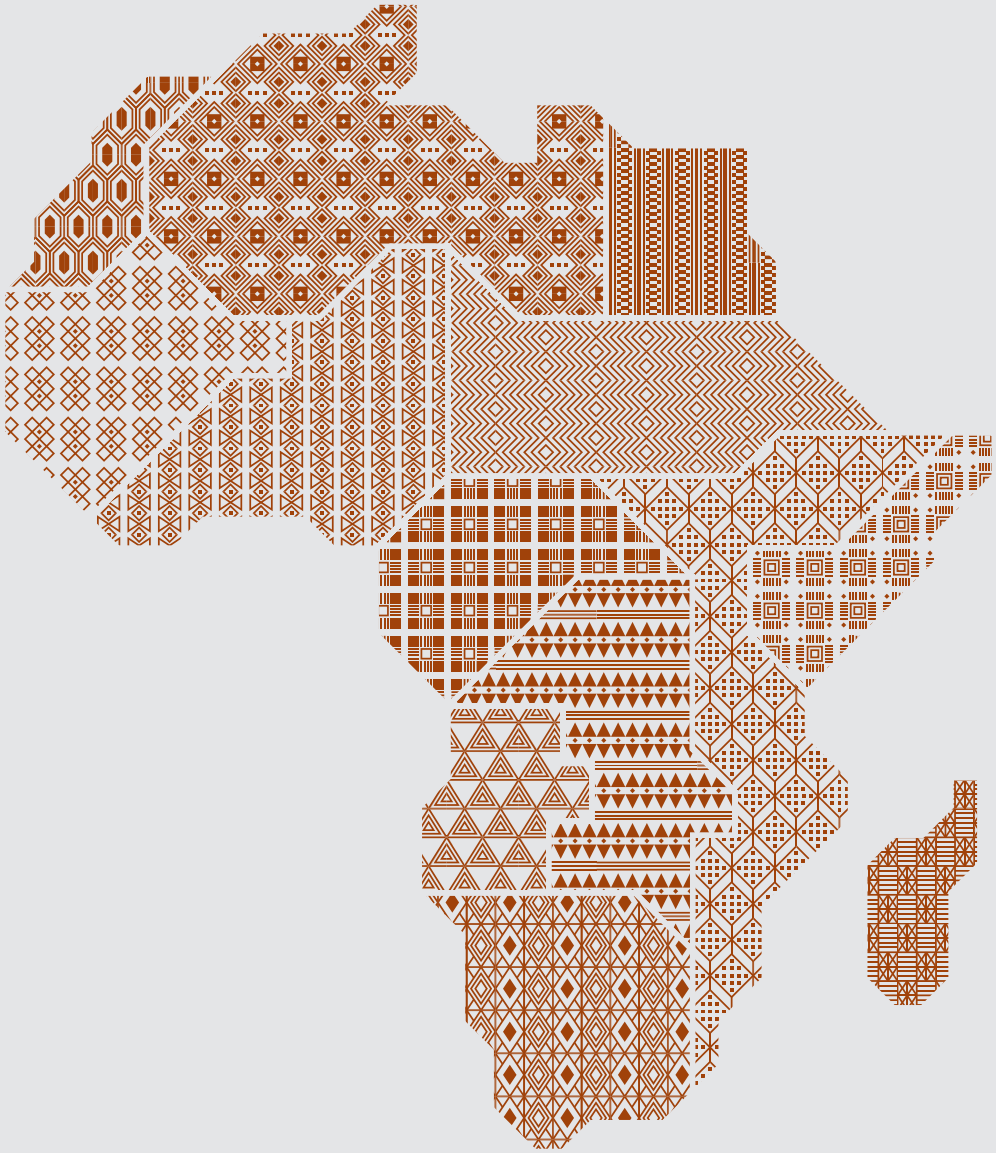
Doctors with Africa CUAMM

Annual report 2014

MEDICI CON L'AFRICA
CUAMM
Doctors with Africa



Doctors with Africa CUAMM

Annual Report 2014

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INDEX

4 Introduction
4 A bridge between Africa and Italy
6 The millennium goals
7 Strategic plan 2008-2015
8 The position in 10 points
9 Mission
10 Organization

13 Report on Africa 2014
14 Angola
22 Ethiopia
32 Mozambique
40 Sierra Leone
46 South Sudan
56 Tanzania
66 Uganda
76 Focus on hospitals
86 Focus on Mothers and children first
94 Focus on Ebola
98 Human resources management
100 Partnership

101 Report on Italy 2014
102 Communication
106 Community relations and fundraising
109 Education and awareness building
111 Student college
112 Archive

113 Financial statements 2014

A BRIDGE BETWEEN AFRICA AND ITALY

Rev. Dante Carraro,
director of Doctors with Africa CUAMM

Our work in the difficult, intense year of 2014 took us to Africa and across Italy both as health providers but also, and above all, as people. Each day we renew our promise to the world's lowliest. This responsibility has kept us in Africa for over 60 years, alongside those fighting to survive on a daily basis, even when it would have been simpler to shun adversity and give up.

The violent Ebola outbreak that shook western Africa forced us to step up our intervention in **Sierra Leone**, an area particularly hit by the virus, where CUAMM has been operating since 2012. In Pujehun and other parts of the country, we worked alongside the local health workers and population, primarily to counter Ebola, but also to avoid indirect deaths among mothers and children. The challenge was not easy and while we had some major successes, it has not been overcome yet. Ebola seriously affected our work in the second half of the year, but it did not stop us. Rather it made us even more determined to pursue our goal to guarantee the basic, primary right to health.

My journeys to Africa during the year gave me some insight into the achievements of the past months and into what remains to be done. They convinced me only further of the need to work and build *with* Africa. The future of the continent lies with the people, with the Africans themselves. Our task and main aim is to be *with* them, alongside them, to build and grow *with* them. Which is why we are particularly proud to have reinstated the midwifery school in Lui, South Sudan, whose task is to train young African students who are the future of healthcare in this country. Another important effort in this period was the promotion of Cueibet hospital in Lakes State from a health centre to a complete healthcare facility capable of delivering adequate health services to a population of approximately 160 thousand. The challenge continues in this country and we are planning to increase our intervention in Lakes State in 2015.

In **Mozambique** the opening of an operating block and performance of the first procedures on patients marked the successful conclusion of the first stage of intervention in Palma district. Among the many initiatives undertaken in **Ethiopia** in 2014, we widened our sphere of intervention to South Omo Zone. Our aim in this destitute area close to the borders with Kenya and South Sudan, is to improve the accessibility and quality of mother and child services. In **Tanzania** our focus is to step up access to quality hospital and community-based services and we are tirelessly striving to extend our activities to other regions through new target-oriented projects. In Iringa and Njombe regions, for example, we work alongside community health workers to fight malnutrition in children aged under five. The desire to consolidate and expand our intervention also drives our work in **Angola**, where the National Programme for Tuberculosis Control has been restarted. This was coupled with an innovative approach, currently limited to the capital Luanda, to the diagnosis of diabetes and hypertension in people with tuberculosis. In the entire region of Karamoja in **Uganda** we are also endeavouring to combine mother and newborn care with a precise diagnosis of tuberculosis.

Over the year we felt an increasing need to more critically evaluate our work to consolidate African health systems in the field. We thus **collected all the scientific articles, posters, abstracts and interviews** produced over the last 10 years in connection with health cooperation projects, by or with the contribution of Doctors with Africa CUAMM. This was the first review of its kind for CUAMM and included 13 articles published in 2014 alone, based on the precious operational research in the field. The aim was to gain an understanding of how far health policies are effective in reducing inequalities and in promoting access to basic health services among the poorest members of the population.

On a sad note, this year was marked by the loss of several loved ones. Each different from the other, but all examples of dedication and commitment, from whom to draw

inspiration in times of trouble and fear. Above all, Anacleto Dal Lago, the first CUAMM doctor to leave for Africa in January 1955 with his wife Bruna, just after they were married, where he went to run the missionary hospital of Nkubu, in the diocese of Meru in Kenya. A special thought also goes to Teresa Januario, vice president of the Kuplumussana association which supports HIV-positive women in Mozambique, and to Luigina Salmaso, tireless collaborator of our organization. We extend our sincerest thanks to them and to all those who have shared part of our journey and love of Africa for their passion and commitment towards the lowliest.

In Italy, 2014 was an event-packed year taking us from the north to the south of the country to forge relations and meet new people, who form the organization's building blocks. The digital documentary **"Life is Sweet"** came out in August and recounts the journey alongside CUAMM of friends and singer-songwriters Niccolò Fabi, Max Gazzè and Daniele Silvestri, in South Sudan in 2013. We then switched places and accompanied them on their **tour** to the main Italian cities (Padua, Milan, Turin, Naples and Florence, to name but a few). The reform of the **law on cooperation** was also approved in August by the Italian Senate; this long-awaited norm will have significant repercussions on our work, enabling Italian cooperation to participate "as equals" with other international cooperation organizations and to work better and harder.

The year ended in Turin with our **annual meeting** entitled "Mothers and Children First. The Last Mile towards the Future". It was an opportunity to take stock and reflect on the project CUAMM has been implementing for three years in four African countries. A day to look at numbers, but also to encounter the faces and hopes of those who look towards Africa's future. Besides representatives of organizations, international agencies and foundations, the meeting was attended by Romano Prodi, Lapo Pistelli, Giampaolo Cantini, Mario Calabresi and many young students and medical residents who have chosen to give pride of place to the planet's last mile.

At the close of this year, our thoughts turn to the future, to the young people in Africa, Italy and across the world who are building the new face of their nation. We look to them in hope, in the knowledge that, step by step, a shared journey becomes a less arduous one.

To see the Turin event, "Mothers and Children First. The Last Mile towards the Future" held on 29 November, 2014 at Turin Polytechnic go to: www.doctorswithafrica.org www.youtube.com/user/mediciconlafrica

THE MILLENNIUM GOALS

1

Eliminate extreme poverty and hunger.
The target: to halve by 2015 the proportion of people whose income is less than one dollar per day and of people who suffer from hunger.

2

Achieve universal primary education.
The target: to ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.

3

Promote gender equality and empower women.
The target: to eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015.

4

Reduce child mortality.
The target: to reduce by two-thirds, by 2015, the under-fi ve mortality rate.

5

Improve maternal health.
The target: to reduce by three-quarters, by 2015 the maternal mortality ratio.

6

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.

7

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.

8

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.

Doctors with Africa CUAMM is particularly committed to the goals 4, 5, 6 relating to health.

STRATEGIC PLAN 2008-2015 AND BEYOND

Doctors with Africa CUAMM's strategic plan clearly describes some of the steps being taken by the organization to programme its intervention.

Focus on the strategic plan of Doctors with Africa CUAMM and healthcare policies

Healthcare policies are often influenced by factors that take little account of the needs and right to health of women, children and the differently abled or of the efficacy of the adopted strategies. With the advent of major foundations and global funds, the policy development process has been further complicated by fear of forgoing access to key funding, even when the terms and conditions of that funding or the country's absorptive capacity are not ideal.
Another problem is that some states contradict their declared commitment to achieve the Millennium Development Goals by adopting macroeconomic rules that strictly prevent public spending to exceed a given threshold within the social sector. In any event this threshold lies well below the level required to deliver the essential package of healthcare services needed to improve the health status of the poor. Doctors with Africa CUAMM has no wish to be left out of this very important debate, involving donors, agencies and African ministries, but often excluding the people who work in close contact with the poor.
Our acquaintance with problems, our values and our commitment require intelligent participation in the policy-making process at all levels. Our interventions in the field have provided us with precious knowledge about successes and pitfalls encountered in activity implementation. It is essential to share these critically analysed experiences and include them in national and global policy-making processes to avoid waste and injustice. All this entails extensive lobbying and advocacy activities making it crucial for us to take an active part in alliances and partnerships at national, European and global level.
(From Strategic Plan 2008-2015, pp. 16-17)

Mother and child health

In its sixtieth year of operations, there was felt to be a need to focus attention and intervention on the health of mothers and children, in line with Strategic Plan objectives. This gave rise to the document, "The right to have a live mother and child", from which we have extracted a few salient points.

01
Travelling along the roads of South Sudan
(CUAMM Archive)

02
A mother and her child in a health centre in Beira, Mozambique
(Nicola Berti)

01

02

THE POSITION IN 10 POINTS

Accordingly, Doctors with Africa CUAMM, in practical and operational terms, has decided to give highest, if not sole, priority to mother and child health in its programmes and projects.

1

Contribute to reducing maternal and neonatal mortality by strengthening district healthcare systems, through application of the 2008-2015 strategy.

2

Guarantee delivery of preventive and treatment services of proven efficacy, according to the continuum of care model.

3

Promote the development of human resources as a central element of sustainability via support for basic training (nursing and midwifery schools, universities), on-the-job training and improvement of working conditions for local healthcare providers.

4

Increase access to assisted delivery by eliminating hospitalntariffs (free delivery) and contributing to the start of alternative forms of financing.

5

Support the public-private partnership by integrating government healthcare services with those from the non-profit healthcare sector (missionary healthcare facilities).

6

Measure and monitor coverage rates and the quality and equity of mother and child services with validated tools and indicators.

7

Potentiate innovation.

8

Participate in thematic and research networks in support of global strategy for mother-child health.

9

Inform, involve and motivate civil society, industry, foundations and national and local public institutions to actively promote the protection of women and children's right to health.

10

Give account of the results achieved and experiences acquired to local and international communities and institutions.

Source: "The Right to Have a Live Mother and Child", pp. 14, 15, 16.

03
A woman in Yirol, in South Sudan
(Nicola Antolino)

04
Smiles on the road to Pujehun, Sierra Leone
(Nicola Berti)

05
A mother breastfeeding her baby at Beira hospital, Mozambique
(Nicola Berti)

06
Visits at the Neonatology ward of Beira hospital, Mozambique
(Nicola Berti)

07
A CUAMM doctor welcoming a new life at Wolisso hospital, Ethiopia
(CUAMM Archive)

03

04

MISSION

Doctors with Africa CUAMM was the first NGO working in the international health field to be recognized in Italy and is the largest Italian organization for the promotion and protection of health in Africa. It works with a long-term developmental perspective. To this end, in Italy and Africa, it is engaged in training, research, dissemination of scientific knowledge, and ensuring the universal fulfillment of the fundamental human right to health.
Find out more on: doctorswithafrica.org

A 64-YEAR HISTORY
During these 64 engaging, at times dramatic years of history:

1,569
people have left Italy to work on projects: of these, **422** returned on one or more occasions

1,053
students have been accommodated at the college: **688** Italian and **280** students from **34** different countries

163
key programmes have been implemented in cooperation with the Italian Ministry of Foreign Affairs and various international agencies

217
hospitals have been served

41
countries of intervention

5,021
years of service have been provided, with an average of 3 years per expatriated person

05

06

07

ORGANIZATION

Doctors with Africa CUAMM is a legal component of the **"Opera San Francesco Saverio" foundation**. The foundation is a single entity performing three activities:
→ foundation;
→ the not-for-profit NGO, Doctors with Africa CUAMM;
→ university college.

The foundation is governed by a board of directors, formed by eight directors and the Bishop of Padova, who is the chairman by right. The board and its chairman are responsible for directing, controlling and promoting the organization.

The **director of the not-for-profit NGO, Doctors with Africa CUAMM**, is responsible for organizing and managing all activities. He is appointed by the board of directors with a three-year, fixed-term, renewable mandate.

The **country representatives** are legal representatives in the country of operation and have local management and planning functions. Candidates are proposed by the director to the board of administration, which appoints and revokes them. Operationally speaking, they answer to the Director.

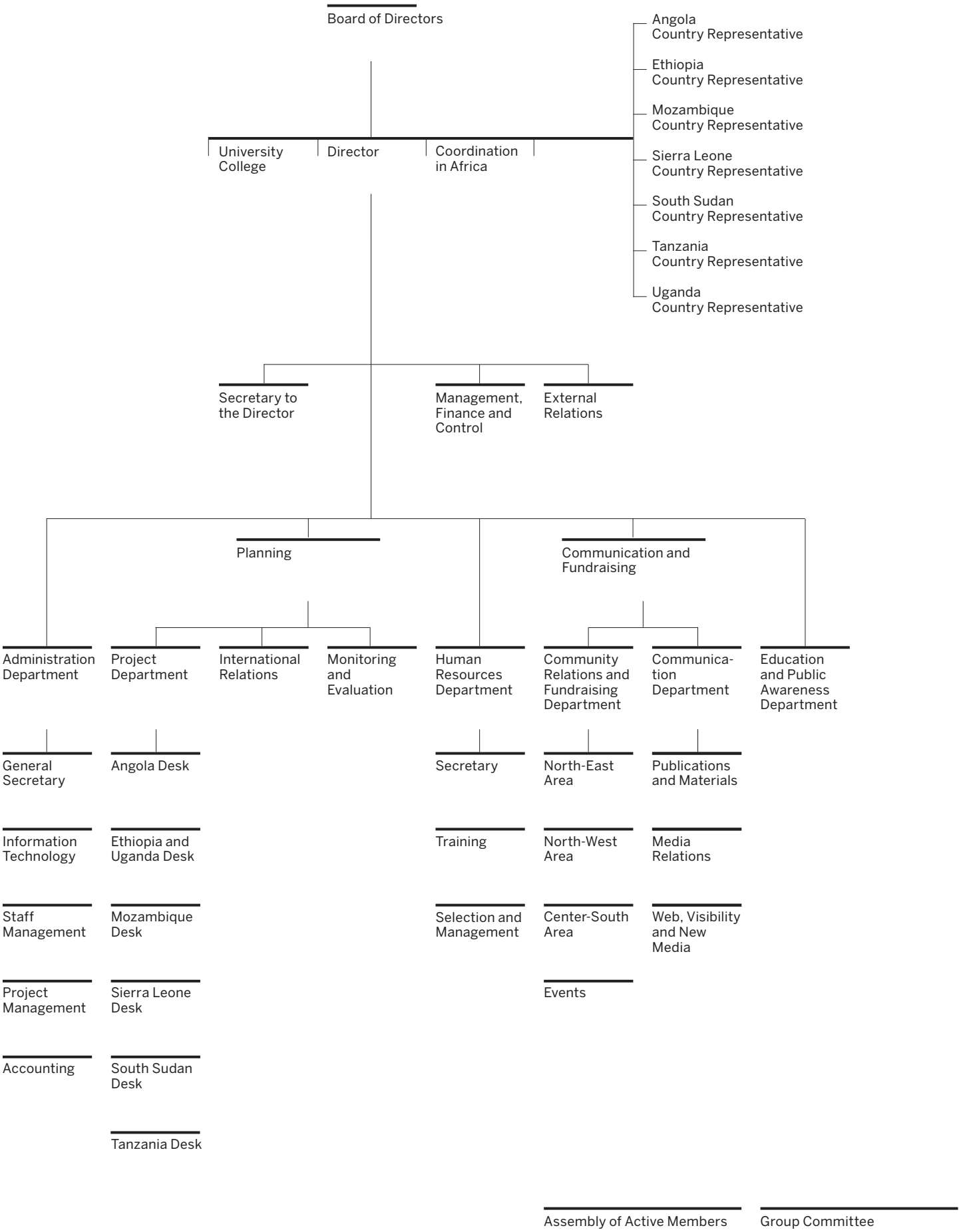
The **assembly** is formed by full members and its purpose is to help to define strategies, operational plans and actions, draw up instructions and proposals to put to the board of directors and director, and express opinions on programmes, balance sheets and financial statements drawn up by the director. Ordinary meetings of the assembly are called and presided by the chairman twice per year. Activities are coordinated by the assembly's steering committee, formed by five members, including the secretary of the assembly.

The **committee to coordinate the solidarity groups** is formed by five members, elected internally by the chairpersons of the groups, and is entrusted with coordinating group activities and linking them with the activities of the CUAMM headquarters.

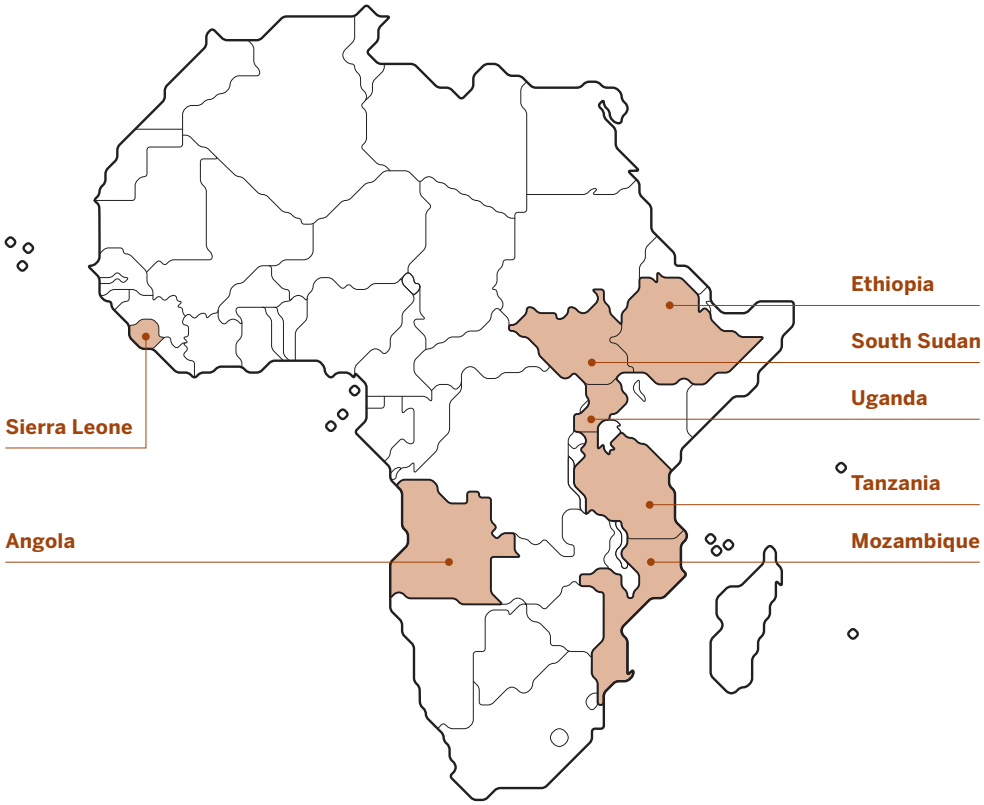
08
Headquarter staff
(CUAMM Archive)

08

ORGANIZATIONAL PLAN



FLASH



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FLASH
Doctors with Africa CUAMM is currently operating in Angola, Ethiopia, Mozambique, Sierra Leone, South Sudan, Tanzania and Uganda through:

42
Key cooperation projects and around one hundred micro support actions, through which the organization supports:

16
Hospitals

34
Districts (for public health activities, mother-child care, fight against AIDS, tuberculosis and malaria, training)

3
Nursing schools

2
Universities (in Mozambique and Ethiopia)

180
International professionals:

125
Doctors

12
Health Workers

23
Admin Workers

7
Logisticians

REPORT ON AFRICA 2014

Work in Africa is the fulcrum of Doctors with Africa CUAMM's activities which, since 1950, have been centred on upholding the fundamental human right to health and on making health services available to all, particularly the poor and the outcasts.

The organization actively operates in 7 sub-Saharan African countries (Angola, Ethiopia, Mozambique, Sierra Leone, South Sudan, Tanzania and Uganda) with long-term healthcare projects, within a framework of social inclusion. CUAMM cooperates with Africa in hospitals, small health centres, villages and universities, where it works, builds and grows alongside the local people. The actions involve the weakest population groups, particularly women and children, through treatment and prevention programmes, interventions to develop health facilities, activities devoted to the sick (HIV/AIDS, tuberculosis, malaria), and the training of doctors, nurses, midwives and other professional providers.

09
An Angolan woman weaving a straw basket in Chiulo
(CUAMM Archive)

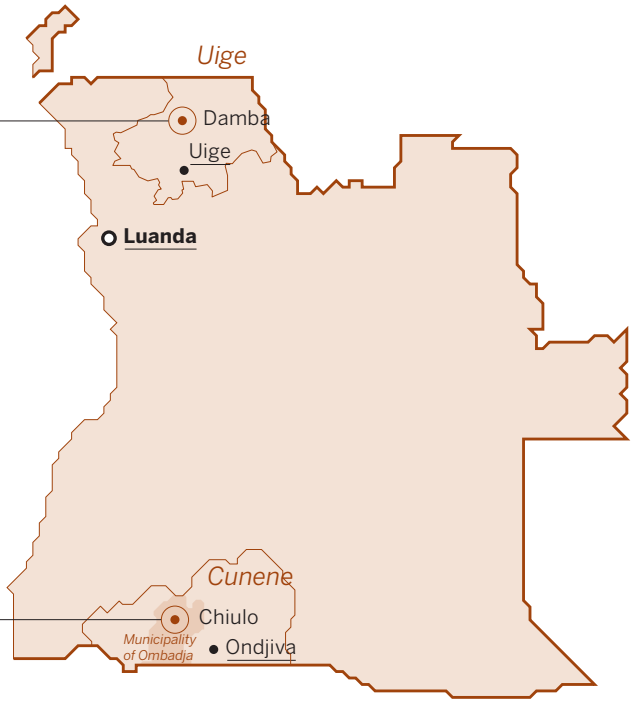
10
Searching for water in Cunene province
(CUAMM Archive)

09

10

ANGOLA

www.doctorswithafrica.org/angola



FLASH

392,750
Inhabitants involved by the intervention

3,263
Assisted normal deliveries

9,400
People reached by HIV awareness-building activities

Political profile*	
Surface area	1,246,700 sq km
Population	21,472,000
Capital	Luanda
Average age of the population	16
Average number of children per woman	5.9
Human Development Index Rank (UNPD)	149th out of 187 countries

Healthcare profile*	
Number of doctors	1.7 per 10,000 population
Number of nurses/ widwives	16 per 10,000 population
Neonatal mortality	47 per 1,000
Under-5 mortality	167 per 1,000 live births
Maternal mortality	460 per 100,000 live births
Prevalence of HIV/AIDS (between 15 and 49 years)	2.4%
Life expectancy (m/f)	50/52

* Source of surface area data: World Bank (2014)

Source of Human Development Index Rank: UNDP (2014)

Source of all other data: WHO website (2014)

OUR HISTORY

Intervention by Doctors with Africa CUAMM in Angola

11

12

13

14

1997

First interventions by CUAMM at the hospitals of Uige and Negage.

2004

CUAMM supports the healthcare system in the delicate transition from emergency to development status, extending its intervention to the hospitals of Songo, Maquela do Zombo, Damba and Chiulo.

The CUAMM nurse Marisa Ferrari is killed in a traffic accident in Chiulo.

15

16

1970 1980 1990 2000

Events in Angola

July 1975

Start of the civil war.

November 1975

Declaration of independence from Portugal.

2002

End of the civil war, with general armistice leading to the signing of peace treaties.

