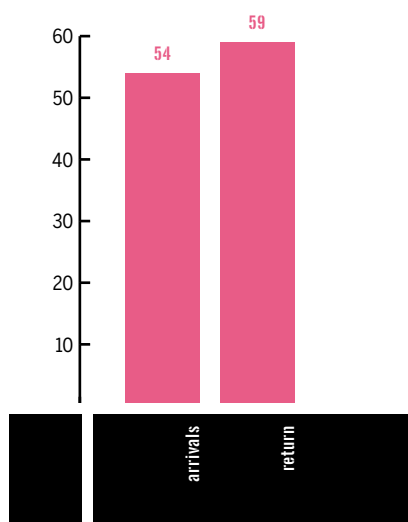
In service personnel in Africa

At the end of 2008 the number of volunteers serving on Doctors with Africa CUAMM projects stood at 78 people, distributed as follows: 50 doctors, 1 physiotherapist, 1 laboratory worker, 3 nurses, 1 obstetrician, 2 community experts, 11 administrative staff and 9 logisticians. The total number of volunteers will increase by about a dozen at the start of 2009 (since three new projects will commence). This will stabilize numbers, which stood at around 90 persons in the last few years.

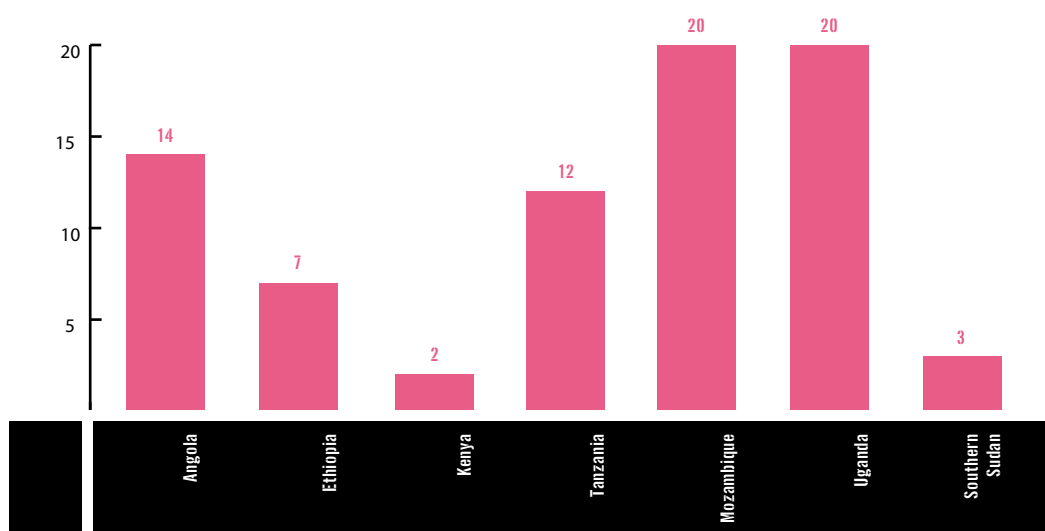
PERSONNEL IN SERVICE IN DECEMBER 2008 BY TYPE



