

Doctors with Africa CUAMM Annual Report 2015



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CUAMM

Doctors with Africa



Doctors with Africa CUAMM Annual Report 2015



Design
Heads Collective

Layout
Heads Collective
Publistampa Arti grafiche

Photography
Archivio CUAMM
Nicola Antolino
Luigi Baldelli
Nicola Berti
Maria Nannini
Monika Bulaj
Gigi Donelli
Reed Young

Drafting
Andrea Atzori
Stefano Bassanese
Andrea Borgato
Chiara Di Benedetto
Chiara Cavagna
Andrea Iannetti
Fabio Manenti
Bettina Simoncini
Jacopo Soranzo
Anna Talamì
Samuele Zamuner
Mario Zangrando

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OUR MISSION CONTINUES

Rev. Dante Carraro,
director of Doctors with Africa
CUAMM

As usual, looking back at what happened during the previous year is like trying to “connect the dots”, finding the connection between moments and situations we experienced directly, as individuals, communities and entire Countries. In fact, Doctors with Africa CUAMM is a special dimension that has a way of connecting the private, intimate life of each one of us to public, community and institutional life, making the latter more virtuous and more caring, while we as individuals become more aware of general and social implications.

The book **“Non temete per noi la nostra vita sarà meravigliosa”** (Fear not, our life will be wonderful) published by Mario Calabresi in early January, is a great example of this. We presented it in many Italian cities, from Turin to Milan, from Udine to Padua, from Trieste to Aosta and Verona. We left for Uganda with Calabresi to visit Matany and other locations where Doctors with Africa CUAMM operates. Places he had only heard mention of, but which for us represent the roots and the origin of our work in Africa. A stimulating and meaningful book for everyone, particularly for our young doctors who decide to leave for Africa, following in the steps of Gigi Rho and Mirella Capra, and invest their time in a unique experience that will change their future professional lives.

Trusting, believing in one's dreams, even if they lead you to uncertain, less beaten paths. This is the challenge we accepted in **Sierra Leone**, working to help the country recover from the devastating Ebola epidemic. We were encouraged by the words of Dr Kebbi, the director of our hospital in Pujehun: «Your being here with us during these months and your commitment to continuing to be with us in future, has given us all the strength not to run, to say, not to feel abandoned, to continue fighting. Just like the mothers and children who, despite the risk, have kept coming to the hospital and trusting us». A hidden and untold drama was unfolding beneath the apparent normality of everyday life. We made it our mission to strengthen our activities in the country, in particular by resuming surgical activity and admissions at **Lunsar hospital**, managed by the Fatebenefratelli community, in the western district of Port Loko. We did the same in **South Sudan**, a country marked by instability

throughout the year, which often tested our operators' endurance and commitment to the limit. Despite the difficulties we kept finding new solutions, such as a network of mobile phones and a 24-hour ambulance service. The results of our activities were presented with great success at a workshop held in February in Juba – the capital city of South Sudan – attended by representatives of the Ministry of Health and South Sudanese authorities, NGO and donors.

In the countries in which we operate – Angola, Ethiopia, Mozambique, Sierra Leone, South Sudan, Tanzania and Uganda – the work described in these pages, has always been accompanied by initiatives to spread a culture of participation, because we all must give our contribution and do our bit, no matter how big or small. The photo exhibition “A waiting room – Mothers and children first”, by the Polish photographer Kasia Ciechanowska, was inaugurated in March, to coincide with International Women's Day, at the **Headquarters of the United Nations** in New York. The event was organized in collaboration with the Permanent Representatives of Italy and Tanzania to the United Nations.

Other initiatives included the traditional College students party held at CUAMM's headquarters at the beginning of May, the event that took place at **Teatro Verdi** in Padua, with Natalino Balasso and Massimo Cirri and many other activities organized by groups and supporters across Italy.

And while the situation in South Sudan worsened dramatically, our commitment to the cause allowed us to party with 22 young doctors who at the beginning of June celebrated getting their degree at the **Catholic University of Mozambique** (UCM) in Beira. In September, the struggle and worrying situation in South Sudan worsened due to the continuous clashes between the army and armed local militia that threatened Lui hospital and the annexed midwifery school's activities, terrorising the population which fled into the bush. CUAMM's work focussed mainly on trying to normalise the situation and supporting the hundreds of displaced who fled to the bush, among which were sick children and pregnant women who survived by eating roots. One of them told us «I have been

running all my life». A silent cry of pain we have taken to heart.

In this contest, official awards have a significant meaning: on 18 September, Doctors with Africa CUAMM received the **Premio Cittadino Europeo** award, assigned to single individuals or groups that have distinguished themselves for their contribution to strengthening European integration and the dialogue between peoples by adopting the values of the Charter of Fundamental Rights of the European Union. A way of building peace in the field, starting by considering the hospital as a safe, untouchable place, choosing to stay "with" the local population, despite instability and uncertainty.

A **workshop**, organised in collaboration with the Global Health Centre of Tuscany, took place in Florence in September, with the objective of promoting shared methods and tools that can be used to develop common processes to evaluate the efficacy of international health cooperation projects. An objective we are determined to achieve.

During the six days that Pope Francis spent in Africa, across Kenya, Uganda and the Central African Republic, in an apostolic journey in name of "reconciliation", "peace and forgiveness" that marked the beginning of the "Jubilee of Mercy", Monsignor Claudio Cipolla, new bishop and president of CUAMM, arrived in Padua. November was filled with special moments: on Saturday 21 November, at the auditorium of the University of **Verona**, the official and complete results of the fourth year of the "Mothers and children first" programme were presented in the presence of national and international authorities, partners and representatives of civil society.

Prepared by the journey in Ethiopia of the Foundation's representatives – who from the start, in 2011, believed in the project designed to guarantee access to free and safe child delivery in four hospitals and the territories of reference in sub-Saharan Africa – the Annual meeting once again was a unique occasion to learn more about the challenges and the future of our intervention in Africa. Just a few days later, don **Luigi Mazzucato**, director of Doctors with Africa CUAMM for 53 years, sadly passed away.

A great loss that touched us all deeply. As bishop Claudio said: «Don Luigi's

death wasn't so much the end but the completion and fulfilment of his life». Many honoured his memory in a composed atmosphere filled with hope.

Don Luigi left everyone a piece of his history and memories. Now, it's our duty to preserve his "special legacy" made of relations, affection, commitment and love for Africa, so that Doctors with Africa CUAMM can continue its work to help the poor as don Luigi always wanted and did personally until the end. So in the end, the dots will be connected every time we work believing in our mission, even when it leads us to a less safe or beaten path.

To re-watch the "Mothers and children first. On the border lies our house" event held in Verona on 21 November in the auditorium of the University: www.youtube.com/user/mediconlafrica/playlists or <https://youtu.be/MnEbFZpajkc>

To remember the words and images of don Luigi Mazzucato: <http://www.mediconlafrica.org/donluigi/>

SUSTAINABLE DEVELOPMENT GOALS (2016-2030)

1

No
Poverty

2

Zero
Hunger

3

Good
Health and
Well-Being

4

Quality
Education

5

Gender
Equality

6

Clean Water
and
Sanitation

7

Affordable
and Clean
Energy

8

Decent Work
and Economic
Growth

9

Industry,
Innovation
and
Infrastructure

10

Reduced
Inequalities

11

Sustainable
Cities and
Communities

12

Responsible
Consumption
and Production

13

Climate
Action

14

Life below
Water

15

Life on
Land

16

Pace, Justice
and Strong
Institutions

17

Partnership
for the Goals

Approved by the UN General Assembly on 25 September 2015, they show the international community the way towards development for the next 15 years. Doctors with Africa CUAMM is mainly focussing on the third objective, but has taken a multi-sector approach, sensitive to the related social determinants of 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 activities 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
A trip along the last mile (CUAMM Archive)

02
A mother and her child in a health centre in South Omo, Ethiopia (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 hospital tariffs (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.

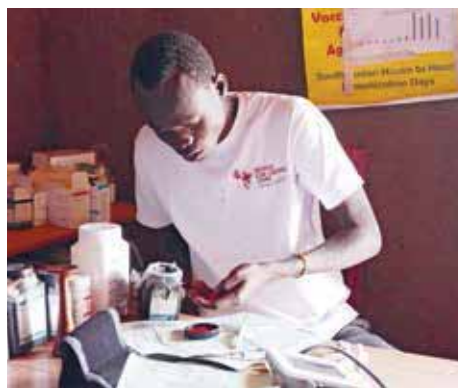
03
Local staff at work
in South Sudan
(Nicola Berti)

04
An Ethiopian mother
and her child
(CUAMM Archive)

05
Pujehun Hospital
during Ebola
(Luigi Baldelli)

06
Ugandan women
walking to the hospital
(CUAMM Archive)

07
Jeeps are one of the
essential means of
transportation in the
last mile
(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 65-YEAR HISTORY

During these 65 engaging, at times dramatic years of history:

1,615

people have left Italy to work on projects: of these, **434** returned on one or more occasions

1,073

students have been accommodated at the college: **708** Italian and **280** students from **34** different countries

165

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

221

hospitals have been served

41

countries of intervention

5,096

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

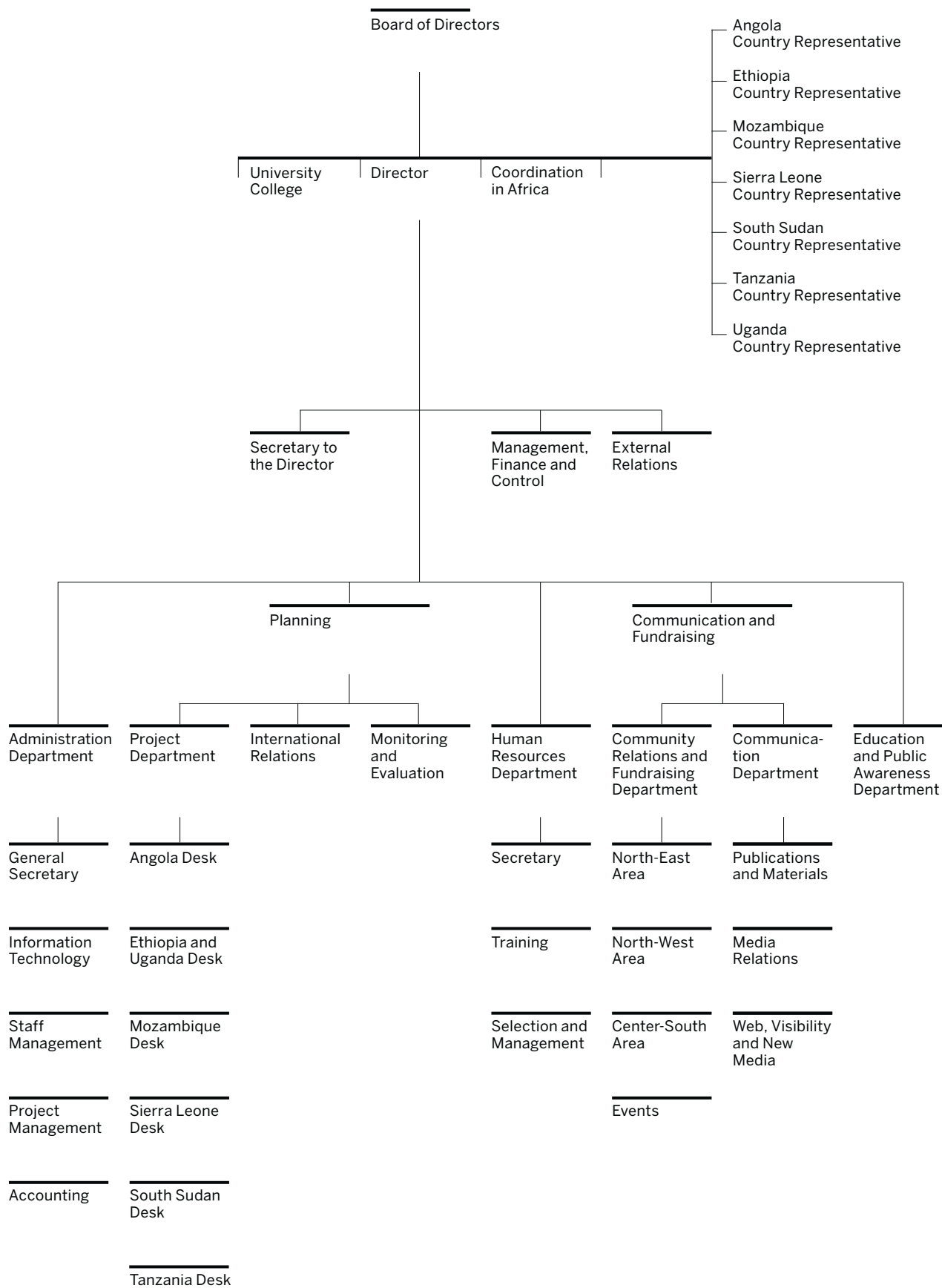
opinions on programmes, balance sheets and financial statements drawn up by the director. Ordinary meetings of the assembly are called and presided by the chairman twice per year. Activities are coordinated by the assembly's steering committee, formed by five members, including the secretary of the assembly.

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.