11 Disabled patients at Negage hospital

12 CUAMM doctor Enzo Pisani holding a training course for midwives in Uige

13 Paediatric patients at Negage hospital

14 CUAMM doctor Enzo Pisani working at Negage hospital

15 Aerial view of Chiulo hospital

16 Portrait of Marisa Ferrari, a CUAMM nurse who died after a traffic accident

2005

The CUAMM paediatrician Maria Bonino loses her life caring for the children admitted to Uige during a dramatic outbreak of Marburg fever.

2012

The "Mothers and Children First" project gets underway to guarantee access to safe child delivery and newborn care in 4 African countries (Angola, Ethiopia, Tanzania and Uganda).

2014

20

CUAMM focuses its activities in three geographic areas (the capital Luanda and Uige and Cunene provinces) in the field of the **mother-child health** and in the **fight against HIV/AIDS** and **tuberculosis.**

The organization is implementing an innovative project on the diagnosis of diabetes and hypertension associated with tuberculosis patients.

18

17

19

2010

2014

2005

An epidemic outbreak of haemorrhagic Marburg fever strikes Uige province.

17
Portrait of Maria Bonino, a CUAMM doctor who fell victim to an outbreak of Marburg fever

18
A mother breastfeeding her baby in Kilamba, in the province of Luanda

19
A newborn baby with its mother at Damba hospital

20
Children smiling and playing in Kilamba, in the province of Luanda

All photos are from the CUAMM Archive

LUANDA

Doctors with Africa CUAMM provides technical assistance to the Angolan Ministry of Health in implementation of the National Programme for the Prevention and Treatment of Tuberculosis in Angola. The intervention is accompanied by an **innovative approach** designed to contribute to **improving the diagnosis of diabetes and hypertension among tuberculosis patients**: all cases with suspected tuberculosis attending the four main Directly Observed Therapy (DOT) centres of Luanda are also tested for these chronic pathologies.

Results

Luanda

Training

13
Health workers trained to monitor and screen for diabetes in TB patients

Prevention

391[1]
Patients with tuberculosis screened for diabetes

UIGE PROVINCE

In this province CUAMM organized numerous **courses for health centre staff**, focussing particularly on mother-child care and HIV and malaria prevention and treatment. The organization guaranteed the **supply of material and medicines** for the area's dispensaries and **community-level activities** were promoted in the municipality of Damba through **mobile clinics**. Visits were carried out in two villages per week, to promote health education for the population and preventive care and epidemiological surveillance with the municipal Health Department. In the municipality of Damba, the **diocesan hospital Rainha Santa was reinstated** and equipped to be a mother-child health centre. The facility is awaiting government authorization to start activities.
A midwife joined and supported local municipal hospital staff in improving the quality of antenatal visits during community-based activities. Hospitality and care was provided to pregnant women from the remotest areas at the **Maria Bonino waiting house**.

Results[2]

Uige Province

Visits

Antenatal visits in the municipality of Damba

925	+15.7%	↑
Villages per quarter	30	

Prevention

Over 4,000
Children benefitted from immunizations during the visits to the villages

Care

84
Women received hospitality at Maria Bonino waiting house during 2014

[1] From August 2014 to 31 January, 2015

[2] The percentage values refer to variations between 2013 and 2014

21
Check up of a woman with tuberculosis, in Luanda
(CUAMM Archive)

22
A child being vaccinated during visits to the villages of Damba municipality
(CUAMM Archive)

23
A mother during an ultrasound scan at Chiulo hospital
(CUAMM Archive)

24
A CUAMM doctor giving a toy to a child admitted to Chiulo hospital
(CUAMM Archive)

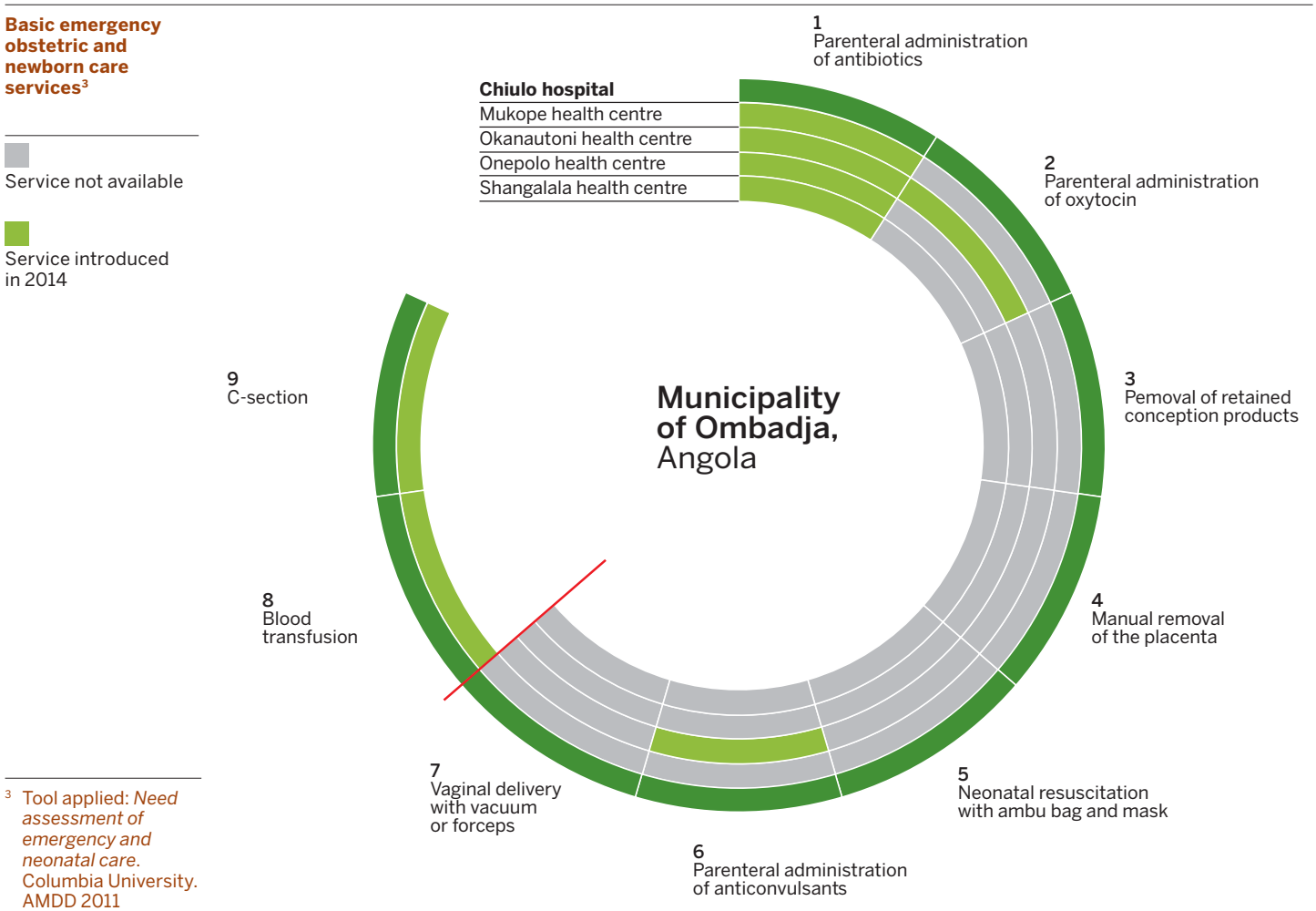
25
Two newborns with their mother at Chiulo hospital
(CUAMM Archive)

21

22

CUNENE PROVINCE

Within the framework of the "Mothers and Children First" project, Doctors with Africa CUAMM is committed to **contributing to the reduction of maternal and newborn mortality in the municipality of Ombadja, providing skilled delivery care free of charge**, both at Chiulo hospital and in the local health centres.
Operational research into improving care provision is an integral part of the project. A study conducted in 2014 to assess coverage of emergency obstetric and newborn care in the peripheral health centres revealed a lack of basic services to manage safe child delivery. Over the coming months, the onus will be on stepping up availability in the area of intervention and on improving the capacity of the peripheral health centres to deliver these services.



[3] Tool applied: *Need assessment of emergency and neonatal care.* Columbia University. AMDD 2011

23

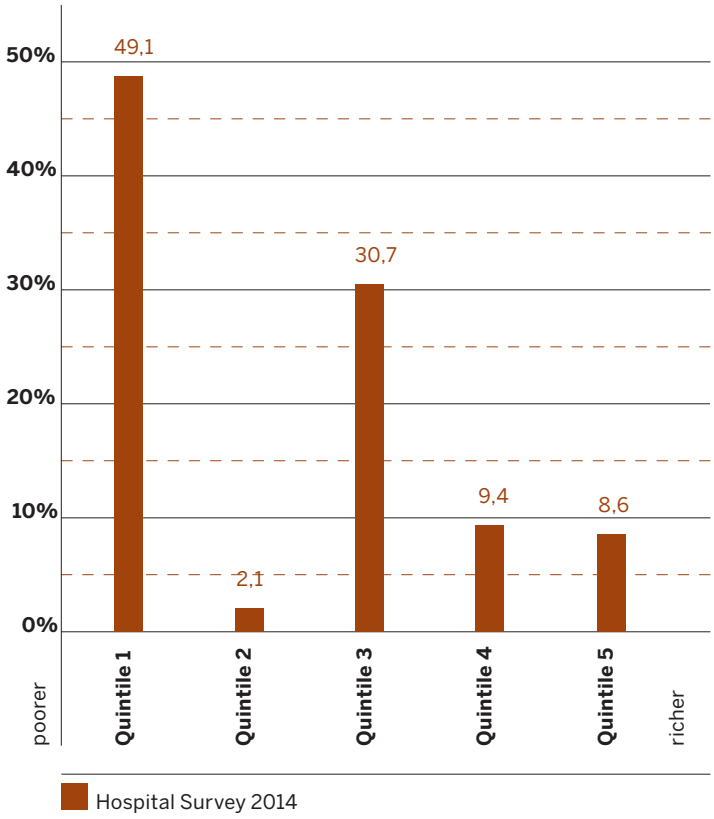
24

25

CUNENE PROVINCE

A second study explored equity of access to care at Chiulo hospital. This second survey revealed that the majority of women who deliver at hospital belong to the lowest population quintile, i.e. the weakest socioeconomic group. Other investigations are warranted to establish the applicability of the tool in this setting since there may be difficulties in correctly distinguishing social classes, probably because the hospital is located in a particularly poor area. The outcome of the study is nonetheless encouraging since it shows that accessibility to safe childbirth services is also guaranteed to the least privileged population groups.

Besides the programme to guarantee access to assisted child delivery, CUAMM's work involved the **fight against HIV/AIDS** in Cunene, a province with one of highest prevalence rates in the country.
Community-based awareness-building and local staff training activities were carried out, most notably on HIV prevention and the treatment of AIDS patients. The intervention was completed by the promotion and production of information at community level on treatment and prevention methods.



Results[4]

Cunene Province

Hiv/Aids

97
Women monitored for HIV prevention in the newborn

over 1,500 people
Hiv testing

Municipality of Ombadja

Deliveries

Assisted deliveries		
1,377	+20.36%	↑
Coverage of total expected deliveries		
22%	+20.2%	↑

Visits

Antenatal visits		
13,700	+225%	↑

Chiulo Hospital

Deliveries

Assisted deliveries		
1,028	+23.11%	↑
C-sections		
90	-3.2%	↓

Visits

Antenatal visits		
3,249	-19.8%	↓
Paediatric admissions		
1,675		

Mortality

Neonatal mortality rate (*intrapartum* and at 24 hours of delivery). Lower than the countrywide mortality rate of 4.7%	1%
Hospital maternal mortality due to direct obstetric causes. Standard <1%	2.6%

[4] The percentage values refer to variations between 2013 and 2014

DONORS

We extend our sincere thanks to all those who made it possible to implements our projects in Angola.

- African Innovation Foundation and Fundo Soberano de Angola
- Alì Spa
- Compagnia di San Paolo
- Conferenza episcopale italiana
- Fondazione Cariparo
- Fondazione Cariplo
- Fondazione Cariverona
- Fondazione Maria Bonino
- Fondazione Parole di Lulù
- The Global Fund to Fight Tubercolosis, AIDS and Malaria
- Global Shapers Community Venice
- The Ministry of Foreign Affairs and International Cooperation
- The Angola Ministry of Health
- Morellato Spa
- MSH Pepfar
- Only the Brave Foundation
- Aosta Valley Autonomous Region
- Veneto Region
- European Union
- World Diabetes Foundation
- Other private donors

26
An Ethiopian mother with her child
(CUAMM Archive)

27
Ethiopian women at the fruit market
(CUAMM Archive)

26

27

ETHIOPIA

www.doctorswithafrica.org/ethiopia

FLASH

1,250,000
Inhabitants involved by the intervention

7,080
Assisted normal deliveries

533
C-sections performed

1,321
Women in labour who used the ambulance service free of charge

Political profile*	
Surface area	1,104,300 sq km
Population	94,101,000
Capital	Addis Abeba
Average age of the population	18
Average number of children per woman	4.6
Human Development Index Rank (UNDP)	173th out of 187 countries

Healthcare profile*	
Number of doctors	0.3 per 10,000 population
Number nurses/midwives	2.5 per 10,000 population
Neonatal mortality	28 per 1000
Under-5 mortality	64 per 1000 live births
Maternal mortality	420 per 100,000 live births
Prevalence of HIV/AIDS (between 15 and 49 years)	1.2%
Life expectancy (m/f)	62/65

* Source of surface area data: World Bank (2014)

Source of Human Development Index Rank: UNDP (2014)

Source of all other data: WHO website (2014)

OUR HISTORY

Intervention by Doctors with Africa CUAMM in Ethiopia

1980

The first CUAMM doctor is deployed in Ethiopia, at the leper colony of Gambo.

28

29

1985

A project backed by the Italian Ministry of Foreign Affairs more firmly consolidates CUAMM's presence in Gambo.

30

1987

The leper facility is considerably extended to become a hospital to all effects and purposes and a reference centre in the fight against leprosy in the Arsi region.

1996/1998

CUAMM implements a care and rehabilitation project for the war wounded in the region of Tigray.

1997

A memorandum of understanding is signed between the Ethiopian Catholic Church, the local government of Oromia region and CUAMM for the project at St. Luke's hospital of Wolisso and the annexed nursing and midwifery school.

2000

- → Inauguration of St. Luke's hospital in Wolisso
- → CUAMM also works in the Southern Nations, Nationalities and Peoples' Region, where the maternity wards of Dubbo and Geto are set up and managed.
- → CUAMM's intervention strategy is focused on South West Shoa Zone (Oromia region), giving priority to interventions to reduce mother-child mortality.

1970 | 1980 | 1990 | 2000

Events in Ethiopia

1974

A socialist dictatorship is established under the Derg.

1984/1985

The entire country is hit by an extremely widespread famine.

1994

A Constituent Assembly is elected.

1995

The first multi-party elections are held, won by Meles Zenawi.

1998/2000

Border conflict with Eritrea.

28 Portrait of Santino Invernizzi, the first CUAMM doctor sent to Ethiopia

29 Santino Invernizzi examining a patient at the leprosy colony in Gambo

30 Official opening of the gates on the day Gambo hospital was inaugurated

31 Mothers and children in Wolisso *(Reed Young)*

32 Ethiopian children smiling and hugging each other

33 A doctor examining a child at Wolisso hospital

2012

The "Mothers and Children First" project gets underway to guarantee access to safe child delivery and neonatal care in 4 Africa countries (Angola, Ethiopia, Tanzania and Uganda).

31

32

33

2010

2014

2006/2008

Ethiopian troops intervene in Somalia.

2010

Despite accusations of electoral fraud, Meles Zenawi wins the elections once again, marking his fourth consecutive mandate.

2012

Meles Zenawi dies.

2014

34

Collaboration with the Ethiopian Catholic Secretariat continues at the national level to **strengthen management of the country's diocesan health facilities**. The majority of interventions are concentrated in South West Shoa Zone, at the **hospital and nursing and midwifery school of Wolisso** and in the surrounding districts. A new project has been set up to **consolidate mother and child healthcare services in South Omo Zone**.

34
A mother holding her child during one of the village visits

Unless otherwise indicated, all photos are from the CUAMM Archive

SOUTH WEST SHOA

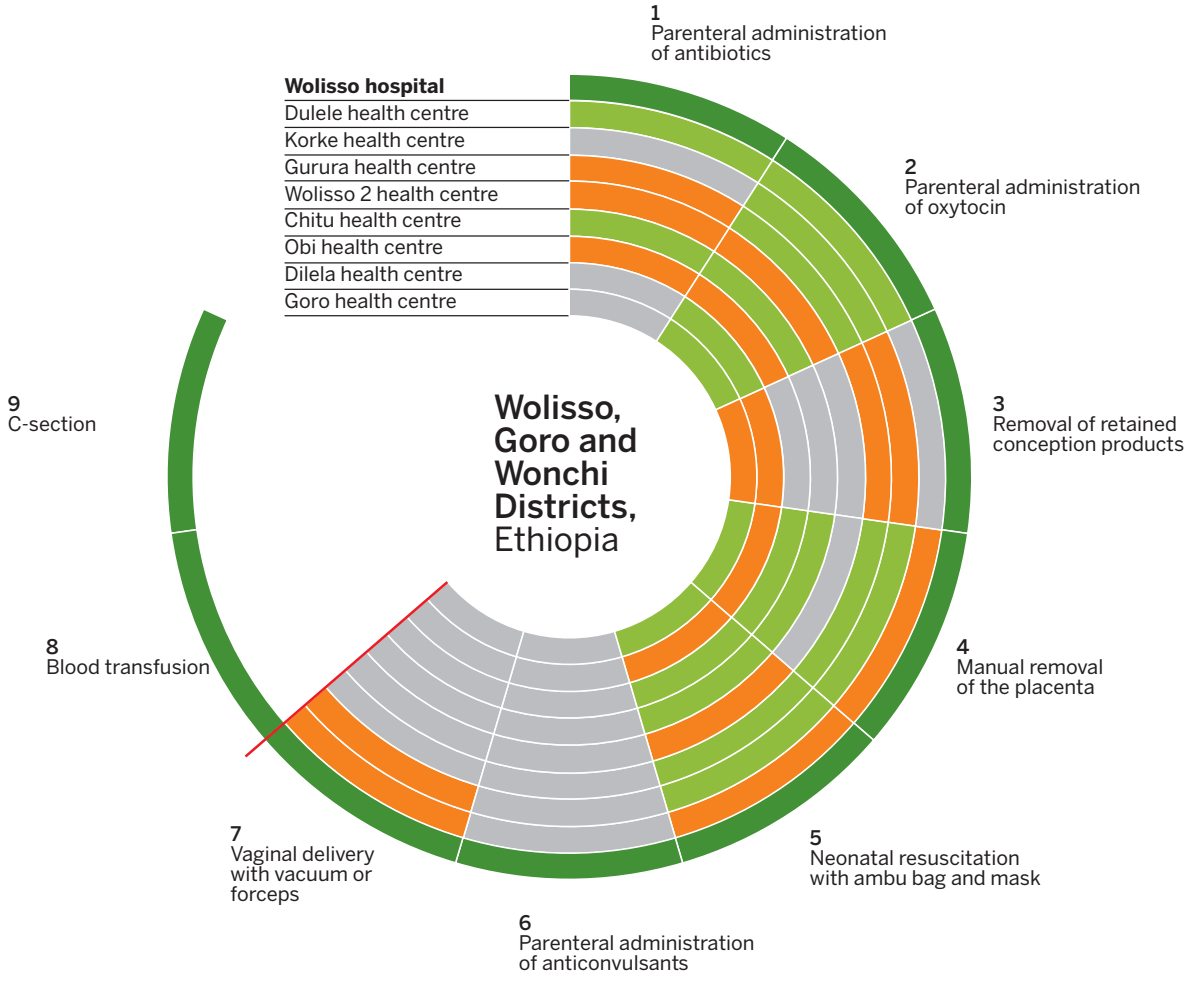
The area of intervention of the **public health project** encompasses the districts of Wolisso, Goro and Wonchi, geographically located in South West Shoa of Oromia region. Support has been provided to **8 health centres and 21 health posts (dispensaries)**, which receive a joint site visit once per month by Public Health Department staff from Wolisso hospital and the local health authorities.
The centres supported by the project were guaranteed **periodic staff training courses** and the **supply of equipment and instrumentation** for the health services they deliver. **Numerous awareness-raising activities** were carried out in collaboration with health centre staff and community leaders **to promote safe child delivery**.
The effectiveness of these local interventions is shown by the marked increase in assisted deliveries at the health centres, with a 209% rise compared to the previous year.
During 2014 a study was conducted on coverage of basic emergency obstetric and newborn care services. A similar assessment was made in 2012 and, in two years, tangible improvements have been made in terms of service delivery in the health centres participating in the project (in orange).

Basic emergency obstetric and newborn care services[5]

Service not available

Service already available in 2012

Service introduced in 2014



[5] Tool applied: *Need assessment of emergency and neonatal care.* Columbia University. AMDD 2011

35
Children from Wolisso running to meet a resident doctor on a mission with CUAMM *(CUAMM Archive)*

36
Meeting of hands at Wolisso hospital *(CUAMM Archive)*

35

36

Over the last year there has been a huge rise in the use of the **ambulance service** to transport women in labour, set up in 2013. The **number of requests for transfers to Wolisso hospital by the health centres has increased**, but 60% of transfers were from the village to the health centres, indicating that this service solves some of the difficulties in health service access and increases the coverage of assisted child delivery. During 2014, an in-depth study on the ambulance service was started to more carefully examine its impact on maternal health and the cost-benefit ratio.

Results[6]

Deliveries

Assisted deliveries		
3,417	+138%	↑
Coverage of total expected deliveries		
41.9%[7]	+76.8%	↑

Visits

Antenatal visits		
14,070	+14%	↑

Prevention

12,312
Infants below 1 year of age immunized

[6] The percentage values refer to variations between 2013 and 2014

[7] Including the deliveries of women from these districts, receiving care at Wolisso hospital

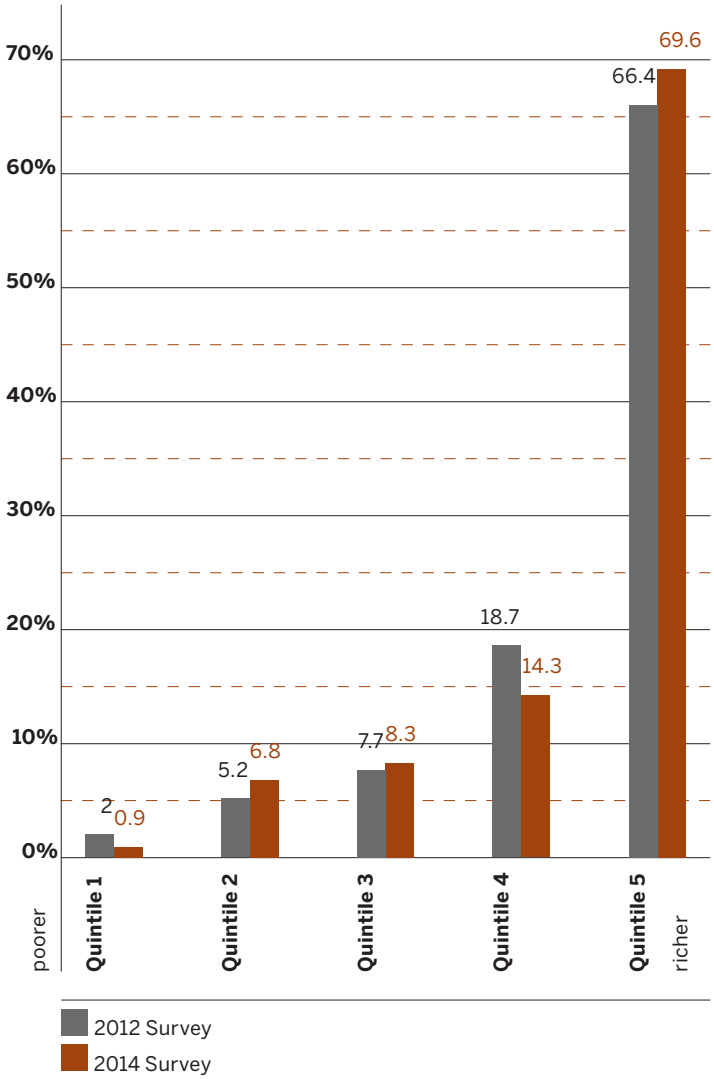
37
A group of children gathered round a water pump close to Wolisso
(CUAMM Archive)

SOUTH WEST SHOA

ST. LUKES HOSPITAL AND NURSING SCHOOL OF WOLISSO

Wolisso hospital confirmed its role as a reference facility for the population of the entire region, each year providing 93,000 outpatient visits, 11,500 admissions and 3,300 assisted deliveries, of which 40% are complicated.
Attention continued to be placed on **tuberculosis control with the innovative *GeneXpert* diagnostic technique**, designed to provide accurate diagnoses and identify treatment-resistant forms of tubercolosis for appropriate alternative management. **Information, prevention, early HIV diagnosis, and breast and cervical cancer screening activities were performed**, with the hospital dealing with diagnostics and treatment and the local districts taking care of awareness-raising activities in the community.
Specialized care **continued to be provided to children with severe malnutrition** at the hospital's Therapeutic Feeding Centre. There was an overall reduction in the number of admissions associated with the health centres' increased skill in identifying and treating cases. This is a positive effect of the Primary Health Care Programme conducted by Doctors with Africa CUAMM in collaboration with the government health authorities in the districts of Wolisso, Goro and Wonchi.
Efforts **continued in the field of orthopaedics** through the deployment of specialist staff and the strengthening of the skills of local orthopaedic staff at the Department of Orthopaedics of Wolisso hospital.
A study was conducted in 2014 to explore equity of access to hospital care, revealing that, compared to 2012 data, there was an increase in socioeconomic wellbeing among Wolisso hospital patients.

Doctors with Africa CUAMM plans to conduct the same survey in the future in the peripheral facilities, to assess whether health centres are more accessible to the poorer population groups living in rural areas who find it difficult to reach Wolisso hospital.
CUAMM confirmed its **support for nurse and midwife training at the school annexed to Wolisso hospital**, to help address the shortage of paramedical staff in the region. The students enrolled in the school are selected annually by the regional health office.