FLOW OF EXPATRIATE STAFF DURING THE YEAR 2008

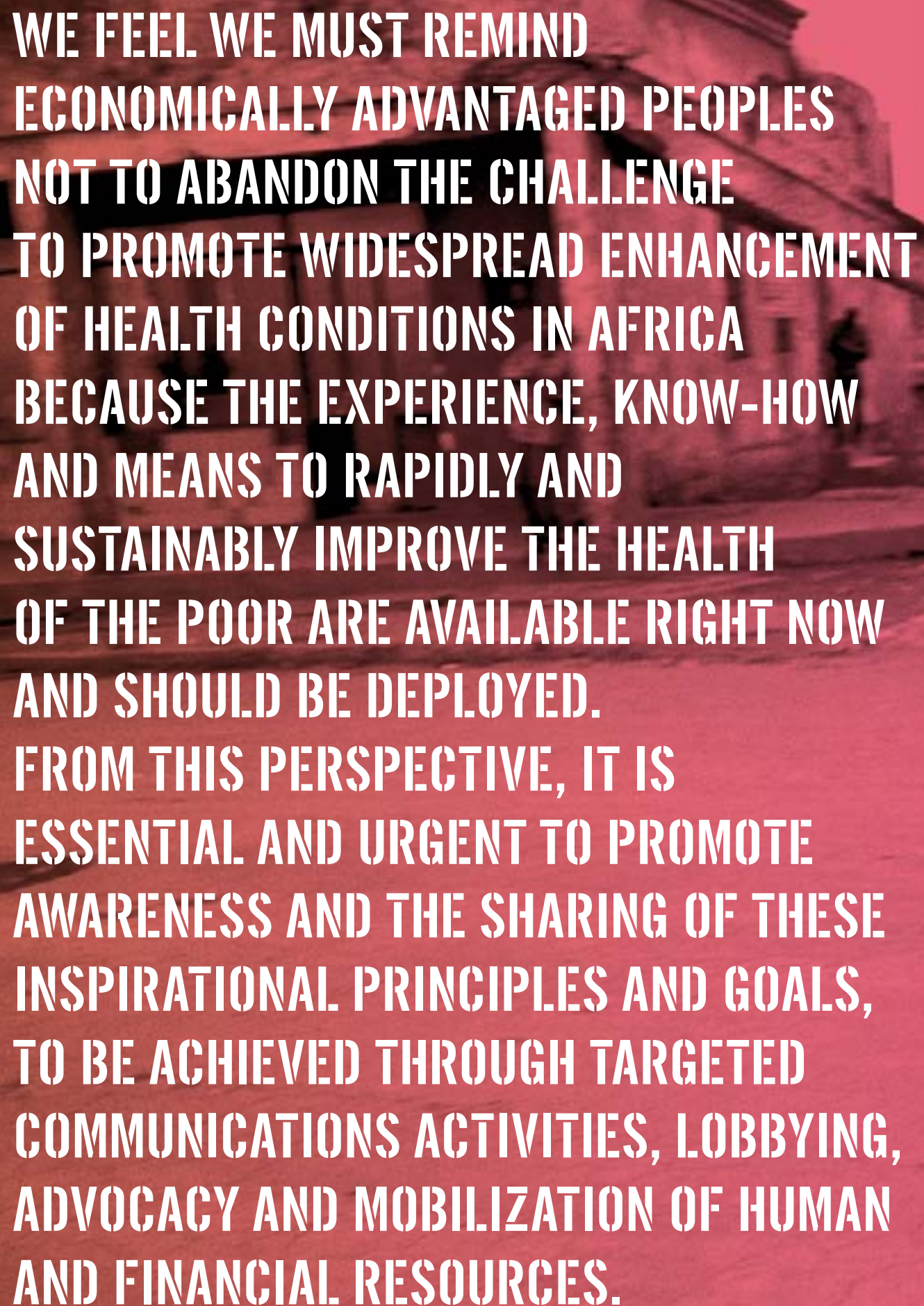


DISTRIBUTION OF STAFF IN THE VARIOUS COUNTRIES IN DECEMBER 2008



Brief technical missions from Italy

16/01-06/03: Uganda (Ettore Boles), 23/01-09/02: Ethiopia, Wolisso (Silvio Pasquato), 18/02-09/03: Ethiopia, Wolisso (Nicola Vinassa), 02/03-10/03: Ethiopia (Agostino Paganini and Elisa Bissacco), 02/03-19/03: Ethiopia and Tanzania (Donata Dalla Riva), 02/03-01/05: Ethiopia, Wolisso (Francesco Vasciaveo), 25/03-10/04: Angola (Roberto Riedo and Christian Schatzer), 26/03-21/04: Kenya (Giancarlo Ometto), 02/04-29/04: Tanzania (Alessio Panza), 15/04-08/05: Mozambique (Ettore Boles), 05/05-24/05: Ethiopia, Wolisso (Luigi Conforti), 11/05-24/05: Mozambique (Egidio Bosisio), 11/05-30/05: Mozambique and Tanzania (Alessandra Gatta), 18/05-24/05: Ethiopia, Wolisso (Raffaella Tommasin), 01/06-19/06: Tanzania and Ethiopia (Ettore Boles), 08/06-19/06: Tanzania (Stefano Vicentini), 08/06-30/06: Ethiopia and Uganda (Fabio Manenti), 18/06-10/07: Angola (Giovanna Capuano), 23/06-14/07: Ethiopia and Uganda (Fabio Manenti), 25/06-03/07: Sudan (Fabio Manenti), 25/06-06/07: Sudan (Monica Favot), 04/07-13/07: Uganda (Bettina Simoncini), 04/07-23/07: Uganda (Azzurra Rosa), 22/07-07/08: Angola (Roberta Gambalonga), 01/08-23/08: Ethiopia, Wolisso (Renato Laforgia), 26/08-18/09: Ethiopia, Wolisso (Giuliano Novaretti), 30/08-27/09: Ethiopia, Wolisso (Maria Rosa Badagliacca), 03/09-30/09: Tanzania (Alessio Panza), 12/09-23/09: Sudan (Fabio Righetto e Enrico Zuin), 28/09-02/10: Ethiopia (Fabio Manenti), 09/10-13/10: Ethiopia (Luigi Conforti), 09/10-15/10: Ethiopia (Jacopo Soranzo e Nicola Berti), 03/11-21/11: Mozambique, Maputo (Ettore Boles), 05/11-08/12: Ethiopia, Wolisso (Raffaella Tommasin), 11/11-04/12: Ethiopia, Wolisso (Roberto Cappelbeds), 08/12-23/12: Ethiopia, Wolisso (Maurizio Piazza)



**WE FEEL WE MUST REMIND
ECONOMICALLY ADVANTAGED PEOPLES
NOT TO ABANDON THE CHALLENGE
TO PROMOTE WIDESPREAD ENHANCEMENT
OF HEALTH CONDITIONS IN AFRICA
BECAUSE THE EXPERIENCE, KNOW-HOW
AND MEANS TO RAPIDLY AND
SUSTAINABLY IMPROVE THE HEALTH
OF THE POOR ARE AVAILABLE RIGHT NOW
AND SHOULD BE DEPLOYED.
FROM THIS PERSPECTIVE, IT IS
ESSENTIAL AND URGENT TO PROMOTE
AWARENESS AND THE SHARING OF THESE
INSPIRATIONAL PRINCIPLES AND GOALS,
TO BE ACHIEVED THROUGH TARGETED
COMMUNICATIONS ACTIVITIES, LOBBYING,
ADVOCACY AND MOBILIZATION OF HUMAN
AND FINANCIAL RESOURCES.**



REPORT

ITALY



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COMMUNICATIONS AND FUND RAISING

One of the strategic objectives of Doctors with Africa CUAMM is to communicate our commitment to promoting health among the African populations. What we do can be multiplied and the only way to disseminate the values for which we have been working for over fifty years is through concrete actions, including awareness building. The Africa we describe is not the mediated, indirect one reported by the international press agencies. It is not even the Africa we have seen in short tourist trips, maybe to exotic, idyllic places. It is the Africa where we are present on a continuous basis, in some cases uninterruptedly for years, even decades. Time spent bringing treatment, help, health, development. It is our way of discovering, being there, reporting. It is the Africa of our commitment and daily challenges in the fight against hunger, disease, backwardness and need.

During 2008, communications and awareness raising initiatives were therefore reinforced to consolidate ties with our supporters, increase their confidence, extend the target groups and open up to a wider, more varied public.

The aim of the activities we have taken on board is to integrate not only various areas of this domain but also to coordinate commitment in Italy and Africa.

Activities have been divided up into two main working areas:

- Communications and promotion work throughout the nation;
- Awareness building amongst individuals and businesses, partly to raise funds for projects.

Important innovations have been made to the editorial line of Doctors with Africa CUAMM in 2008. The most significant and evident has been the renewed graphical style and format of *Cuamm solidarietà* (CUAMM Solidarity). This historic two-monthly publication has become

Publications and materials area

a glossy, colour magazine with more pages and carries a series of permanent columns to help readers find their bearings among the contents. More room has been devoted to images, photo reports and authored articles.

Salute e sviluppo (Health and Development), the health cooperation and policy magazine for insiders (3 issues have been released) and *Quattro venti (Four Winds)*, the quarterly communications bulletin (2 issues released) have, instead kept their former style.

The *Strategic Plan 2008-2015*, based on the work of many people in Africa and Italy, was edited and published in 2008. It lays down the policy guidelines for our NGO for the next few years, in compliance with the Millennium Goals, and targets various stakeholders and institutions. It is published in three languages (Italian, English and Portuguese).

In order to present the accounts and communicate outcomes and activities, the *Annual Report 2007* was published in parallel in two languages (Italian and English), complete with graphics, photos and visual elements that facilitate reading and make it useful material that can be distributed in Italy and abroad.

The number of gadgets and general informative material on offer has also been enhanced as a source of support for awareness building activities. In particular, a calendar was produced at Christmas with drawings and authored graphics.

Media relations area

In addition to consolidating visibility in and relations with the mass media, important results have been achieved, most notably at the time of three events in Africa:

- inauguration of the hospital in Yirol in Southern Sudan;
- launch of the Public Health project in Wolisso, Ethiopia;
- inauguration of the new orthopaedics ward at Wolisso hospital in Ethiopia

On all occasions strong, significant links were forged with journalists from national newspapers, thus giving visibility to Doctors with Africa CUAMM projects in important Italian media, in the press, on the television and radio.