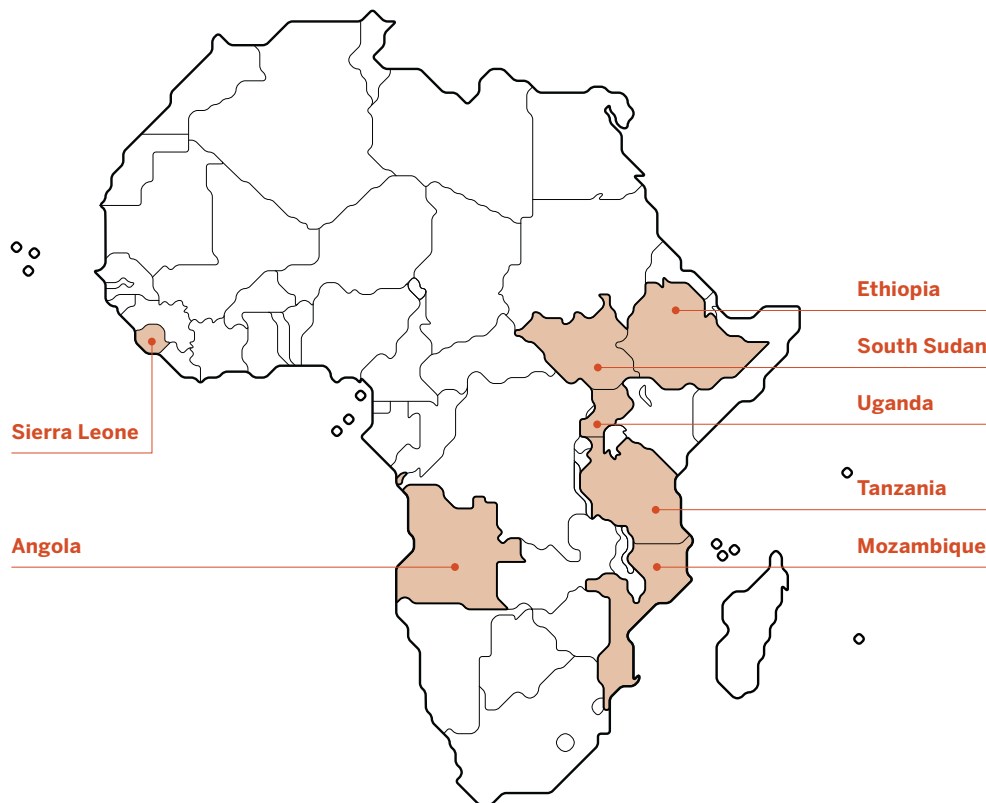
08
Headquarter staff
(CUAMM Archive)



ORGANIZATIONAL PLAN



FLASH

**Angola**

Avenida Murtala Mohamed
Largo do Hotel Palm Beach
Rua das Casas Novas
N° 9 IL 23 - Ilha do Cabo
C.P. 16624 Luanda
t. 00244.923351224
angola@cuamm.org
Country Representative:
Maria Sole Dall'Oro

Ethiopia

Sub city Bole
Kebele 03/05
House nr. 4040
P.O. Box 12777
Addis Ababa
t. 00251.116612712
t. 00251.116620360
f. 00251.116620847
ethiopia@cuamm.org
Country manager:
Matteo Bottecchia

Mozambique

Av. Patrice Lumumba 424
Bairro Central
Maputo
t. 00258.21302660
f. 00258.21312924
mozambico@cuamm.org
Country Representative
Michela Romanelli

Sierra Leone

22, Wilkinson Road
Freetown
t. 00232.76653457
sierraleone@cuamm.org
Country manager:
Giovanna De Meneghi

South Sudan

c/o DHL Worldwide express
Abdul Hakam Tayfour Bldg
Juba
sudsudan@cuamm.org
Country manager:
Valerio Granello

Tanzania

New Bagamoyo Road
plot nr. 14
Regent Estate
P.O. Box 23447
Dar Es Salaam
t. 00255.222775227
f. 00255.222775928
tanzania@cuamm.org
Country manager:
Giuseppe Valerio

Uganda

Gaba Road "Kansanga"
Plot nr. 3297
P.O. Box 7214
Kampala
t. 00256.414.267508
t. 00256.414.267585
f. 00256.414.267543
uganda@cuamm.org
Country Representative:
Peter Lochoro

**FLASH**

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

72

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

14

Hospitals

35

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

3

Nursing schools

2

Universities (in Mozambique and Ethiopia)

827

International professionals:

213

European Internationals

37

African Internationals

557

African Nationals

REPORT ON AFRICA

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

A mother and her child
in Angola
(CUAMM Archive)

10

An operator weighs a
little girl
(CUAMM Archive)



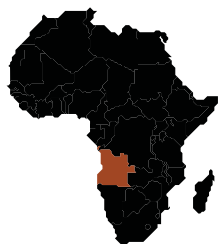
09



10

ANGOLA

www.doctorswithafrica.org/angola



FLASH

298,200

Inhabitants involved by the intervention

3,142

Assisted deliveries in the Municipality

5,437

People tested for HIV/AIDS

Political profile*

Surface area	1,246,700 sq km
Population	25,789,024
Capital	Luanda
Average age of the population	16.4
Average number of children per woman	5.9
Human Development Index Rank (UNPD)	149 th out of 188 countries

Healthcare profile**

Number of doctors	1.7 per 10,000 population
Number of nurses/midwives	16 per 10,000 population
Neonatal mortality	48.7 per 1,000
Under-5 mortality	167.4 per 1,000 live births
Maternal mortality	477 per 100,000 live births
Prevalence of HIV/AIDS (between 15 and 49 years)	2.4%
Life expectancy (m/f)	50/53

* Source: Undp website

** Source: WHO website

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	
<div>Events in Angola</div> <div> <div>July 1975</div> <div>Start of the civil war.</div> </div> <div> <div>November 1975</div> <div>Declaration of independence from Portugal.</div> </div>				<div>2002</div> <div>End of the civil war, with general armistice leading to the signing of peace treaties.</div>
<div>11</div> <div>Disabled patients at Negage hospital</div>	<div>12</div> <div>CUAMM doctor Enzo Pisani holding a training course for midwives in Uige</div>	<div>13</div> <div>Paediatric patients at Negage hospital</div>	<div>14</div> <div>CUAMM doctor Enzo Pisani working at Negage hospital</div>	<div>15</div> <div>Aerial view of Chiulo Hospital</div>
				<div>16</div> <div>Portrait of Marisa Ferrari, a CUAMM nurse who died after a traffic accident</div>

2005

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



17

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).



18



19

2014

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

2015



20

CUAMM focuses its activities in three geographic areas (the capital Luanda and Uíge and Cunene provinces) in the field of **mother-child healthcare** and in the **fight against tuberculosis and malnutrition**.

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

2010

2005

An epidemic outbreak of haemorrhagic Marburg fever strikes Uíge province.

2014

A severe drought, caused by El Niño, affects in particular the province of Cunene.

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
A mother from Angola feeds her baby

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 six main Directly Observed Therapy (DOT) centres in Luanda are also tested for these chronic pathologies.

Results

Luanda

Training



72
Health workers trained to screen TB patients for diabetes

Prevention



4,191
Patients with tuberculosis screened for diabetes and hypertension

21
Patients at Chiulo hospital
(CUAMM Archive)



UIGE PROVINCE

In this area CUAMM completed a long-term project that rehabilitated the Rainha Santa diocesan hospital in Damba dedicated to mother-child health care, which was handed over to the local authorities. However, CUAMM continued its activity within the hospital, with support from the maternity waiting home “Maria Bonino”, offering hospitality and assistance to pregnant women from the most remote areas.

Results

Uige Province

Care

74
Women received hospitality at “**Maria Bonino**” maternity waiting home during 2015

22
A CUAMM doctor auscultates a boy
(CUAMM Archive)



22

23
The delivery room at
Chiulo hospital
(CUAMM Archive)



23

24
Inside the Lulù Wing at
Chiulo hospital
(CUAMM Archive)



24

25
Health advisors from
the villages with their
bicycles and medicine
kits
(CUAMM Archive)



25

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. In 2015, a study on the quality of mother and neonatal care at Chiulo hospital showed that 5 of the 17 aspects assessed received a rating of less than 1; a result that highlights the need for significant improvements to avoid serious risks, in particular for neonatal care and normal deliveries, especially with the lack of guidelines. In 2016, the focus will be on improving the quality of hospital assistance and keeping up the work done to increase essential services to manage safe delivery in health centres.






Besides the programme to guarantee access to assisted delivery, CUAMM's work involved addressing malnutrition, following the nutritional emergency with an 8.2% acute and

severe malnutrition rate, one of the highest in the country. Awareness-raising within the community and local staff training, mainly addressing antenatal care, prevention and the importance of assisted deliveries and nutritional monitoring, were also part of the programme.

Additionally, the intervention included promoting and improving the conditions of pregnant women staying in maternity waiting homes in Chiulo and Okanantoni.

Next page
Photo by Luigi Baldelli

Results

Municipality of Ombadja		Chiulo Hospital	
Deliveries	Assisted deliveries	Deliveries	Assisted deliveries
	3,142		1,126
	Coverage of total expected deliveries		C-sections
	22%		112
Visits	Antenatal visits	Visits	Antenatal visits
	19,636		2,012
			Paediatric admissions
			1,123
Mortality		Mortality	
	Neonatal mortality rate (intrapartum and at 24 hours of delivery). Lower than the national mortality rate by 4.7%		0.8%
	Hospital maternal mortality due to direct obstetric causes. Standard <1%		1.6%



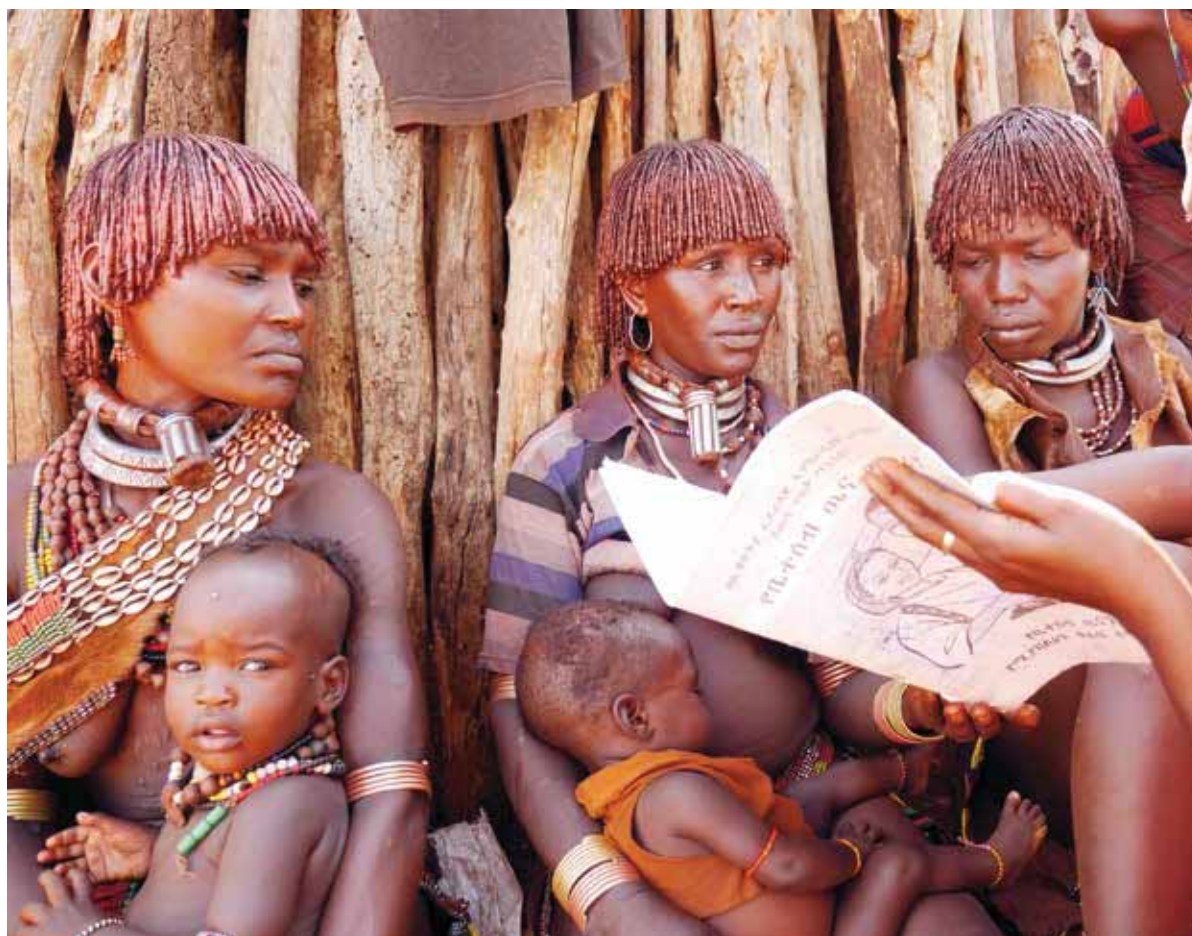
DONORS

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

-
- African Innovation Foundation
 - Conferenza Episcopale Italiana
 - Cooperazione Italiana
 - Fondazione Cariparo
 - Fondazione Cariplo
 - Fondazione Cariverona
 - Fondazione Compagnia di San Paolo
 - Fondazione Maria Bonino
 - Global Fund
 - Informatica Bancaria Trentina Srl
 - Lisa Spa
 - Regione del Veneto
 - World Diabetes Foundation

26
Prevention activities
in a village in
South Omo
(Nicola Berti)

27
A midwife visits a
pregnant woman in
Woliso
(Luigi Baldelli)



26



27

ETHIOPIA

www.doctorswithafrica.org/ethiopia



FLASH

1,250,000

Inhabitants involved by the intervention

9,072

Assisted deliveries

679

C-sections performed

925

Women in labour who used the ambulance service free of charge



Political profile*

Surface area	1,104,300 sq km
Population	96,958,732
Capital	Addis Ababa
Average age of the population	18.6
Average number of children per woman	4.6
Human Development Index Rank (UNPD)	174 th out of 188 countries

Healthcare profile**

Number of doctors	0.25 per 10,000 population
Number of nurses/midwives	2.5 per 10,000 population
Neonatal mortality	27.7 per 1,000
Under-5 mortality	59 per 1,000 live births
Maternal mortality	353 per 100,000 live births
Prevalence of HIV/AIDS (between 15 and 49 years)	1.2%
Life expectancy (m/f)	62/65

* Source: Undp website

** Source: WHO website

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 agreement 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 activities 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.