38
Graduation ceremony of students from Wolisso nursing and midwifery school
(CUAMM Archive)

39
United we are stronger: local and international staff working at Wolisso hospital
(Gigi Donelli)

40
A patient at the Paediatric ward of Wolisso hospital
(CUAMM Archive)

41
A CUAMM doctor examining a malnourished child at Wolisso hospital
(CUAMM Archive)

42
A CUAMM doctor playing with soap bubbles with a child
(CUAMM Archive)

38

39

Results[8]

Wolisso Hospital

Deliveries

Assisted deliveries		
3,289	-1.02%	↓
C-sections		
553	4.14%	↑

Surgery

Major surgical procedures		
491	+4.2%	↑
Minor surgical procedures		
191	-30.5%	↓
Physiotherapy treatment		
2,290		

Visits

Antenatal visits		
4,638	-27.7%[9]	↓
Paediatric admissions		
3,089	-7%	↓

Mortality

Neonatal mortality rate (*intrapartum* and at 24 hours of delivery). Lower than the countrywide mortality rate of 2.8%	1.3%
Hospital maternal mortality due to direct obstetric causes. Standard < 1%	2.4%[10]

Prevention

938
Tests for tuberculosis performed with *GeneXpert*

7
were positive for resistance to rifampicin

241
Screenings for breast/cervical cancer

15
cases identified

Training

80
Nursing school students enrolled in 3 years

[8] The percentage values refer to variations between 2013 and 2014

[9] Finding to be considered positive since more and more women are attending the peripheral health centres

[10] Slightly increased compared to 2013, probably due to the increased number of referred obstetric emergencies

40

41

42

SOUTH OMO

CUAMM's intervention in South Omo Zone is based in the districts of Hamer and Dasenech, in the Southern Nations, Nationalities and Peoples' Region (SNNPR). On the explicit request of the local authorities, the project also provides support in the pastoral areas of Male district.
The region is inhabited by a fragile population of pastoral communities most of whom are subject to chronic food insecurity and vulnerable in terms of access to social welfare and healthcare services.
The task at hand is to address, for the first time in this region, the availability and quality of and demand for healthcare services, focussing particularly on maternal, newborn and child health. One of the key objectives of the project is to guarantee the presence and supply of the instruments needed to manage maternal and neonatal complications during childbirth. Accordingly, 6 health centres located in the area have been equipped with machinery, instruments and medicines essential to quality service delivery.

AT NATIONAL LEVEL

CUAMM's intervention continues to focus on improving the equity and accessibility of the mother and child healthcare services offered by the healthcare facilities of the Ethiopian Catholic Church. The main aim of the intervention is **to strengthen management skills and step up capacity building through the human resources** working at the healthcare facilities involved. Over the year, Doctors with Africa CUAMM continued to support the Ethiopian Catholic Church's **HIV treatment and prevention unit**, providing technical, programming, management and financial support to the Ethiopian Catholic Secretariat. This has helped to maintain strong collaborative ties between health institutions and diocesan healthcare coordination. CUAMM also guaranteed financial support to create a fund for building the capacity of human resources employed in the Catholic healthcare facilities.

Results[11]

South Omo

Deliveries

374
Assisted deliveries at the health centres

Training

15
Health workers trained to carry out site visits

Results

At national level

78
Facilities supported

[11] October-December 2014

43
Children in the community of Hamer
(CUAMM Archive)

44
A group of mothers and children in Dasenech
(CUAMM Archive)

Next page
Photo by Monika Bulaj

43

44

DONORS

We extend our sincere thanks to all those who made it possible to implements our projects in Ethiopia.

- Alì Spa
- Bristol Mayers Squibb Foundation
- Compagnia di San Paolo
- Conferenza episcopale italiana
- Cordaid
- Fondazione Cariparo
- Fondazione Cariplo
- Fondazione Cariverona
- Fondazione Maria Bonino
- Global Shapers Community Venice
- The Ministry of Foreign Affairs and International Cooperation
- Morellato Spa
- MSD Italia Srl
- Trento Autonomous Province
- S.E.V.A. Srl
- Other private donors

45
Women near a health centre north of Mozambique
(Nicola Berti)

46
People waiting in Palma
(Nicola Berti)

45

46

MOZAMBIQUE

www.doctorswithafrica.org/mozambique

FLASH

640,000
Inhabitants involved by the intervention

19,561
Assisted normal deliveries

2,393
C-sections performed

34,800
People undergoing Hiv testing

Political profile*	
Surface area	799,380 sq km
Population	25,834,000
Capital	Maputo
Average age of the population	17
Average number of children per woman	5.2
Human Development Index Rank (UNDP)	178th out of 187 countries

Healthcare profile*	
Number of doctors	0.4 per10,000 population
Number nurses/midwives	4.1 per 10,000 population
Neonatal mortality	30 per 1,000
Under-5 mortality	87 per 1,000 live births
Maternal mortality	480 per 100,000 live births
Prevalence of HIV/AIDS (between 15 and 49 years)	10.8%
Life expectancy (m/f)	52/54

* Source of surface area data: World Bank (2014)

Source of Human Development Index Rank: UNDP (2014)

Source of all other data: WHO website (2014)

OUR HISTORY

Intervention by Doctors with Africa CUAMM in Mozambique

1978

Start of Doctors with Africa CUAMM's intervention, with the signing of a bilateral technical cooperation programme between the Italian and Mozambican governments in the field of health.

2000

CUAMM intervenes with flood-related emergency projects.

2002

Start of CUAMM's support for Beira hospital in the province of Sofala.

50

47

48

49

51

1970 | 1980 | 1990 | 2000

Events in Mozambique

1975

Mozambique gains its independence from Portugal.

1990

A new Constitution is stipulated, proclaiming the birth of multi-party democracy in Mozambique.

1994

The first democratic elections are held and won by the Mozambique Liberation Front (FRELIMO).

1995

Mozambique enters the Commonwealth.

2000

Severe flooding affects the provinces of Zambesia, Sofala and Gaza.

47
First group of CUAMM doctors leaving for Mozambique

48
The CUAMM doctor Giorgio Dalle Molle showing the level reached by the flood waters

49
The town of Xai Xai after the flood

50
Front of Beira hospital

51
A mother with her child at Beira hospital

52
The library of the Catholic University of Mozambique
(Nicola Berti)

2004

A collaboration begins between CUAMM and the Catholic University of Mozambique (UCM).

52

2007

Graduation of the first 13 medical students trained outside of the capital.

53

2012

June: inauguration of Caia hospital attended by the President of the Republic Armando Guebuza.

54

2013

Start of intervention in Palma district, one of remotest parts of the country.

2014

55

Doctors with Africa CUAMM's work continues at **Beira central hospital**, at the **Faculty of Health Sciences of the Catholic University of Mozambique** and at 10 health centres of the citizen district of Beira.
In Cabo Delgado province, CUAMM intervened at **Palma health centre**, starting up surgical activities and providing **better services** in different wards.

2010

2014

2004

Constitutional reform, resulting from 5 years of negotiations between FRELIMO, the opposition party (RENAMO) and various civil society groups.

2013

The Mozambican army attacks the main base of the opposition party, RENAMO, in Satunjira, rekindling tensions between the two political groups.

2014

Ceasefire agreements are officially signed between FRELIMO and RENAMO in September.

53
The first graduates outside of the capital. Watch the video on YouTube: bit.ly/1L8mhT4

54
The President of the Republic Armando Guebuza with CUAMM Director Fr. Dante Carraro during the inauguration of Caia hospital

55
A child carried by his mother in a health centre in Cabo Delgado province *(Nicola Berti)*

Unless otherwise indicated, all photos are from the CUAMM Archive

SOFALA PROVINCE

BEIRA CENTRAL HOSPITAL

The hospital of Beira, Mozambique's second largest city, is a II level referral centre for a population of 1,600,000. At the facility, CUAMM plays an active part in the labour room and Neonatology ward, where **encouraging results were achieved in 2014 in terms of access to assisted delivery, complicated delivery management and newborn care**. The Neonatology ward and labour room were also reinstated and fitted out, with an extension of the area designated to "kangaroo mother care" (technique for managing preterm or low birth-weight infants based on skin-to-skin contact between mother and child). **The supply of medicines and instruments needed for service delivery and technical assistance on the wards was guaranteed**. Breastfeeding and correct nutrition for mother and child were also promoted. Lastly, **training was provided for local staff** both in neonatal resuscitation and through ongoing support in the development of clinical protocols.

Results[12]

Deliveries

Assisted deliveries		
5,302	-4.5%	↓
C-sections		
2,393	+2.8%	↑

Visits

6,225
Antenatal visits

8,029
Paediatric admissions

Mortality

Neonatal mortality rate (*intrapartum* and at 24 hours of delivery). Lower than the countrywide rate of 3%	2.8%
Hospital maternal mortality due to direct obstetric causes. Standard <1%	1.7%

[12] The percentage values refer to variations between 2013 and 2014

56
Doctors working in the Neonatology ward at Beira hospital *(Nicola Berti)*

57
HIV-positive women from the Kuplumussana association *(CUAMM Archive)*

58
Mothers waiting at the health centre of Munhava *(Nicola Berti)*

59
Students of the Catholic University of Mozambique during a lesson *(CUAMM Archive)*

56

SOFALA PROVINCE

URBAN HEALTH CENTRES IN BEIRA

Intervention at 10 city health centres is focused on **protecting mother and child health, improving the quality of obstetric and newborn care and preventing and treating HIV/AIDS**, particularly in women and children, through continuous training and supervision carried out in cooperation with health service district management.
The "kangaroo mother care" service was inaugurated at Munhava health centre in 2014, and the immunization room was reinstated. In the community, members of the Kuplumussana association followed up and reinstated antiretroviral therapy among HIV-seropositive women and children who had abandoned treatment for various reasons. They were provided with healthcare education, psychosocial and nutrition support.
Awareness-raising activities continued at schools and in the community on reproductive health, early pregnancy, domestic violence and HIV and AIDS in young people. They were carried out by activists in the form of training sessions, interactive theatre performances and community events (exhibitions, concerts). Lastly, during 2014, a youth- and adolescent-friendly service (SAAJ), i.e. a clinic dedicated to young people's health, was set up at the health centres of Macurungo, Munhava and Ponte Gea.

FACULTY OF HEALTH SCIENCES OF BEIRA

At the Faculty of Health Sciences of the Catholic University of Mozambique (UCM), Doctors with Africa CUAMM not only **supports new physician training**, but also **provides backing for the Faculty's scientific research activities**. A combined CUAMM–UCM Research Centre working group was set up and is focussed on six research protocols. In 2014, six short specialist lecturing missions by CUAMM staff were organized at the Faculty.

Results[13]

HIV/AIDS

+ 16,413
Young people provided with care at the SAAJ clinic

26,856
HIV test (positivity index 4.3%)

3,826
Children exposed to contagion (-14%)

Patients returning after abandoning treatment

2,804
Pregnant women

1,219
Children

Training

20
Complete bursaries issued

10
of which were allocated to new students

[13] The percentage values refer to variations between 2013 and 2014

57

58

59

CABO DELGADO PROVINCE

Doctors with Africa CUAMM is implementing a **programme to strengthen the healthcare system at Palma district**, in order to improve mother and child health and increase the number of assisted deliveries. CUAMM has contributed to turning Palma health centre into a rural hospital that can respond to obstetric emergencies and become a referral centre for complicated cases in the northern part of the province. An operating block was built and fitted out in 2014 and became operative in December, with a CUAMM surgeon and an anaesthetist. A waiting house was also opened to foster use of the healthcare facility by women from the remotest parts of the district. The transfer between the peripheral health centres and Palma rural hospital was strengthened by the presence of an **ambulance**, the support of **mobile clinics** and the **supervision of community activities**. During the year, laboratory, ultrasound and radiological services were improved. These activities were accompanied by **local staff training** and the **supply of the necessary equipment**.

Results[14]

Palma District

Deliveries

Assisted deliveries		
1,719	+10.7%	↑

Visits

Antenal visits		
3,007	+8.9%	↑
Postnatal visits		
1,805	+28.1%	↑

HIV/AIDS

Consultations		
8,075	+76.3%	↑
People tested		
7,952	+81.6%	↑

[14] The percentage values refer to variations between 2013 and 2014

60
The rural hospital of Palma
(CUAMM Archive)

61
Local and international staff during a paediatric examination
(CUAMM Archive)

62
A CUAMM doctor examining a newborn baby at Palma hospital
(CUAMM Archive)

63
Two newborn twins at Palma hospital
(CUAMM Archive)

Next page
Photo by Nicola Berti

60

61

62

63

DONORS

We extend our sincere thanks to all those who made it possible to implements our projects in Mozambique.

- Amici di Fausto Rovere
- Conferenza episcopale italiana
- Eni Foundation
- Fondazione Cariparo
- Fondazione Giuseppe Maestri Onlus
- Fondazione Nando Peretti
- The Ministry of Foreign Affairs and International Cooperation
- Trento Autonomous Province
- UNICEF
- University and Hospital of Padua
- Other private donors

64
Children smiling in Pujehun district
(Nicola Berti)

65
A woman in Pujehun
(CUAMM Archive)

64

65

SIERRA LEONE

www.doctorswithafrica.org/sierra-leone

FLASH

335,000
Inhabitants involved by the intervention.

11,789
Assisted normal deliveries.

124
C-sections performed.

94
Suspected cases of Ebola isolated.

31
Confirmed cases of Ebola reported.

Political profile*	
Surface area	72,300 sq km
Population	6,092,000
Capital	Freetown
Average age of the population	19
Average number of children per woman	
Human Development Index Rank (UNDP)	183rd out of 187 countries

Healthcare profile*	
Number of doctors	0.2 per 10,000 population
Number nurses/midwives	1.7 per 10,000 population
Neonatal mortality	44 per 1,000
Under-5 mortality	161 per 1,000 live births
Maternal mortality	1100 per 100,000 live births
Prevalence of HIV/AIDS (between 15 and 49 years)	1.6%
Life expectancy (m/f)	45/46

* Source of surface area data: World Bank (2014)

Source of Human Development Index Rank: UNDP (2014)

Source of all other data: WHO website (2014)

OUR HISTORY

Intervention by Doctors with Africa CUAMM in Sierra Leone

66

1960 1970 1980 1990 2000 2010

Events in Sierra Leone

1961
Sierra Leone gains independence from the United Kingdom.

1971
Proclamation of the Republic.

1991
A bloody civil war breaks out in March.

1999
Military intervention by the United Nations to start disarming the rebels.

2002
The end of the civil war is ratified.

2004
Trials start at the special Sierra Leonean court to try war criminals.

2006
The government obtains a significant reduction in the country's foreign debt.

66
Patients of Pujehun hospital

67
A CUAMM doctor examining a pregnant woman in Pujehun *(Nicola Berti)*

68
Training course for Pujehun hospital staff

69
President Bai Koroma on a visit to the Kpanga isolation centre

70
External view of Kpanga isolation centre

71
A health worker sanitizing the outside of Pujehun hospital

2012

Doctors with Africa CUAMM starts work in Sierra Leone, in Pujehun district.

67

68

2014

69

70

71

2012

March

Start of the Ebola epidemic in Guinea, border country.

May

First case of Ebola in Kenema district, bordering with Pujehun, in Sierra Leone.

2014

72

Extensive energy and resources are being invested to **control the Ebola epidemic in Pujehun district**.

Taking into account the outbreak of Ebola, CUAMM is endeavouring to **provide continuity to mother and child healthcare activities**, particularly at Pujehun district hospital.

72
A mother carrying her child at Pujehun hospital *(Nicola Berti)*

All photos are from the CUAMM Archive

PUJEHUN DISTRICT

Doctors with Africa CUAMM supported Pujehun district in the drafting and implementation of an Action Plan to **control the Ebola epidemic**, even before WHO declared the outbreak to be an international health emergency in August 2014. CUAMM staff collaborating with the district authorities, set up, fitted out and activated two isolation centres, enabling the control of virus transmission through isolation of suspected or probable cases **(for more information see Focus on Ebola page 94)**.
Specialist medical staff, the adoption of stringent hospital infection control protocols and maintenance of a trust-based relationship with the community permitted continuation of **mother and child health protection activities** started before the outbreak of the Ebola epidemic. Data collected in Pujehun district confirm that the number of assisted deliveries, at both district and hospital level, did not fall drastically during the Ebola epidemic.

Results[15]

Deliveries

Assisted deliveries

11,664	+13.5%	↑

Visits

14,025
Antenatal visits

Prevention

11,189
Children reached by the immunization campaign for DPT3[16] and measles

Transports

205
Transportation for obstetric emergencies

73
A mother of a newborn baby with a CUAMM doctor and the staff of Pujehun hospital *(Nicola Berti)*

74
The burial team preparing to remove a body from Pujehun hospital and to safely perform the burial *(Nicola Berti)*

Next page
Photo by Nicola Berti

73

74

Pujehun Hospital

Deliveries

Assisted deliveries

460	-0.65%	↓

C-sections

124	+33.3%	↑

Visits

Antenatal visits

2,386	+6.8%	↑

Paediatric admissions

888	+23.8%	↑

Mortality

Neonatal mortality rate (*intrapartum* and at 24 hours of delivery). Higher than countrywide infant mortality rate of 4,4%	8.7%
Hospital maternal mortality due to direct obstetric causes. Standard <1%	2.3%

[15] The percentage values refer to variations between 2013 and 2014

[16] Diphtheria, Pertussis and Tetanus

DONORS

We extend our sincere thanks to all those who made it possible to implements our projects in Sierra Leone.

- Conferenza episcopale italiana
- Congregazione suore della divina volontà
- Department for International Development - Ebola Emergency Response Fund
- Diocesi di Padova
- Diocesi di Vicenza
- Fondazione Madonna dell'Uliveto
- Fondazione Prosolidar
- Laboratorio chimico farmaceutico A. Sella Srl
- Leoncini Srl
- Manos Unidas
- Marsilli & Co. Spa
- The Ministry of Foreign Affairs and International Cooperation
- Trento Autonomous Province
- Bolzano Autonomous Province
- Other private donors

75 - 76
A farm in Maper in Rumbek North county
(Nicola Berti)

75

76

SOUTH SUDAN

www.doctorswithafrica.org/south-sudan

FLASH

578,973
Inhabitants involved by the intervention

2,474
Assisted normal deliveries

2,370
Ambulance transfers

17,599
Antenatal visits performed

Political profile*	
Surface area	644,330 sq km
Population	11,296,000
Capital	Juba
Average age of the population	19
Average number of children per woman	5
Human Development Index Rank (UNDP)	n.a.

Healthcare profile*	
Number of doctors	n.a.
Number of nurses/ midwives	n.a.
Neonatal mortality	39 per 1,000
Under-5 mortality	99 per 1,000 live births
Maternal mortality	730 per 100,000 live births
Prevalence of HIV/AIDS (between 15 and 49 years)	2.2%
Life expectancy (m/f)	54/56

* Source of surface area data: World Bank (2014)

Source of Human Development Index Rank: UNDP (2014)

Source of all other data: WHO website (2014)

OUR HISTORY

Intervention by Doctors with Africa CUAMM in South Sudan

2006

Doctors with Africa CUAMM starts operating in South Sudan with the reinstatement of Yirol hospital.

2008

CUAMM's intervention is extended to Lui hospital, in the framework of a three-year agreement to support healthcare system consolidation, in agreement with local and government authorities.

2013

Clashes in the country force CUAMM to address a serious humanitarian emergency.

77

78

79

80

81

82

1940 2000 2010

Events in South Sudan

1947

Sudan gains its independence and the conference of Juba unifies the North and South of the country.

2011

Following a popular referendum, the country separates from Sudan to become an independent state.

2013

An attempted coup d'état.

Progressive decline in the conditions of safety and a return to clashes between ethnic groups.

The conflict claims an estimated 50,000 victims.

77 Aerial view of Yirol hospital

78 A mother with her child at the entrance to Lui hospital

79 The first staff training course at Yirol

80 Evacuees in the Yirol area

81 Inauguration of the new Maternal and Child Health centre (MCH) in Yirol

82 Inauguration of the new Surgical ward at Lui hospital

2014

83

84

2014

In the early part of the year, CUAMM provides displaced persons from the State of Jonglei with healthcare assistance and essential supplies. **Support continues for Yirol hospital and the peripheral centres** of the catchment area and Maper district, hindered by logistic and safety problems in the area due to constant clashes between rival groups.
Work on the infrastructure gets under way at **Cueibet** to **put the hospital into service**.
Support for **Lui hospital management** continues in the State of Western Equatoria.
Inauguration of the **nursing and midwifery school** attached to Lui hospital is presided by the National Health Minister.

83
Inauguration of the nursing and midwifery school of Lui hospital

84
A group of children in Maper, in Rumbek North county *(Nicola Berti)*

Unless otherwise indicated, all photos are from the CUAMM Archive

MUNDRI EAST COUNTY

At Mundri East county, in the State of Western Equatoria, Doctors with Africa CUAMM continued to provide **clinical support and to manage Lui hospital**, which is the referral facility not only for Mundri East county but also for the counties of Mundri West and Mvolo, thus reaching a **catchment area of approximately 145,000 inhabitants**.

LUI HOSPITAL

Lui hospital – supported by CUAMM since 2009 – has gradually increased its capacity to **routinely provide quality services** and therefore **the volume of clinical activity has grown** (especially outpatient services – OPD visits – and paediatric admissions).
Doctors with Africa CUAMM's intervention is focused on maternal and newborn health, guaranteeing quality care at the hospital through the application of internationally recognized protocols in the delivery room and maternity ward. Special attention is laid on **enhancing the quality of HIV/AIDS and tuberculosis treatment and prevention services**.
Construction work to reinstate the midwifery school attached to the hospital has been completed. In September 2014 the school was inaugurated and the 3-year **"Registered Midwives" (diploma in Midwifery) course was started**.
20 male and female students were enrolled from 9 of the 10 states forming South Sudan: a small sign of hope for the unity and health of the country.

Training

20
students enrolle
at the "Registered
Midwives" course
(8 males, 12 females)

Results[17]

Lui hospital

Deliveries	Assisted deliveries		
	491	+13%	↑
	C-sections		
	51	+24.4%	↑
Visits	Antenatal visits		
	1,863	+18.2%	↑
	Postnatal visits		
	8,987	+14%	↑
	Paediatric admissions		
	2,881	+9.4%	↑
Prevention	Vaccination doses administered		
	4,164	+25%	↑
	Screening for malnutrition		
	52	+100%	↑

Mortality	Neonatal mortality rate (intrapartum and at 24 hours of the delivery). Higher than the countrywide infant mortality rate of 3.9%	8%
	Hospital maternal mortality due to direct obstetric causes. Standard <1%	2.2%

[17] The percentage values refer to variations between 2013 and 2014

85
Smiles around Lui hospital
(CUAMM Archive)

86
Students of Lui midwifery school during the inauguration
(CUAMM Archive)

85

86

YIROL WEST COUNTY

Since 2012, Doctors with Africa CUAMM has been intervening in Yirol West county, in the Lakes State, through a public health programme designed to **reinstate the peripheral health centre network** through staff recruitment and training, renovation and fitting out of dedicated facilities and procurement of medicines and consumables. The aim is to enable all facilities to **guarantee healthcare coverage in the remotest parts of the country**, partly through a widespread mobile clinic programme.
At the community level the intervention **strategy is designed to strengthen the Village Health Committees** that play a crucial role in monitoring population health status and in coordinating health promotion activities within the community. During the year, monthly mobile clinics were also organized to provide primary healthcare to the displaced persons of Kedule refugee camp.

Results[18]

Deliveries

Assisted deliveries	
from 12 to **327**	↑
Coverage of expected deliveries	
30%	↑

Visits

Antenatal visits		
2,482	**+141%**	↑
Postnatal visits		
19,275	**+132%**	↑

Prevention

Immunization coverage for DPT3[19]		
23.3%	**+15.2%**	↑

Mobile clinics

2,884
Visits among the displaced persons of Kedule refugee camp

87
A CUAMM doctor measuring the circumference of a child's arm to assess nutritional status
(Nicola Antolino)

88
A child carried by his mother during a vaccination in Yirol
(Nicola Antolino)

89
Check ups in a village in Yirol West county
(Nicola Antolino)

[18] The percentage values refer to variations between 2013 and 2014

[19] Diphtheria, Pertussis and Tetanus

87

88

89

YIROL WEST COUNTY

YIROL HOSPITAL

Yirol hospital, which is a referral facility for the three surrounding counties (Yirol West, Yirol East and Awerial) is **the only centre that can respond to obstetric emergencies**, with a catchment area of approximately 270,600 inhabitants. Since 2009, assisted deliveries have increased considerably compared to the start of activities. The hospital offers a "complete package" of antenatal care, including prevention of vertical HIV transmission from mother to child and voluntary screening for HIV and syphilis.
Most notably, in the **fight against HIV/AIDS**, 90% of women attending their first antenatal visit were screened for the disease, despite the attached cultural stigma. Results revealed a 4.9% prevalence of the pathology among the young population. Given the alarming extent of the problem, Yirol hospital applied to the Ministry of Health and has been authorized to become a **reference centre for the administration of antiretroviral treatment**. The service should start in the first quarter of 2015.

Results[20]

Deliveries

Assisted deliveries		
1,461	+19%	↑
C-sections		
48	+17%	↑

Visits

Antenatal visits		
11,370	+27.45%	↑
Postnatal visits		
24,102	+51.3%	↑
Paediatric admissions		
4,190	+18%	↑

Mortality

Neonatal mortality rate (intrapartum and at 24 hours of delivery). Lower than the countrywide rate of 3.9%	1.1%
Hospital maternal mortality due to direct obstetric causes. Standard (<1%)	0.68%

Transports

2,345
Transfers

72%
of which related to obstetric emergencies

[20] The percentage values refer to variations between 2013 and 2014

90
Mothers in the waiting room at Yirol hospital *(CUAMM Archive)*

91
Local and international staff during an ultrasound scan at Yirol hospital di Yirol *(Nicola Berti)*

92
A mother and her child in the Maternity ward at Yirol hospital *(Nicola Antolino)*

90

91

92

CUEIBET COUNTY

The aim of the intervention in Cuiebet country is to **increase access to and utilization and quality of mother and child services**, and to **reinstate and extend Cueibet county hospital**. There were very few in-patients at the start of the project, given the lack of organized admissions typical of a hospital facility. Accordingly, the early months were devoted to staff reorganization to guarantee a round-the-clock service and provide care during the night. Efforts were made to determine staff skills and assess training needs in order to plan the necessary instruction.
The new maternity ward is under construction. Due to the very poor conditions of the roads and lack of security in the area, there have been delays in the delivery of materials, but building work did, however, start in December. The operating room is also under completion. This was commissioned by the Ministry of Health but CUAMM has contributed to designing it according to environmental hygiene standards. A free 24-hour ambulance service was also guaranteed for the transportation of local obstetric emergencies. Since the operating room is under construction, the most complicated cases will be referred to Rumbek hospital until work has been completed.
Other ongoing actions are aimed at **strengthening the various levels of the area's peripheral healthcare system** (larger health facilities, peripheral centres and communities) and at consolidating the hospital's position as the county reference facility.

Results[21]

Deliveries

139
Assisted deliveries

Visits

1,091
Antenatal visits

4,381
Postnatal visits

[21] Period July - December 2014

93
A mother embracing her newborn baby at Cueibet hospital *(CUAMM Archive)*

RUMBEK NORTH COUNTY

Rumbek North county is located in the Lakes State and borders with high-conflict areas in the north of the country (the State of Unity, Panyijar county, which was recently the scene of clashes between rebels and SPLA government troops).
CUAMM commenced operations in this area in 2013 with a view to **revitalizing the network formed by 7 health facilities. These started operating again in July 2014, offering basic healthcare services to the community**. The main facility is at Maper, which became operative 24 hours per day with ambulance services and admissions. It is able to provide quality care for non complicated labour and performs preventive activities, focusing particularly on anaemia and malaria. The immunization service was reinstated and, despite the very poor road conditions, particularly during the rainy season, the ambulance service is now active round the clock.
In 2014 CUAMM staff was also involved in **building community health worker capacity** in mother-child health and in **training traditional midwives** to recognize the first signs of obstetric emergencies and the place of referral.