There was no shortage of work and daily contacts with the national and local press – through press conferences, the consignment of various types of press release, the preparation of editorials and radio and TV interviews.

The supply of video material was enhanced by three new productions: “*La lunga notte (The long night)*”, “*Chiulo piccole storie (Chiulo short stories)*” and *The new orthopaedic ward at Wolisso hospital*.

Campaigns

During the year we were involved in the “5 per 1000” campaign, which enables Italian tax payers to allocate part of the tax they have paid, through their tax return, to Doctors with Africa CUAMM, and the “You are the animal” campaign to build awareness within the population on health-related problems in Africa. A series of advertising releases were planned in both leading daily newspapers and national weekly magazines.

One important result has been sponsorship by *Pubblicità Progresso* for the “With Africa” spot. Thanks to this support, which is a guarantee of the quality and visibility of the spot, we were able to enter the national media programming scenario free of charge. The video spot was shown on the Mediaset network for one week.

Website

The website graphics were updated to make them more dynamic and easy to consult and to be more in keeping with the campaigns we are currently promoting. The website is currently undergoing major structural and graphical restyling and the contents are being updated.

Events/cultural projects

The most important communications project was, “Padova with Africa/Animale sarai tu (You are the animal)” which was held at the start of the summer of 2008. A packed diary of events and initiatives involved Paduans from 6th to 22nd June in a special journey to discover African animals. Doctors with Africa CUAMM spoke of Africa and its primary needs in a new way, asking people to become an active part in this awareness building campaign. The programme was divided into the projection of a film followed by a debate (Wednesday 11th June at 21 hours at the MPX cinema in Via Bonporti, with projection of the film *Juno*); a meeting with Gian Antonio Stella and volunteers from Doctors with Africa CUAMM at the Pedrocchi Café (Thursday 19th June, at 18 hours) and Sunday 22 June, at the Fete day of the volunteers from Doctors with Africa CUAMM, enhanced by an improvised theatrical performance open to the entire population of Padova. Info points, marked by totems depicting various African animals, were set up throughout the duration of the event and along a strategic route in the heart of Padova, and were animated for children by various theatrical shows.

Other events organized during the second half of the year include:

- 25 October: “Dire grazie per vedere di più e più lontano” (Saying thank you seeing more and further), a meeting and function around Father Luigi Mazzucato, the NGO’s

well-known Director, who passed the baton to Father Dante Carraro after 53 years' direction of Doctors with Africa CUAMM;

- 21 November: "Profumi d'Africa" ("Scents of Africa") an awareness building and fund raising dinner held at the Diocesan museum of Padova;
- 23 November "Travelling Africa" an evening devoted to African cinema with a debate, promoted by Doctors with Africa CUAMM, Coe education centre in collaboration with Volunteers from FOCSIV and *ImmaginAfrica*. The event brought to Padova the best films presented at the Festival of African, Asian and Latin American Cinema in Milan. The aim of this itinerant post-festival event is to place Africa at the forefront of the political and media agenda, with its culture and riches, but also its contradictions. Films shot by African directors are projected and are of notable educational value since they address high priority education in development issues, as the fight against hunger, the rights of women and children, peace and sustainable development. All the films on offer were recent and had never been shown before in our country.
- 6th December, on the occasion of the World AIDS Day, awareness raising activities were held in sales points of the supermarket chain Alì throughout the municipality and province of Padova.

Corporate schemes

The year 2008 marked a corporate relaunch. There was a major increase in fund raising in this domain. The results achieved stem from completion of two main factors:

- production of a corporate brochure, which is an essential tool through which to contact businesses;
- activation of several volunteers from Doctors with Africa CUAMM who personally met the companies involved in the NGO mission.

The route that has now been taken will be implemented and organized so as to involve as many volunteers as possible in the organization.

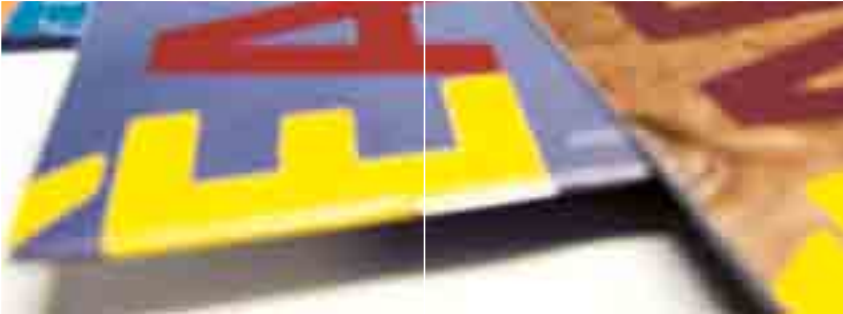
This growth in fund raising has also increased the number of contacted businesses. By way of an example: the 2008 Christmas card campaign involved 80 companies, with a total of 20,000 sent cards. The proceeds of this operation will be used to support the building of a malnutrition centre at Wolisso hospital in Ethiopia. Work will begin at the start of 2009. We are committed to sending a progress report next September to all businesses that took part in materializing the project.

The results achieved will not have a detrimental effect on control and assessment activities that comply with the organization's ethical code. This year too, we were forced to decline a financially sound partnership that did not meet ethical requirements.



1. Corporate Brochure
2. Annual Report 2007
3. The Strategic Plan 2008-2015
4. Salute e Sviluppo
5. È Africa
6. "5x1000" campaign
7. "Animale sarai tu" campaign
8. 2009 calendar
9. Dvd "La lunga notte" and "Chiulo, piccole storie"





2.

9.

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GROUPS

The Doctors with Africa CUAMM Groups were established to promote the right to health and the culture of solidarity in the reference countries, supporting objectives, policies and programmes approved and carried out by Doctors with Africa CUAMM and agreeing to operate in accordance with these objectives.

The Groups are an essential part of the NGO's history and work. They represent roots that have been struck in the community and are the main channel through which the NGO can transmit its mission and image in civil society. They actively contribute to achievement of the movement for the right to health for the African populations, promoted by Doctors with Africa CUAMM in the framework of the Millennium Agenda (most notably the goals relating to reduction in child mortality, improvement of maternal health, and the fight against HIV-AIDS and other diseases).

According to the organization's by-laws, the Groups constitute the organization's participatory framework. In order to better define forms of collaboration between Doctors with Africa CUAMM and its Groups, a previous agreement on group requirements was reviewed in 2008 and replaced with a new cooperation agreement between the NGO and each Doctors with Africa CUAMM Group. This partnership is based on mutual respect and common commitment to promote the right to health for all. It also recognizes the need to agree on mechanisms and procedures by which to guarantee coherence between the work of the NGO and the associated Groups, in order to protect the NGO's reputation and credibility and to be able to optimize resource generation and utilization. At the same time the agreement recognizes that flexibility, creativity and innovation, in appropriate shapes and forms, are vital to the success of common endeavours.