1998/2000

Border conflict with Eritrea.

1995

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

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

2014

Start of the intervention in South Omo Zone

2015



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.

The project, started in 2014, is underway to **consolidate mother and child healthcare services in South Omo Zone.**

2010

2006/
2008

Ethiopian troops intervene in Somalia.

2012

Meles Zenawi dies.

2010

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

2015

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 zone of Oromia region. Support has been provided to **20 health centres and 34 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 delivery**.

The effectiveness of these local actions is shown by the marked increase in assisted deliveries at the health centres, with a 51% rise compared to the previous year, which brings the coverage of assisted deliveries in the three districts included in the intervention to 53.6%.

The study on women's knowledge, attitude and practices (KAP), with regard to the use of health services for antenatal visits and child deliveries, was repeated in 2015. Two years after the first, the new study revealed better knowledge with regard to the use of health services for antenatal visits and child deliveries and less cases in which services were not used due to lack of transportation. The availability of the **ambulance service** certainly impacted on this last data; after an initial rise in 2014, the number of ambulance transfers stabilised and 925 interventions were recorded in 2015; this is probably due to the selection of cases referred to hospital by the health centres and to the improved assistance offered by the centres in the event of complications during pregnancy and childbirth. During 2015, the assessment of the cost-effectiveness of the ambulance service showed that the cost per life-year saved was less than 30 USD (and precisely 24.7 USD), a figure described as very "attractive" by WHO.

Results

Deliveries	Assisted deliveries
	7,600
	Coverage of total expected deliveries
	53.6% ¹
Visits	Antenatal visits
	16,673
Prevention	12,388
	Infants below 1
	year of age immunized
Transports	925
	Transfers for
	obstetric emergencies

¹ Including the deliveries of women from these districts, receiving care at Wolisso hospital

- 35

A rural village in Ethiopia (Nicola Berti)
- 36

Qualified midwives at St. Luke's hospital in Wolisso (CUAMM Archive)
- 37

A CUAMM doctor with the local staff of the Orthopaedic Department at Wolisso hospital (CUAMM Archive)



35



36



37

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. In 2015 it provided 78,000 outpatient visits, 12,971 admissions and 3,292 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 tuberculosis 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.

In particular, the "see and treat" approach was implemented in August 2015. This means that suspicious lesions identified with acetic acid are treated with cryotherapy. More than 500 cases were examined and 13 positive cases were treated.

Specialised care continues to be provided to children with severe malnutrition at the hospital's *Therapeutic Feeding Centre*. Unlike the two previous years, records showed a

significant increase in the number of cases, which rose again above 500. This data is difficult to interpret, considering that the reduction in the number of cases registered in the previous two years was attributed to the ability of the health centres to identify and treat cases as a result of the *Primary Health Care* programme. What we know for sure, is that in 2015 a severe drought and consequent famine affected the country including some of the areas covered by the hospital, and that a measles epidemic caused the admission into hospital of more than 300 people.

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.

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.

Results

Wolisso Hospital

Deliveries



Assisted deliveries

3,292

C-sections

646

Visits



Antenatal visits

4,415

Paediatric admissions

3,752

Prevention



1,263

Tests for tuberculosis performed with GeneXpert

7

were positive for resistance to rifampicin

514

Screenings for breast/cervical cancer

13

Cases identified

Surgery



Major surgical procedures

3,542

Minor surgical procedures

4,615

Physiotherapy treatment

3,285

Mortality

Neonatal mortality rate (*intrapartum* and at 24 hours of delivery).

Above than the countrywide mortality rate by 2.8%

3.7%²

Hospital maternal mortality due to direct obstetric causes.

Standard <1%

0.8%

Training



92


Nursing school students enrolled in 3 years

² A positive sign considering it is the referral hospital for the most complicated cases

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 new 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 in this region is to address, in an integrated manner, the availability, 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. Additionally, health workers in the area have been trained on the key objectives of the project and incentive systems for assisted deliveries have been guaranteed.

Results

South Omo ³	
Deliveries 	1,249 Assisted deliveries at the health centres
Prevention 	68 Health workers trained

³ Does not include Turmi health centre.

38
Mothers and children waiting at Wolisso hospital
(Luigi Baldelli)

39
Local staff during a paediatric visit
(Luigi Baldelli)

Next page
Photo by Luigi Baldelli

38



39





DONORS

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

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- Ali Spa
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 - Cgil Caaf Nord Est Srl
 - Chiesi Foundation
 - Comitato per la lotta contro la fame nel mondo
 - Conferenza Episcopale Italiana
 - Cooperazione Italiana
 - Cordaid
 - Fondazione Cariparo
 - Fondazione Cariplo
 - Fondazione Cariverona
 - Fondazione Compagnia di San Paolo
 - Fondazione Maria Bonino
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 - Pink Ribbon Red Ribbon
 - Provincia Autonoma di Trento
 - Regione Trentino Alto Adige
 - Secure the future - BMS
 - Seva Srl
 - USA Women's Hope International (WHI)
 - Women Health International
 - World Health Organization

40

A tender moment at
Beira hospital
(Nicola Berti)

41

CUAMM Doctors at
work in neonatology
(Nicola Berti)



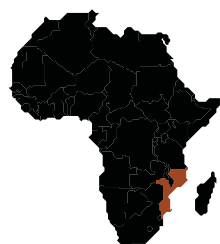
40



41

MOZAMBIQUE

www.doctorswithafrica.org/mozambique



FLASH

510,000

Inhabitants involved
by the intervention

29,232

Assisted deliveries

2,475

C-sections performed

42,203

People undergoing
Hiv testing



Political profile*

Surface area	799,380 sq km
Population	27,216,276
Capital	Maputo
Average age of the population	17.3
Average number of children per woman	5.2
Human Development Index Rank (UNPD)	178 th out of 188 countries

Healthcare profile**

Number of doctors	0.4 per 10,000 population
Number of nurses/midwives	4.2 per 10,000 population
Neonatal mortality	27.1 per 1,000
Under-5 mortality	79 per 1,000 live births
Maternal mortality	489 per 100,000 live births
Prevalence of HIV/AIDS (between 15 and 49 years)	10.6%
Life expectancy (m/f)	53/55

* Source: Undp website

** Source: WHO website

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.



42

2000

CUAMM intervenes with flood-related emergency projects.



43



44

2002

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



45



46

<div>1970</div> <div>Events in Mozambique</div> <div>1975</div> <div>Mozambique gains its independence from Portugal.</div> <div>42</div> <div>First group of CUAMM doctors leaving for Mozambique</div>	<div>1980</div> <div>1978</div> <div>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.</div> <div>42</div> <div>First group of CUAMM doctors leaving for Mozambique</div>	<div>1990</div> <div>1990</div> <div>A new Constitution is stipulated, proclaiming the birth of multi-party democracy in Mozambique.</div> <div>43</div> <div>CUAMM doctor Giorgio Dalle Molle showing the level reached by the flood waters</div>	<div>1995</div> <div>1994</div> <div>The first democratic elections are held and won by the Mozambique Liberation Front (FRELIMO).</div> <div>44</div> <div>The town of Xai Xai after the flood</div>	<div>2000</div> <div>2000</div> <div>Mozambique enters the Commonwealth.</div> <div>45</div> <div>The front of Beira hospital</div>	<div>2002</div> <div>2000</div> <div>Severe flooding affects the provinces of Zambesia, Sofala and Gaza.</div> <div>46</div> <div>A mother with her child at Beira hospital</div>	<div>2007</div> <div>2000</div> <div>Start of CUAMM's support for Beira hospital in the province of Sofala.</div> <div>47</div> <div>The library of the Catholic University of Mozambique</div>
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2004

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



47

2012

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



49

2015



50

2007

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



48

2013

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

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

2015

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.

48

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

49

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

50

A nurse in the paediatrics department (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 2nd level referral centre for a population of 2,050,000. 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**, in particular in the management of preterm infants in the "kangaroo room", built in 2014. 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

Deliveries



Assisted deliveries

5,571

C-sections

2,410

Visits



4,053

Antenatal visits

8,184

Paediatric admissions

Mortality



Neonatal mortality rate
(intrapartum and at 24
hours of delivery).
Lower than the countrywide
mortality rate by 3%

2.8%

Hospital maternal mortality
due to direct obstetric
causes
Standard <1%

3.3%

51

A CUAMM doctor
visits a newborn at the
neonatology ward in
Beira
(Nicola Berti)

52

Newly qualified
doctors at the Catholic
University of
Mozambique (UCM) in
Beira
(Nicola Berti)

53

Mother and child
health promotion
activities
(CUAMM Archive)

54

Waiting to see
the doctor
(Nicola Berti)



SOFALA PROVINCE

URBAN HEALTH CENTRES IN BEIRA

Intervention at 10 city health centres in Beira 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 (a technique for managing preterm or low birth-weight infants based on skin-to-skin contact between mother and child) was inaugurated at Chingussura health centre in 2015, and the labour 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 2015, a **youth and adolescent-friendly service (SAAJ)**, i.e. a clinic dedicated to young people's health, was set up at the health centre in Nhaconjo alongside those already existing at the health centres in 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 **support for the Faculty's scientific research activities**.

The following studies were carried out in 2015: “Prevalence of diabetes mellitus and its causes in patients recently diagnosed with pulmonary tuberculosis in Beira”; “Identification of the main surgical pathologies in HIV patients in the surgical ward of Beira hospital”; “Neonatal infections in the paediatric ward: risk factors, diagnosis and management in a low-resource country”. Two other studies focussed on paediatric HIV and nutrition.

In 2015, seven short specialist lecturing missions by CUAMM staff were organized at the Faculty.

Results

Deliveries

**20,110**

Assisted deliveries

Hiv/Aids

**78,269**

Young people provided with care at the SAAJ clinic

42,203

HIV test (positivity index 2%)

5,868

Children exposed to transmission

Patients returning after abandoning treatment:

1,773

Pregnant women

1,149

Children

Training

**23**

Complete bursaries issued

2

of which were allocated to new students



52



53





54

CABO DELGADO PROVINCE

Doctors with Africa CUAMM is implementing a **programme to strengthen the healthcare system in 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 who provided their services in 2015 as well. The transfer between the peripheral health centres and Palma rural hospital was maintained thanks to the presence of an **ambulance**, the support of **mobile clinics** and the **supervision of community activities**. Furthermore, quality standards were maintained for laboratory, ultrasound and radiological services. These activities were accompanied by **local staff training** and the supply of the **necessary equipment**.



Results


Palma District	
Deliveries	Assisted deliveries
	1,864
Visits	Antenatal visits
	3,392
	Postnatal visits
	1,992

55
Local staff in the Paediatric ward at Beira hospital
(Nicola Berti)

56
A CUAMM doctor carries out HIV/AIDS training and prevention activities
(Nicola Berti)

Next page
Photo by Nicola Berti

Palma Hospital	
Deliveries	Assisted deliveries
	1,088
	C-sections
	65
Visits	Antenatal visits
	8,831
	Postnatal visits
	521

	Mortality	Neonatal mortality rate (intrapartum and at 24 hours of delivery). Higher than the countrywide mortality rate by 3%	5%
		Hospital maternal mortality due to direct obstetric causes. Standard <1%	3%



55



56



DONORS

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

-
- Chiesi Foundation
 - Conferenza Episcopale Italiana
 - Cooperazione Italiana
 - Eni Foundation
 - Fondazione Cariparo
 - Fondazione Giuseppe Maestri Onlus
 - Fondazione Nando ed Elsa Peretti
 - UNICEF
 - Università di Bari
 - Università e Azienda ospedaliera di Padova

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Children in Zimmi
(CUAMM Archive)

58
Activities to promote
blood donations
in Sierra Leone
(CUAMM Archive)



57



58

SIERRA LEONE

www.doctorswithafrica.org/sierra-leone



FLASH

1,000,775

Inhabitants involved by the intervention

12,117

Assisted deliveries

414

C-sections performed

19

Suspected cases of Ebola isolated

0

Confirmed cases of Ebola reported



Political profile*

Surface area	72,300 sq km
Population	6,315,627
Capital	Freetown
Average age of the population	19.3
Average number of children per woman	4.7
Human Development Index Rank (UNPD)	181 st out of 188 countries

Healthcare profile**

Number of doctors	0.2 per 10,000 population
Number of nurses/midwives	1.7 per 10,000 population
Neonatal mortality	34.9 per 1,000
Under-5 mortality	120 per 1,000 live births
Maternal mortality	1,360 per 100,000 live births
Prevalence of HIV/AIDS (between 15 and 49 years)	1.4%
Life expectancy (m/f)	46/46