Results[22]

Deliveries

56
Assisted deliveries

36
at the health centre

20
in the peripheral units

Prevention

7,309
Children immunized in 7 months of project work

Transports

25
Referred emergencies in 7 months of project work

Maper health centre

Visits

10,659[23]
Outpatient visits

1,997
Antenatal visits

3,618
Children assessed for malnutrition

[22] The percentage values refer to variations between 2013 and 2014

[23] The marked rise compared to 2013 (1,425 outpatient visits) indicates that the population started to consider the centre as a health reference unit.

94
Sunset in a village in Rumbek North county *(CUAMM Archive)*

95
A health worker weighing a child in Maper *(Nicola Berti)*

96
A group of mothers and children in Maper *(Nicola Berti)*

Next page
Photos by Nicola Berti

94

95

96

DONORS

We extend our sincere thanks to all those who made it possible to implements our projects in South Sudan.

- Associazione amici del cuore dell'alto vicentino
- Associazione amici di Alessandro Fedrizzi
- Fondation Assistance Internationale
- Fondazione Giuseppe Maestri Onlus
- Fondazione Lambriana
- Fondazione Prosolidar
- Fondazione Rachelina Ambrosini
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- Health Pooled Fund
- Korea Foundation for International Healthcare
- The Ministry of Foreign Affairs and International Cooperation
- Trentino-Alto Adige/South Tyrol Autonomous Region
- Sinu Spa
- United Nations Office for Project Services
- European Union
- United Nations Development Programme
- Other private donors

97
Journey to the last mile
(CUAMM Archive)

98
Visits to villages to assess nutritional status
(CUAMM Archive)

97

98

TANZANIA

www.doctorswithafrica.org/tanzania

FLASH

2,081,000
Inhabitants involved by the intervention

11,541
Assisted normal deliveries

1,374
C-sections performed

496
Children diagnosed with severe acute malnutrition

233
Children diagnosed with moderate acute malnutrition

Political profile*	
Surface area	947,300 sq km
Population	49,253,000
Capital	Dodoma
Average age of the population	18
Average number of children per woman	5.2
Human Development Index Rank (UNDP)	159th out of 187 paesi

Healthcare profile*	
Number of doctors	0.1 per 10,000 population
Number of nurses/ midwives	2.4 per 10,000 population
Neonatal mortality	21 per 1,000 live births
Under-5 mortality	52 per 1,000 live births
Maternal mortality	410 per 100,000 live births
Prevalence of HIV/AIDS (between 15 and 49 years)	5%
Life expectancy (m/f)	59/63

* Source of surface area data: World Bank (2014)

Source of Human Development Index Rank: UNDP (2014)

Source of all other data: WHO website (2014)

OUR HISTORY

Intervention by Doctors with Africa CUAMM in Tanzania

1968

The first physician from Doctors with Africa CUAMM arrives in Tanzania.

99

1977

A bilateral agreement is signed between Italy and Tanzania giving CUAMM a mandate for technical cooperation in the healthcare field.

1982

- President Julius Nyerere receives CUAMM management and staff at the presidential palace to officially thank the organization for its services.
- Important building work is carried out at Iringa, Dodoma, Kondoa, Mpwapwa and Tosamaganga hospitals.

1985

During the national conference of Tanzanian doctors at Tosamaganga, attended by the Minister of Health Stirling, a report referring for the first time to AIDS in Africa is presented by Doctors with Africa CUAMM based at Bukoba hospital.

1990

Inauguration of Iringa regional hospital, renovated by CUAMM with funding from the Italian Cooperation for Development Agency.

2000

Start of a malaria control and prevention programme in Iringa region, based on the network of peripheral health facilities.

100

2005

Launch of the "Four areas" project in the regions of Dar es Salaam, Iringa, Pwani and Morogoro to improve the quality and accessibility of social, healthcare and mother-child services.

1960 | 1970 | 1980 | 1990 | 2000

Events in Tanzania

1964

The United Republic of Tanganyika and Zanzibar, renamed Tanzania, officially born.

1979

War between Tanzania and Uganda.

1993

Health reform: private not-for-profit agencies regain a key role in guaranteeing health services that are accessible to all.

1995

The first democratic, multi-party elections are held but won by the CCM (*Chama Cha Mapinduzi*, Party of the Revolution), the only legally authorized party since 1977.

2001

Clashes between police and protesters following political elections.

99
Portrait of Giovanni Dall'Olmo, the first CUAMM doctor in Tanzania

100
Distribution of mosquito nets in Iringa region, as part of the malaria prevention project

101
Children in the village of Ilalasimba, in Iringa rural district

102
A mother with her child in Tosamaganga

103
A child with his mother in Ludewa district

2012

The "Mothers and Children First" project gets under way to guarantee access to safe child delivery and newborn care in 4 African countries (Angola, Ethiopia, Tanzania and Uganda).

101

102

2010 2012 2014

2010

Parliamentary elections are held and won for the fourth consecutive time by the CCM.

2014

103

Doctors with Africa CUAMM's work is focussed in the regions of Iringa, Njombe and Morogoro. The organization operates alongside the district and regional health authorities and strives to **prevent, identify and treat severe and acute malnutrition** in both villages and health facilities.

Support actions continue at the hospitals, health centres and district dispensaries of Iringa DC and Kilosa, to **promote maternal, newborn and child health, and prevent HIV/AIDS and mother-to-child transmission**.

All photos are from the CUAMM Archive

DISTRICT OF IRINGA AND MUFINDI

In the district of Iringa, **the percentage coverage of deliveries at health facilities compared to expected deliveries remained very high** (89%) with the following distribution: 48% at dispensaries, 19% in health centres and the remaining 33% in hospital. Despite high coverage of facility-based deliveries, maternal and infant mortality rates remained more or less unchanged at the district.
At the community level, **staff training**, constant supervision, data monitoring and referral system support were carried out at the 6 health centres of Iringa district and at the 2 health centres of Mufindi district, to **improve basic emergency obstetric and newborn care** (B-EmONC).

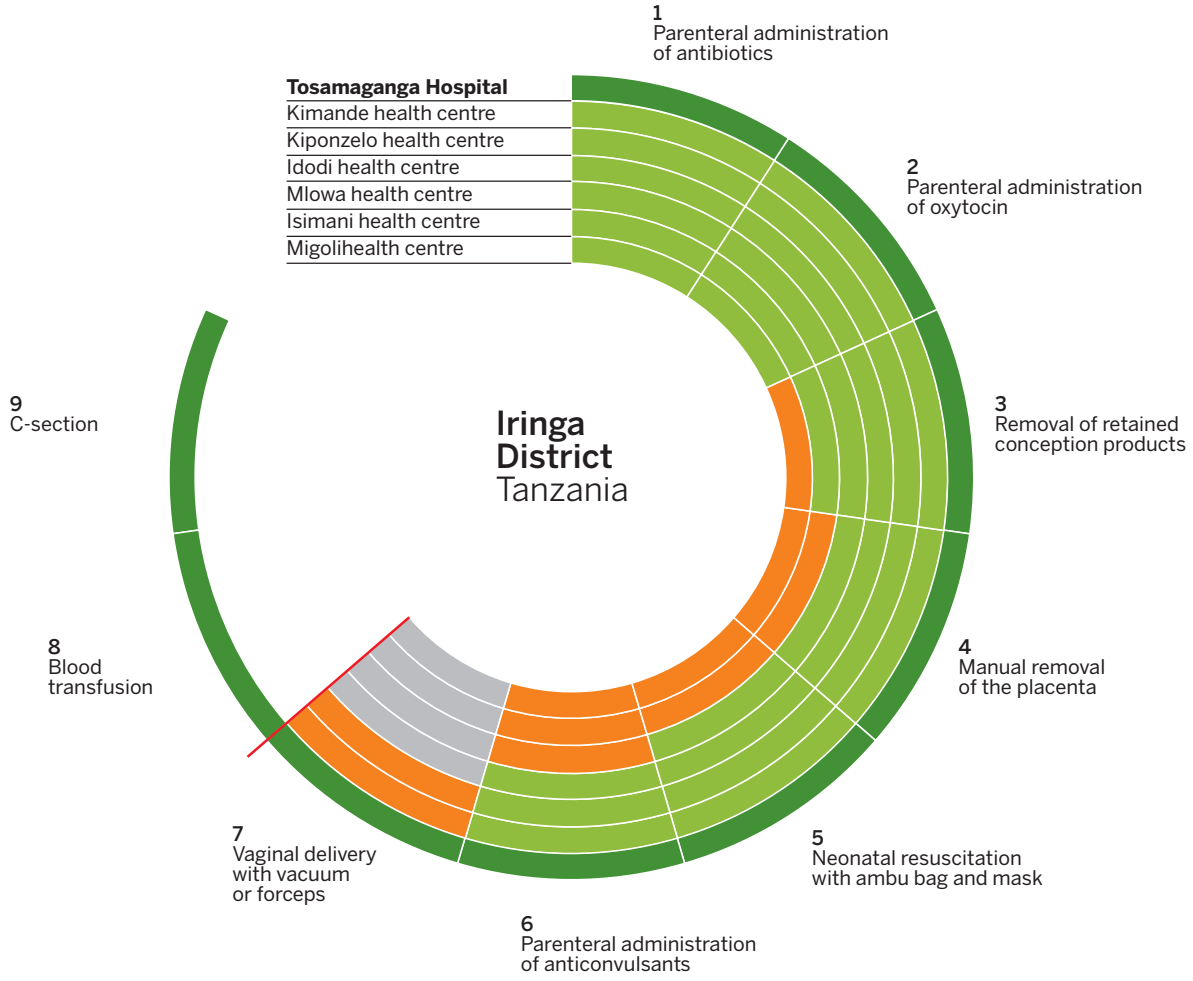
During 2014, a study was conducted on coverage of basic management services for obstetric emergencies. A similar assessment was made in 2012 and, over two years, tangible improvements have been made: all peripheral centres involved in the project can now guarantee 6 of the 7 basic functions.

Basic emergency obstetric and newborn care services[24]

Service not available

Service already available in 2012

Service introduced in 2014



[24] Tool applied: Need assessment of emergency and neonatal care. Columbia University. AMDD 2011

Three waiting houses were built adjacent to the B-EmONC health centres to promote child delivery at appropriately qualified health centres.
An innovative project was started at the community level in 2014 using sms messaging to **survey how beneficiaries perceived the quality of the health services**. 290 comments have been received to date, some through telephone messages, others on hard copy letters. These provide insight into how the people assess the work of Doctors with Africa CUAMM and will be used to optimize future planning by basing it on perceived needs.

Results[25]

Deliveries

Assisted deliveries		
7,641	+6.1%	↑
of which at the 8 health centres:		
1,460	+9.3%	↑
Coverage of total expected deliveries		
86.4%	+6.1%	↑

Visits

8,316
Antenatal visits

[25] All percentage values refer to variations between 2013 and 2014

104
A child in the Neonatology ward of Tosamaganga hospital *(CUAMM Archive)*

105
Mothers waiting at Tosamaganga hospital *(CUAMM Archive)*

106
Women walking to a health centre *(CUAMM Archive)*

104

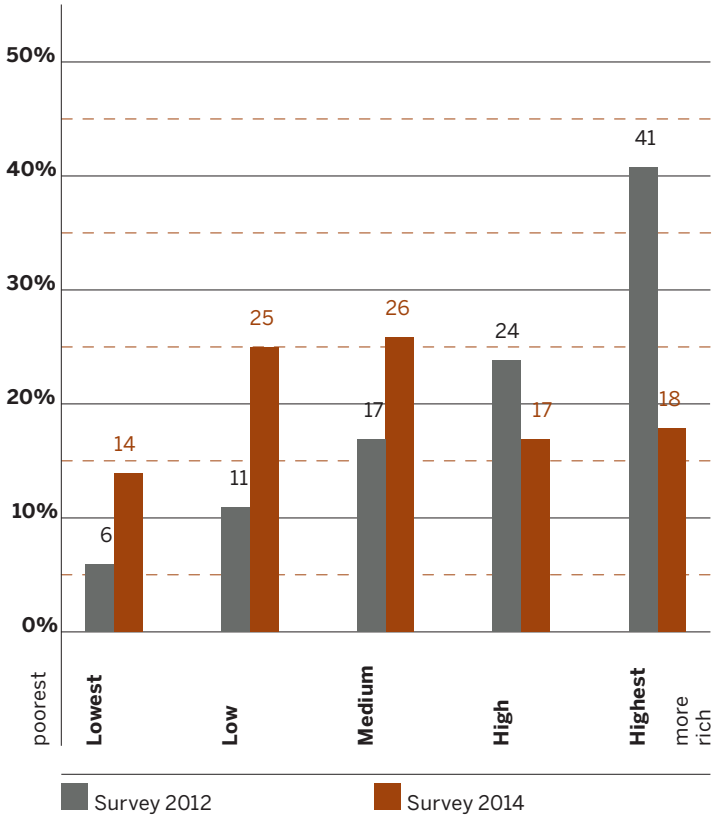
105

106

DISTRICT OF IRINGA AND MUFINDI

TOSAMAGANGA HOSPITAL

At present, Tosamaganga hospital is **the only referral facility for major obstetric emergencies** requiring a C-section. CUAMM's work is therefore focussed on **improving the quality of obstetric and newborn care** in order to adequately respond to major obstetric emergencies referred by the peripheral centres. Results are so far reassuring. The most interesting finding is the **reduction in hospital maternal mortality over the three-year period, 2012-2014**.
A study involving Tosamaganga hospital was conducted in 2014 concerning equity of access to services. Data could in this case too be compared with those of the 2012 study, showing a marked improvement in equity over the previous two years. Unlike the past, when hospital services were accessed mostly by members of the richest socioeconomic quintile, over the last year there has been an increase in access by the poorest quintile.



Results[26]

Tosamaganga hospital

Deliveries

Assisted deliveries		
2,566	+8.3%	↑
C-sections		
865	+8.5%	↑

Visits

Antenatal visits		
1,362	+1.41%	↑
Paediatric admissions		
683		

Mortality

Neonatal mortality rate (intrapartum and at 24 hours of delivery). Lower than the countrywide mortality rate of 2.1%	2%
Hospital maternal mortality due to direct obstetric causes. Standard <1%	0.47%

[26] All percentage values refer to variations between 2013 and 2014

Prevention

396
HIV-positive women were followed to prevent transmission of infection to the newborn

IRINGA AND NJOMBE REGIONS

In the regions of Iringa and Njombe, **600 community health workers** (CHWs), trained and supervised by the CUAMM team, play a **crucial role in prevention, support for health service demand, promotion of assisted delivery and assessment of nutritional status in the community**. The CHWs and CUAMM work in tandem to support the health authorities of the two regions and districts most involved in combating malnutrition in children aged under five.
CUAMM, the country's only NGO, is implementing new national guidelines for reproductive, maternal, newborn and infant health at the community level in Iringa and Njombe. This approach also includes the piloting of community data collection registers to be integrated with the general health data collection system.
At the 9 hospitals, 25 health centres and 13 dispensaries of Iringa and Njombe regions, nutritional support units are being fitted out to correctly identify and subsequently treat severe acute malnutrition. It is estimated that in the area of intervention, over 14,000 children suffer from malnutrition, 4,700 with the severe acute form. The actions undertaken include: training village workers to screen for and recognize the pathology, training district health staff to diagnose and treat it, supplying the materials needed to care for malnourished children, and providing a hospital referral system to manage treatment of the most complicated cases.

Results[27]

Malnutrition

Children identified and undergoing treatment for severe acute malnutrition	**+353%**
Iringa Region	364
Njombe Region	132
Children identified and undergoing treatment for moderate acute malnutrition	
Iringa Region	181
Njombe Region	52

Coverage of treatment of cases of severe acute malnutrition in **Iringa region**

45%	**+200%**	↑

[27] All percentage values refer to variations between 2013 and 2014

107
A malnourished child starts smiling again after rehabilitation
(CUAMM Archive)

108
Women waiting in Ludewa
(CUAMM Archive)

109
Smiles around Ludewa
(CUAMM Archive)

107

108

109

MOROGORO REGION, DISTRICT OF KILOSA

MIKUMI HOSPITAL

Doctors with Africa CUAMM intervened at Mikumi hospital in Kilosa district to help strengthen the facility at both the management (support for hospital management and administration) and clinical level, particularly in support of mother, newborn and child services. The intervention aims to **guarantee good quality, accessible services for the population, particularly mothers and children**. Excellent results have been achieved over the last 3 years in terms of **increasing access to the health facility**, with a 41% rise in facility productivity **(see Focus on Hospitals, page 76)**.

Results[28]

Deliveries	Assisted deliveries		
	2,935	+24.2%	↑
	C-sections		
	495	+31%	↑
Visits	Antenatal visits		
	3,120	+19.8%	↑
	Paediatric admissions		
	2,739	+2%	↑
Mortality	Neonatal mortality rate (intrapartum and at 24 hours of delivery). Lower than the countrywide mortality rate of 2.1%	1,6%	
	Hospital maternal mortality due to direct obstetric causes. Standard <1%	2,6%	

[28] The percentage values refer to variations between 2013 and 2014

110
Two new lives see the light at Mikumi hospital
(CUAMM Archive)

DONORS

We extend our sincere thanks to all those who made it possible to implements our projects in Tanzania.

- Alì Spa
- Compagnia di San Paolo
- Conferenza episcopale italiana
- Department For International Development
- Fondazione Cariparo
- Fondazione Cariplo
- Fondazione Cariverona
- Fondazione Flavio Filipponi
- Fondazione Zanetti Onlus
- Global Shapers Community Venice
- Laboratorio chimico farmaceutico A. Sella Srl
- The Ministry of Foreign Affairs and International Cooperation
- Morellato Spa
- Rollmatic Srl
- UNICEF
- Other private donors

111
Meetings in Karamoja region
(CUAMM Archive)

112
Smiles of Karamojong children
(CUAMM Archive)

111

112

UGANDA

www.doctorswithafrica.org/uganda

FLASH

2,714,200
Inhabitants involved by the intervention

34,172
Assisted normal deliveries

2,324
C-sections performed

1,220
HIV-positive pregnant women starting antiretroviral treatment

Political profile*	
Surface area	241,550 sq km
Population	37,579,000
Capital	Kampala
Average age of the population	16
Average number of children per woman	5.9
Human Development Index Rank (UNDP)	164th out of 187 countries

Healthcare profile*	
Number of doctors	1.7 per 10,000 population
Number nurses/midwives	13 per 10,000 population
Neonatal mortality	22 per 1,000 live births
Under-5 mortality	66 per 1,000 live births
Maternal mortality	360 per100,000 live births
Prevalence of HIV/AIDS (between 15 and 49 years)	7.4%
Life expectancy (m/f)	56/58

* Source of surface area data: World Bank (2014)

Source of Human Development Index Rank: UNDP (2014)

Source of all other data: WHO website (2014)

OUR HISTORY

Intervention by Doctors with Africa CUAMM in Uganda

1958

The first CUAMM doctor, a woman, was assigned to work at Angal mission hospital.

113

114

1979

- In the spring, communications are interrupted between Italy and doctors working in North Uganda. They are resumed after a relief expedition is sent out.
- CUAMM receives a mandate to implement a bilateral cooperation agreement between Italy and Uganda in the healthcare field.
- CUAMM doctors start working in the national health system.

1990s

CUAMM undertakes to rebuild Arua hospital and reinstate Maracha, Angal, Aber and Matany hospitals.

115

116

117

1950 | 1960 | 1970 | 1980 | 1990

Events in Uganda

1962

Independence of Uganda.

Period of serious political instability.

1971

Start of the regime of the dictator Idi Amin Dada.

1979

War between Tanzania and Uganda.

Idi Amin Dada is banished from the country.

1990

Various clashes with neighbouring countries.

1995

New Constitution.

113 Giannino Busato and his wife Sonia, among the first CUAMM doctors to leave for Uganda, in the operating room

114 Pregnant women at Aber hospital

115 A newborn baby held by his mother outside Aber hospital, in Oyam district

116 Local and international staff in the labour room of Aber hospital

117 A CUAMM doctor examining a patient at Matany hospital, in Karamoja region

2000

A collaboration starts with the Catholic University of Nzoki to train local health managers.

2012

The "Mothers and Children First" project gets underway to guarantee access to safe child delivery and newborn care in 4 African countries (Angola, Ethiopia, Tanzania and Uganda).

2014

120

Doctors with Africa CUAMM consolidates its commitment to protect **mother and child health**, particularly in Karamoja region and Oyam district. Special attention is also devoted to preventing **HIV/AIDS**, treating **malnutrition** and to the early diagnosis of **tuberculosis**.

118

119

2000 2010 2012 2014

1999

Meeting of the presidents of Kenya, Uganda and Tanzania to establish an economic community of East Africa.

2006

First presidential elections are open to more than one party (after 26 years).

118/119
Students of the Catholic University of Nkozi during a lesson

120
Mothers and children on the road to Matany

All photos are from the CUAMM Archive

KARAMOJA

In this sub-region of north east Uganda, with a total population of approximately 1,498,000 and the country's worst health indicators, Doctors with Africa CUAMM is promoting an overarching action to **protect mother and child healthcare through the prevention of HIV/AIDS, the treatment of malnutrition and a service to diagnose tuberculosis**. Work is centred on promoting antenatal care and assisted child delivery at health facilities, taking full account of the cultural aspects of the population being served.

One of the most important results achieved in this sub-region is **the increase in assisted child deliveries at the health centres**, with a percentage ranging from 7% to 51%, according to the centre. One intervention making safe child delivery more accessible has been the introduction of a **free transportation voucher**, encouraging women to go to the nearest health centre to give birth. This incentive has more than doubled the average number of deliveries in just one quarter.

The number of antenatal visits has just started to rise again, following the reintroduction, in 2014, of food incentives provided at the time of the visit.
Special attention is given to **training local healthcare staff**, particularly in relation to the data collection system, to recognizing malnutrition and its treatment and to preventing HIV transmission from HIV-positive mothers to their children.

Results[29]

Deliveries

Assisted deliveries		
21,515	+49.5%	↑
Coverage of expected deliveries		
30%	+66.7%	↑
C-sections		
707	+13.7%	↑

Visits

Antenatal visits		
40,507	-4%	↓
Postnatal visits		
36,611	+26%	↑

Medical care

HIV-positive mothers receiving antiretroviral treatment recommended by the EMTCT programme[30]		
1,220	+50.25%	↑
Health facilities providing services as part of the EMTCT programme		
52	+100%	↑

Transports

7,022
Mothers provided with transport for normal deliveries

919
Transfers due to complications

140
Newborn transfers

Malnutrition

Children with moderate acute malnutrition treated as outpatients (1.4% mortality):

11,820

Children with severe acute malnutrition admitted to hospital (8.6% mortality)

1,068

[29] The percentage values refer to variations between 2012 and 2014

[30] Eliminating Mother to Child Transmission

121
A child falling asleep in Matany while his brother carries him on his back *(CUAMM Archive)*

122
Using a bracelet to evaluate a child's nutritional status *(CUAMM Archive)*

123
CUAMM doctors in the operating room of Matany hospital *(CUAMM Archive)*

124
Una dottoressa A CUAMM doctor examining a child at Matany hospital *(CUAMM Archive)*

125
Check ups at Matany hospital *(CUAMM Archive)*

121

122

KARAMOJA

MATANY HOSPITAL

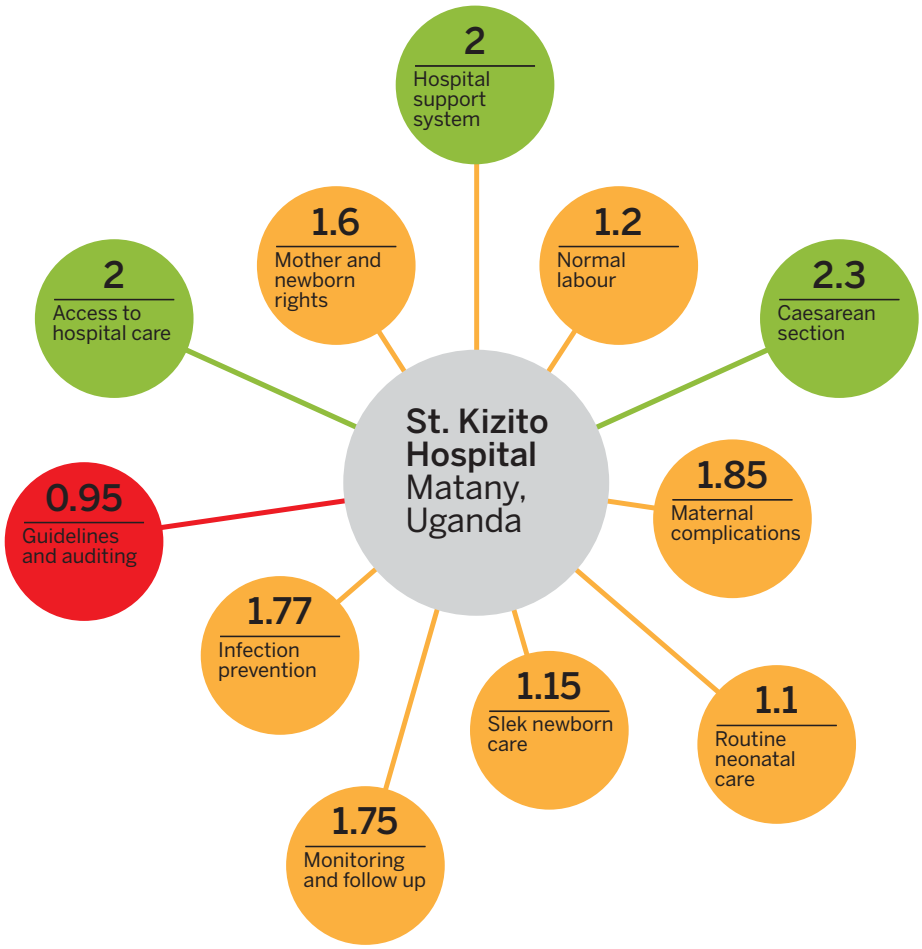
In Karamoja, CUAMM has been supporting St. Kizito Hospital of Matany and its nursing school since it opened in 1970. Matany hospital, together with the state hospital of Moroto, are the only two referral facilities for emergencies available to the entire population of Karamoja.
In 2014 work was carried out in the field of both **mother and newborn care and early diagnosis of tuberculosis**, with an extension of the analysis laboratory and installation at the hospital of an advanced diagnostic platform (GeneXpert), which went into operation at the end of the year.
Besides supporting the hospital with **qualified surgical staff, training and equipment to improve mother and child services**, Doctors with Africa CUAMM also helped the hospital during 2014 to manage an epidemic of hepatitis E - increasing the risk of maternal and newborn deaths - by successfully implementing preventive measures to curb the disease.
The marked reduction in the number of C-sections indicates how the quality of midwifery and neonatal services has been strengthened. This was due to implementation in July 2014, at the same time as a local gynaecologist was hired to work at the facility, of a series of **qualitative obstetric emergency management measures**. In addition, a study was conducted in 2014 to assess the quality of mother and child care services.