The Groups are currently divided into categories, according to the degree to which they formally belong to the organization:

- Doctors with Africa CUAMM Groups, recognized by the Board of Directors and signatories to the new partnership agreement;
- Partner Groups, close to the organization but not yet recognized by the Board of Directors and which diligently support some of the organization's projects.

During last year, the Group Steering Committee held four meetings to discuss the main features that characterize the work of the Groups and compared their work with the work of the head office in Padova. These meetings also provided an opportunity to plan Group activities in relation to two European awareness-building projects, "*Equal opportunities for health: action for development*" and "*Stop malaria now*".

At the Padova Headquarters, the Groups Sector promoted and supported activities, fostering the dissemination of the best experiences to emerge in the various local settings, in relation to awareness raising, training in development and fund raising activities.

GROUPS

DOCTORS WITH AFRICA CUAMM

NAME	HEADQUARTERS	COUNTRIES AND PROJECTS SUPPORTED
Cuamm with Sara for Africa (nonprofit)	Bassano del Grappa - VI	Uganda: support for work conducted at the Uganda Martyrs University. Angola: support for activities conducted at Chiulo hospital. Ethiopia: support for motor rehabilitation activities at Wolisso hospital.
Africa Chiama Association of Friends of Doctors with Africa	Conegliano - TV	Sudan: support for activities conducted at Yirol hospital.
Associazione Cuamm Lecco	Lecco	Ethiopia: support for Wolisso hospital and nursing school.
Doctors with Africa Modena Reggio Emilia	Modena	Tanzania: support for healthcare services in four areas of Tanzania (Mikumi Health Center).
Doctors with Africa CUAMM Piedmont Group	Biella	Sudan: support for activities conducted at Yirol hospital. Ethiopia: support for motor rehabilitation activities conducted at Wolisso hospital.
Sant'Arcangelo città del Mondo	Rimini	Sudan: support for activities conducted at Yirol hospital.
Jenga Insieme Doctors with Africa CUAMM	Siena	Kenya: consolidation of diagnostic services for controlling HIV-AIDS infections in the districts of Nyandarua.
Doctors with Africa CUAMM Trentino	Trento	Ethiopia: support for activities conducted at Wolisso hospital and nursing school.
Noi con l'Africa - Zimella	Zimella - VR	Ethiopia: support for motor rehabilitation activities conducted at Wolisso hospital.

PARTNER GROUPS

DOCTORS WITH AFRICA CUAMM

NAME AND HEADQUARTERS	HEADQUARTERS	PAESI E COUNTRIES AND PROJECTS SUPPORTEDSOSTENUTI
Nonprofit Doctors with Africa Como	Como	Uganda: development and support for activities conducted at the rural HIV-AIDS clinic of Naggalama. Uganda: enhancement of healthcare services in the Dioceses of Arua and Nebbi.
Association of Doctors of Alto Adige for the Third World	Bolzano	Tanzania: support for healthcare services in four areas of Tanzania.
Nonprofit Association of Friends of Angal	Arbizzano di Valpolicella, Negrar - VR	Uganda - Enhancement of healthcare services in the Dioceses of Arua and Nebbi.
Missionari Group of Asiago	Asiago - VI	Sudan: support for activities conducted at Yiröl hospital.
Matany Hospital Nonprofit Support Group	Milano	Uganda: support for activities conducted at Matany hospital.
Nonprofit Association of Friends of Children Infected by HIV-AIDS	Livorno	Mozambique: fight against HIV-AIDS and child malnutrition in the provinces of Sofala and Inhambane.
Nonprofit Toyai Association	Broni - PV	Uganda: support for activities at Matany.
Mother Theresa Missionari Group	Villa del Conte - PD	Ethiopia: support for <i>Health Care</i> and community health in the district of Wolisso.
Solidarity Market Association	Bassano del Grappa - VI	Angola: support for activities conducted at Chiulo hospital.
Doctors with Africa Salento	Torre Santa Susanna - BR	Mozambique: support for activities conducted at Catholic University of Beira
Doctors with Africa Cremona	Cremona	Mozambique: support for activities conducted at Catholic University of Beira

AWARENESS-BUILDING ACTIVITIES

Equal opportunities for health: action for development

The aim of the project, "*Equal opportunities for health: action for development*", which started in May 2007, is to raise public awareness in Europe about the close link between health and development. It also seeks to encourage, in line with international endeavours, the medical-healthcare provider community to become responsible for achieving the Millennium Goals, particularly the strictly health-oriented objectives, i.e. the reduction in child mortality, improvement of maternal health and major disease control – through reinforcement of national healthcare systems. This project is being developed in various European countries: Italy, Germany, Poland, Great Britain, Belgium and Spain.

The project is addressed to the medical community in its broadest sense: students and lecturers from the Faculty of Medicine, representatives from Local Health and Hospital Authorities, research centres, scientific societies, medical associations, and representatives of NGOs committed to promote the right to health. The project, which is cofunded by the European Commission, envisages a total budget of 373,989.56 euros and will be achieved over a period of two years and three months (from 01.05.2007 to 31.07.2009).

The partnership includes the following: Global Health Observatory, Department of Medicine and Public Health – University of Bologna, Department of Public Health – University of Florence, Italian Secretariat of Medical Students, Nuffield Centre for International Health and Development – University of Leeds (UK), Redemptoris Missio - Medicus Mundi Foundation Poland (PL), Action Medeor e.V. - Medicus Mundi Germany (DE). The following are associate partners: Prince Leopold Institute of Tropical Medicine (BE), Medicus Mundi Spain (SP), National Observatory of Residents in Paediatrics, College of Professional Nurses, Healthcare Assistants and Child Supervisors of Padova, Medical Association of Physicians, Surgeons, Orthodontists of Padova, Local Healthcare Unit no. 16 of Padova, Department of Environmental Medicine and Public Health – University of Padua, Department of Public Health and Microbiology – University of Turin, Department of Internal and Specialist Medicine – University of Catania, Department of Experimental, Environmental Medicine and Biotechnologies, University of Milan, IRCCS Burlo Garofolo and 9 Doctors with Africa CUAMM Groups.

During 2008 numerous activities were carried out to build awareness and provide training which were collected and posted on the NGO's website www.mediciconlafrica.org/globalhealth.

Stop malaria now!

Doctors with Africa CUAMM also participates, as a partner, in the project "*Stop malaria now!*", co-funded by the European Commission and coordinated by the NGO Action medeor e.V.

The project is being conducted by a consortium of 9 NGOs operating in the healthcare and development field from Germany, Italy, Kenya, Poland, Spain and Switzerland, with a view to increasing awareness levels on malaria and mobilizing public support activities to increase political, financial and strategic commitment by European governments in the fight against malaria and the achievement of the Millennium Development Goal relating to malaria.