* Source: Undp website

** Source: WHO website

OUR HISTORY

Intervention by Doctors with Africa CUAMM in Sierra Leone

2012

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



All photos are from the CUAMM Archive

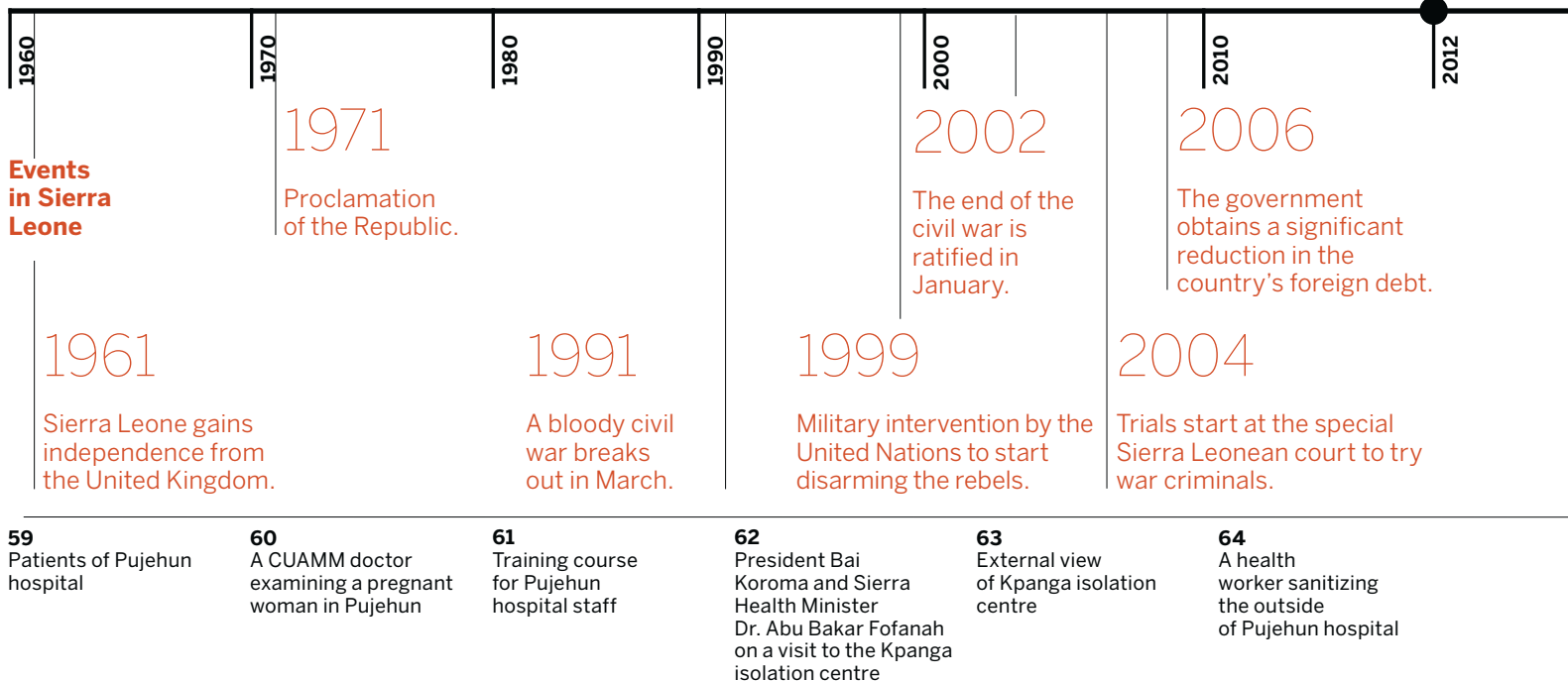
59



60



61



2014

Despite Ebola, CUAMM remains in Pujehun to manage the emergency and to offer mother and child healthcare services.



62



63



64

2015



65

While keeping **epidemiological surveillance** high, in a context still affected by Ebola, **mother and child health services** are strengthened to ensure access to safe child delivery and neonatal and paediatric care.

Pujehun Maternity Hospital is kept operational – with increasing numbers of assisted deliveries and obstetric emergencies treated directly – as are the **77 Peripheral Health Units** in the district, which are monitored and assisted as they provide basic care to mothers and children.

Also thanks to the good practices demonstrated in containing Ebola and guaranteeing mother and child health care in the Pujehun district, in January 2015, Doctors with Africa CUAMM was invited to intervene at **St. John of God Hospital (SJOG)**, in **Lunsar**, Port Loko district. Thanks to CUAMM medical staff, Lunsar hospital reopened after months of inactivity and healthcare services resumed offering medical assistance, especially to mothers and children.

2014

Sierra Leone is the most affected country by the worst Ebola epidemic in history.

2015

65

A mother carrying her child at Pujehun hospital

Unless otherwise indicated, all photos are from the CUAMM Archive

PUJEHUN DISTRICT

On 9 February 2015, the Pujehun district, home to approximately 375,000 people, was the first to be declared “Ebola free”, while new cases were still being recorded in the rest of the country. Doctors with Africa CUAMM kept two Isolation Centres (Ebola Holding Centres) operational in order to promptly manage any suspected cases while waiting for the Ebola virus (EBV) test results: one in the Kpanga area (5 km from Pujehun) and one in Zimmi (60 km from Pujehun). It also trained 450 medical staff members based in peripheral health units and provided them with protective equipment. Additionally, it strengthened infection, prevention and control (IPC) measures at the Mother and Child Centre in Pujehun by creating an IPC committee, setting up a waste management area and improving the water supply system.

At last, the country was declared Ebola free on 7 November 2015, allowing Sierra Leone to move on despite sporadic cases being occasionally reported. Great effort was put into making sure patients were promptly transferred to Pujehun Mother and Child Hospital, improving the ambulance service for mothers in the event of obstetric emergencies, as well as introducing a voucher system to transfer children to hospital from peripheral villages with mototaxis.

In 2015, also thanks to the support provided by Doctors with Africa CUAMM, assisted deliveries went from 11,664 in 2014 (68% of expected deliveries) to 12,217 (74% of expected deliveries); 676 major obstetric complications were treated, 480 more than the previous year (196); the number of admissions in the maternity ward increased from 719 (2014) to 1,314 (2015); the number of obstetric emergencies referred to the Mother and Child Centre by peripheral units increased from 205 (2014) to 720 (2015); despite the increased activity, the mortality rate due to direct obstetric causes was lower than the previous year (3.1%), reaching 0.89% in 2015.

⁴ The figure includes assisted normal deliveries and C-section deliveries, both in the district and the hospital

⁵ Diphtheria, Pertussis and Tetanus

⁶ Such a high percentage of C-section deliveries is due to the fact that it is the only referral hospital in the district and therefore it deals with major obstetric emergencies

66
A little patient at Pujehun Maternity and Main Hospital (CUAMM Archive)



66

Results

Pujehun District

Deliveries



Assisted deliveries⁴

12,217

Visits



13,700

Antenatal visits

Prevention



11,600

Children reached by the immunization campaign for DPT3⁵ and measles

Transports



720

Transportation for obstetric emergencies

Pujehun Hospital

Deliveries



Assisted deliveries

856

C-sections

346⁶

Visits



Antenatal visits

2,585

Paediatric admissions

1,580

Mortality



Neonatal mortality rate (intrapartum and at 24 hours of delivery).
Lower than the countrywide mortality rate by 4.4%

3.3%

Hospital maternal mortality due to direct obstetric causes.
Standard <1%

0.9%




PORT LOKO DISTRICT

Doctors with Africa CUAMM contributed to **containing the Ebola outbreak and reinstating health services**, in particular **obstetric, neonatal and child services** in Port Loko, the district worst affected by Ebola (EVD), where 1,484 cases and 599 deaths were confirmed (15% of the total deaths in the country). In particular, Lunsar St. John of God (SJOG) Hospital recorded 12 EVD deaths among the hospital staff, including the director of the hospital, a Spanish missionary doctor, 7 nurses and 4 auxiliaries. The hospital was temporarily closed between August and December 2014 and reopened in January 2015, thanks to the arrival of Doctors with Africa CUAMM staff.

In the case of Lunsar St. John of God Hospital, activities ranged from **implementing biosecurity** measures and appropriate patient management (as well as suspect case management), to improving the quality of mother and child healthcare services provided in response to the emergency. Additionally, the project included **removing any direct barriers** (charges) to the population's access to the mother and child services provided by the hospital by setting up a fund for obstetric and surgical emergencies, known as the "Samaritan Fund", in order to make a real impact on mother and infant morbidity and mortality indicators in the area.

However, due to the great debilitation caused by Ebola, the number of assisted deliveries at SJOG Hospital increased very slowly and remains lower compared to the pre-Ebola period (currently 20 per month, down from 35/40 before Ebola). Paediatric emergency referrals have increased, but the full pre-Ebola capacity of the facilities has not yet been reached.

Results

Lunsar Hospital		
	Deliveries	Assisted deliveries
		246
		C-sections
		68
	Visits	Antenatal visits
		840
		Paediatric admissions
		1,096
	Mortality	
	Neonatal mortality rate (intrapartum and at 24 hours of delivery). Lower than the countrywide mortality rate by 4.4%	4%
	Hospital maternal mortality due to direct obstetric causes. Standard <1%	1.7%

67
A CUAMM doctor checks the results obtained in the fight against Ebola (CUAMM Archive)



FOCUS ON EBOLA

On 9 February 2015, the Pujehun district was the first to be declared “Ebola free”, while new cases were still being recorded in the rest of the country. In the district, **1,222 “potential Ebola infected people” were affected by the epidemic**. Of these, 31 were confirmed positive for the virus, 24 died and 7 survived.

The high percentage of hospitalised patients (close to 90%) and the prompt implementation of epidemic control measures in the Pujehun district, including the training of the peripheral health unit staff, suggest that the high number of cases promptly identified and isolated contributed to reducing the transmission of the virus within the community.

The isolation units (20 beds in two Isolation Centres), the efficient contact tracing system and the IPC (Infection, Prevention, Control) measures applied by the health facilities, were among the most effective solutions in controlling the epidemic.

The balance of the indirect effects of the epidemic on the health system are still being assessed, but from the data collected by CUAMM, which was recently confirmed, the epidemic in the Pujehun district contributed to preventing access to healthcare services to children under the age of 5. Unlike what happened in the other districts across the country, Pujehun recorded the same level of assisted

deliveries it had before the Ebola outbreak: **none of the 77 facilities were closed**, not even during the acute stages of the epidemic, and in 2015 a total of 12,217 assisted deliveries were performed by qualified staff (up from 11,244 in 2014). Coverage increased from 68% in 2014 to 74% of expected deliveries in 2015.

68
On 7 November 2015
Sierra Leone was
declared Ebola Free
(CUAMM Archive)

Next page
Photo by Nicola Berti





DONORS

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

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- Albatravel Group
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 - Cooperazione Italiana
 - Department for International Development - GOAL
 - Fondazione Fontana Onlus
 - Fondazione Prosolidar
 - Leoncini Srl
 - Manos Unidas
 - Parrocchia Esaltazione della Santa Croce
 - Provincia Autonoma di Bolzano
 - Provincia Autonoma di Trento
 - UNICEF
 - UNMEER

69
Smiles at the hospital
in Lui county
(Nicola Berti)

70
A group
of children waving
in their village
(Nicola Berti)



69



70

SOUTH SUDAN

www.doctorswithafrica.org/south-sudan



FLASH

807,943

Inhabitants involved by the intervention

6,583

Assisted deliveries

19,959

First antenatal visits

43,647

Paediatric outpatient visits in hospital

5,569

Paediatric admissions



Political profile*

Surface area	644,330 sq km
Population	11,911,184
Capital	Juba
Average age of the population	18.9
Average number of children per woman	4.9
Human Development Index Rank (UNPD)	169 th out of 188 countries

Healthcare profile**

Number of doctors	n.a.
Number of nurses/midwives	n.a.
Neonatal mortality	39 per 1,000
Under-5 mortality	93 per 1,000 live births
Maternal mortality	789 per 100,000 live births
Prevalence of HIV/AIDS (between 15 and 49 years)	2.7%
Life expectancy (m/f)	55/57