Quality of care in 2014

0 – 0.9
Substantial improvements necessary to avoid serious risks for the health of mothers and newborns

1 – 1.9
Improvements necessary to avoid risks for the health of mothers and newborns

2 – 3
Improvements necessary to minimize potential risks for the health of mothers and newborns



123

124

125

KARAMOJA/MATANY HOSPITAL

Results[31]

Matany Hospital

Deliveries

Assisted deliveries		
1,060	+11.3%	↑
C-sections		
245	-25%	↓

Mortality

Neonatal mortality during childbirth. Lower than the countrywide mortality rate of 2.2%	1,9%
Hospital maternal mortality rate due to direct obstetric causes. Standard <1%	1%

Visits

Antenatal visits		
4,681	+22.3%	↑
Paediatric admissions		
4,459	-16%	↓

Training

110
Students enrolled at the midwifery and nursing school

Medical care

Patients undergoing treatment for tuberculosis		
529	+71%	↑

[31] All percentage values refer to variations between 2013 and 2014, except the ones referring to patients in treatment for tuberculosis, which refer to variations between 2012 and 2014

126
A CUAMM doctor examining a paediatric patient at Matany hospital
(CUAMM Archive)

OYAM DISTRICT

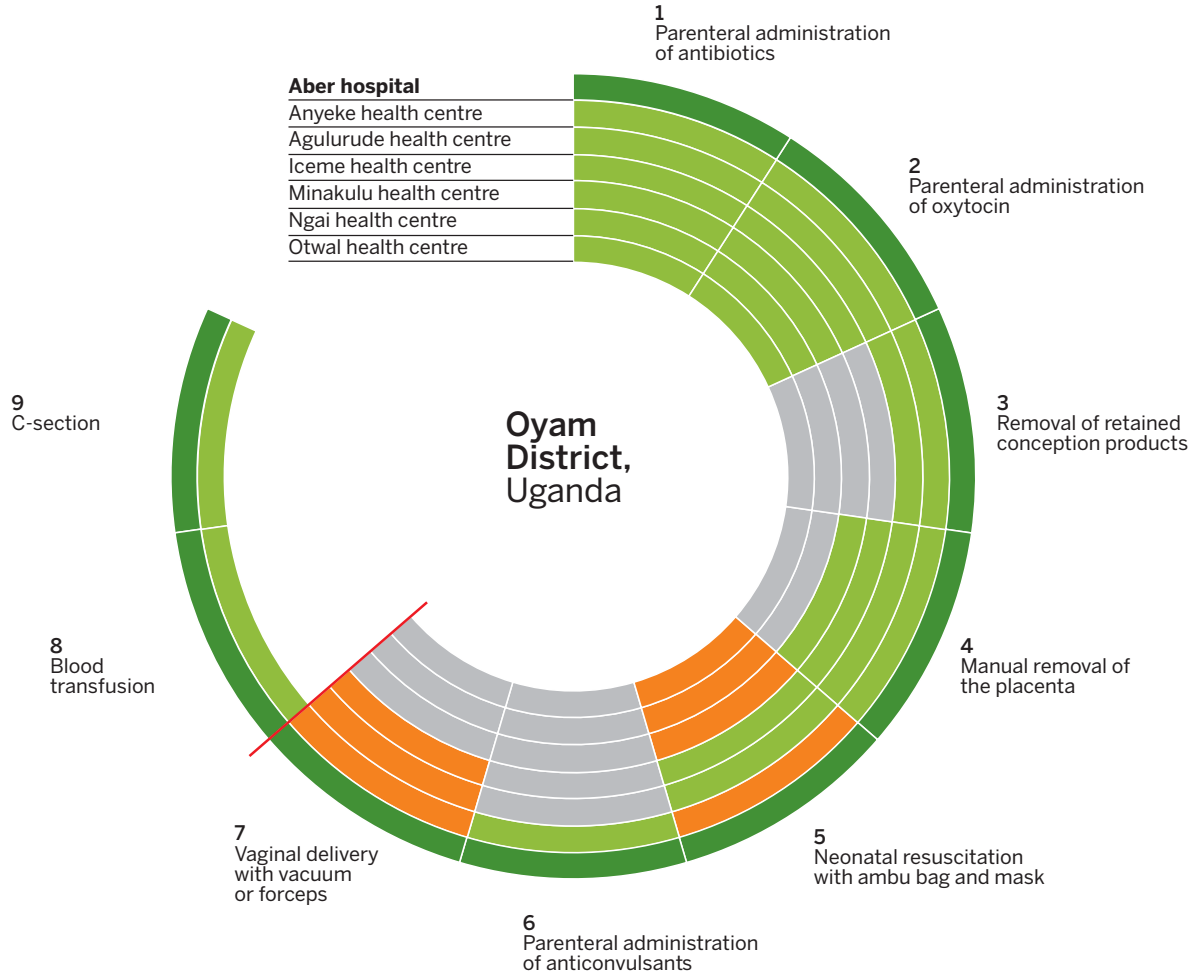
The **"Mothers and Children First"** project is underway at Oyam district, with the primary objective of increasing coverage and improving the quality of obstetric and newborn services. During the year, specific community interventions were started, with the **creation of a network of community agents** and a specific study of the efficacy of incentives to give birth at three of the district's health units. At the district level, there was a marked increase in assisted deliveries and the health centres has now become the most widely used facilities for childbirth, even compared to the hospital.
The aim of Doctors with Africa CUAMM is to apply the most efficient strategies to each setting to enhance mother and newborn care. Accordingly, a study was conducted between 2013 and 2014 to compare two different types of **incentive for women**. A **baby kit** (a set of items to care for the newborn such as a washing bowl and soap) was distributed at some centres; a **transport voucher** worth approximately 3 euros to transfer the women to a health centre free of charge at the time of labour, was distributed at others.
Findings are currently being processed, but preliminary results suggest that both incentives brought about an increase in assisted delivery coverage. Comparison of the two methods suggests that the transport voucher is more effective in increasing access to health centres, indicating that the problem of access is often related to the long distances involved and the cost of transportation. If the study confirms the efficacy of the voucher, this incentive will be introduced across the whole project area.
Another study on the coverage of basic services for emergency obstetric management was carried out in 2014. The same assessment was made in 2012 and, after two years, there are visible improvements in terms of service delivery at the health centres participating in the project (marked in orange in the diagram).
The ongoing programme has led to the **strengthening of the ambulance service** to Aber hospital and Anyeke health centre, which are referral facilities for obstetric emergencies, and to improvements in the quality of midwifery services through the **training, shadowing, monitoring and supervision of local staff**. Nonetheless, the quality of obstetric and newborn care services needs to be further consolidated. This will be the focus of next year's work.
Aber hospital is taking part, alongside the diocesan hospitals of Angal, Nyapea and Naggalama, in an action to improve the level of equity, accessibility and quality of mother and child care services in the four catholic facilities. The action ended this year with a workshop presenting the results achieved at the hospitals in terms of increased service utilization and, specifically, enhanced service quality with a fall in hospital maternal mortality.

Basic emergency obstetric and newborn care services[32]

Service not available

Service already available in 2012

Service introduced in 2014



[32] Tool applied: Need assessment of emergency and neonatal care. Columbia University. AMDD 2011

OYAM DISTRICT

Results[33]

Oyam District

Deliveries

Assisted deliveries		
13,507	+52.8%	↑
Coverage of the total number of expected deliveries		
66.5%	+43%	↑

Visits

Antenatal visits		
18,292	+33.7%	↑

Aber hospital

Deliveries

Assisted deliveries		
2,098	+12%	↑
C-sections		
464	+16.8%	↑

Visite

Antenatal visits		
3,664	-4%	↓
Paediatric admissions		
2,624	+23.5%	↑

Anyeke health centre

Deliveries

Assisted deliveries		
968	+2%	↑
C-sections		
90	+14%	↑

Mortality

Neonatal mortality rate (intrapartum and at 24 hours of delivery). Lower thsn the countrywide mortality rate of 2.2%	0.6%
Hospital maternal mortality due to direct obstetric causes. Standard (<1%)	4.2%

[33] All percentage values refer to variations between 2013 and 2014

WEST NILE

At the dioceses of Arua and Nebbi, in West Nile, CUAMM and the Ugandan NGO "Combrid-Friends of Disability" actively provide **care to the disabled**, particularly the visually impaired, with activities in support of the rural eye clinics, including the purchase of medicines and basic instruments, with awareness-building community activities aimed at improving social integration of the disabled.

Results

800
People examined during mobile clinic activities

2
Schools involved with medical visits and awareness-building activities

DONORS

We extend our sincere thanks to all those who made it possible to implements our projects in Uganda.

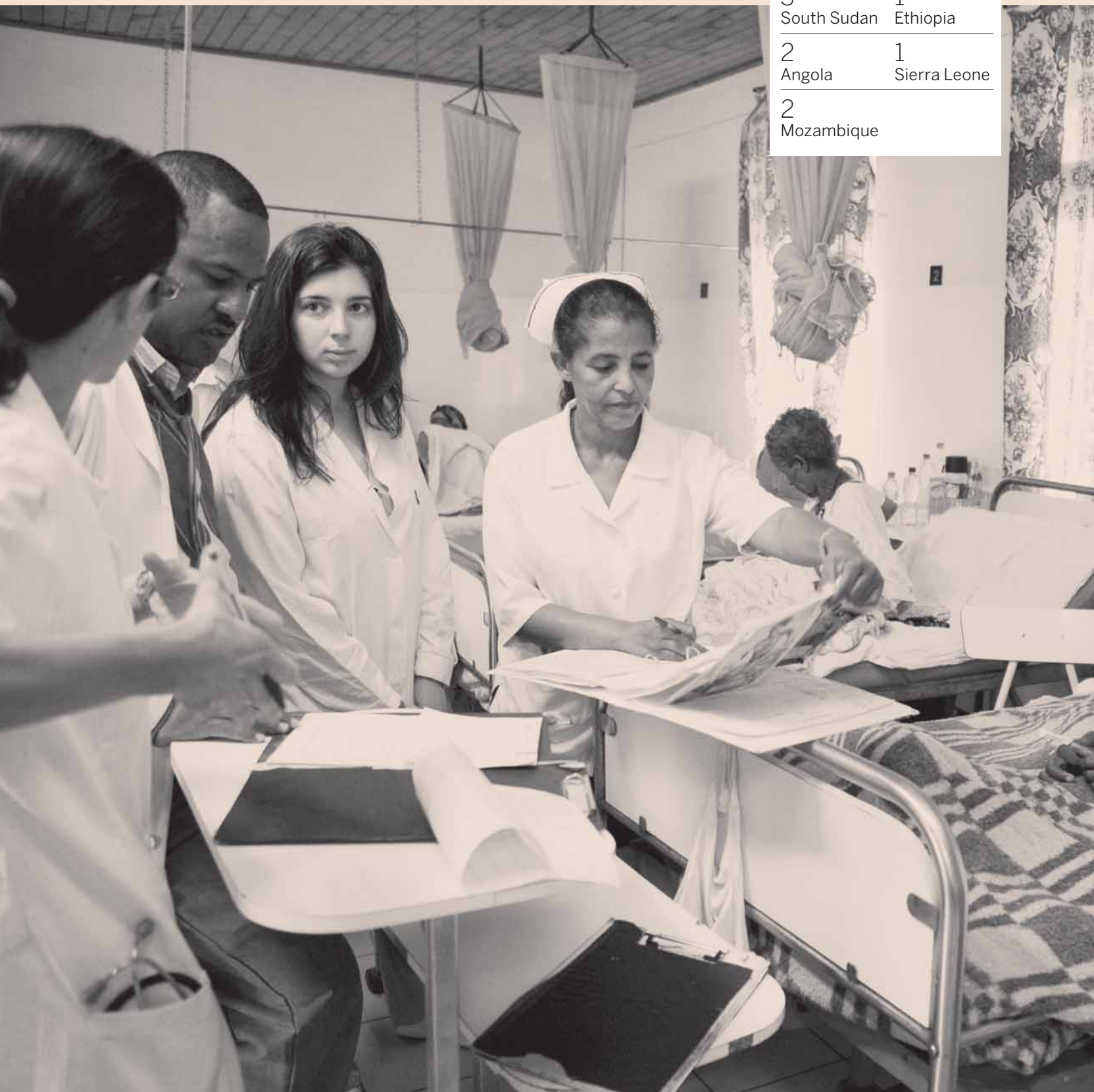
- Alì Spa
- Compagnia di San Paolo
- Conferenza episcopale italiana
- Gruppo di appoggio ospedale di Matany Onlus
- Fondation Assistance Internationale
- Fondazione Cariparo
- Fondazione Cariplo
- Fondazione Cariverona
- Fondazione Mediolanum
- Global Shapers Community Venice
- Morellato Spa
- Movimento apostolico ciechi
- Bolzano Autonomous Province
- Tuscany Region
- UNICEF
- Other private donors

FOCUS ON HOSPITALS

FLASH

16
hospitals managed by Doctors with Africa CUAMM

5 Uganda	2 Tanzania
3 South Sudan	1 Ethiopia
2 Angola	1 Sierra Leone
2 Mozambique	



In 2014 Doctors with Africa CUAMM contributed to the management of **16 hospitals in Africa** (5 in Uganda, 3 in South Sudan, 2 in Angola, 2 in Mozambique, 2 in Tanzania, 1 in Ethiopia, 1 in Sierra Leone). In Africa, the hospitals are the principal facilities for health service delivery. It is therefore important for Doctors with Africa CUAMM to evaluate its activities, based on the principle that **access to care is a fundamental right of all human beings**, particularly the poorest population groups. Past experience in limited-resource countries has shown that it's possible to measure a hospital's total volume of activities **(productivity)**, whether its services are accessible to all, particularly the most vulnerable population groups **(equity)**, and whether there is optimal use of human **(human efficiency)** and financial **(management efficiency)** resources.

The **volume of health services delivered by a hospital** can be measured by an aggregate indicator referred to as the **SUO *(Standard Unit of Output)***, which takes an outpatient visit as a unit of measurement (OPD) and assigns a relative weight in terms of cost to other key hospital services (admissions, child deliveries, immunizations, ante- and postnatal visits). This indicator enables hospital managers and boards of directors to make reasoned planning, reach evidence-based decisions, abide by the institution's mission, and account for choices that have been successful or failed.

THE HOSPITALS

SIERRA LEONE

14
Pujehun Hospital
Sierra Leone

ANGOLA

15
Damba Hospital
Angola

16
Chiulo Hospital
Angola

SOUTH SUDAN

1
Cueibet Hospital
South Sudan

2
Yirol Hospital
South Sudan

3
Lui Hospital
South Sudan

ETHIOPIA

4
Wolisso Hospital
Ethiopia

UGANDA

5
Nyapea Hospital
Uganda

6
Angal Hospital
Uganda

7
Aber Hospital
Uganda

8
Matany Hospital
Uganda

9
Naggalama Hospital
Uganda

TANZANIA

10
Mikumi Hospital
Tanzania

11
Tosamaganga Hospital
Tanzania

MOZAMBIQUE

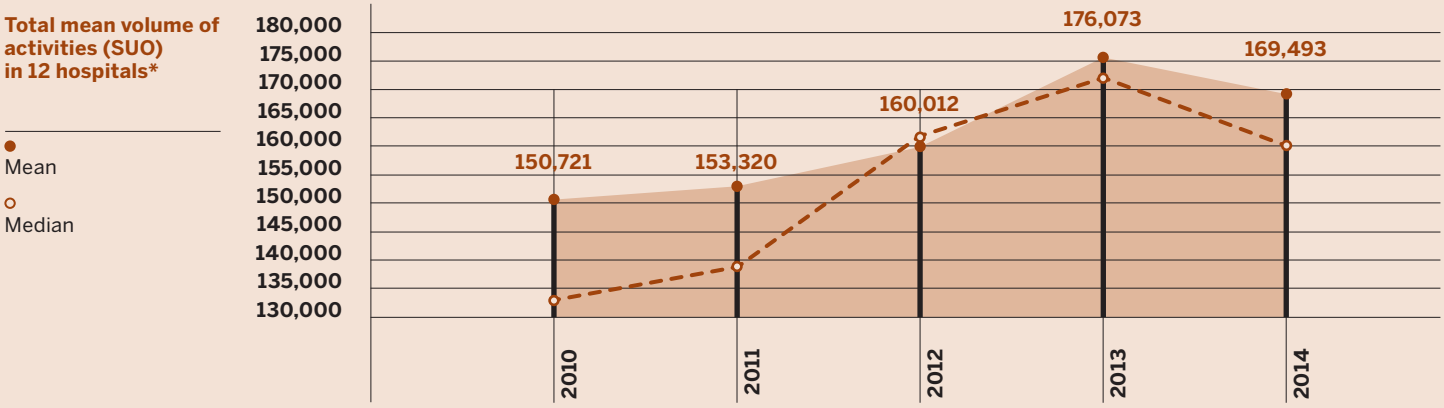
12
Palma Hospital
Mozambique

13
Beira Hospital
Mozambique

PRODUCTIVITY

Starting from 2009, overall hospital performance showed a continuous upward trend between 2010 and 2013. During 2014 it decreased by 3.9% compared to the previous year because Pujehun (Sierra Leone) did not contribute to performance (due to the Ebola epidemic) and because of poorer performance by the larger hospitals, including Chiulo (Angola), which reported an increase in 2013 on account of an epidemic of cholera, Wolisso (Ethiopia), where there was a much less serious epidemic of malaria in 2014, and Matany (Uganda), probably due to increased community worker efficiency in preventing and providing home-based treatment of minor pathologies as diarrhoea, respiratory infections and uncomplicated malaria.

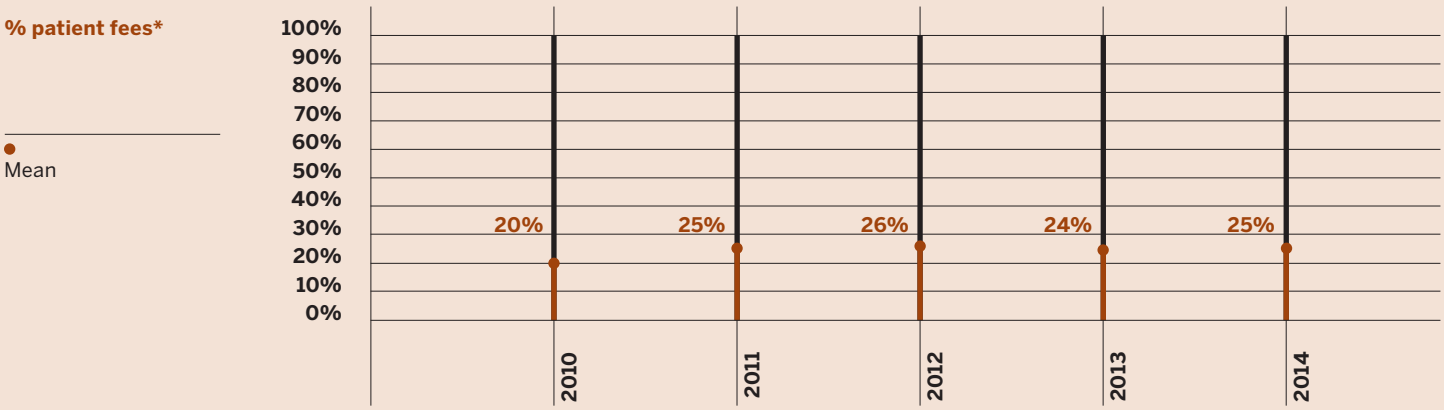
The total volume of activities differs for each individual facility and is not related to the number of beds. Generally speaking, there was an upward trend at 6 of the 16 hospitals monitored in 2014, but a three-year decline in the level of activities at the Ugandan hospitals of Matany and Nyapea, and the Tanzanian hospital of Mikumi. Conversely, despite only 60 beds, the marked rise in activities at Yirol hospital (South Sudan) over the last 4 years has produced a service volume comparable to larger hospitals where CUAMM has been present for a long time.



EQUITY

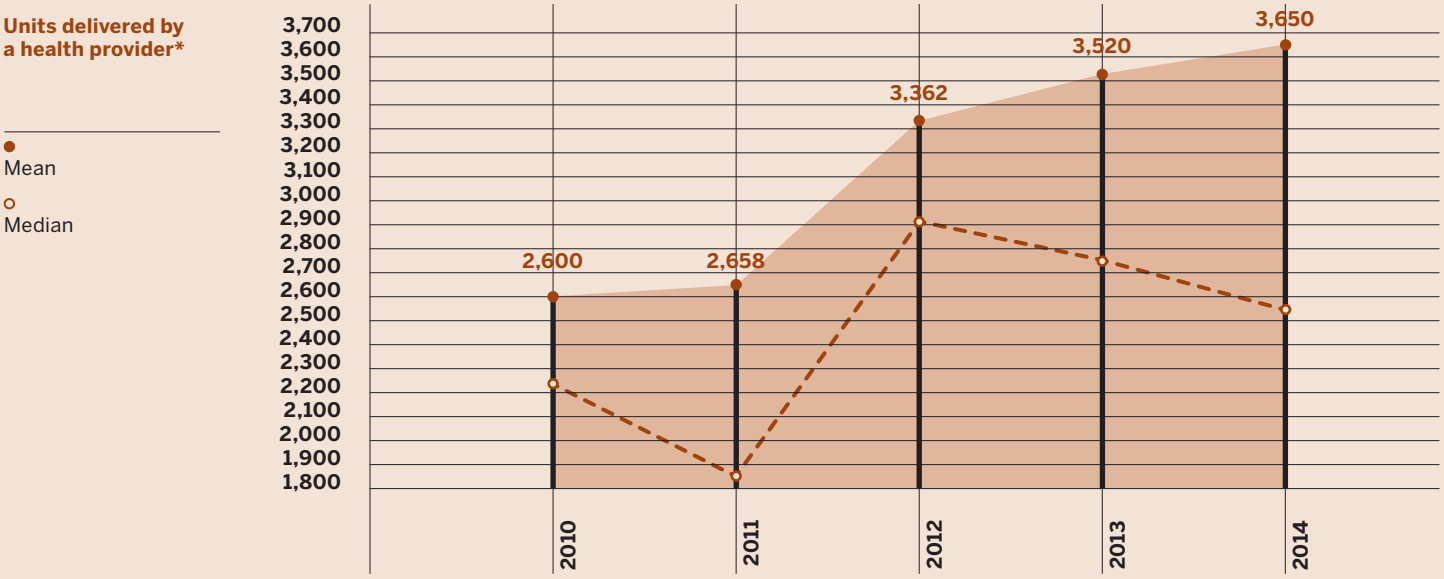
As concerns patient fees (total income from patients/total cost), the fall observed in 2013 did not continue. The slight rise (from 24% to 25%) was not, however, significant. The increase, resulting in greater disparity, was due to the difficulties in finding funding for the hospitals, both inside and outside the respective country, in addition to a generalized rise in prices.

It should, however, be stressed that patients are only a minor source of support for hospitals in particularly disadvantaged areas (Lui in South Sudan, with less than 8%, and Matany in Uganda, with less than 10%).



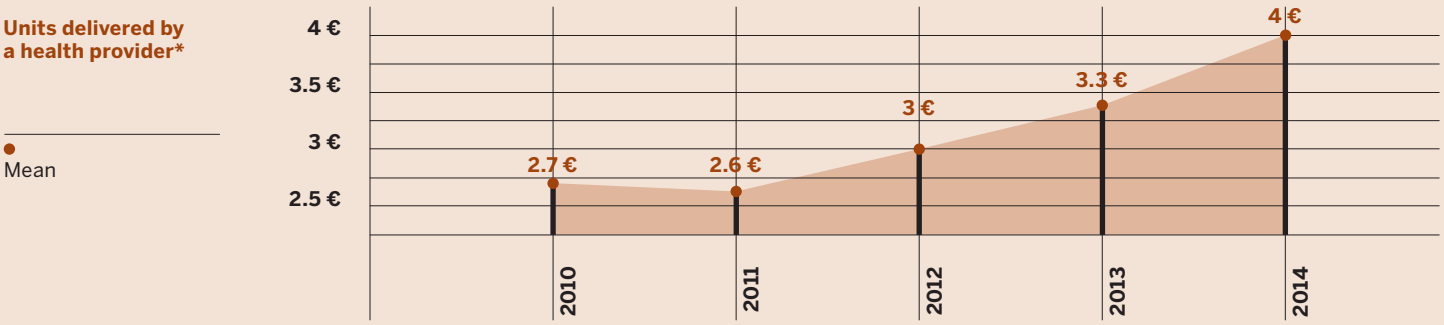
STAFF EFFICIENCY

As for the staff efficiency (total no. SUO/skilled staff), there has been a significant rise from 2012 onwards, attributable mainly to Yirol hospital (South Sudan), where the few skilled staff were exceptionally active, achieving up to 5 times higher efficiency than at other facilities. However, even omitting the data for Yirol there was a rise in mean performance compared to 2013, related mainly to the stability and/or reduction in the number of skilled staff, with the same or a lower volume of activity, related to the rise in average staff salaries, particularly among better qualified staff.



MANAGEMENT EFFICIENCY

Regarding the cost per SUO (total cost/total SUO), since 2011 there has been a rising trend due to the general rise in prices following the international economic crisis and to upward adjustments in labour costs across most countries. This finding is based on the mean cost for 12 hospitals in different countries that have variable production costs, inflation levels and exchange rates against the euro.



* These data refer to 12 hospitals. The data for the hospitals of Pujehun in Sierra Leone, Beira and Palma in Mozambique, and Cueibet in South Sudan were omitted from the analyses. As regards Pujehun hospital, data is only available for mother and child services but not for the remaining wards. The only available data, relating to activities managed by Doctors with Africa CUAMM, is not comparable with the other data and would lower the mean. Conversely, Beira hospital is much larger than the others and its volume of activities would have increased the mean too much. In this case, too, CUAMM's intervention was limited to a few sectors, currently only neonatology. The hospitals of Palma and Cueibet were omitted because work was carried out during 2014 to convert these health centres to hospitals because they had no operating room and were not therefore comparable with the other hospitals in terms of activities and volume.

QUALITY OF HOSPITAL SERVICES

While it is important to monitor hospital performance in terms of accessibility, equity and efficiency in limited-resource settings, as sub-Saharan Africa where Doctors with Africa CUAMM works, it is also essential to assess the quality of the services provided to the population. It's not enough to guarantee low cost services if the quality of such services is inadequate. Even though it is difficult to measure the performance of a hospital in general terms and still more challenging to measure the quality of the services provided, several indicators were introduced in 2012 to assess the quality of obstetric care.