The project envisages awareness building, advocacy and networking actions in the fight against malaria, a disease highly associated with poverty and one of the main causes of death in sub-saharan Africa. The project partnership aims to promote effective exchange of know-how, experience and best practices in the field of malaria control and advocacy. The actions conducted by this partnership can be found on the website www.stopmalarianow.org/home.

STUDENT COLLEGE

Purpose

Doctors with Africa CUAMM was conceived as a college for training medical students planning to provide voluntary service in developing countries and engaged in awareness raising activities in Italy.

According to Art. 2 of the bylaws, "the purpose of CUAMM is to contribute, in the spirit of the Gospel and without profit, to the process of freedom and growth of all men, particularly the needy and the suffering, towards independent and autonomous development of third-world populations and assertion of values of international solidarity, justice and peace."

In order to share these objectives, students must undergo specific professional training as part of a constant, earnest study programme.

Activities

During 2008, 61 students were accommodated at the college and 8 graduated.

The college programme has three main strands:

- spirituality
- culture
- awareness building and solidarity.

Culture

College students are invited to take part in various meetings to enhance their knowledge, as participation in the optional course, "Global health and equity in health", under the umbrella of the project, "Equal opportunities for health: action for development", embracing the following themes: "Health as a human right", "Immigration and health", "Health determinants and inequalities in health and healthcare", "International healthcare cooperation", "Development of healthcare systems".

Awareness building and solidarity

The college is an integral part of the NGO Doctors with Africa CUAMM and is called to contribute, in accordance with its skills and possibilities, to health development projects being conducted in Africa. This concrete activity is divided up as follows:

- awareness building and fund raising initiatives in parishes or related associations;
- awareness building and fund raising activities conceived and managed at the college, addressed particularly to the university and city of Padova.

Among these we stress in particular: cooperation in radio programmes with a local radio broadcaster; organization of a music festival for university students; updating and management of college libraries; support for community activities, thanks partly to the performance of minor manual jobs by some students; a service for immigrants in the city's soup kitchens.

OTHER ACTIVITIES AND INITIATIVES

Participations

11/01: General assembly of Association of Italian NGOs in Rome
 07/02: I Partnership meeting for "Malaria Campaign" project in Cologne
 23/02: Board meeting of FOCSIV
 29/02: Executive Board meeting of Medicus Mundi International in Basle
 12/03: National Council meeting of Association of Italian NGOs in Rome
 15/03: General Assembly of Italian Observatory on Global Health in Florence
 28/03: Link 2007 meeting in Bologna
 04-05/04: Conference of Maria Bonino Foundation in Aosta
 05-06/04: General Assembly meeting of FOCSIV in Rome
 21-22/04: International Conference on Malaria in Bonn
 29/04: Link 2007 meeting in Bologna
 01-04/05: National Conference of ACLI Associations
 07/05: National Council meeting of Association of Italian NGOs in Rome
 09-11/05: Civitas, Social Economics Exhibition in Padova
 22-23/05: Executive Board meeting of Medicus Mundi International in Geneva
 30-31/05: Conference devoted to training and international cooperation organized by Association of Doctors and Dentists (OMCO) of Padova
 06/06: Link 2007 meeting in Bologna
 14/06: Board meeting of FOCSIV in Rome
 14-15/06: Global Equity Day in Toenisvorst in Germany
 21/07: Link 2007 meeting in Bologna
 08/09: Link 2007 meeting in Bologna
 19/09: National Council Meeting of the Association of Italian NGOs in Rome

19-20/09: General Assembly of FOCSIV in Rome
 30/09: II Partnership meeting for "Malaria Campaign" project in Krakow
 9-10/10: Presentation of the Mario Boni award of the FIMMG at Villa Simius
 10/10: Executive Board meeting of Medicus Mundi International in Rome
 17/10: Link 2007 meeting in Bologna
 8-9/11: Board meeting of FOCSIV in Rome
 12/11: National Council Meeting of the Association of Italian NGOs in Rome
 13-15/11: International Conference "Pastoral healthcare in the treatment of sick children"
 at the Vatican
 21/11: Executive Board meeting of Medicus Mundi International in Aachen
 27/11: Seminar "A difficult job 2008" organized by COSV in Milan
 29-30/11: Meeting on G8 in Bellagio
 09-10/12: ECHO Partnership Meeting in Bruxelles
 13-14/12: General Assembly of FOCSIV in Rome
 22/12: National Council Meeting of the Association of Italian NGOs in Bologna

Institutional missions

09/01-17/01: Ethiopia (Luigi Mazzucato)
 20/01-30/01: Uganda and Rwanda (Dante Carraro and Giovanni Putoto)
 08/02-19/02: Sudan (Luigi Mazzucato, Anna Talami, Endria Giacomelli, Monica Favot
 and Nicola Berti)
 02/03-10/03: Ethiopia (Luigi Mazzucato, Elisa Bissacco, Donata Dalla Riva, Agostino Paganini)
 24/05-30/05: Tanzania (Dante Carraro)
 23/06-26/06: Ethiopia (Luigi Mazzucato)
 06/07-13/07: Uganda (Giovanni Putoto)
 06/10-14/10: Mozambique (Dante Carraro)

Benevolent work

The life and activities of Doctors with Africa CUAMM is highly dependent on voluntary work. It is impossible to make an accurate estimate of the contributions made in terms of human and material resources. Below is a short list:

- Brief missions: 705 days.
- Free services by lecturers at training courses: 500 hours.