* Source: Undp website

** Source: WHO website

OUR HISTORY

Intervention
by Doctors
with Africa
CUAMM
in South Sudan



71

2006

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



72



73

2013

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



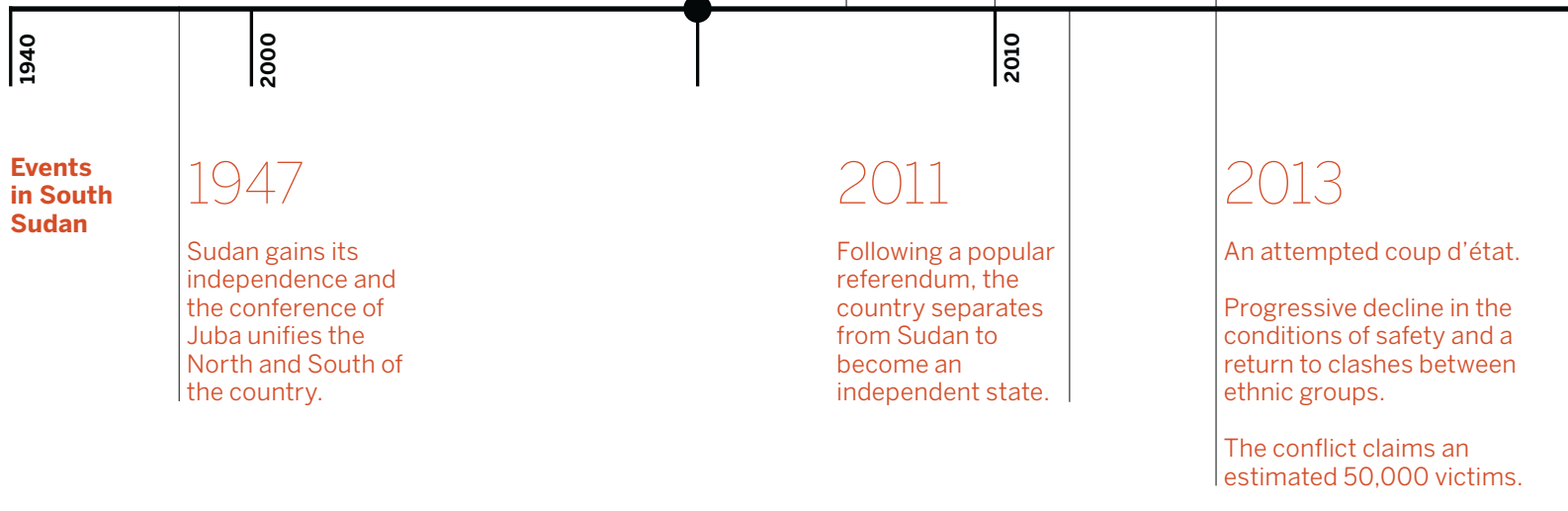
74



75



76



71
Aerial view of Yiroi Hospital

72
A mother with her child at the entrance to Lui hospital

73
The first staff training course at Yiroi

74
Evacuees in the Yiroi Area

75
Inauguration of the new Maternal and Child Health centre (MCH) in Yiroi

76
Inauguration of the new Surgical ward at Lui hospital

2014

CUAMM provides displaced persons from Jonglei with healthcare assistance. The Lui nursing and midwifery school is inaugurated.

2015



77

In 2015, Doctors with Africa CUAMM strengthened and extended its presence in the Lakes State and in Western Equatoria, **to support 3 hospitals, 70 peripheral health facilities and 1 school for midwives.**

In the Lakes State, CUAMM extended its activities to the counties of Rumbek Centre and Rumbek East and continued operating in the counties of Yirol West and Rumbek North; it applied the same health facility integrated development model in all these areas, from the peripheral facilities and village health committees, to the referral system. Support to Yirol and Cuibet hospitals continued. In the State of Western Equatoria, CUAMM continued **providing support to manage Lui hospital** and the annexed **midwives school** and started working with **the peripheral facilities in the county of Mundri East**, where the hospital is located.

2015

2014

Despite the peace agreements, the situation in the country remains tense.

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 175,000 inhabitants**.

Additionally, CUAMM started operating across the County in close collaboration with local authorities to strengthen the 20 existing peripheral health facilities.

The normally peaceful county of Mundri East was affected by clashes between the army and local militia trying to gain control of the territory; the population fled, a number of health facilities were ransacked and remained inaccessible for a long period of time, mobility was limited. Doctors with Africa CUAMM stayed in the area, keeping the hospital open and offering the main health services to the residents and the displaced population, thanks to mobile clinics. As there were no other organizations in the area, CUAMM took charge of the distribution of essential non-foodstuff goods and of promoting the main hygiene and water treatment rules.

LUI HOSPITAL

Lui hospital – supported by CUAMM since 2009 – has seen an **increase in clinical activities** (especially outpatient services and paediatric admissions). The hospital continued to operate also during the most difficult stages of the conflict that affected the Mundri East county, offering shelter to part of its displaced population. Doctors with Africa CUAMM's activities continued focussing on maternal and newborn health care, guaranteeing quality care at the hospital thanks to the application of internationally recognized protocols in the delivery room and maternity ward. The focus is on **including in the service pack offered to mothers and children, both prevention and treatment for malaria, tuberculosis and HIV/AIDS**. In order to improve the laboratory, its equipment was renewed to provide reliable and timely diagnoses. Over the year, in order to set up a referral system, a protocol for the use of the ambulance donated to the hospital by the Ministry of Health was established in collaboration with the Diocese and the County Health Office. June 2015 marked the end of the first and the beginning of the second year of training at the Midwifery School annexed to Lui hospital.

Results

Deliveries



348

Assisted deliveries

Visits



2,229

Antenatal visits

1,199

Children under the age of 1 who completed the DPT immunization cycle

Prevention



50%

Immunization coverage for DPT⁷

Results

Lui Hospital

Deliveries



400

Assisted deliveries

84

C-sections

Visits



2,479

Antenatal visits

7,245

Outpatient visits to children under the age of 5

1,672

Paediatric admissions

Prevention



4,553

Vaccination doses administered

3,280

Screening for malnutrition

Training



20

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

⁷ Diphtheria,
Pertussis and Tetanus

YIROL WEST COUNTY

Since 2012, thanks to a public health programme, Doctors with Africa CUAMM has been operating in Yirol West County, in the Lakes State. In 2015, **work to reactivate the entire network of 11 peripheral health facilities was completed** by recruiting and training staff, restructuring and providing equipment and supplying medicines and consumables. These structures are now able to provide **the main health services**, including routine vaccinations and assistance during non-complicated deliveries. Vaccinations are offered in health centres as well as in the most remote villages, thanks to a plan of scheduled field trips carried out directly by the health units in their area of competence. The involvement of traditional midwives and the supply of newborn care kits have contributed to convincing a growing number of women to give birth in health facilities, or in protected environments as part of a referral system that in the event of an emergency can guarantee timely transfers to the hospital. On a community level, work continued to strengthen the village health committees, which offer invaluable support to the County Health Office when it comes to monitoring the population's health and providing the main health services. Within the communities, these committees play an active role in raising awareness for the prevention of the main diseases, the use of health services and maintenance of the facilities. All activities are part of an integrated plan to strengthen the health system in Yirol West County. The plan is designed and implemented in collaboration with the local authorities, to which CUAMM guarantees technical and material support. In 2015, it included the **construction of a new building**.

Results

Deliveries



1,147
Assisted deliveries

Visits



3,281
Antenatal visits

Prevention



23.3%
Immunization coverage for DPT3⁸

Mobile clinics



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

⁸ Diphtheria,
Pertussis and Tetanus

78

A group of refugees
after the fighting
(CUAMM Archive)

80

A child takes his
medicine
(CUAMM Archive)

79

Yirol hospital
entrance
(Nicola Antolino)



78



79



80

YIROL WEST COUNTY

YIROL HOSPITAL

Yirol hospital is the only facility able to deal with obstetric and surgical emergencies in the three counties of Yirol West, Yirol East and Awerial, and offers all the main preventive and treatment services expected in county hospitals. Since the start of its activity (2007), all wards and departments have enjoyed positive trends; in particular, the increase in assisted deliveries (from 344 to 1,438). Doctors with Africa CUAMM provides support in different areas, from paying and training local staff and providing medicine and equipment, to maintaining and expanding infrastructures. In this sense, in 2015, interventions improved water and electricity supply and waste management, and restructured the medicine and emergency departments. This led to the creation of new spaces to host the new HIV test and treatment centre that represents an additional weapon in the fight against Aids, which started in 2013 with activities to prevent mother-to-child transmission. In 2015, 4,068 pregnant women accepted to take the test (95% of those accessing the antenatal service for the first time), with a 5.7% prevalence of young women. Therefore, it is of particular importance that Yirol hospital is recognised as the **referral centre for the administration of antiretroviral treatment**. Additional work focussed on preventing maternal and neonatal mortality thanks to the **construction of a maternity waiting home** for women with high-risk pregnancies and a **preterm care unit**, which operates thanks to dedicated staff training and the definition of specific protocols. Training remains a key activity at Yirol hospital, which also serves other counties; the 6-month training course for **assistant nurses** was opened also to Cuibet hospital staff and staff from the health centre in Maper (Rumbek North); a **guest house** was built to accommodate staff and students who wish to practice at the hospital, guided by CUAMM's qualified staff. CUAMM's positive experience in developing an integrated solution to address maternal mortality in Yirol West County became the object of a **national workshop** aimed at sharing good practices in this field; organized in the capital, it benefited from the participation of representatives of the Ministry of Health, its National branches and the main international agencies and non-governmental organizations involved in the health sector.

Results

Deliveries



1,438

Assisted deliveries

49

C-sections

Visits



4,287

Antenatal visits

3,897

Paediatric admissions

Transports



2,847

transports

69%

of which related to obstetric emergencies

Mortality



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

81
A CUAMM doctor measures the arm circumference to assess a boy's nutritional status (Nicola Antolino)



81

82
A mother and her child wait at Yirol hospital (CUAMM Archive)



82

CUEIBET COUNTY

CUEIBET HOSPITAL

The aim of the intervention in Cueibet Country is to increase **access, utilization and quality of mother and child services** provided by the new county hospital, created thanks to the joint efforts of the Ministry of Health and Doctors with Africa CUAMM. During 2015, the Maternity ward and Pharmacy were completed, water and electricity supplies were installed, equipment, medicine and other supplies were provided to all wards and departments, including the operating theatre and the laboratory. In the meanwhile, the recruitment and training of local staff continued under the supervision of qualified international staff. A free 24-hour ambulance service was guaranteed for local obstetric emergencies. In December 2015, all the main services were in operation.

Results

Deliveries

**847**

Assisted deliveries

Visits

**3,141**

Antenatal visits

83Screening activity
(CUAMM Archive)

RUMBEK NORTH COUNTY

Due to the particular environmental conditions, its isolation during the rainy season and the frequent conflicts, Rumbek North County is one of the most problematic territories of the Lakes State. CUAMM started operating in this area in 2013, to **restore the network of 7 health facilities, which today are all operational and able to offer basic health services to the community**, including assistance during non-complicated deliveries. The health centre in Maper is the main point of reference; it operates 24 hours a day offering outpatient services and admissions; it is run by qualified staff that ensures local staff training. The health centre in Maper has a mobile team, which provides antenatal visits and vaccinations in the most remote areas, and a 24-hour ambulance service that can be contacted via radios installed at the other peripheral units. All activities are part of an integrated plan to strengthen the health system in Rumbek North County, designed and implemented in collaboration with the local authorities, to which CUAMM guarantees technical and material support. In 2015, this included the **construction of a new building** and a warehouse to store medicine.

⁹ *Diphtheria, Pertussis and Tetanus*

¹⁰ The considerable increase compared to 2014 (10,659) is due to the fact that the data includes not just Maper, but also 6 new centres and that the population uses the services more and more frequently.

84
Two newborns with their mother
(CUAMM Archive)



Results

Deliveries



521
Assisted deliveries

206
at the health centre

315
in the peripheral units

Prevention



42%
Immunization coverage for DPT3⁹

Visits



51,897¹⁰
Outpatient visits

3,600
Antenatal visits

RUMBEK CENTRE COUNTY

Doctors with Africa CUAMM's activities in Rumbek Centre County started in March 2015 and aimed to restore **13 health facilities** by recruiting, training and supervising local staff, providing equipment, supplying medicine and other necessities. **Two facilities** and a County **warehouse** for the storage of medicine have already been rebuilt. Each health facility has a **motorcycle** to carry out external visits with the aim of extending the immunization coverage. **Village health committees** have been set up and are involved in a regular consultation system that operates at community level as well as with the local health authorities. All activities are part of an integrated plan to strengthen the health system in the County, designed and implemented in collaboration with the local authorities, to which CUAMM guarantees technical and material support.

¹¹ Data refers to the period between March and December 2015.

¹² *Diphtheria, Pertussis and Tetanus*

Results

Deliveries



433¹¹
Assisted deliveries

Prevention



13%
Immunization coverage for DPT3¹²

Visits



3,212
Antenatal visits

85

An operator of the village health committee
(CUAMM Archive)

87

People displaced after the fighting
(Nicola Berti)



85

86

Maper hospital
(CUAMM Archive)



86



87

RUMBEK EAST COUNTY

Doctors with Africa CUAMM's activities in Rumbek East County started in March 2015 and aimed to restore **19 health facilities** by recruiting, training and supervising local staff, providing equipment, supplying medicine and other necessities. **Two facilities** and a County warehouse for the storage of medicine have already been restored. A 24-hour ambulance service was guaranteed. Each health facility has a motorcycle to carry out external visits with the aim of extending the immunization coverage. **Village health committees** have been set up and are involved in a regular consultation system that operates at community level as well as with the local health authorities. All activities are part of an integrated plan to strengthen the health system in the County, designed and implemented in collaboration with the local authorities, to which CUAMM guarantees technical and material support.

Results¹³

Deliveries



1,449
Assisted deliveries

Prevention



37%
Immunization coverage for DPT3¹⁴

Visits



4,374
Antenatal visits

¹³ Data refers to the period between March and December 2015.