127
A CUAMM doctor examining a newborn baby at Pujehun hospital, Sierra Leone *(CUAMM Archive)*

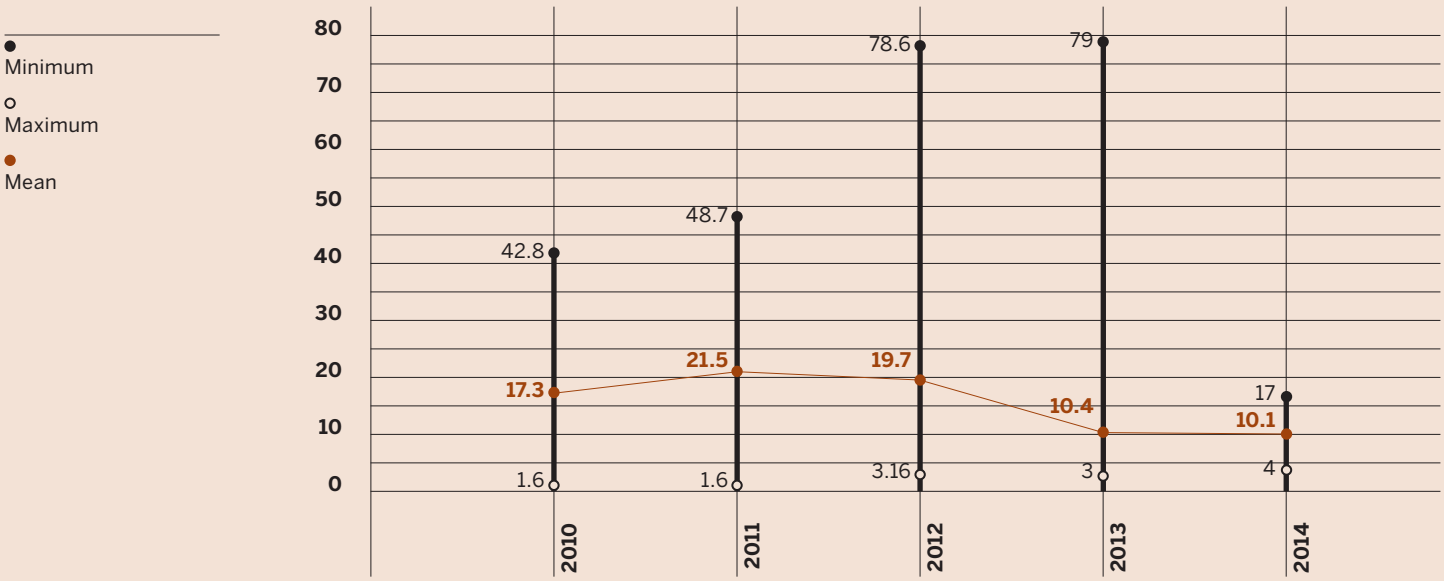
128
In the Neonatology ward of Wolisso hospital, Ethiopia *(CUAMM Archive)*

127

128

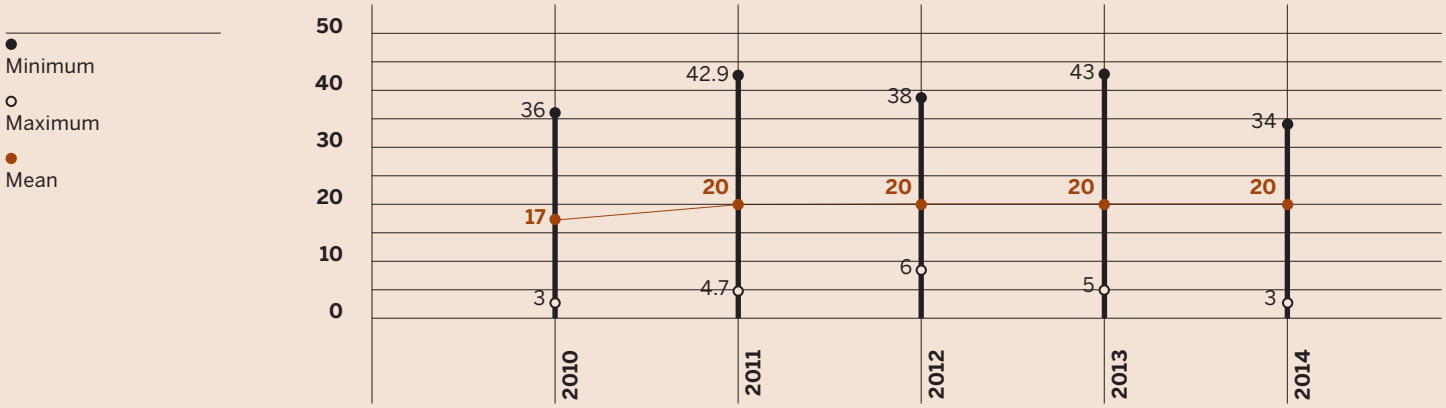
Rate of stillbirths per 1,000 live births**

This indicator is specifically related to management of the woman during childbirth, i.e. the labour and delivery process, and therefore a direct consequence of more or less correct, timely childbirth management (all stillbirths ascertained prior to labour were excluded from the analysis). As shown by the Table, there was a slight reduction in the mean rate, even thou the average level of intrahospital obstetric care was generally high, bearing in mind the average status of these hospitals in terms of skilled, available staff and the monitoring technology being used.



Rate of caesarean sections compared to total number of deliveries**

There are various explanations for the marked variability in the C-section rate, including: womens' physical structure; the fact that the hospital is the only referral facility for complicated cases in a wider geographical area than the usual catchment area; different "habits" among surgeons/obstetricians in indicating a C-section. Apart from the high rate in Nyapea, each hospital has in recent years shown marked stability, with a slight increase in rates at Angal (Uganda) and Tosamaganga (Tanzania) hospitals.



** The data refer to 13 hospitals. Beira (Mozambique) hospital has been excluded since no trend data were available before 2013 and because intervention at this facility by Doctors with Africa CUAMM did not focus on these aspects. Considering their recent upgrade from health centres to hospitals, Palma (Mozambique) and Cueibet (South Sudan) hospitals were also excluded due to lack of data.

Rate of maternal deaths from major obstetric complications compared to the total number of major obstetric complications

WHO recommends a percentage of below 1% as the target for essential care of obstetric complications. Rates above 1% thus indicate the need for intervention to improve obstetric care. The hospital rates shown in the Table are very likely overestimated due to the inability of the IT systems to collect data on all major obstetric complications treated at the respective facilities rather than to the poor quality of care provided.
Generally speaking, the indicator improved in the majority of hospitals and at least 5 of them have already achieved the WHO target. A project designed to increase access to safe child delivery (see the Focus on the "Mothers and children first") started in 2012 in 4 monitored hospitals (Aber, Chiulo, Wolisso and Tosamaganga). This indicator will therefore be closely monitored to assess the efficacy of the action. After an apparent improvement in 2013, Lui hospital reported a decline, worthy of separate analysis considering the various clinical interpretations of the term "major obstetric complications" over time.

Hospital	2014
Chiulo	3%
Damba	n.a.
Wolisso	0.70%
Beira	1.6%
Palma	n.a.
Puejhun mother-child complex	2.3%
Cueibet	n.a.
Lui	2.20%
Yirol	1%
Mikumi	4,60%
Tosamaganga	0.50%
Aber	4%
Angal	1%
Matany	1%
Naggalama	0%
Nyapea	4%

HOSPITAL DATA 2014***

Country	Hospital	No. beds	No. out-patient visits	No. admissions	No. ante-natal visits	No. deli-veries	No. C-sections	No. immuni-zations
Angola	Chiulo	210	32,545	4,963	3,249	1,028	90	13,208
Angola	Damba	95	12,832	3,305	1,908	858	24	n.a.
Ethiopia	Wolisso	200	83,089	11,493	4,638	3,289	553	8,293
Mozambique	Beira	644	70,689	27,135	6,225	5,302	2,393	n.a.
Sierra Leone	Puejhun mother-child complex	54	1,906	1,469	2,386	460	124	n.a.
South Sudan	Lui	92	16,556	5,254	1,863	491	51	4,302
South Sudan	Yirol	103	50,382	11,222	11,370	1,461	48	32,612
Tanzania	Mikumi	121	18,691	8,040	3,120	2,935	495	17,000
Tanzania	Tosamaganga	165	27,404	6,964	1,362	2,566	865	7,021
Uganda	Aber	181	36,936	8,348	10,751	2,098	464	12,611
Uganda	Angal	260	33,653	16,078	5,783	2,244	589	22,743
Uganda	Matany	284	33,074	9,121	4,681	1,060	245	2,813
Uganda	Naggalama	100	32,959	7,451	5,165	2,419	450	9,380
Uganda	Nyapea	139	13,692	5,742	4,534	1,326	576	4,256
Totale		**2,648**	**464,408**	**126,585**	**67,035**	**27,537**	**6,967**	**134,239**

Still-births/ live births	% rate of C-sections	% deaths due to direct obstetric causes	Income from *user fees*	Total income for recurrent expendi-ture	Recurrent expendi-ture	Total staff	Skilled staff
4	9%	3%	n.a.	n.a.	n.a.	175	36
n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	13	8
5	17%	0.70%	469,555	1,327,557	1,359,245	349	207
8	45%	1.6%	n.a.	n.a.	n.a.	1,630	525
60	27%	2.3%	n.a.	n.a.	n.a.	13	27
4,5	10%	2.20%	n.a.	n.a.	n.a.	113	19
6	3%	1%	n.a.	n.a.	n.a.	109	20
15.60	16.80%	4.60%	n.a.	n.a.	n.a.	115	57
12.5	34%	0.50%	224,517	757,144	791,486	174	105
6	22%	4%	234,305	1,203,708	959,861	153	76
9	26%	1%	138,262	n.a.	614,660	183	74
19	23%	1%	68,300	n.a.	804,502	248	68
13	19%	0%	280,091	643,946	503,243	148	92
17	43%	4%	72,769	n.a.	353,890	114	36

*** The data refer to 13 hospitals. Beira (Mozambique) hospital has been excluded since no trend data were available before 2013 and because intervention at this facility by Doctors with Africa CUAMM did not focus on these aspects. Considering their recent upgrade from health centres to hospitals, Palma (Mozambique) and Cueibet (South Sudan) hospitals were also excluded due to lack of data.

FOCUS ON MOTHERS AND CHILDREN FIRST

FLASH

5
Years

4
Countries involved

1,300,000
Inhabitants involved by the intervention

4
Main hospitals

22
Peripheral health centres taking part

OVERALL[1] RESULTS DURING
YEAR THREE

The **"Mothers and Children First"** programme was launched in 2012 as part of a collaboration between Doctors with Africa CUAMM and several Catholic health-sector institutions operating in 4 districts of 4 African countries – Chiulo in Angola, Wolisso in Ethiopia, Aber in Uganda and Tosamaganga in Tanzania. The primary objective is to **reduce maternal, foetal and neonatal mortality and to guarantee access to safe child delivery and neonatal care free of charge**.
The intervention strategy is oriented around intrapartum care, particularly obstetric and neonatal emergency care, with actions targeted at **improving the coverage, quality and equity of services provided**.

Total[34] 1 April, 2014/ 31 March, 2015	Assisted deliveries			Antenatal visits		
	28,725	+29.8%	↑	64,278	+27.1%	↑

Peripheral health facilities

20,577 (+42.1%)
Assisted deliveries

54,090 (+40.5%)
Antenatal visits

Ambulance

1,955
Emergency transfers

Hospital

8,148 (+6.7%)
Assisted deliveries
D **6,239** (+4%)
Routine deliveries
D **1,819** (+11.2%)
C-sections

N.B.: 2,200 C-sections were expected; in view of the results, CUAMM is investigating whether C-sections are performed for real obstetric emergencies, in order to guarantee the quality of the procedure.

10,188 (-15.7%)
Antenatal visits

Training

77
Local professionals trained in issues and information systems related to neonatal complications

[34] All percentage values refer to variations compared to 2013.

129
A new life in Tanzania
(CUAMM Archive)

130
First bath time at Aber hospital, Uganda
(CUAMM Archive)

129

130

OVERALL RESULTS OF THE

FIRST THREE YEARS OF ACTIVITY

These truly impressive results are due to our determination and knowledge that it is not numbers and statistics that matter but the saved lives of mothers and children, who now have a future to look forward to. While we are making an important contribution at the hospitals, the real challenge is the **periphery**, where people all too often lose their lives for trivial, unacceptable reasons. This is where the **quality of basic health services needs to be high**.

Total

Assisted deliveries

71,084

Antenatal visits

146,584

2014 → **55,653**
2013 → **50,588**
2012 → **40,343**

Peripheral health facilities

48,228
Assisted deliveries
2014 → **20,577**
2013 → **14,486**
2012 → **13,165**

Ambulance

2,905
Emergency transfers

Hospital

22,856
Assisted deliveries

17,857
Routine deliveries
2014 → **6,329**
2013 → **6,000**
2012 → **5,528**

4,999
Caesarean sections
2014 → **1,819**
2013 → **1,636**
2012 → **1,544**

Training

405
Local professionals trained in issues and information systems related to neonatal complications

131
Examinations in the Neonatology ward of Wolisso hospital, Ethiopia *(CUAMM Archive)*

132
A mother breastfeeding her twins at Chiulo hospital, Angola *(CUAMM Archive)*

131

132

Research work in the third year of activity

Several in-depth studies have been carried out within the framework of the project to enhance knowledge of the setting and assess the efficacy of the proposed interventions. Specifically, the following studies were conducted during the third year of activity:

→ **Emergency obstetric and neonatal care service (EmONC) coverage in the districts of Ethiopia, Tanzania and Uganda**; improvements in coverage were assessed by comparing this study with the one conducted in 2012.

→ **Analysis of equity of access to hospital services in Ethiopia, Tanzania and Angola.**

→ **Use of incentives to support the demand for mother and neonatal services in Uganda**, designed to assess the efficacy and efficiency of two different incentives (a baby kit and a transport voucher) to increase access to skilled childbirth care.

The following studies were also launched (and are still in progress):

→ **Use of the ambulance service in the districts of Wolisso, Goro and Wonchi in Ethiopia** to assess the efficacy of the referral system and strengthen the transfer service between peripheral health centres and hospitals in cases of obstetric emergency.

→ **Beneficiary Feedback Mechanism** to survey the opinions of the local community in Tanzania. Comments, criticisms and suggestions are collected through text messages and telephone conversations directly from the population that access services.

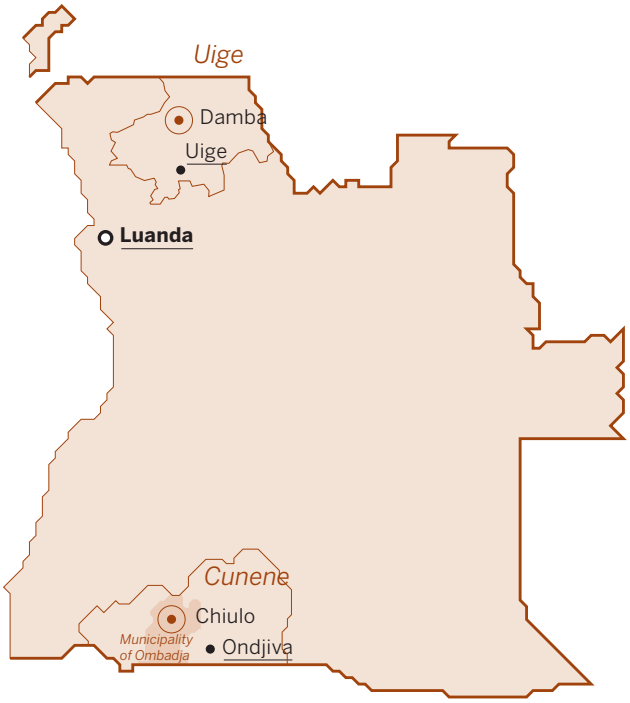
→ **Appropriateness of C-sections in Ethiopia and Tanzania** based on the Robson classification, with the aim of assessing the key factors that determine when a C-section should be performed.

For more information about these studies, go to **www.doctorswithafrica.org** or request the hard copies of the studies carried out.

133
A mother carrying her baby on her back
(Nicola Berti)

MOTHERS AND CHILDREN FIRST

ANGOLA



Intervention at the municipality of Ombadja, Chiulo

240,000
Total population of the municipality of Ombadja

10,446
Expected deliveries

10
Midwives working in hospital

Healthcare facilities:

1
Hospital (Chiulo)

3
Health centres

24
Health posts

Guaranteed at the district:
free transport and management of obstetric emergencies, equipment, medicines, local staff training

Doctors with Africa CUAMM staff:

2
Doctors at Chiulo hospital

1
Public health doctor (guaranteed by another project being implemented in the same area)

1
Administrative worker

Peripheral health facilities

2,300
Assisted deliveries

22%
Coverage of expected deliveries in the district

Ambulance

6
Emergency transfers

Chiulo hospital

938
Routine deliveries
90
Caesarean sections
0.8%
Percentage of C-sections versus total expected births
(standard 5-15%)

2.6%
Rate of in-hospital maternal mortality due to direct obstetric causes
(standard <1)

Training

5
People trained in obstetric and neonatal emergencies

MOTHERS AND CHILDREN FIRST

ETHIOPIA

Intervention at the districts of Wolisso, Goro and Wonchi

397,600
Inhabitants

13.796
Expected deliveries

18
Midwives working in the peripheral healthcare facilities

9
Midwives working in hospital

Healthcare facilities:

1
Hospital (Wolisso)

7
Health centres

Guaranteed at the district:
free transport and management of obstetric emergencies, equipment, medicines, local staff training

Doctors with Africa CUAMM staff:

2
Doctors (a health director-surgeon and a paediatrician)

1
Administrative worker

1
Expert in public health

1
Internist (guaranteed by other projects)

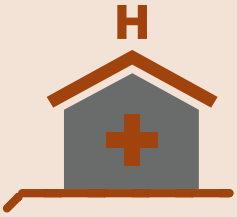
Peripheral health facilities

4,497
Assisted deliveries

32.6%
Coverage of expected deliveries in the district

Ambulance

1,320
Emergency transfers



Wolisso hospital

2,025
Routine deliveries in women from the 3 districts

336
Caesarean sections in women from the 3 districts

2.4%
Percentage of C-sections versus total expected births
(standard 5-15%)

0.7%
Rate of in-hospital maternal mortality due to direct obstetric causes
(standard <1)

Training

40
People trained in obstetric and neonatal emergencies

MOTHERS AND CHILDREN FIRST

TANZANIA

Intervention at the district of Iringa and Tosamaganga hospital

275,000
Inhabitants

8,842
Expected deliveries

122
Midwives working in the peripheral healthcare facilities

13
Midwives working in hospital

Healthcare facilities:

1
Hospital (Tosamaganga)

6
Health centres

60
Dispensaries

Guaranteed at the district:
free transport and management of obstetric emergencies, equipment, medicines, local staff training

Doctors with Africa CUAMM staff:

2
Doctors (a public health doctor and a paediatrician)

1
Administrative worker

1
Community expert/ anthropologist (guaranteed by other projects)

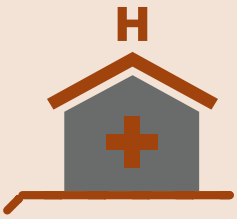
Peripheral health facilities

7,589
Assisted deliveries

85.8%
Coverage of expected deliveries in the district

Ambulance

233
Emergency transfers



Ospedale di Tosamaganga

1,701
Routine deliveries
865
Caesarean sections in women from the 3 districts
9.9%
Percentage of C-sections versus total expected births
(standard 5-15%)

0.5%
Rate of in-hospital maternal mortality due to direct obstetric causes
(standard <1)

Training

32
People trained in obstetric and neonatal emergencies

MOTHERS AND CHILDREN FIRST

UGANDA

Intervention at the district of Oyam and Aber hospital

405,100
Inhabitants

19,648
Expected deliveries

34
Midwives working in the peripheral healthcare facilities

28
Midwives working in hospital

Healthcare facilities:

1
Hospital (Aber)

1
4th level health centre

22
2nd (x 17) and 3rd (x 5) level health centres

Guaranteed at the district:
free transport and management of obstetric emergencies, equipment, medicines, local staff training

Doctors with Africa CUAMM staff:

2
Doctors (a public health doctor and a paediatrician)

1
Administrative worker

1
Expert in public health

1
Internist (guaranteed by other projects)

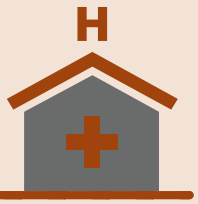
Peripheral health facilities

13,057
Assisted deliveries

66.5%
Coverage of expected deliveries in the district

Ambulance

396
Emergency transfers



Aber hospital

1,634
Routine deliveries
521
Caesarean sections (including the ones at Anyeke health centre)
2.7%
Percentage of C-sections versus total expected births
(standard 5-15%)

4%
Rate of in-hospital maternal mortality due to direct obstetric causes
(standard <1)

Training

FOCUS ON EBOLA

Flash

450
Trained and equipped district healthcare workers

250
Trained *contact tracers* equipped with bicycle/ telephone to search for people who are potentially at risk

2
Isolation centres set up and equipped

8
Teams of 20 workers trained in biologically safe burial practices

1
Dedicated vehicle for referring suspect/ confirmed cases

The first recorded case of Ebola in Sierra Leone dates back to 26 May, 2014. Nevertheless, Doctors with Africa CUAMM decided to stay in the country both to continue the work it has started and to contribute to the health emergency. On 8 August, 2014, WHO declared the Ebola outbreak in West Africa to be an **"health emergency of international proportions"**.

CUAMM contributed to the development of the **Action plan to control the spread of Ebola** in Pujehun district. To improve management of suspect and probable cases, CUAMM set up **two isolation centres**, one in **Kpanga** (5 km from Pujehun) and another in **Zimmi** (240 km from Pujehun), the area most severely affected by the Ebola outbreak in the district. The purpose of the two centres was to ensure the early isolation of suspect or probable cases and to take blood samples from admitted patients to be sent for diagnosis to the CDC (Centre for Disease Control) laboratory in Bo. The aim of CUAMM's intervention was to **rehabilitate Pujehun district hospital** (also provided with an isolation unit in the early stages), which was **equipped with all the necessary supplies.** All the **76 peripheral health centres** in the district were provided with protective materials.

Pujehun district

94
Suspect cases isolated

31
Cases testing positive of which:

24
deceased

7
survivors

3
Cases testing positive for Ebola virus among the healthcare staff:

1
driver

1
cleaner

1
member of the burial team

2
died

1
Recorded case of Ebola in the maternity ward

660
Burials in accordance with biosafety standards*

* Deceased persons from the community who did not have a precise diagnosis but were appropriately treated in order to avoid possible sources of contagion

134-135
Isolation centre in the Zimmi area
(CUAMM Archive)

134

135

Activities carried out during the Ebola emergency

→ awareness raising among the communities, education and stigma management
→ presence of expatriate doctors and healthcare staff
→ staff training
→ purchase of protective material for healthcare staff
→ construction and management of the isolation centres of Kpanga and Zimmi in Pujehun district
→ purchase of a vehicle dedicated to the referral of suspect/confirmed cases
→ food incentives for peripheral health unit staff
→ purchase of medicines and consumables for hospital activities

The outbreak continued to escalate until October 2014. The rate of infection and contagion then very slowly started to decline, while the "epicentre" of the epidemic moved from the east to the west of the country, to the capital Freetown and the neighbouring districts of Port Loko, Western Area and Bombali, with a second peak in mid December 2014.

Moreover, despite the outbreak and thanks to the above-mentioned actions, there was no significant decline in the use of the hospital by the population and healthcare staff did not abandon the area.

CUAMM was not, however, able to lower its guard, since the outbreak took a completely atypical turn compared to the past. Ebola produced not only direct losses but also had indirect effects, i.e. **collateral outbreak-related damage**, which emerged with dramatic force in the "post Ebola" phase and required appropriate action. The main victim was undoubtedly the Sierra Leonean health system, with its hospitals and health centres, which closed due to heavy healthcare staff losses and fear, leaving entire populations with no access to basic health services.

These include **Lunsar hospital**, in the **western district of Port Loko**. Managed by the Order of the Brothers Hospitallers of St. John of God, this facility has over the years become a reference point not only for Sierra Leone, with an important flow of patients from neighbouring Freetown, but also for surrounding countries, as Guinea and Liberia. Since August 2014, the hospital has been closed twice, the first time by order of the Ministry of Health of Sierra Leone, the second time, on 22 September following the infection of Brother Manual Garcia Viejo, the Spanish missionary doctor who was repatriated and subsequently died. The hospital would now like to reopen but people are afraid and there is a shortage of doctors. Hence the **involvement of Doctors with Africa CUAMM**, by virtue of the positive results achieved at Pujehun (a hospital which is still open, with limited loss of human lives).

Lunsar Hospital

500,000
Population in the catchment area

32,445
Outpatient visits *

151
Beds

2,114
Surgical procedures*

Doctors with Africa CUAMM therefore intends to **pursue its work at Pujehun hospital and at the peripheral units of Pujehun district**, to effectively respond to the spread of the Ebola outbreak. The intervention will also be extended in order to **reopen the paediatric and emergency obstetric services at Lunsar hospital**, thus helping to improve access to mother and child healthcare services in Port Loko district.

* 2013 data

136-137
Secure burials in Pujehun *(CUAMM Archive)*

136

137

138
Neighbourhood of Freetown under quarantine after the discovery of positive cases of Ebola
(Nicola Berti)

139
A check point at the gates of the capital
(Nicola Berti)

138

139

HUMAN RESOURCE MANAGEMENT

The current scenario in Africa, where Doctors with Africa CUAMM staff operate at various levels, is characterized by rapidly developing countries and increasingly structured and complex political, religious and cultural settings. Now more than ever, staff require solid professional training and deep-rooted motivation. Both underlie the development of advanced analysis, research, programming and organization skills and a deep knowledge of reality. These ingredients are key to performing effectively and flexibly in the international cooperation world, where a growing number of players with a wide array of intervention approaches demand newer and newer methods, cooperativeness and skills.
For these reasons, CUAMM has confirmed and to some extent renewed its commitment to improve each stage of human resource management: from recruitment, to selection, to training, to specific pre-departure preparation, to monitoring the performance of each individual provider in the field.

Recruitment and selection

National staff (i.e. nationals of the country of intervention) and **African human resources from neighbouring countries** are selected and recruited at the coordination headquarters in the various African countries. **International staff** (Italians or Europeans) are instead recruited and selected at the headquarters of Doctors with Africa CUAMM in Padua. To cover international staff positions in its projects, CUAMM seeks human resources inside and outside of the organization.
Internal human resources refer to staff returning from Africa who have acquired professional experience in Doctors with Africa CUAMM projects, in addition to staff still working in the field, who may be asked to collaborate in another project and/or country. Priority is given to this pool to make the most of the Organization's human capital and promote the professional growth and experience of providers who are working or have previously worked with CUAMM.
External human resources refer to providers who have acquired experience in international cooperation through other organizations, who wish to share their professional expertise and wealth of values with CUAMM.