FINANCIAL

STATEMENTS



Moma, Mozambique

FINANCIAL STATEMENTS 2008

INTRODUCTION TO THE 2008 FINANCIAL STATEMENTS

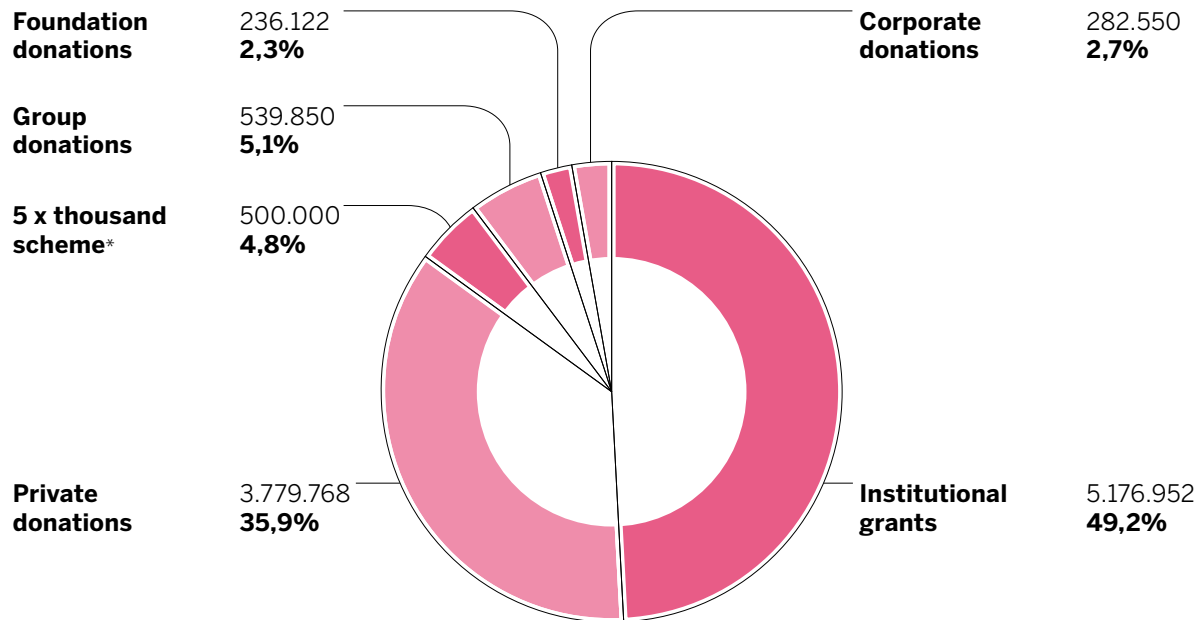
The structure of Doctors with Africa CUAMM is legally integrated with the “Opera San Francesco Saverio” Foundation. The financial statements, despite being consolidated, are broken down into the three areas of operation: Foundation, NGO-nonprofit association, and University College. The indices and graphs given below illustrate the activities of the NGO-Nonprofit Association for the year 2008 only.

In 2008, the cost of interventions in the countries served by Doctors with Africa CUAMM stood at **10,853,929 euros**. Of these expenses, **82.3% (8,931,106 euros)** were invested directly in conduction of **40** main cooperation projects and a hundred or so supportive micro schemes. The remaining 17.7% was used to cover overheads (9.3%), communications, fund raising and group expenses (6.4%), and selection, training and human resource management costs in Italy (2%).

The number of direct and indirect beneficiaries can be found for each project in Report Africa and in the Focus. These were reached thanks to the dedication and commitment of hundreds of local and **78** expatriate collaborators. Head office staff, consisting of **40** people, were backed by hundreds of volunteers throughout Italy.

ONLUS INCOME

Data in euros

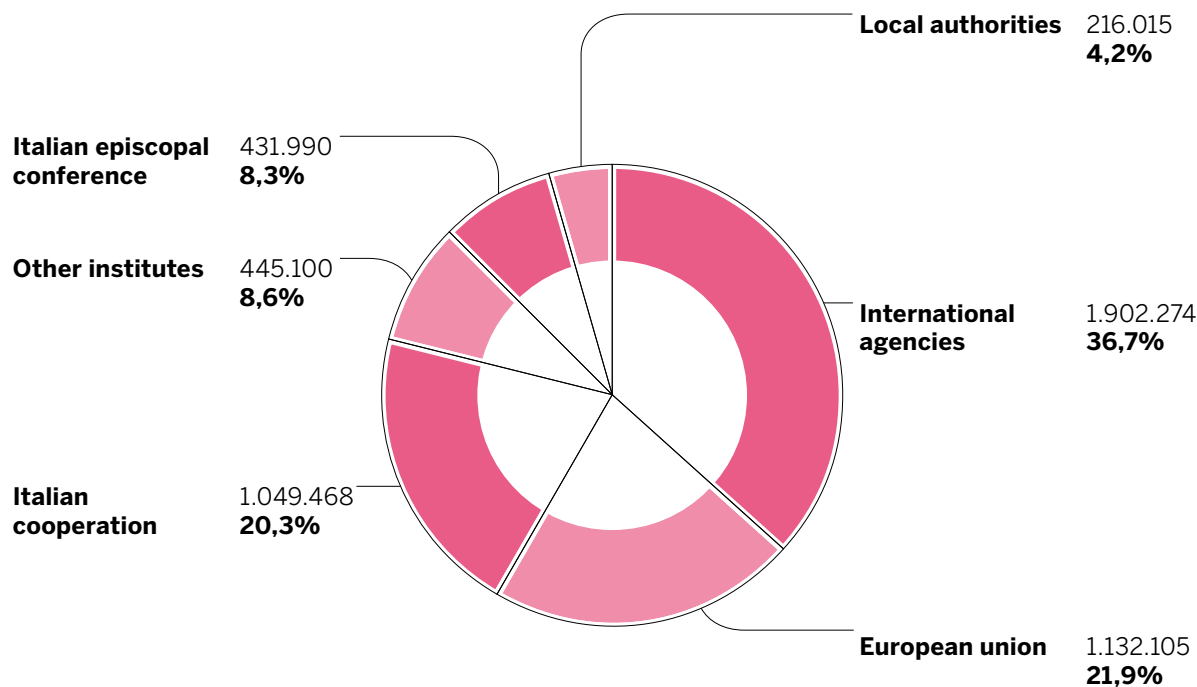


TOTAL 10.515.242
100,0%

*Organization's internal estimate

INSTITUTIONAL GRANTS 2008

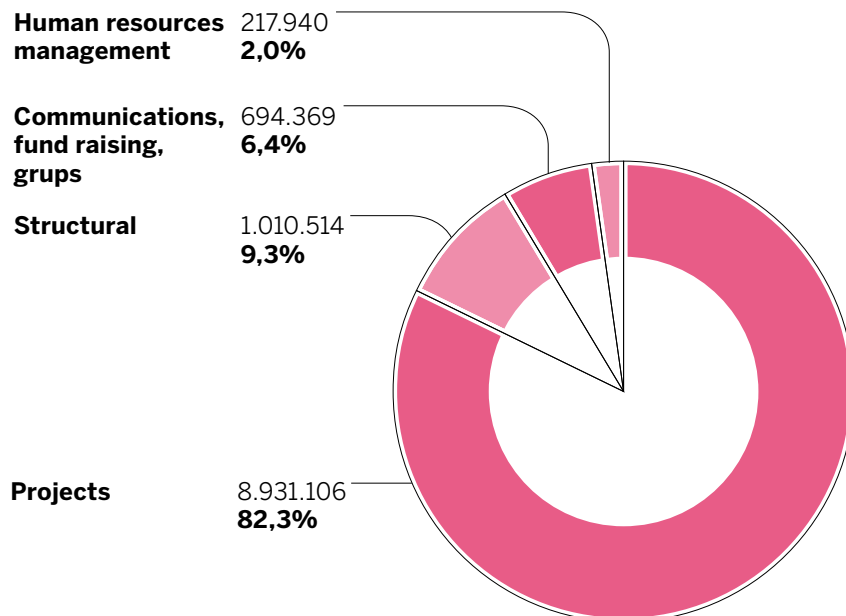
Data in euros



TOTAL 5.176.952
100,0%

ONLUS EXPENDITURE 2008

Data in euros



TOTAL 10.853.929
100,0%

Project costs include: the costs for the implementation of onsite projects, costs of project services, other project-related costs, project personnel costs.