¹⁴ *Diphtheria, Pertussis and Tetanus*

Next page
Photo by Nicola Berti

88
Village health committees
(Nicola Berti)





DONORS

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

-
- Associazione Madre Teresa di Calcutta
 - Banca Intesa Sanpaolo
 - Cooperazione Italiana
 - Fondation Assistance Internationale
 - Fondazione Antonveneta
 - Fondazione Giuseppe Maestri Onlus
 - Fondazione Prosolidar
 - Grafica Veneta Spa
 - Health Pooled Fund
 - Korean Foundation for International Health
 - Laboratorio Chimico Farmaceutico A. Sella Srl
 - Marsilli & Co. Spa
 - Morellato Spa
 - Provincia Autonoma di Trento
 - USAID
 - Unione Europea
 - UNOPS
 - UNDP/OCHA
 - UNDP/IOM
 - World Food Program
 - Zilio Industries Srl

89
Women waiting in
front of the hospital
(Nicola Berti)

90
Men and women listen
carefully to the
operators
(Nicola Berti)



89



90

TANZANIA

www.doctorswithafrica.org/tanzania



FLASH

2,578,000

Inhabitants involved by the intervention

10,608

Assisted deliveries

1,188

C-sections performed

767

Children diagnosed with severe acute malnutrition

582

Children diagnosed with moderate acute malnutrition



Political profile*

Surface area	947,300 sq km
Population	51,822,621
Capital	Dodoma
Average age of the population	17.6
Average number of children per woman	5.2
Human Development Index Rank (UNPD)	151 st out of 188 countries

Healthcare profile**

Number of doctors	0.3 per 10,000 population
Number of nurses/midwives	4.4 per 10,000 population
Neonatal mortality	18.8
Under-5 mortality	49 per 1,000 live births
Maternal mortality	398 per 100,000 live births
Prevalence of HIV/AIDS (between 15 and 49 years)	5.3%
Life expectancy (m/f)	61/65

* Source: Undp website

** Source: WHO website

OUR HISTORY

Intervention
by Doctors
with Africa
CUAMM
in Tanzania

1968

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



91

1977

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

1982

D President Julius Nyerere receives CUAMM management and staff to officially thank the organization for its services.

D 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

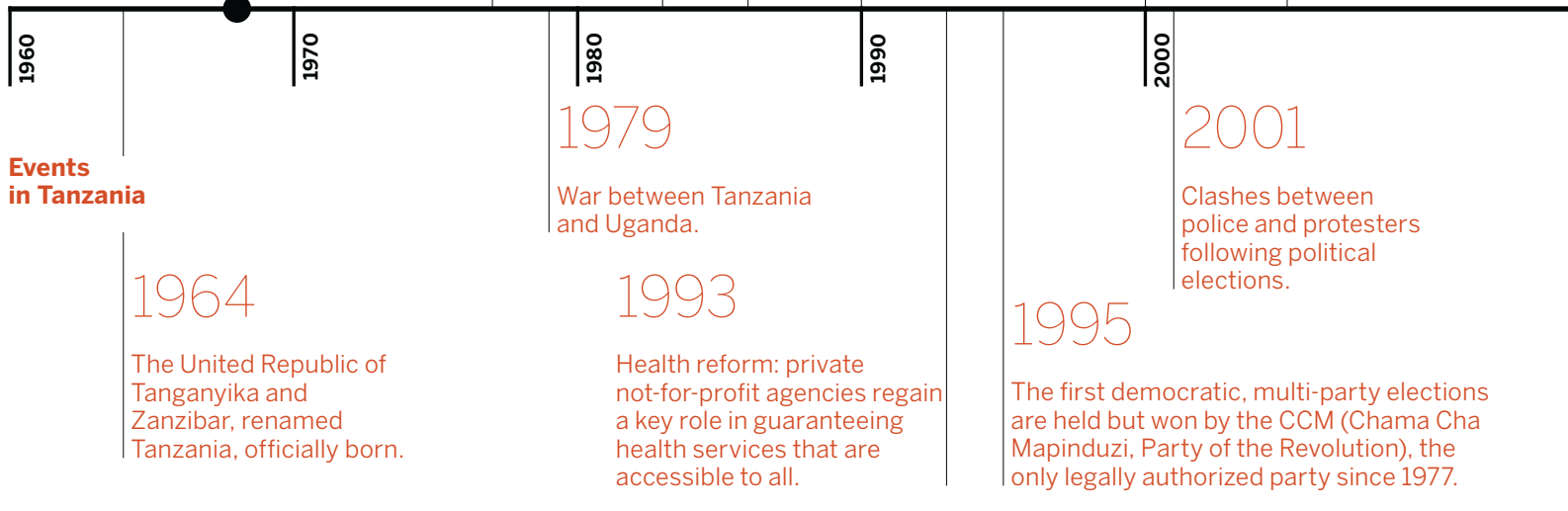
Start of a malaria control and prevention programme in Iringa region, based on the network of peripheral health facilities.



92

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.



- 91

Portrait of Giovanni Dall'Olmo, the first CUAMM doctor in Tanzania
- 92

Distribution of mosquito nets in Iringa region, as part of the malaria prevention project
- 93

Children in the village of Ilalasimba, in Iringa rural district
- 94

A mother with her child in Tosamaganga
- 95

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).



93



94

2014

Work starts on the project to address child malnutrition in the regions of Iringa and Njombe.

2015



95

Support actions continue at the two hospitals and at the health centres in the regions of Iringa and Njombe and in the district of Kilosa (region of Morogoro), to **promote maternal, newborn and child health, and prevent HIV/AIDS** and mother-to-child transmission.

As happened in the regions of Iringa and Njombe, during the year interventions started in the regions of Simiyu and Ruvuma, in collaboration with local authorities, to guarantee the **prevention, identification and treatment of moderate and severe acute malnutrition**.

Lastly, in the region of Shinyanga, and in particular in the district of Shinyanga, a project was launched to support access to HIV/AIDS treatment.

2010

2012

2014

2015

2010

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

IRINGA REGION

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** (90%). The assisted deliveries are distributed as follows: 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 in the district.


At the community level, **staff training**, constant supervision, data monitoring and referral system support were carried out at the 6 health centres in Iringa district and at the 2 health centres in Mufindi district, to **improve basic emergency obstetric and newborn care** (B-EmONC).


Three maternity waiting homes were built adjacent to the


B-EmONC health centres in order to promote child delivery in health centres appropriately qualified to manage obstetric emergencies.

In 2014, an innovative project rolled out at community level used sms messaging to **survey how beneficiaries perceived the quality of the health services**. In 2015, 509 comments were collected and analysed, of which 41% were relevant to the health services offered – positively perceived by 38% of users – and 59% were relevant to social determinants of health (including abuse, domestic violence, bad conduct of the village chiefs, discrimination). Feedback was collected via sms and in writing; this data provides valuable information on how Doctors with Africa CUAMM's work is perceived and how to programme future interventions based on the population's needs.

Results

Deliveries	Assisted deliveries
	5,801
	Coverage of total expected deliveries
	90.4%

Trained staff	49
	Operators involved in training courses on the correct way to manage obstetric and newborn emergencies

Visits	9,147
	Antenatal visits

96

A CUAMM vehicle equipped to access the roads of the last mile (CUAMM Archive)



96

97

A CUAMM doctor assesses a boy's nutritional status (CUAMM Archive)



97

98

A mother smiles while holding her child (CUAMM Archive)



98

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 2012-2015 period**. In 2015, a study at Tosamaganga hospital focussed on the opportunity for C-section deliveries based on the "Robson classification", a criterion internationally used to compare C-section rates in different contexts and reduce unnecessary interventions.

The study (conducted by CUAMM also in Ethiopia, in Wolisso hospital) has shown how the increase in C-sections is not exclusive to high-resource countries, but involves also the least developed countries, such as Tanzania.

Results

Tosamaganga Hospital

Deliveries



Assisted deliveries

2,350

C-sections

775

Visits



Antenatal visits

1,389

Paediatric admissions

677

Mortality



Neonatal mortality rate (*intrapartum* and at 24 hours of delivery).
Lower than the countrywide mortality rate by 2.1%

1.8%

Hospital maternal mortality due to direct obstetric causes.
Standard <1%

0.16%

99

A new life is born at the hospital
(CUAMM Archive)



IRINGA AND NJOMBE REGIONS

In the regions of Iringa and Njombe, **1,019 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. In Iringa and Njombe CUAMM is implementing **new national guidelines for reproductive, maternal, newborn and infant health at the community level**, the only NGO in the country to do so. 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

Malnutrition



Children identified and undergoing treatment for severe acute malnutrition

Iringa and Njombe Region	767
--------------------------	-----

Percentage of children treated for acute severe malnutrition compared to the estimated number in the area

45%

Training



105

Health workers trained to treat severe acute malnutrition

Mortality



Hospital mortality rate of patients admitted for acute severe and complicated malnutrition
WHO target <10%

10%

100
Installation of solar panels in Iringa dispensaries (CUAMM Archive)



MOROGORO REGION

DISTRICT OF KILOSA

In addition to promoting maternal health and support for the obstetric emergency referral system, a new intervention focusses on educating and promoting HIV/TB, diabetes and cervical cancer screening and treatment. Four health centres now operate a cervical cancer screening system and cryotherapy treatment, while the most complicated cases are referred to Mikumi hospital. Nine members of staff received training and 802 women were screened for cervical cancer; 794 underwent VIA testing (visual inspection of the cervix with acetic acid) and 14 came back positive.

MOROGORO REGION

MIKUMI HOSPITAL

Support to the hospital has focussed on technical assistance for its administration, which has helped produce the hospital's financial statements. Additionally, it contributed to activating the referral system for obstetric emergencies, taking care of the cost of referrals and setting up 2 health centres and 4 dispensaries operational since October 2015, and screening and managing cervical cancer patients by guaranteeing the presence of a doctor with gynaecological experience. Continued maternity support was guaranteed thanks to the presence of dedicated staff.

Results

Visits



802
Women screened
for cervical cancer

Results

Deliveries



Assisted deliveries

2,331

C-sections

375

Visits



Antenatal visits

4,034

Paediatric admissions

2,096

Mortality



Neonatal mortality rate
(intrapartum and at 24 hours
of delivery). **Higher than the
countrywide neonatal
mortality rate by 2.1%**

3.1%

Hospital maternal mortality
due to direct obstetric
causes.
Standard <1%

1.5%

101
A CUAMM doctor
visits a mother and
her child at Mikumi
hospital
(CUAMM Archive)

102
Women waiting
at Mikumi
hospital
(CUAMM Archive)



101




102

SHINYANGA REGION

BUGISI DISPENSARY

In the region of Shinyanga, in the north of Tanzania, Doctors with Africa CUAMM started an intervention to fight HIV/AIDS. The ongoing project involves the health centre of Bugisi that serves the people of all 35 villages in the area (75,000 people). The objective is to increase the number of people who take the HIV test and receive treatment. Work is focussing on strengthening **counselling and testing services**; improving the management of antiretroviral drugs; preventing mother-to-child transmission; improving laboratory diagnosis services; staff training. Rehabilitation work started at Bugisi dispensary's facilities. Locally, work focusses on increasing the number of visits in the villages, getting the population involved and raising awareness of the disease.

Results

Medical care	Patients currently undergoing antiretroviral treatment
	1,321
	of which 0-14 children
	115

SIMIYU AND RUVUMA REGIONS

MALNUTRITION

In November 2015, Doctors with Africa CUAMM signed an agreement in which it committed, starting from 2016, to developing a prevention and treatment programme to address child malnutrition in two new regions: Simiyu (in the north of Tanzania) and Ruvuma (in the south). As in other similar interventions in the country, in these new areas the aim is to increase good nutritional practices among pregnant women and children up to the age of two; promote good hygiene and nutritional practices among the people who take care of children within the community (mainly women); support local health centres and hospitals in identifying and treating children affected by **acute severe and moderate malnutrition**.

103
A little girl plays with a sweet in a plastic basin (CUAMM Archive)

Next page
Photo by Nicola Berti





DONORS

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

-
- Bristol-Myers Squibb Foundation
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 - Fondazione Cariparo
 - Fondazione Cariplo
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 - Seva Srl
 - UNICEF
 - World Vision

104

Uganda. Women and children walking
(CUAMM Archive)

105

Mother and nurse take care of the newborn baby
(Nicola Berti)

**104****105**

UGANDA

www.doctorswithafrica.org/uganda



FLASH

2,714,200

Inhabitants involved
by the intervention

40,092

Assisted deliveries

1,759

C-sections performed

575

HIV-positive pregnant
women starting
antiretroviral treatment



Political profile*

Surface area	241,550 sq km
Population	37,782,971
Capital	Kampala
Average age of the population	15.9
Average number of children per woman	5.9
Human Development Index Rank (UNPD)	163 rd out of 188 countries

Healthcare profile**

Number of doctors	1.7 per 10,000 population
Number of nurses/midwives	13 per 10,000 population
Neonatal mortality	18.7 per 1,000
Under-5 mortality	55 per 1,000 live births
Maternal mortality	343 per 100,000 live births
Prevalence of HIV/AIDS (between 15 and 49 years)	7.3%
Life expectancy (m/f)	57/61

* Source: Undp website

** Source: WHO website

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.



106



107

1979

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

anni '90

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



108



109



110

1950

1960

1970

1980

1990

Events in Uganda

1952

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.

1995

New Constitution.

1990

Various clashes with neighbouring countries.

106

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

107

Pregnant women at Aber hospital

108

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

109

Local and international staff in the labour room of Aber hospital

110

Professor Anacleto Dal Lago with the President of Uganda, Yoweri Museveni, during the inauguration of the regional hospital of Arua, built by CUAMM.

111/112

Students of the Catholic University of Nkozi during a lesson

2000

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



111



112

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).

2015



113

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**.

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).