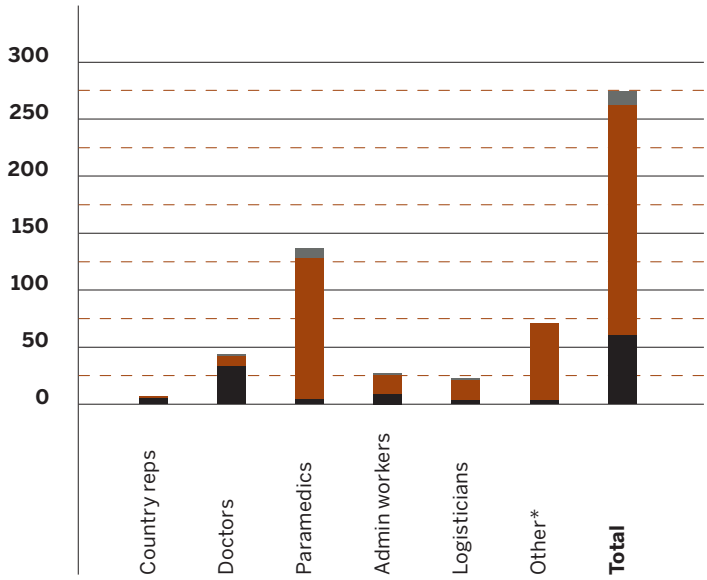
2014 saw a rise in the number of applications sent spontaneously or in response to advertisements posted on national and international sectoral websites and on the CUAMM website.
Applications are mainly managed through an online form to be filled in; CVs are screened according to set criteria. Professionals meeting the requirements for vacant posts are invited to participate in the selection procedure. In 2014, **81 candidates** took part in the external human resources selection interviews.

Preparing for expatriation

Once selected, the candidates for a given country and a specific post are sent a general information kit and specific documents relating to their role, the project and the work environment.
Shortly before departure, aid workers are invited to headquarters to complete their training, lasting two days and based on group sessions and individual meetings. The aim is to increase the rapport between departing and HQ staff on common aspects and areas, with a view to promoting long-distance collaboration between HQ and the country of intervention.
27 expatriation training days were organized in 2014.

Staff in service

In December 2014, **262 skilled professionals** were operating in the countries of intervention, including international, national and African staff (from neighbouring countries).



International staff
National staff
African staff

* The item "other" refers to community experts, project assistants, M&E, mainly represented by national staff.

International staff
The process to select staff to carry out the projects in the seven countries of intervention and to shadow the locally recruited professionals involved a total of **272 professionals**, from inside and outside the organization.

272
Professionals involved in the 2014 selection process

183
long-term mission*

53
consultancy work

36
temporary replacements

180 international professionals were selected from the 272 interviewed candidates. The majority were doctors, as shown in the graph below:

180
International professionals providing their services during 2014:

125
Doctors

23
Admin workers

12
Health workers

8
Country representatives

7
Logisticians

5
Other

During the year, several providers returned home at the end of their contract, while others opted to extend their contract and to continue working.
Job openings due to the repatriation of providers whose contract had expired or to the implementation of new projects, prompted the selection and recruitment of other suitable professionals to fill the vacant posts.
As shown in the graph below, **110 international staff positions** were covered during 2014.

110
Positions covered in projects during 2014

66
Long-term mission*

29
Consultancy work

15
Temp. replacements

National staff in neighbouring countries
Doctors with Africa CUAMM extensively collaborates with skilled national staff in proportion to the national presence of professional profiles specifically required by the projects. Nurses and midwives, for example, are prevalently nationals, since they are trained in the country of intervention. By contrast, there is a shortage of national doctors in the rural areas where CUAMM operates, which explains the higher percentage of international medical staff.
In particular, the number of national skilled staff has significantly risen in South Sudan, where CUAMM's areas of intervention were extended during the course of the year.
In 2014, there was also an increase in the number of skilled African staff from countries bordering on the ones where CUAMM is currently operating.

Monitoring and evaluation

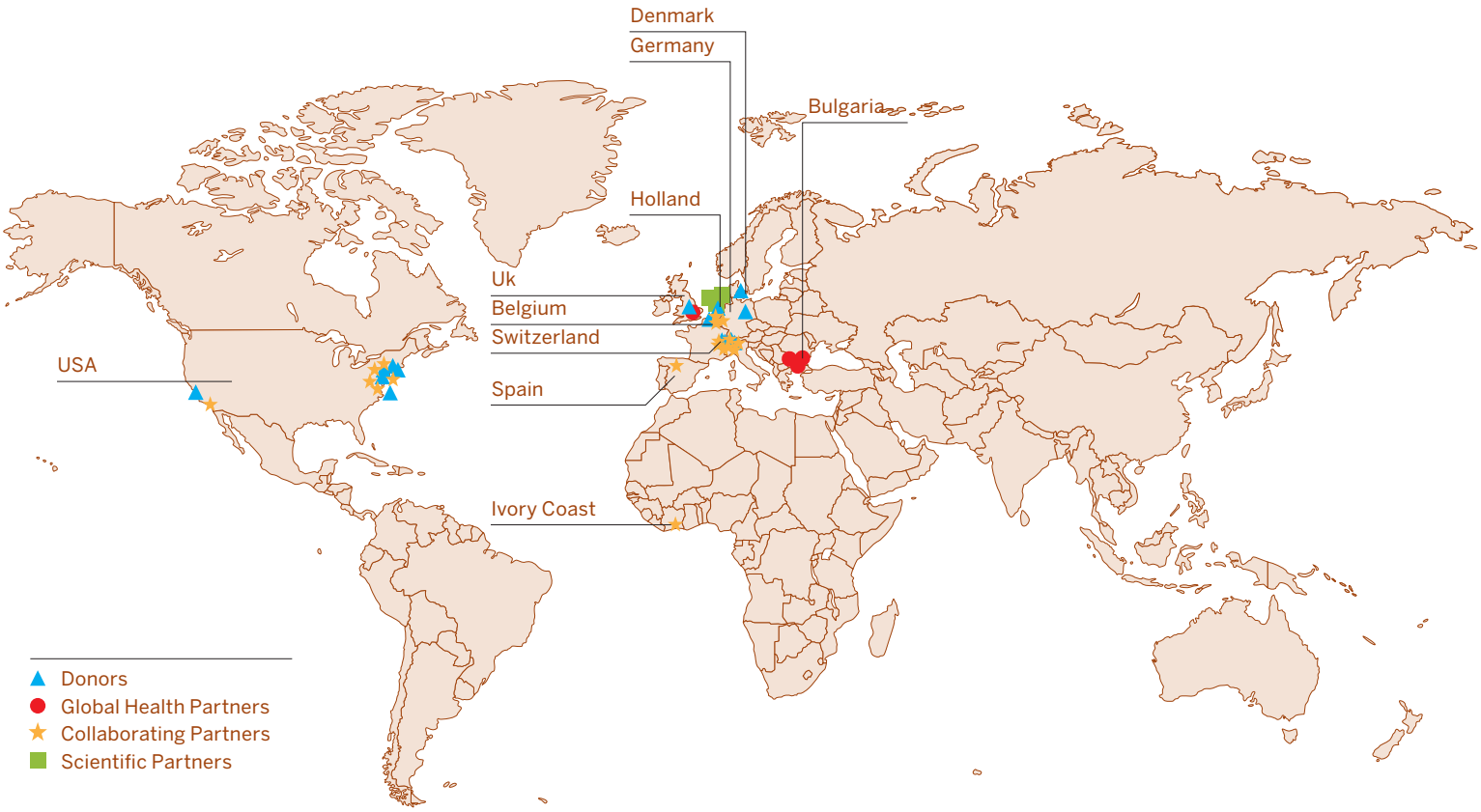
The organization monitors and evaluates the performance of all international and national human resources working in the field. The aim is to make individual providers more aware of and responsible for the development of their own know-how and skills in their specific professional field.
The aim is to identify each provider's professional strengths – in order to identify strategies to develop provider potential – and weaknesses – in order to intercept training and support needs and develop strategies and methods by which to meet them.
Monitoring takes place on a six-monthly basis using a set of forms. These are subsequently assessed and discussed with the provider's direct supervisor, and reviewed during the following semester.

Proposal for trainee doctors

The Junior Project Officer (JPO) scheme has reached its twelfth year and provides residents with theoretical training and experience in the field, enabling them to engage in international health cooperation and rise to the global challenge in their own country.
The specific characteristics of this scheme are pre-departure training, implementation of a training and work plan in compliance with specific residency programme objectives, and on-the-job shadowing by a senior specialist from Doctors with Africa CUAMM, who functions as a tutor.
Over the course of these 12 years, more than **87 residents** from universities all over Italy have left for Africa. In 2014 alone, **17** took part in the scheme. This experience in the field has also served as the basis for many residency theses, thereby contributing to the production of documents and analyses on ongoing projects.
During the year the proposal was disseminated together with informative material at medical conferences, seminars and congresses.

* The term "long mission" refers to a collaboration in the field for a period of one year or more

PARTNERSHIP



Belgium
Antwerp
- Institute of Tropical Medicine (university)

Bruxelles
- European Parliament
- STOA European Parliament
- European Commission
- RAPUE
- Veneto Region brx office

Bulgaria
Pleven
- Medical University – Pleven
- Association of Medical Students in Pleven Association
- "Development of Personality and Human Communities" Pleven

Ivory Coast
Abidjan
- African Development Bank

Denmark
Copenaghen
- World Diabetes Foundation

Germany
Dresda
- Partec (company)

Holland
The hague
- CORDAID (NGO)

Amsterdam
- KIT Royal Tropical Institute Tropical Medicine (University)

Spain
Madrid
- Manos Unidas (NGO)

Switzerland
Zurigo
- Women's Hope Int.
- African Innovation Foundation
- Optimus Foundation UBS

Ginevra
- WHO Tb Department
- WHO Family Cluster
- WHO nutrition
- Caritas Internationalis (network)
- Rep Holy seen to UN
- Global Fund
- UNAIDS

Basilea
- MMI (network)

Uk
Londra
- Imperial College (university)
- Children's Investment Fund Foundation (CIFF)

Usa
Washington
- Italian Embassy
- World Bank

New York
- BMS Secure the Future (foundation)
- RAPUN
- Merck
- UNICEF
- UNDP
- Elma Philanthropies
- The Rockefeller Foundation

Baltimore
- CRS

San Francisco
- Gilead

Los Angeles
- CHAUSA (network)

REPORT ON ITALY

This year, too, we covered Italy from North to South, organizing events, attending in meetings, participating in activities and creating newer and newer opportunities for dialogue, information and knowledge acquisition.
An "enjoyable effort" rewarded time and again by the most important outcome of all: that of meeting and connecting with people who share our need and desire to "do their bit" alongside the lowest of the low.
With them and thanks to them, we have achieved important goals over the years.
They boost our daily energy and fuel our motivation to continue our journey to the last mile of the world, where so many people's lives are at risk.
The CUAMM journey depends on the commitment of many professionals, qualified staff, friends, donors, supporters, common people whose lives take a variety of directions but who have chosen to devote some of their time, resources, and love to those in need.
A journey alongside the weakest which, day after day, contributes to narrowing the gap between people and places.

COMMUNICATION

2014 was a very productive and intense year, in terms not only of output of new material but also of the solid human relations and relationships forged locally, nationally and internationally with numerous dedicated people, organizations and institutions. These special relationships are a great asset to CUAMM. **Besides providing information, we feel communicating also serves to motivate and involve others** in our 65-year commitment *with* Africa. Cutting across all departments of the NGO, we spent another year increasing the visibility of Doctors with Africa CUAMM and proposing a broad range of activities. From the production of fundraising material to the organization of events, from consolidating our presence on the various social networks and the website to writing articles for the two-monthly journal "èAfrica" ("It's Africa"), to involving national press journalists, to writing project reports. Our activities vary greatly but have a common aim: **to spread our motto, "Health is a right. Fighting to respect it is a duty,"** to an audience as wide as possible in Italy and throughout the world.

Coordination of communication in Africa and Italy

During the course of 2014 the Communications Office worked alongside the various internal departments to **optimize management of the CUAMM identity** locally, nationally and internationally. In Italy, the production and distribution of material to suit local network requirements was carried out in cooperation with the Community Relations and Fundraising Department. Posters, bills, project brochures, postcards, gadgets, and digital invitations were produced, and support was provided for special fundraising events. Visibility for CUAMM and the individual projects implemented in the 7 countries of intervention was promoted in close cooperation with the coordination offices, which joined forces to produce materials (posters, t-shirts, stickers, plaques etc.), organize and promote missions by donors, institutional visits and special communications projects (e.g. the "Life is sweet" web documentary, produced following the visit to South Sudan by the three singer-songwriters, Niccolò Fabi, Daniele Silvestri and Max Gazzè).

Events

The Communications Office helped to organize events both locally, in response to Community Relations and Fundraising Department requirements, and nationally. Work involved coordinating communications, logistics and the various stages of organization.

April

→ 3 april: CUAMM organized the meeting in Turin, **"Business and cooperation. Development opportunities in Africa: the case of Mozambique"**.

→ 8 april: on his return from South Sudan, where he worked as a doctor and surgeon, partly in a war setting, **Dr. Enzo Pisani** met the local community at the headquarters of Doctors with Africa CUAMM in Padua to discuss his experience.

May

→ 29 may: again in Turin, CUAMM organized the conference, **"Building philanthropy. New forms of cooperation: from the local level to the global challenge"**, followed by a fundraising collection for the South Sudan Emergency campaign.

June

→ 7 June: **presentation of the book/DVD "Doctors with Africa"**, at the Bo Palace in Padova, attended by Natalino Balasso and Niccolò Fabi, friends of the director Carlo Mazzacurati. This was the first in a series of presentations held in many cities across Italy.

→ 22 June: the **CUAMM party** was held at the Don Bosco Theatre in Padua, giving friends, acquaintances, volunteers and supporters of the extended CUAMM family a chance to meet. The party also provided an opportunity to show the travelling exhibition "Two destinies", designed to represent the book of the same name (R. di Renzo, S.M.L. Possentini, *Due destini*, Fatatrac, 2014).

September

→ Mario Calabresi, director of the Italian daily newspaper *La Stampa*, visited CUAMM in Uganda to collect material, stories and information to use in his book, **"Non temete per noi la nostra vita sarà meravigliosa (Fear not, our life will be wonderful)"** due to come out in January 2015.

November

→ 22 november: after accompanying the **tour by Niccolò Fabi, Daniele Silvestri and Max Gazzè** across the whole of Italy, with the help of numerous volunteers, we also attended the concert in Padua.

→ 29 november: our **annual meeting** entitled "Mothers and children first. The last mile towards the future" was attended by institutional representatives, as the Italian vice Minister of Foreign Affairs Lapo Pistelli and Romano Prodi (President of the Foundation for Cooperation among Populations), as well as international agencies, foundations, volunteers in the field, citizens and many young people. The meeting was an opportunity to present the results achieved in the three years since the start of the "Mothers and children first" project, but above all an occasion to meet and exchange ideas on the future of Africa.

December

→ 5 december: a concert given by the ***Summertime Kids*** was held at the Verdi Theatre in Padua, whose proceeds went to the "Mothers and children first" project.

→ 19 december: a **Christmas concert** performed by the "Società Musicale" chamber orchestra was held at the Pedrocchi Café in Padua, in support of CUAMM's work to tackle the Ebola emergency in Sierra Leone.

Publications

“èAfrica” (“It’s Africa”)
The 6 issues of our two-monthly information and awareness-raising magazine about projects, with a print run of approximately 55,000 issues and local, national and international dissemination, reported on the various stages of our journey alongside the lowliest.

Health and Development
Two issues of this quarterly magazine on international cooperation and health policy were published in 2014, in Italian and English, as part of the “Equal opportunities for health” programme.

Annual Report 2013
The report is a key yearly publication. It provides an account of results, activities, projects, hospital and human resources data, and an overall appraisal of the organization.

“The growth of human resources for health in Tanzania: meeting the challenge together”.
This project report, translated into English and Swahili, is testimony of our commitment to provide accessible, equitable health services in Tanzania.

“Joined by a thread”
The theme of the 2015 calendar is malnutrition. Twelve illustrations by Sonia Maria Luce Possentini accompany the story told in monthly instalments by Renzo di Renzo.

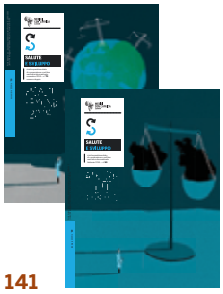
“Doctors with Africa”
This box set, published by Feltrinelli and issued to bookstores in May, consists of a book of testimonies and a DVD of the documentary about film director Carlo Mazzacurati’s first experience in Africa alongside CUAMM.

“Due destini (Two destinies)”
Doctors with Africa CUAMM presented its new book, published by Fatatrac, written by Renzo di Renzo and illustrated by Sonia Maria Luce Possentini, during the “Fiera delle Parole (Exhibition of words)” event held in October in Padova. The illustrated album tells the story of pregnancy and birth through the eyes of two children.

140
èAfrica (It’s Africa)

141
Health and Development

140



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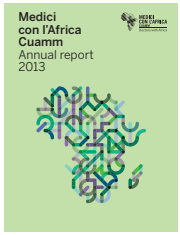
142
Annual report 2013

143
The growth of human resources for health in Tanzania: meeting the challenge together

144
Joined by a thread



142

143

144

145
Doctors with Africa

146
Two destinies

145

146

Video products

Video products (clips, DVDs) are a useful means of **presenting the work of Doctors with Africa CUAMM** to donors and, more broadly, the general public. Over the year there has been a rise in the number of videos produced, with i**ncreased sharing on the web**, initiated from both the website and YouTube, where most of them are housed.

Below is a list of the main videos and short clips produced:
"Medici con l'Africa Cuamm"
an institutional six-minute Italian video summarizing the work of our organization in Africa and Italy, over its 65-year history.

"Berçario"
a visit to the Neonatology ward at Beira central hospital in Mozambique, where newborn children are waiting to be named (produced as part of the "Protecting mother and newborn health in Beira city district – Mozambique" project, funded by the Directorate General for Development Cooperation – Italian Ministry of Foreign Affairs and private donors).

"Doctors with Africa Cuamm"
A presentation in English of the work performed up to the last mile in favour of mothers and children, in collaboration with local authorities and international partners.

"Life is sweet"
Various products have been produced to the tune of the song by Fabi, Silvestri and Gazzè. First and foremost the web documentary of the same name, which uses multimedia to recount the three artists' journey to South Sudan, accompanied by a series of introductory clips.

"Mothers and children first: the dream; In a new light; African stories of redemption; The last mile"
these short videos were produced to animate the annual meeting of Doctors with Africa CUAMM, where they aroused intense emotions among the audience.
This area of activity also included the production of a dozen video clips and parts of interviews with testimonials and authors, taken from various events held during the year. They add to the material posted on YouTube.

147
Berçario

148
Life is sweet

147

148

Advertising communications

In 2014, too, **traditional advertising tools** (billboards and press advertisements) were accompanied by new forms of **web advertising** that take advantage of specific web characteristics, as the potential for rapid information sharing and relation building with stakeholders. From the start of the year, benefiting from *pro bono* spaces granted by publishers and agents, the advertising plan involved the following campaigns:

"Il nostro posto è qui" (We belong here)
This campaign was about the emergency caused by the war in South Sudan and was publicised in several national weekly newspapers, the weekly diocesan bulletins of the Veneto region, and on all CUAMM's communication tools. The campaign also included the production of a video advertisement.

"Siamo più bravi a far nascere bambini che a farci pubblicità. Dona il tuo 5x1000" (We do a better job of delivering babies than of getting publicity. Donate your 5x1000 to us)
Advertisements in the local and national press; bill posting in Padua, Venice-Mestre, Vicenza and Treviso; banners, videos and web announcements on Google and the social networks.

"Medici con l'Africa. Un film di Carlo Mazzacurati. Un libro di Ammaniti, Fabi, Paolini, Rumiz e molti altri" (Doctors with Africa. A film by Carlo Mazzacurati. A book by Ammaniti, Fabi, Paolini, Rumiz and many others)
A special bill-posting campaign in the cities where the box set published by Feltrinelli was presented (Padua, Vicenza, Verona and Modena).

"Emergenza Ebola in Sierra Leone. C'è una cura contro l'Ebola. Sei tu" (The Ebola emergency in Sierra Leone. A treatment does exist for Ebola. It's you)
Banners, videos and web announcements carried on Google and on the social networks.

149-150
Doctors with Africa

151
A treatment does exist for Ebola. It's you

152
We belong here

153
We do a better job of delivering babies than of getting publicity. Donate your 5x1000 to us

149

150

151

152

153

Relations with the media

The press office sought to consolidate ongoing relations and create new contact opportunities with the media world. A few numbers give an idea of the work performed: the press review for 2014 consisted of **over 1500 cuttings**; **74 press releases** were issued and over **29 editorials** written. Numerous **radio interviews** were given and **television appearances** made by CUAMM providers to inform the general public about work in the field. Special attention was focused on the emergency linked to the war in South Sudan and the Ebola outbreak in Sierra Leone.

Media coverage/reports

At the start of the year, reports were written on the dangerous front line of the civil war in South Sudan for the weekly magazine ***Venerdì di Repubblica*** by Pietro Veronese, with photos by Enrico Bossan, and for the newspaper ***La Stampa*** by Michela Iaccarino.
The reports produced on Sierra Leone by Michele Farina for the ***Corriere della Sera*** and by Domenico Quirico for the ***La Stampa*** newspapers were particularly significant. The wealth of information and depth of vision of both reports helped to shed light on the dramatic impact of Ebola, which has so heavily affected the people of Sierra Leone and CUAMM's work in the field.

Web

The relentless growth of the opportunities offered by the web prompted Doctors with Africa to closely analyse its "digital identity" and identify the most effective tools and strategies to disseminate online communications, broaden the volunteer base and enhance fundraising. The analysis led to the publication of a **new website (www.doctorswithafrica.org)** and implementation of an editorial policy to guide communication on social networks. Specifically, the aim of the new website is to inform the readership in a more precise, friendly, engaging manner about our service in Africa and Italy and to emphasize that our work is "with Africa". The layout has been completely redesigned to make navigation more intuitive and is accompanied by texts and multimedia content (primarily videos and photo albums), built to meet the information needs of various types of user, inside and outside CUAMM, as analysed by appropriate assessment survey tools. The website continues to serve as an information tool (approximately 100 news items published), to support fundraising activities (online donations, Christmas specials, fundraising gadgets), and to engage human resources interested in cooperating in projects. Updated information on Doctors with Africa CUAMM activities was also provided by the **"Voices from Africa" newsletter** in the first half of the year. While awaiting the new newsletter layout, subscribers were kept in direct contact with CUAMM through **DEMs, special e-mail messages** promoting local events and fundraising activities. Doctors with Africa CUAMM uses internet not only to provide information but also to foster relations with its supporters through various **social networks**. Of these, **Facebook** is the most widely used. The page serves mainly to provide information and foster involvement and participation among supporters and sympathizers. **Twitter** also shows a constantly upward trend and followers of the account, created in 2012, receive daily 140-character updates on projects and events. The following social networks confirmed their role as strategic platforms through which to inform followers about CUAMM's new horizons and challenges: **Flickr** for images, **YouTube** for video clips and **LinkedIn** for health professionals and those interested in international cooperation. The **web documentary "Life is Sweet" (www.lifeissweet.it)**, published online in July 2014, is testimony to the organization's readiness to adopt new communication channels and contemporary forms of expression. This is a multimedia documentary on the visit by Niccolò Fabi, Max Gazzè and Daniele Silvestri to South Sudan, alongside CUAMM in October 2013. The web documentary, which has reached almost 50,000 views, consists of 13 clips filmed on location, in addition to photos, analyses, quotes and thoughts collected on the road by these three exceptional observers. In November and December 2014, CUAMM in turn accompanied them on their tour of Italian venues and on the social networks. Last but not least, two new **blogs** were set up: **"Postcards from Africa" http://blog.iodonna.it/volontari-africa** and **"Diary of Ebola" http/diariodaebola.blog.rainews.it** produced by CUAMM providers in collaboration with the magazine *Io Donna (linked to the newspaper Corriere della Sera)* and the website **www.RaiNews.it**.

13,000
average of visits/month on the **website**

over 2,000
photos of **Flickr**

over **15,000**
subscribers **"Voice of Africa" Newsletter**

148,000
views on **Youtube**

197
video clips

over **16,000**
contacts on **Facebook**

210
followers on **LinkedIn**

approx **1,800**
followers on **Twitter**

COMMUNITY RELATIONS AND FUNDRAISING

2014 witnessed an upward turn in private sector funding compared to 2013, with a rise in both the funds collected and the number of donors. Specifically, we acquired **over 4,000 new donors** in 2014 out of a total of around 16,000 supporters. These results are partly related to two dramatic events that marked the year: the upsurge in the civil war in South Sudan (between January and April) and the outbreak of Ebola in Sierra Leone (from August onwards). Both events demanded an extraordinary support effort for the hospitals and prompted the **need for special fundraising appeals**.

The **"Noi siamo qui"** ("We are here") campaign, promoted online, in the local press of the Triveneto area, and through the work of our supporters and community-based groups, enabled us to respond to new funding needs determined by the **emergency in South Sudan**.
To deal with the **Ebola emergency in Sierra Leone**, the director of Doctors with Africa CUAMM sent out numerous appeals and updates through newsletters addressed to the organization's entire e-mailing list. The press office worked intensely and dozens of local events were organized to raise awareness and provide information. Together with numerous initiatives across the extensive CUAMM network, this combined effort brought in the funds required to address the first few months of the emergency.

Two new groups in Florence and Verona joined the CUAMM community during 2014. Extraordinary community-based activities were concentrated in November and December when 15 volunteers for each performance accompanied the tour by musicians, Niccolò Fabi, Daniele Silvestri and Max Gazzè. From October onwards, efforts were focused on information events about Ebola. During these events, held at various venues across Italy, CUAMM doctors addressed the Ebola emergency through updates on the work being carried out at Pujehun district and information on how infection with the virus occurs and on the dangers of contagion.
The **"Una vita per una vita"** ("A life for a life") initiative to promote the "Mothers and children first" project at Obstetrics and Gynaecology wards, gained momentum as new hospitals joined, most notably in Piedmont and the Marches. This initiative was associated with the awareness visit to Tosamaganga hospital in Tanzania in April by several midwives, to get to know the places and problems, but above all the beneficiaries of the "Mothers and children first" project. A second visit had been organized in the second half of the year but was cancelled on account of the Ebola emergency.

Since August, a new figure has become part of the team to cover the area of Friuli Venezia Giulia and part of the Veneto region. The aim is to devote more attention to key donors in this these areas and increase the involvement of new donors where the community-based network is most concentrated.

Top

154
Information meeting on the Ebola emergency at Villa Zanetti auditorium in Villorba (Treviso)

155
A volunteer stall at Acireale (Catania) during a concert by Fabi, Silvestri and Gazzè

Bottom

156
A volunteer stall at Modena during a concert by the trio Fabi, Silvestri and Gazzè

157
Postcards for the "A life for a life" initiative

154

155

156

157

Recognised CUAMM groups

Abruzzo

Medici con l'Africa Cuamm Abruzzo Chieti
gruppo.abruzzo@cuamm.org
Contact person: Rita Trozzi
Support for "Mothers and children first" project.