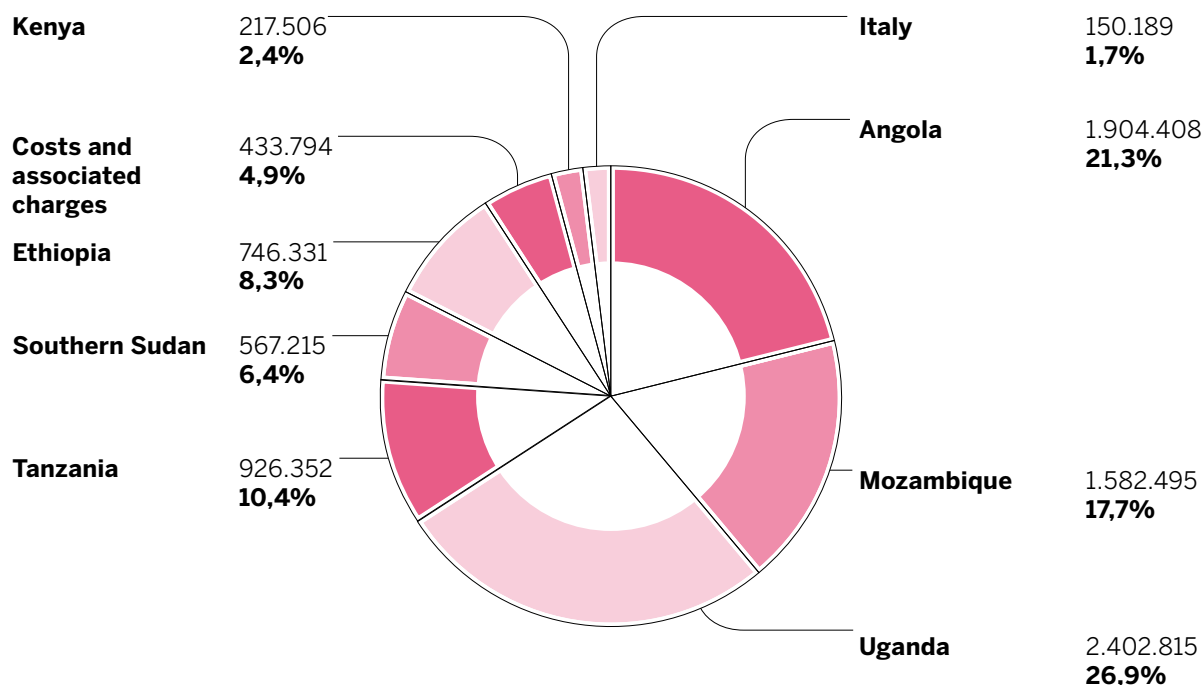
Communications, Fund Raising and Group costs include: costs for communications sector and group sector services, publications, media relations, events management and communications, development education, donor loyalty, new campaigns, costs for communications, fund raising and group personnel costs.

Human Resources costs (selection, training and management in Italy) include: costs for selection, recruitment, training and management of human resources allocated to projects, costs for retraining courses, costs for human resources management personnel.

Structural costs include: costs for personnel managing the facilities, costs for purchasing raw materials, costs for facilities management services, depreciation costs, sundry facility management charges, financial charges, extraordinary charges, taxes and duties.

INVESTMENTS IN PROJECTS 2008

Data in euros



TOTAL 8.931.106
100,0%

AUDITORS' REPORT ON THE FINANCIAL STATEMENTS



BDO SALA SCELSI FARINA
Società di Revisione per Azioni

Via Pacinotti 4/B 37135 Verona

Relazione della società di revisione

Al Soci della
Fondazione "Opera San Francesco Saverio" - C.U.A.M.M.

1. Abbiamo svolto la revisione contabile del bilancio d'esercizio della Fondazione "Opera San Francesco Saverio" - C.U.A.M.M. (la "Fondazione") al 31 dicembre 2008. Tale bilancio, pur non essendo espressamente richiesto a norma di legge, è stato redatto secondo le disposizioni del Codice Civile. La responsabilità della redazione del bilancio compete agli Amministratori della Fondazione. È nostra la responsabilità del giudizio professionale sul bilancio basato sulla revisione contabile. La presente relazione non è emessa ai sensi di legge non essendo la Fondazione tenuta alla revisione contabile obbligatoria.
2. Il nostro esame è stato condotto secondo gli statuiti principi di revisione. In conformità ai predetti principi e criteri, la revisione è stata pianificata e svolta al fine di acquisire ogni elemento necessario per accertare se il bilancio d'esercizio sia viziato da errori significativi e se risulti, nel suo complesso, attendibile. Il procedimento di revisione comprende l'esame, sulla base di verifiche a campione, degli elementi probativi a supporto dei saldi e delle informazioni contenuti nel bilancio, nonché la valutazione dell'adeguatezza e della correttezza dei criteri contabili utilizzati e della ragionevolezza delle stime effettuate dagli Amministratori. Riteniamo che il lavoro svolto fornisca una ragionevole base per l'espressione del nostro giudizio professionale.
3. Per il giudizio sul bilancio dell'esercizio precedente, i cui dati sono presentati ai fini comparativi secondo quanto richiesto dalla legge, si fa riferimento alla relazione da noi emessa in data 18 giugno 2008.
4. A nostro giudizio, il bilancio d'esercizio della Fondazione al 31 dicembre 2008 è conforme alle norme che ne disciplinano i criteri di redazione; esso pertanto è redatto con chiarezza e rappresenta in modo veritiero e corretto la situazione patrimoniale e finanziaria e il risultato economico della Fondazione.