2000

2010

2012

2015

KARAMOJA REGION

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 along with 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, in particular with the use of the Birth Cushion, introduced by CUAMM in the health facilities in which it operates in Karamoja. The cushion allows women to give birth sitting down, as women traditionally do in the area. One of the most important results achieved in this sub-region is the increase in assisted child deliveries at the health centres, with an 18% increase compared to 2014. On one hand this result is due to the continuous improvement of the quality offered thanks to staff training, activity monitoring and quarterly review meetings held at various levels; on the other, to the use of free transport vouchers, as an incentive for women to go and give birth at the nearest health centre.

114
A group of youngsters around a well in the district of Oyam (Maria Nannini)

115
A doctor feeds a newborn (Nicola Berti)



114



115

Results

Deliveries



Assisted deliveries

26,560

Coverage of expected deliveries¹⁵

53.5%

C-sections

880

Visits



Antenatal visits

41,771

Postnatal visits

40,586

Medical care



HIV-positive mothers receiving antiretroviral treatment recommended by the EMTCT programme¹⁶

575

Health facilities providing services as part of the EMTCT programme

52

Malnutrition



Children treated for acute severe malnutrition (outpatients and complex cases admitted to hospital)

10,418

Outpatient mortality

2%

Hospital mortality

8%

Transports



14,417

Mothers provided with transport for routine deliveries

1,661

Transfers due to complications

106

Newborn transfers

¹⁵ Including hospitals

¹⁶ Eliminating Mother to Child Transmission

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 2015 work continued in the field of both **mother and newborn care and early diagnosis of tuberculosis**, in its multiresistant form as well, with an extension of the analysis laboratory and installation at the hospital of an advanced diagnostic platform (GeneXpert). Moreover, home treatment was guaranteed to multiresistant tuberculosis patients needing careful and constant care. During 2015, Doctors with Africa CUAMM also supported

the hospital with qualified surgical staff, training and equipment to improve mother and child services, guaranteeing free access to C-sections.

Results

Matany Hospital		Mortality	
Deliveries 	Assisted deliveries		Neonatal mortality rate (<i>intrapartum</i> and at 24 hours of delivery). Lower than the countrywide mortality rate by 2.2%
	1,164		1.9%
	C-sections		Hospital maternal mortality due to direct obstetric causes. Standard (<1%)
	268		0.9%
Visits 		Training 	
Outpatient visits to support maternal health		109	
6,219		Students enrolled at the midwifery and nursing school	
Paediatric admissions			
4,784			
Medical care 			
Patients undergoing treatment for tuberculosis			
512			

116
Boda bodas, traditional mototaxis used for transportation (CUAMM Archive)

117
A CUAMM doctor hugs a new mother (Nicola Berti)



116



117

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.


Compared to the previous year, in 2015 the number of deliveries in health facilities has slightly decreased. However, the results still contributed to reaching the objective of the programme: **improving the number of deliveries in peripheral health facilities and focussing on births with complications and obstetric emergencies at Aber hospital.**


The results were obtained also thanks to another factor introduced by the programme: the referral system incentivized by offering women vouchers at their last antenatal visit at peripheral health centres. The voucher can be used for a **free transfer to a health facility to give birth.**


The initiative certainly benefited from the availability of equipment, medicine and other necessities and equipment regularly bought and made available at the health facilities involved in the programme.

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.



Results


Oyam District	
	Deliveries
	Assisted deliveries
	9,902
	Coverage of the total number of expected deliveries ¹⁷
	64.7%

	Visits
	Antenatal visits
	27,782

Anyeke health centre	
	Deliveries
	Assisted deliveries
	1,201
	C-sections
	119

¹⁷ Hospital included

Aber hospital	
	Deliveries
	Assisted deliveries
	2,149
	C-sections
	400
	Visits
	Antenatal visits
	7,492
	Paediatric admissions
	2,648

	Mortality
	Neonatal mortality rate (intrapartum and at 24 hours of delivery).
	3%
	Hospital maternal mortality due to direct obstetric causes
	Standard (<1%)
	0.4%

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

550

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 implement our projects in Uganda.

-
- Chiesi Foundation
 - Conferenza Episcopale Italiana
 - Fondation Assistance Internationale
 - Fondazione Cariparo
 - Fondazione Cariplo
 - Fondazione Cariverona
 - Fondazione Compagnia di San Paolo
 - Fondazione Mediolanum
 - Gruppo di appoggio Ospedale di Matany Onlus
 - Informatica Bancaria Trentina Srl
 - Lisa Spa
 - Medici con l'Africa Como Onlus
 - Movimento Apostolico Ciechi
 - Provincia Autonoma di Bolzano
 - Regione Toscana/Centro di Salute Globale
 - Symphasis
 - UNICEF

FOCUS ON HOSPITALS



FLASH

14hospitals managed by
Doctors with Africa CUAMM

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



In 2015 Doctors with Africa CUAMM contributed to the management of **14 hospitals in Africa** (1 in Angola, 2 in Ethiopia, 2 in Mozambique, 2 in Sierra Leone, 3 in South Sudan, 2 in Tanzania, 2 in Uganda). In Africa, the hospitals are the principal facilities for health service delivery. It is therefore important for Doctors with Africa CUAMM to evaluate their 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

1
Pujehun Hospital
Sierra Leone

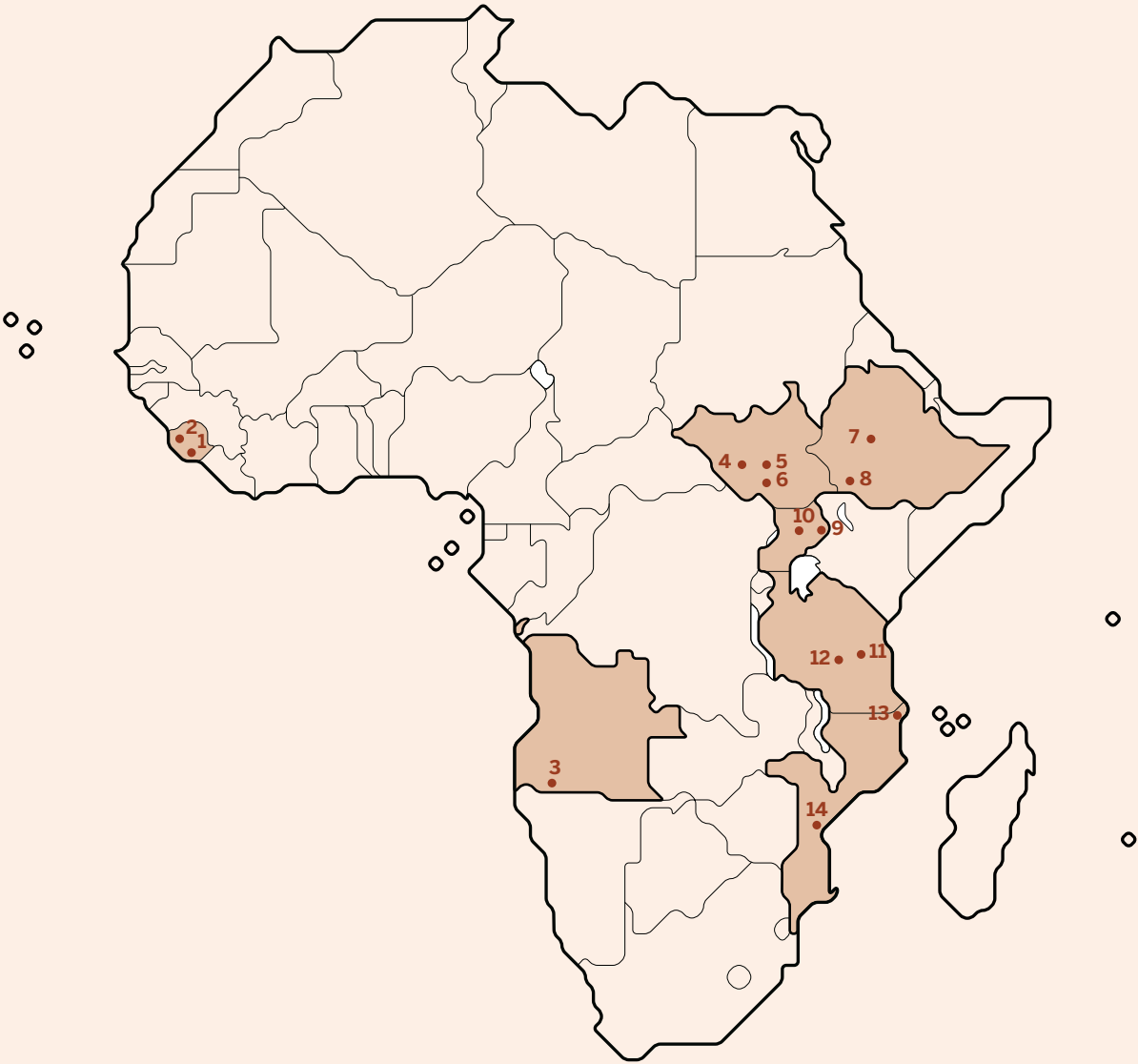


2
Lunsar Hospital
Sierra Leone



ANGOLA

3
Chiulo Hospital
Angola



SOUTH SUDAN	ETHIOPIA	UGANDA	TANZANIA	MOZAMBIQUE
-------------	----------	--------	----------	------------

4
Cueibet Hospital
South Sudan



7
Wolisso Hospital
Ethiopia



9
Matany Hospital
Uganda



11
Mikumi Hospital
Tanzania



13
Palma Hospital
Mozambique



5
Yirol Hospital
South Sudan



8
Turmi Hospital
Ethiopia



10
Aber Hospital
Uganda



12
Tosamaganga Hospital
Tanzania



14
Beira Hospital
Mozambique



6
Lui Hospital
South Sudan

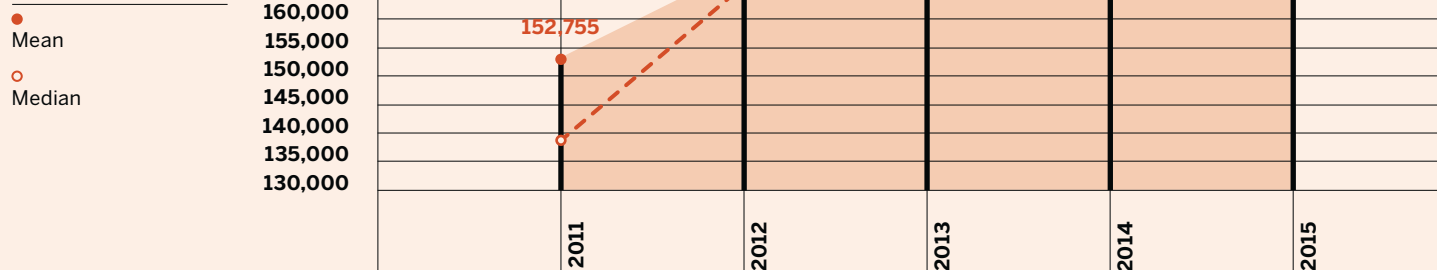


PRODUCTIVITY

On average, the overall performance trend at the 8 hospitals from which data has continuously been collected since 2011 continued to grow significantly between 2011 and 2012, then more modestly until 2015 when a slight, albeit not significant, decrease was registered. In fact, during 2015, performance was down 1.4% compared to the previous year, mainly due to the decline in the level of activities in the hospitals in South Sudan – as a consequence of the problematic situation in the country – and at Chiulo hospital in Angola – due to lower oil prices and consequent economic crisis.

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 4 of the 9 hospitals monitored in 2015, and only a slight decline in the level of activities in the hospitals in Tanzania and a more conspicuous decline in South Sudan and Angola, as mentioned.

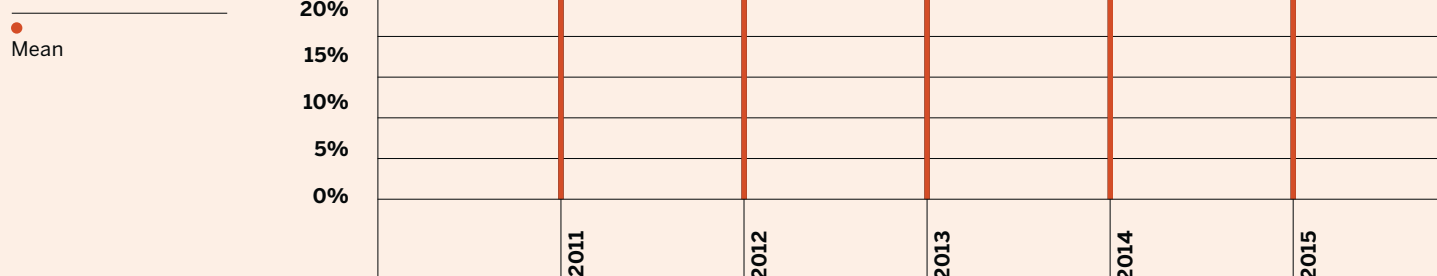
Mean volume of activities (SUO) in 8 hospitals*



EQUITY

Patient fees (total income from patients/total cost) mostly remained stable over time, and despite a slight rise in the last few years, have always stayed under 30%.