Emilia Romagna

Medici con l'Africa Cuamm Modena Reggio Emilia/Modena
mediciconlafrica_more@yahoo.it
Contact person: Glauco Coccapani
Tanzania: support for activities at Mikumi hospital.

Friuli Venezia Giulia

Medici con l'Africa Cuamm Trieste Trieste
gruppo.trieste@cuamm.org
Contact person: Ada Murkovic
Support for "Mothers and children first" project.

Marche

Medici con l'Africa Cuamm Marche Ancona
gruppo.marche@cuamm.org
Contact person: Carlo Niccoli
Support for "Mothers and children first" project.

Lazio

Medici con l'Africa Cuamm Roma/Roma
gruppo.roma@cuamm.org
Contact person: Carlo Resti and Emanuela Frisicale
Mozambique: support for activities at the Catholic University of Mozambique.

Lombardia

Associazione CUAMM Lecco/Lecco
cuammlecco@tiscali.it
Contact person: Riccardo Bonfanti
Ethiopia: support for Wolisso hospital and nursing school.

Medici con l'Africa Cuamm/Cremona
gruppo.cremona@cuamm.org
Contact person: Giacomo Ferrari
Mozambique: support for activities at the Catholic University of Beira.

Medici con l'Africa Cuamm Milano Milano
carloalfei@teletu.it
Contact person: Carlo Alfei
Support for "Mothers and children first" project.

Medici con l'Africa Cuamm Varese Varese
mediciconlafricavarese@gmail.com
Contact person: Dino Azzalin
Ethiopia: Support for "Mothers and children first" project in Wolisso.

Piemonte

Cuamm Medici con l'Africa Gruppo del Piemonte/Biella
cuammpiemonte@gmail.com
Contact person: Giuseppe Ferro
South Sudan: support for activities at Yirol hospital.

Puglia

Medici con l'Africa Cuamm Bari/Bari
gruppo.bari@cuamm.org
Contact person: Renato Laforgia
Mozambique: support for activities at the Catholic University of Beira.

Medici con l'Africa Salento Torre Santa Susanna - BR
gruppo.salento@cuamm.org
Contact person: M. Susanna Coccioli
Mozambique: support for activities at the Catholic University of Beira to train doctors and at Beira hospital to improve services for malnourished children.

Sardegna

Medici con l'Africa Cuamm Sardegna Cagliari
gruppo.sardegna@cuamm.org
Contact person: Chiara Squilloni
Sostegno al progetto
Support for "Mothers and children first" project.

Sicilia

Medici con l'Africa Cuamm Sicilia Palermo
gruppo.sicilia@cuamm.org
Contact person: Marta Rizzo
Support for "Mothers and children first" project.

Toscana

Medici con l'Africa Cuamm Firenze Firenze
gruppo.firenze@cuamm.org
Contact person: Federica Dantes
Support for "Mothers and children first" project.

Jenga Insieme
Medici con l'Africa Cuamm Siena Siena
info@jengainsieme.org
Contact person: Dr. Paolo Rossi
Activities at the Uganda Martyrs University of Nkozi.

Trentino Alto Adige

Medici con l'Africa Cuamm Trentino Trento
gruppo.trentino@cuamm.org
Contact person: Carmelo Fanelli
Ethiopia: support for activities at Wolisso hospital and nursing school.

Veneto

Cuamm con Sara per l'Africa Onlus Bassano del Grappa e Altopiano di Asiago - VI
agostino.lessio@libero.it
Contact person: Agostino Lessio
Uganda: support for activities at the Uganda Martyrs University of Nkozi.
Angola: support for activities at Chiulo hospital.
Ethiopia: support for motor rehabilitation activities at Wolisso hospital.

Africa Chiama
Associazione Amici dei Medici con l'Africa/Conegliano (TV)
africa.chiama@libero.it
Contact person: Rinaldo Bonadio
South Sudan: support for activities at Lui hospital.

Medici con l'Africa Cuamm Verona Verona
gruppo.verona@cuamm.org
Contact person: Francesca Tognon
Support for "Mothers and children first" project.

Medici con l'Africa Cuamm Vicenza Vicenza
cuamm.vicenza@gmail.com
Contact person: Antonio Dalla Pozza
Support for "Mothers and children first" project.

Partner groups

Association of Doctors from Alto Adige for the Third World, Association of Friends of Angal (not for profit), Association of Friends of Children Infected by HIV/AIDS (not for profit), Doctors with Africa – Como (not for profit), Matany Hospital Support Group (not for profit), Solidarity Market Association, Toyai Association (not for profit).

Thematic groups

To provide specialist technical support for ongoing projects, Doctors with Africa CUAMM has set up a series of thematic working groups characterized by the presence of several people with experience in developing countries and professionals who have worked only in Italy:

→ The **Orthopaedic Group**, was established in 2002, bringing together 35 people (specialists and residents in orthopaedics, nurses and rehabilitation therapists) who meet periodically and are actively engaged in fundraising, technical support and short consultation missions. In 2014, 3 update and planning meetings were held at the CUAMM headquarters in Padua; the group also actively supported the Department of Orthopaedics of St. Luke Hospital of Wolisso, through 5 orthopaedic and one physiotherapy missions. Luigi Conforti is president of the orthopaedic group.

→ The **Working group on maternal, newborn and child health**: was set up in 2013 and is formed by gynaecologists, midwives, paediatricians and paediatric nurses. Three meetings were held in 2014 on maternal and 2 on newborn health. The same number of meetings, devoted to similar issues, were held by the thematic subgroups.

→ **Anaesthetist group**: 2 meetings, attended by 15 people each, were held in 2014 with the aim of establishing a working group on anaesthesia. During the year, 4 members of the group took part in short consultation missions in the field.

158
The Maternity ward at Lui hospital, South Sudan *(CUAMM Archive)*

159
The Neonatology ward at Wolisso hospital, Ethiopia *(CUAMM Archive)*

160
The Orthopaedics ward at Wolisso hospital, Ethiopia *(CUAMM Archive)*

161
The Paediatrics ward at Chiulo hospital, Angola *(CUAMM Archive)*

Next page
A screening dedicated to global health illuminating the façade of the Bo Palace in Padua *(CUAMM Archive)*

158

159

160

161

EDUCATION AND AWARENESS BUILDING

Global health: global challenges, local solutions

Doctors with Africa CUAMM pursued its commitment to global health teaching over the three-year period 2014-2017. The training of medical students, young doctors and residents in medicine continued with the support of the Fondazione Cassa di Risparmio di Padova e Rovigo and an international network of universities, research centres, and students' and medical associations.
Poverty, economic and social crisis, migration and returning diseases, unemployment, environmental and climatic damage. The **challenges of globalization** are not limited to Africa and there is an increasingly recognized need for a **healthcare model** that incorporates the interdependencies between health and the economic, environmental and social determinants of health. **Tomorrow's health professionals** need to be ready to address the challenges of a globalized world within this framework.

FNOMCeO with CUAMM in support of young doctors

FNOMCeO, the Italian Federation of Physicians and Dentists, which has always been alert to the global dimension of health, has assigned one year's funding (from September 2014 to August 2015) to young doctors opting to attend a **hands-on training course** in one of the countries where CUAMM works. Funding will be to cover travelling and training costs.
Training is a strategic tool to define the physician's role and identity. Hence FNOMCeO's support for the development of a training model which incorporates societal change and interconnection between countries, and which prepares physicians to deal with human, social and economic challenges in a continuously evolving scenario.

Equal opportunities for health: action for development

"Equal opportunities for health: action for development" was a three-year educational and awareness-raising project, ended on 28 February, 2014, designed to **emphasize the need to consider health a basic human right, closely tied to individual social development**.
The aim of the project was to shape European public opinion about the close links between health and development, and to instil a sense of responsibility to take action among the medical and health community (doctors, health workers, lecturers and trainers, medical students).
The project promoted discussion and dissemination of the global health paradigm. In the sense of a "holistic" approach to health, such model combines theory with application into practice of the social determinants approach to health. It also incorporates the values of justice and equity enshrined in the Alma Ata Declaration and an analysis of both the growing interdependence between populations and countries due to globalization processes and the impact this has on health and health inequalities both within and among countries.
18 partners and associates from 7 European countries (Bulgaria, Hungary, Italy, Latvia, Malta, Poland, Romania) representing the medical-healthcare community worked together for three years, led by the coordinator Doctors with Africa CUAMM.
The final training and project reporting activities were performed during the early part of 2014. On 1 February, 2014 the international conference, "A decent life for all", was held in Padua, attended by international partners and key representatives of the European Commission. Besides giving visibility to this long, ambitious project, the conference also provided an important opportunity to draw the attention of national and international organizations and civil society to global health.
The city of Padua became the **"Global health capital"** for an extensive period before and after the event (from 21 January to 10 February, 2014), with posters and bills distributed in strategic areas of the city centre, on buses, at tram stops, on the main city roads and in multimedia circuits. On the day of the conference, a screening dedicated to the theme of global health illuminated the façade of the Bo Palace for the entire evening. A special issue of "Health and Development" devoted entirely to the conference and the international speakers' presentations was published for the occasion.
This awareness-raising campaign gave the event great visibility and enhanced citizens' interest in the international conference, its guests and issues relating to the right to health in the world.

To quote just a few of the final results presented at the conference, the project delivered:

134
University courses

13
Train-the-trainer courses

46
Courses for health professionals

70
International meetings and conferences on global health organized in Europe

Italian Network for Global Health Teaching

To contribute to enhancing population health and to reducing inequalities within and among countries. This is the overriding goal of **RIISG - Rete Italiana per l'Insegnamento della Salute Globale (Italian Network for Global Health Teaching)**, created in 2009 by Doctors with Africa CUAMM together with academic partners, institutions and associations.
Alongside Doctors with Africa CUAMM, players from a broad spectrum of settings belong to RIISG, from universities to private social entities, student and non-student associations:

- → Study and Research Centre in International and Intercultural Health of Bologna University (CSI);
- → Global Health and Development Area (CERGAS) of Luigi Bocconi Business School of Milan;
- → 'La Sapienza' University of Rome;
- → Institute of Hygiene (Director, Prof. G. Ricciardi) of the Faculty of Medicine 'A. Gemelli' of the Catholic University of the Sacred Heart of Rome;
- → Department of Public Health of Florence University;
- → Experimental Centre for the Promotion of Health and Health Education (CeSPES) of Perugia;
- → Italian Secretariat of Medical Students (SISM);
- → Italian Society of Migration Medicine (SIMM);
- → Italian Society of Medical Managers;
- → Italian Observatory on Global Health (OISG);
- → National Council of Residents in Hygiene and Preventive Medicine;
- → Interfaculty Group of Rome.

During the course of the year, all members of the network contributed **to develop, discuss and disseminate global health**, promoting its teaching at academic and professional level, searching for opportunities for exchange and dialogue with other disciplines and institutions, groups, associations and networks within Europe. RIISG has fostered public debate on Global Health issues and built awareness among civil, professional and academic institutions in order to activate processes of change, able to translate good practices into tangible, large-scale actions that benefit everyone.
For more specific details about training courses and activities related to Global Health teaching, go to:
www.educationglobalhealth.eu

Cooperating for health in Africa

Health cooperation as an effective tool for combating health inequalities. This is CUAMM's take-home message for its course "Cooperating for health in Africa", attended by 70 health professionals with 95 teaching hours in total, designed to provide an understanding of African life and the implications of local health system consolidation.
The course started in September 2013 and five specialist modules were held in the early part of 2014 (January and March). Approximately 40 people took part in the modules to explore various spheres of intervention of Doctors with Africa CUAMM: public health, hospital management, surgery and anaesthesia, mother-child health, and infectious diseases.
A new edition of the course started in September 2014, presenting the basic principles of and the Organization's approach to international health cooperation, investigating topics as health and development, cooperation players, social determinants of health, and an introduction to the work of Doctors with Africa CUAMM. Health system consolidation was the core subject of the second module (held in November), based on analysis of the 6 building blocks defined by WHO: governance, funding, human resources, health service delivery, information systems, medicines, vaccines and equipment.
For more information, go to: **http://www.mediciconlafrica.org/cooperare-per-la-salute-in-africa**

Documentation centre

3,200
Scientific and cultural volumes and journals housed in the centre range from health issues in Africa to healthcare management, to international cooperation

over **170**
Theses available on the same subjects

Trainers

30
Health professionals with experience in Doctors with Africa CUAMM projects who made the training possible

300
Hours of lectures

20
Health professionals who took part in the annual trainers' meeting devoted to updating strategies and project work in Africa and to reviewing basic training

Training course on health cooperation project administration

Addressed to candidates with an administrative background planning to familiarize with the field of international health cooperation.

38
Hours for the residential module

8
Administrative workers who attended

Refresher course on Tropical Medicine and International Health at the University of Brescia

17th edition (February-May 2014)
This course, based on a collaboration between the university and the NGO, is addressed to healthcare providers intent on undertaking international cooperation work.

44
Hours of lectures

8
Doctors with Africa CUAMM trainers

STUDENT COLLEGE

Purpose

CUAMM was conceived in 1950 as a "University college for aspiring missionary doctors," with the aim of **admitting and training Italian and foreign medical students** planning to serve as volunteers in developing countries and committed to building awareness in Italy. To maintain a shared purpose, students are still required to have a thorough professional grounding as part of a dedicated, continuing training pathway.

Activities

During 2014 the college housed **68 students** who were involved in a wide variety of activities. One particularly interesting event was the 2014 edition of the "CUAMM spring party" organized in May by the college students, bringing together **over 850 young people**. It was a chance to meet up and share music, dancing and African cuisine, as well as distribute gadgets and visit information stands to create awareness about Africa and raise funds in support of the **"Mothers and children first"** project.

162
College students at the CUAMM Spring Party 2014
(CUAMM Archive)

HISTORICAL ARCHIVE

In 2014, Doctors with Africa CUAMM's historical archive continued to be an **essential tool for the organization as a whole**, but a particularly important source of support for communications activities.

During the year, the archive provided the website and social networking services (mainly Facebook, Twitter and Flicker) with photographic material, contributions and ideas, thus strengthening its original collaboration with CUAMM's "digital ecosystem".
A positive liaison was maintained with the journal *èAfrica* (it'sAfrica), through the retrieval of material on past experiences, used mainly to develop the historical photo page, "From the CUAMM album".
A good rapport was also built up with the press office, which often uses archive data and testimonies to give journalists and information workers a clearer picture of the nature of CUAMM's work in Africa and elsewhere.
Contributions from the archive also helped enhance much communication material and the organization's Annual Report.

During 2014 the organization began to capitalize on research work performed in 2013 **to reconstruct Doctors with Africa CUAMM's presence in the countries involved in the "Mothers and children first" project**: Angola, Ethiopia, Tanzania and Uganda. The four studies, together with a similar activity for Mozambique, provided information on places and types of intervention, staff involved and results achieved.
The material collected on Uganda in particular was also used for the book, "Non temete per noi la nostra vita sarà meravigliosa (Fear not, our life will be wonderful)" by Mario Calabresi, editor of the daily newspaper *La Stampa* (published by Mondadori in January 2015). This document was further enriched by **an ad hoc analysis of articles, letters and testimonies by Gigi and Mirella Rho**, CUAMM doctors at St. Kizito Hospital of Matany since 1970 and joint protagonists in Calabresi's account of events.

Professor Anacleto Dal Lago, the first CUAMM doctor in Africa and a key figure in the organization's history, passed away on 13 April, 2014. In 2015, it is planned to hold a special event to mark the 60th anniversary of his departure to Kenya and tell his exceptional story to a wider audience. Research work is underway and **the Dal Lago family has bequeathed to the archive additional unpublished material** produced by the Professor during his long life. This legacy will give added depth to the reconstruction of this man's extraordinary existence.

164
From the book The adventure continues. Short history of the first 60 years of Doctors with Africa CUAMM

164

FINANCIAL STATEMENTS 2014

AUDITOR'S REPORT ON THE FINANCIAL STATEMENTS

BDO

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(Translation from the Italian original which remains the definitive version)

Auditors' Report

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

1. We have audited the financial statements of the "Opera San Francesco Saverio" - C.U.A.M.M. Foundation (the "Foundation") as at and for the year ended 31 December 2014. The Foundation's Directors are responsible for the preparation of these financial statements. Although not expressly required by Italian law, these financial statements have been drawn up in accordance with the provisions of the Italian Civil Code. Our responsibility is to express an opinion on these financial statements based on our audit. This auditors' report has not been issued for Italian statutory purposes, due to the fact that the Foundation has no legal requirement.

2. We conducted our audit in accordance with the auditing standards required by the Italian Accounting Profession (CNDCEC) and recommended by Consob, the Italian Commission for Listed Companies and the Stock Exchange. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement and whether they result reliable as a whole. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements as well as assessing the accounting principles used and significant estimates made by Directors. We believe that our audit provides a reasonable basis for our opinion.

   Reference should be made to the report dated 29 April 2014 for our opinion on the prior year figures which are presented for comparative purposes as required by law.

3. In our opinion, the financial statements of the Foundation as at and for the year ended 31 December 2014 comply with the Italian regulations governing their preparation; therefore they are clearly stated and give a true and fair view of the financial position and results of the Foundation.

Verona, 4 May 2015

BDO S.p.A.

(signed on the original)

Alfonso Iorio
(Partner)

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

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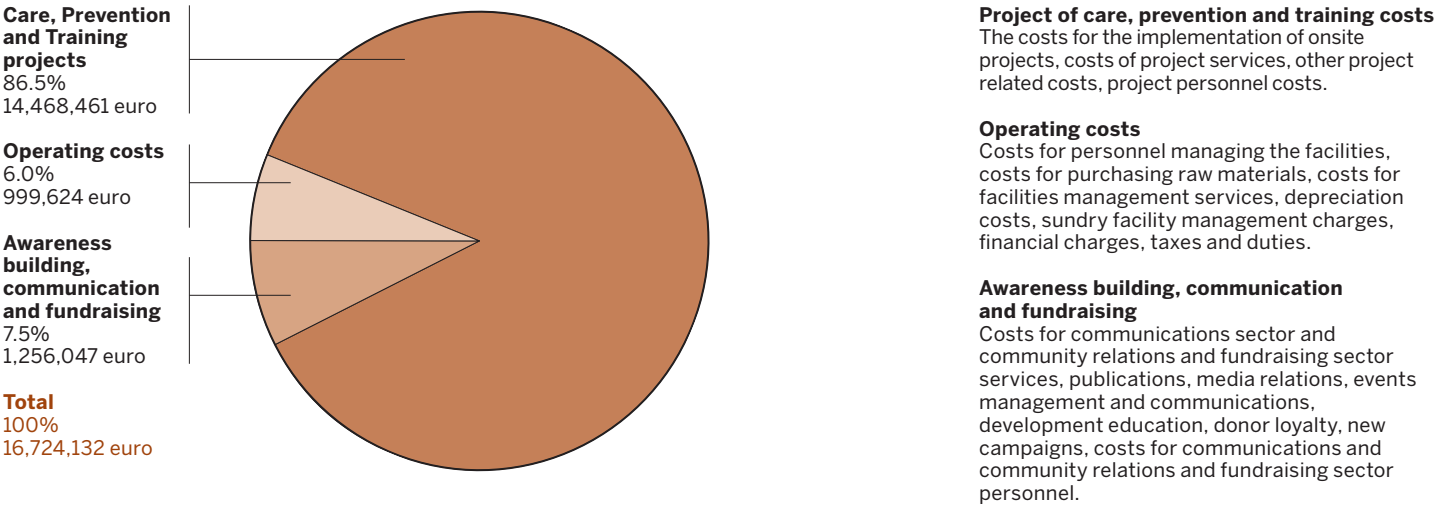
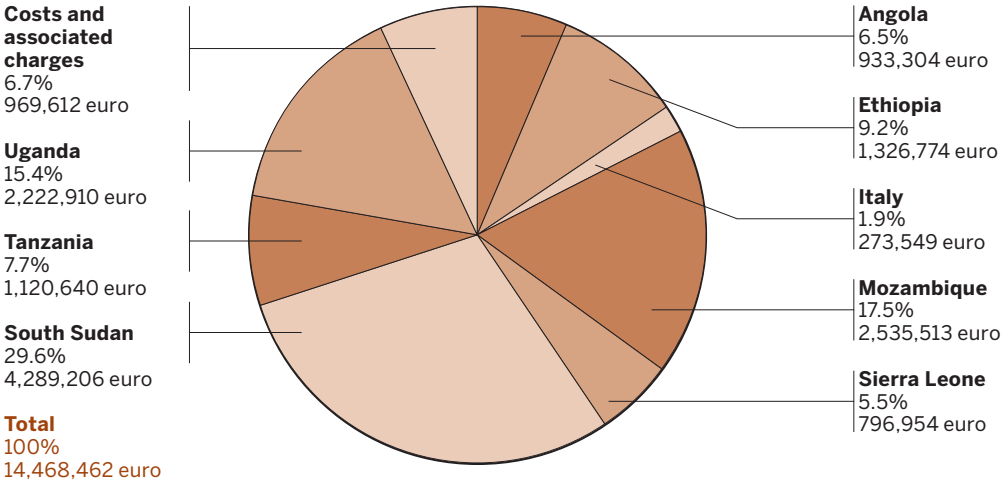
The organization, Doctors with Africa CUAMM, is legally an integral part of the "Opera San Francesco Saverio" Foundation. This single balance sheet actually consists of the results of three activities: the Foundation, the not-for-profit NGO and the University College. The indexes and graphs presented herein refer solely to the work of the not-for profit NGO for the year 2014.
In 2014, the cost of interventions in the countries where Doctors with Africa CUAMM operates amounted to 12,995,345 euros. Of this total, 81.8% (10,634,654 euros) was directly invested in the Organization's key cooperation projects and in hundreds of ongoing microsupport activities. The remaining amount was used to cover operating costs (11.5%) and awareness-building, communications and fund-raising costs (6.7%).

The direct and indirect beneficiaries of the actions are indicated in the descriptions of the respective projects and in the Focus on hospitals section. These were reached thanks to the dedication and commitment of hundreds of local workers and 180 expatriate aid workers. Head office staff was supported by hundreds of volunteers throughout Italy.

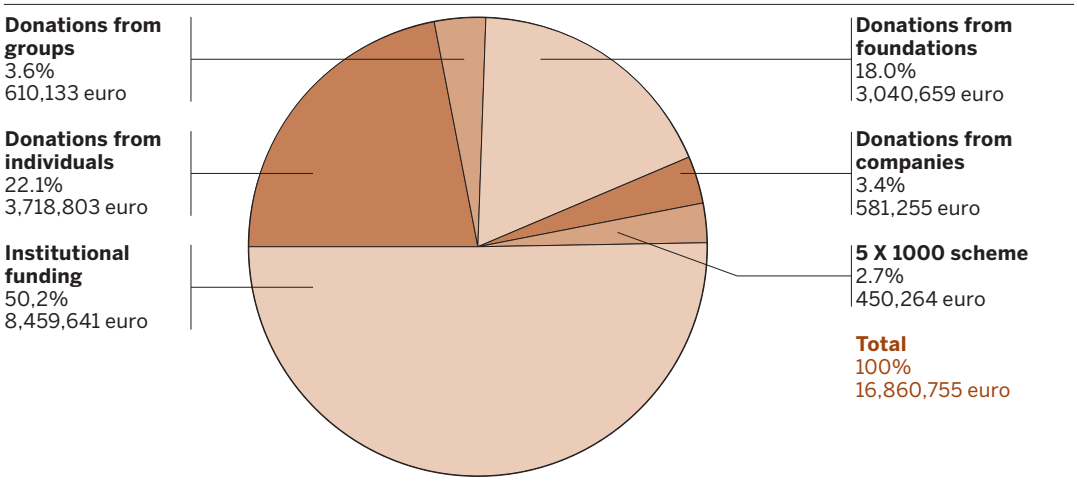
ONLUS expenditure



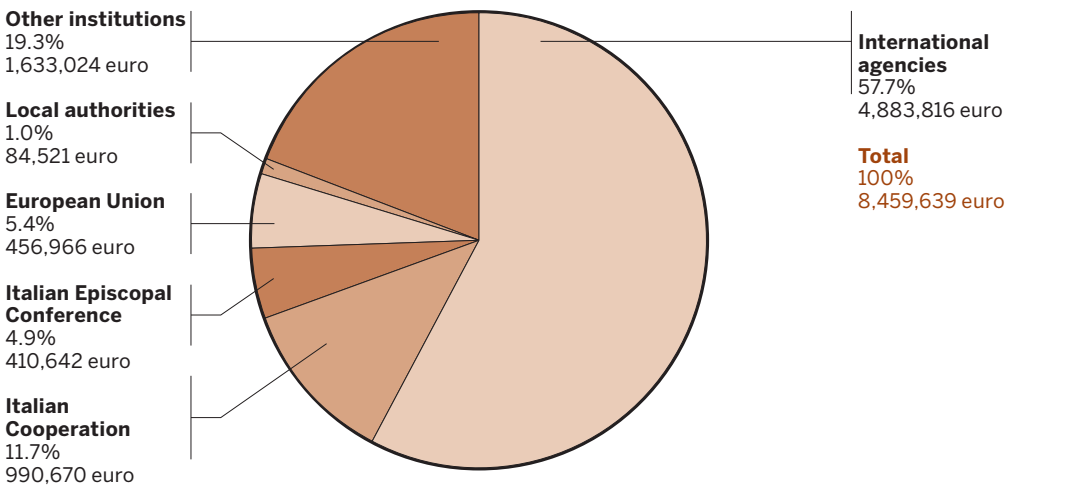
Investements in projects



ONLUS income



Institutional grants



165
Smiles in Palma, Mozambique
(CUAMM Archive)

166
Two new lives in Mikumi, Tanzania
(CUAMM Archive)

165

166

TOGETHER WITH 14,634 PRIVATE DONORS AND ALL THE GROUPS DOCTORS WITH AFRICA CUAMM

Thanks for walking along this charming path "with Africa"

Institutions and international agencies

Azienda ospedaliera di Padova, Compagnia di San Paolo, Conferenza episcopale italiana, Cordaid, Department for International Development – Ebola Emergency Response Fund, Diocesi di Padova, Diocesi di Vicenza, Fondo globale per la lotta a tubercolosi, Aids, malaria, Health Pooled Fund, Ministero degli Affari esteri e della Cooperazione internazionale, Ministero della Salute angolano, MSH Pepfar, Provincia autonoma di Bolzano, Provincia autonoma di Trento, Regione autonoma Valle d'Aosta, Regione del Veneto, Regione Toscana, Unicef, Unione Europea, United Nations Office for Project Services, Università di Padova.

Foundations, associations and groups

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Companies

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This is not
an annual report.
It is the detailed
account of 31 million
and 536 thousand
seconds of work,
love and passion.
By all of us.