Verona, 5 maggio 2009

BDO Sala Scelsi Farina
Società di Revisione per Azioni



Paolo Scelsi
(Un Amministratore)



ISTITUZIONI E AGENZIE INTERNAZIONALI / INSTITUTIONS AND INTERNATIONAL AGENCIES

Ministero degli Affari Esteri, Presidenza del Consiglio dei Ministri-Dipartimento della Protezione Civile, Conferenza Episcopale Italiana-Servizio per gli Interventi Caritativi a Favore del Terzo Mondo, Commissione Europea, Fondo Globale, Unicef, Oms, Regione Trentino Alto Adige, Regione Veneto, Regione Toscana, Provincia Trento, Provincia Livorno, Comune Rosa' (Vi), Comune Dueville (Vi), Comune Calenzano (Fi), Comune Cerreto Guidi (Fi), Azienda Ospedaliera Padova, Azienda Regionale per il Diritto allo Studio Universitario Padova

FONDAZIONI, ASSOCIAZIONI E GRUPPI RELIGIOSI / FOUNDATIONS, ASSOCIATIONS AND RELIGIOUS GROUPS

Fondazione Monte dei Paschi Siena, Fondazione Cassa Risparmio Padova e Rovigo, Clinton Foundation, Fondazione Maria Bonino Onlus, Fondazione Only the Brave, Banca Popolare Etica Scarl, Diocesi Padova, Diocesi Firenze, Opera Provvidenza Sant'Antonio Padova, Centro Missionario Diocesano Padova, Rivista "Il Santo dei Miracoli", Caritas Antoniana Padova, Caritas Diocesi Como, Movimento Apostolico Ciechi, Cbm International, Uno per Cento Onlus, Insieme Si Può Onlus, Lions Clubs, Rotary Clubs, Soroptimist

AZIENDE / CORPORATE

Abacam Srl, Abm Consulting Srl, Agenzia Italia di Mengoli Lucio & C. Sas, Ali' Spa, Alitrans Srl, Alto Vicentino Servizi Spa, Amtriestina Srl, Arcella Analisi Mediche Biolab, Archater Srl, Armand Ugon Srl, Arredomar Srl, Assistek, Bazzichetto Enrico Srl, Bellnet International Srl, Berti Silvano Srl, Bertola Mario e C. Sas, Bettiol Srl, Biagini Alfredo, Bonaccorso Vincenzo e C. Sas, Borga Meccanica dei F.lli Borga e C. Snc, Boriani Navigazione Srl, Brenta System di Zilio Giovanni, Ca.Ri. Fermo Spa, Cartaria Italiana Gp, Casearia Monti Trentini Spa, Cerutti Spirito Impianti Srl, Cerved Spa, Co.Ge. Pa. Srl, Colosio Spa, Cooperativa il Grillo, Coppiello Giovanni Snc, Corazza e Meneghin Snc, Cral Bcc Cartura, Demiced Srl, Editoriale Fvg Spa, Elle Emme Srl, Ellecemme Srl, Essetre Srl, Eurointerim Spa, Finbroker di Bartoli Umberto, Fonderia Art. Bisolo Pietro & C. Snc, Funivie Folgarida Marilleva Spa, G.&P. Costruzioni, Gas Bettella Srl, Gastaldello Sistemi Spa, Gaudenzi Srl, Gazzotti Spa, Gi.Pi. Plywood Sas di Giacobbi Stefano e C., Giacomello Spa, Giaretta Italia Srl, Gimmegas Srl, Gioielleria Bortolozzo, Golf Club Padova, Grafica Veneta Spa, Grafiche Crivellari Gino e Figli, Grasselli Antonio Srl, I.N.D.I.A. Industrie Chimiche, I.S.E.R. Srl Industria Serica Enrico Ratti, Ibi Spa, Img Attachments Srl, Immobiliare Paoli Sas, Impr. Di Costr. Ing.E.Mantovani Spa, La Diligenza Srl, Laboratorio Chimico Farmaceutico A. Sella S.R.L., Latinafiori Srl, Lavazza Luigi Spa, Le Capannacce Srl., Linea Tre, Logima Srl, M.P.M. Di Gobbato Enzo Srl, Maga Immobiliare Srl, Main Tech Srl Manfrotto Lino+Co. Spa, Martinoli Srl, Mediagraf Spa, Memu Snc Di Meneguzzi, Menuzzo Andrea,

GRAZIE

di essere "con l'Africa" in questo affascinante cammino

THANKS

for walking along this charming path "with Africa"

**Insieme ai 19.000 donatori privati e a tutti
i Gruppi di Medici con l'Africa Cuamm /
Together with 19.000 private donors and
all Doctors with Africa Cuamm supporting
Groups**

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Fotografia / Photography

© Enrico Bossan
© Bruno Maran
© Photographic archives of
Doctors with Africa CUAMM

Cover design

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Coordinamento di redazione / Drafting

Giorgia Da Pos, Anna Talamì

Traduzioni / Translation

Chiara De Giorgio
(portoghese / portuguese)
Joanne Fleming
(inglese / english)

Impaginazione / Layout

Publistampa Arti Grafiche
Pergine Valsugana (Tn)

Stampato / Printed by

Grafica Veneta
Via Malcanton, 1
Trebaseleghe (Pd)

Si ringraziano / Acknowledgments

Joanne Fleming
per la traduzione *pro bono*
in inglese dei testi / for the
pro bono translation of the texts
into English

Grafica Veneta
per la stampa gratuita del
Report / for printing the Report
free of charge



Finito di stampare / Printed

Giugno / June 2009

Supplemento n°1 alla rivista Cuamm Solidarietà n° 1/2009 - autorizzazione Tribunale di Padova
Supplement no. 1 to the journal Cuamm Solidarietà no. 1/2009 - authorization of Court of Padova.
Registro stampe / Press register no. 1633 dated 19.01.1999.

Fonti / Sources

I testi sono stati elaborati dai diversi settori di competenza, dai rappresentanti paese e dai volontari in Africa e sono stati rivisti dal settore Comunicazione di Medici con l'Africa Cuamm / The texts were drawn up by the various operational areas, country representatives and voluntary workers in Africa and were reviewed by the Communications Department of Doctors with Africa CUAMM.

I dati riportati nelle schede paese sono estratti da / The data reported in the country cards were drawn from the following sources:

<http://unstats.un.org/unsd/mdg/>
www.mdgmonitor.org
www.undp.org
www.worldbank.org

Nota: Il Sud Sudan fa parte del Sudan; non è, o non è ancora, un paese indipendente. I documenti internazionali riportano dati per l'intero Sudan. I dati qui riportati per il Sud Sudan sono stati ricavati da due documenti: *Joint assessment mission Southern Sudan*, preparato nel 2004 dalla Banca Mondiale e da varie Agenzie delle Nazioni Unite in vista della Conferenza dei donatori di Oslo; *Towards a baseline: best estimates for social indicators for Southern Sudan*, redatto nel 2004 dal *New Sudan Centre for Statistics and Evaluation* in collaborazione con l'Unicef. N.B. Southern Sudan is part of Sudan; it is not or is not yet an independent country. International documents report data for Sudan as a whole. The data reported in this document on Southern Sudan have been extracted from two documents: *Joint assessment mission Southern Sudan*, drawn up in 2004 by the World Bank and by various United Nations Agencies in view of the Conference of Donors in Oslo; *Towards a baseline: best estimates for social indicators for Southern Sudan*, published in 2004 by *New Sudan Centre for Statistics and Evaluation* in collaboration with UNICEF.