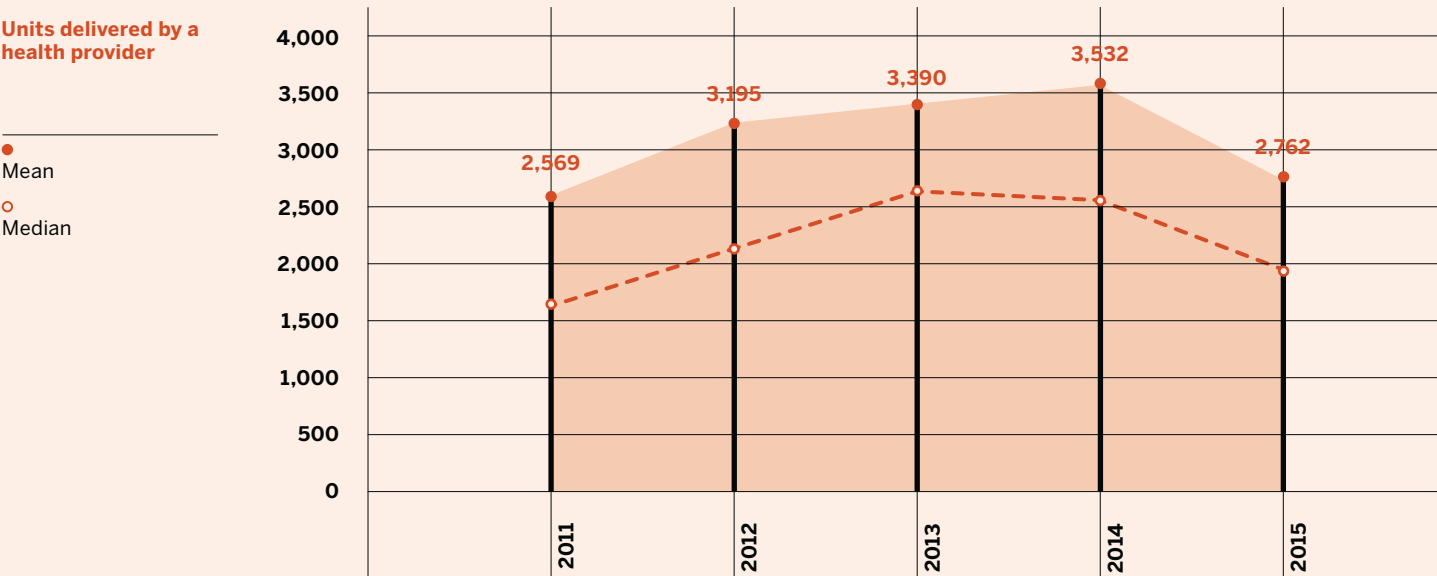
% patient fees*



STAFF EFFICIENCY

As for staff efficiency (total no. SUO/skilled staff), the continuous upwards trend registered since 2011 was interrupted by a decline in 2015, mainly due to the reduced volume of activities at Yirol hospital (South Sudan), as a consequence of the instability in the country. However, mean performance in general was lower, probably

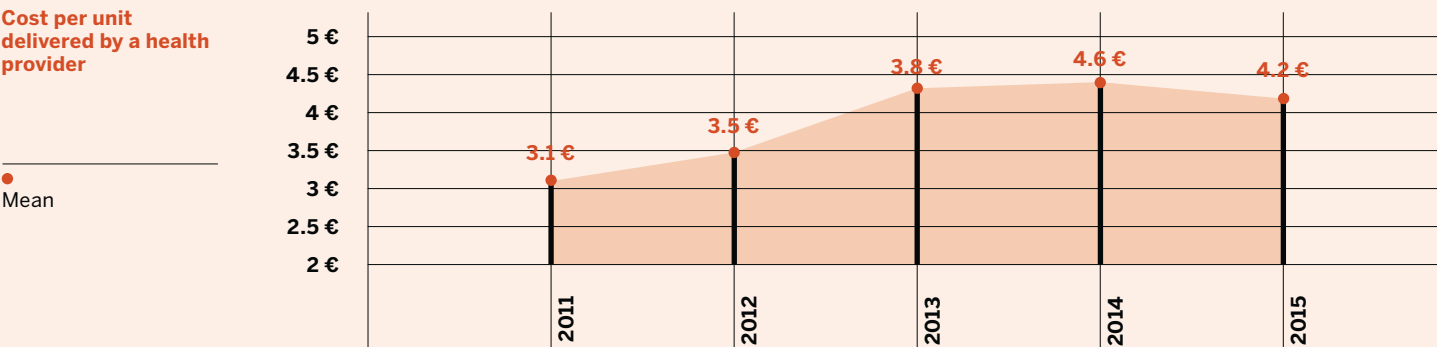
due to an increase in the number of qualified members of staff, which, however, should guarantee a better quality of the services offered.



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, while in

2015 there has been a slight reduction; a sign that prices are stabilising.



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.

118
CUAMM Doctors at
work in Angola
(CUAMM Archive)

119
Aber hospital in
Uganda
(CUAMM Archive)



118

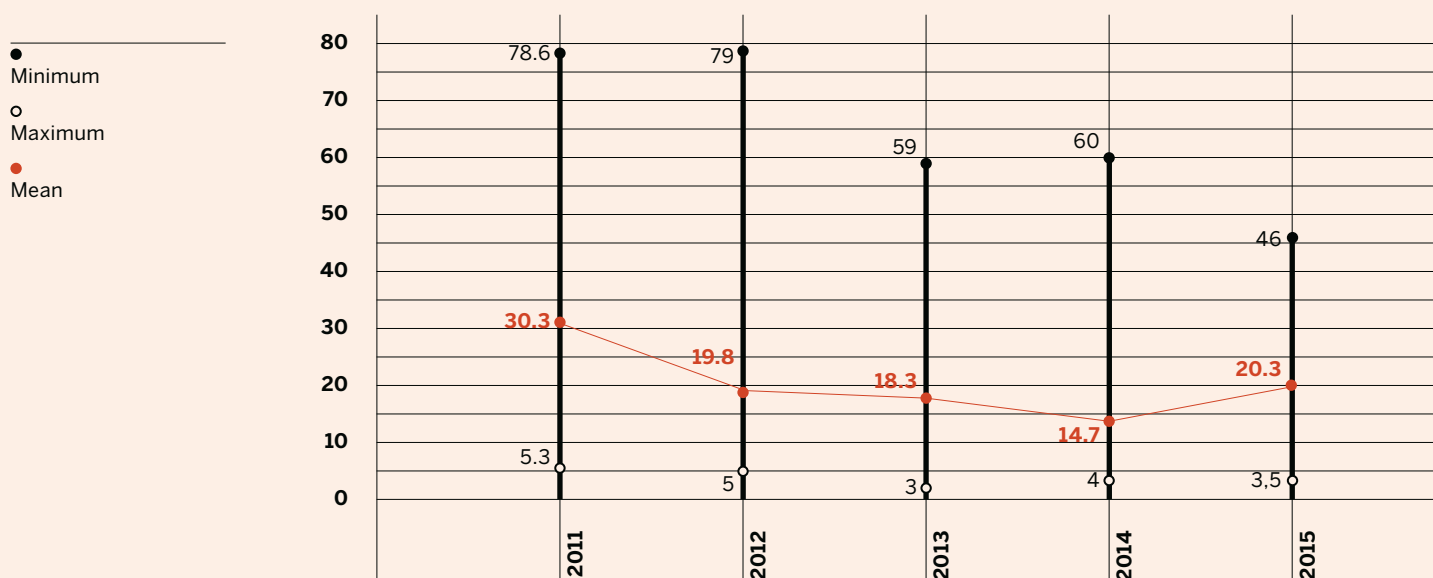


119

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, the rise in the mean rate is due mainly to the inclusion of two new

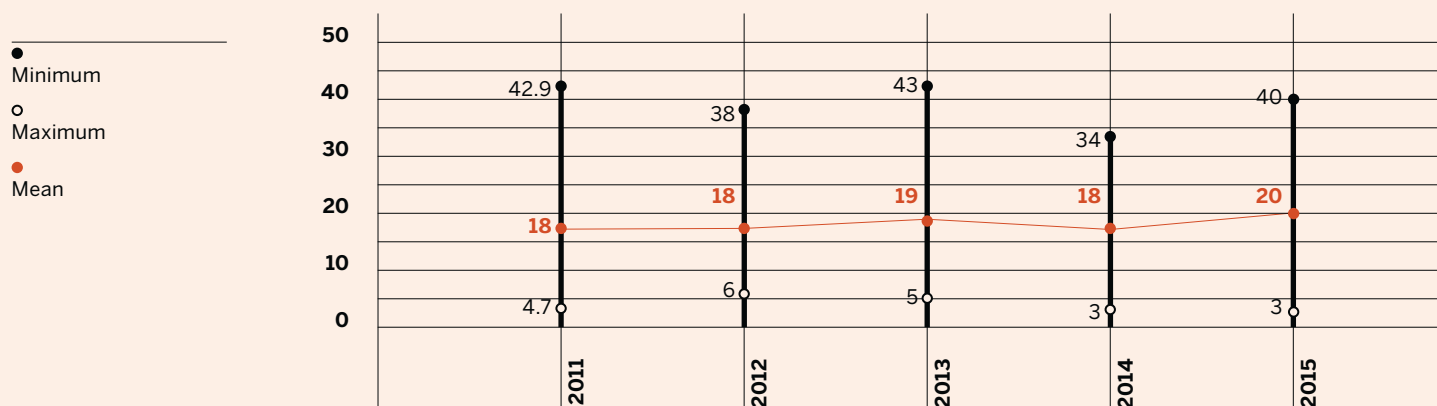
hospitals, in Lunsar and Palma, where work has only recently started. However, an approximate mean rate of 20 per 1,000 indicates a reasonably high quality of intrahospital obstetric care, bearing in mind the average status of these hospitals in terms of skilled, available staff and the monitoring technology 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: women's 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.

Over the years, each hospital has shown marked stability, while there has been a rise in the C-section rate at Pujehun hospital, mainly due to the great work done on the referral system and consequent transfer to hospital of increasing numbers of complicated cases requiring C-sections.



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.

For example, Lui hospital, after an apparent improvement in 2013, registered a further decline, which needs to be assessed starting from the very definition of major obstetric complications. However, this was not possible due to the situation of instability towards the end of the year, which may have been the cause of the rise of the mortality rate in connection with the impossibility of reaching the hospital. Generally speaking, the indicator improved in the majority of hospitals and at least 6 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). Improvements were reported at the Aber and Chiulo hospitals, where the worst rates of the 4 monitored hospitals were recorded.

Hospitals	2015
Aber	0.4%
Matany	0.9%
Mikumi	1.5%
Tosamaganga	0.2%
Wolisso	0.8%
Chiulo	1.6%
Yirol	0.4%
Lui	4.0%
Cueibet	3%
Pujehun	0.9%
Lunsar	1.7%
Palma	3.0%

HOSPITAL DATA 2015

Country	Hospital	No. beds	No. outpatient visits	No. admissions	No. antenatal visits	No. deliveries	No. C-sections	No. immunizations
Uganda	Matany	284	32,011	9,556	6,219	1,164	268	13,679
Uganda	Aber	181	36,433	9,082	7,492	2,149	400	40,321
Tanzania	Mikumi	121	16,733	8,101	4,034	2,331	375	6,347
Tanzania	Tosamaganga	165	29,092	6,721	1,389	2,350	775	7,183
Ethiopia	Wolisso	200	78,307	12,971	4,415	3,292	646	6,727
Ethiopia	Turmi	40	10,000	588	893	414	30	2,507
Angola	Chiulo	210	18,279	4,089	3,175	1,282	116	18,331
Sudan	Yrol	103	49,071	11,172	10,123	1,438	46	15,680
Sudan	Lui	92	29,077	4,260	2,479	400	84	4,553
Sudan	Cuibet	55	31,220	5,019	3,141	793	2	n.a.
Sierra Leone	Puejhun CMI	54	2,838	2,875	2,585	856	346	5,592
Sierra Leone	Lunsar	74	12,641	2,194	840	246	68	3,086
Mozambique	Beira	644	220,809	27,659	4,053	5,571	2,410	17,086
Mozambique	Palma	61	74,184	1,293	8,831	1,088	65	20,437
Total		2,284	640,695	105,580	59,669	23,374	5,631	161,529

Still-births/ live births	% rate of C-sections	% deaths due to direct obstetric causes	Income from user fees	Total income for recurrent expenditure	Recurrent expenditure	Total staff	Skilled staff
13	23%	0.9	78,661	767,311	685,322	208	81
6.2	21%	0.4	202,350	1,143,756	973,890	154	99
17.9	16%	1.5	301,767	646,760	493,907	110	65
9.5	33%	0.2	225,598	747,245	756,140	161	105
3.5	20%	0.8	569,037	1,578,699	1,278,219	326	208
n.a.	0%	n.a.	n.a.	n.a.	n.a.	27	8
8	9%	1.6	n.a.	n.a.	n.a.	175	74
8	3%	0.4	6,016	2,011,853	907,966	119	25
16	21%	4	n.a.	n.a.	n.a.	111	45
11	0%	3	n.a.	n.a.	370,000	83	38
5.6	40%	0.9	n.a.	n.a.	n.a.	34	28
40	28%	1.7	313,928	1,146,194	1,002,990	138	80
n.a.	43%	n.a.	n.a.	n.a.	n.a.	1,879	1,232
46	6%	3	n.a.	n.a.	n.a.	78	42
						3,603	2,130

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 RESULTS DURING YEAR FOUR

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 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.**

Total¹⁸
1 April 2015/
31 March 2016

Assisted deliveries

31,063

+8.1%



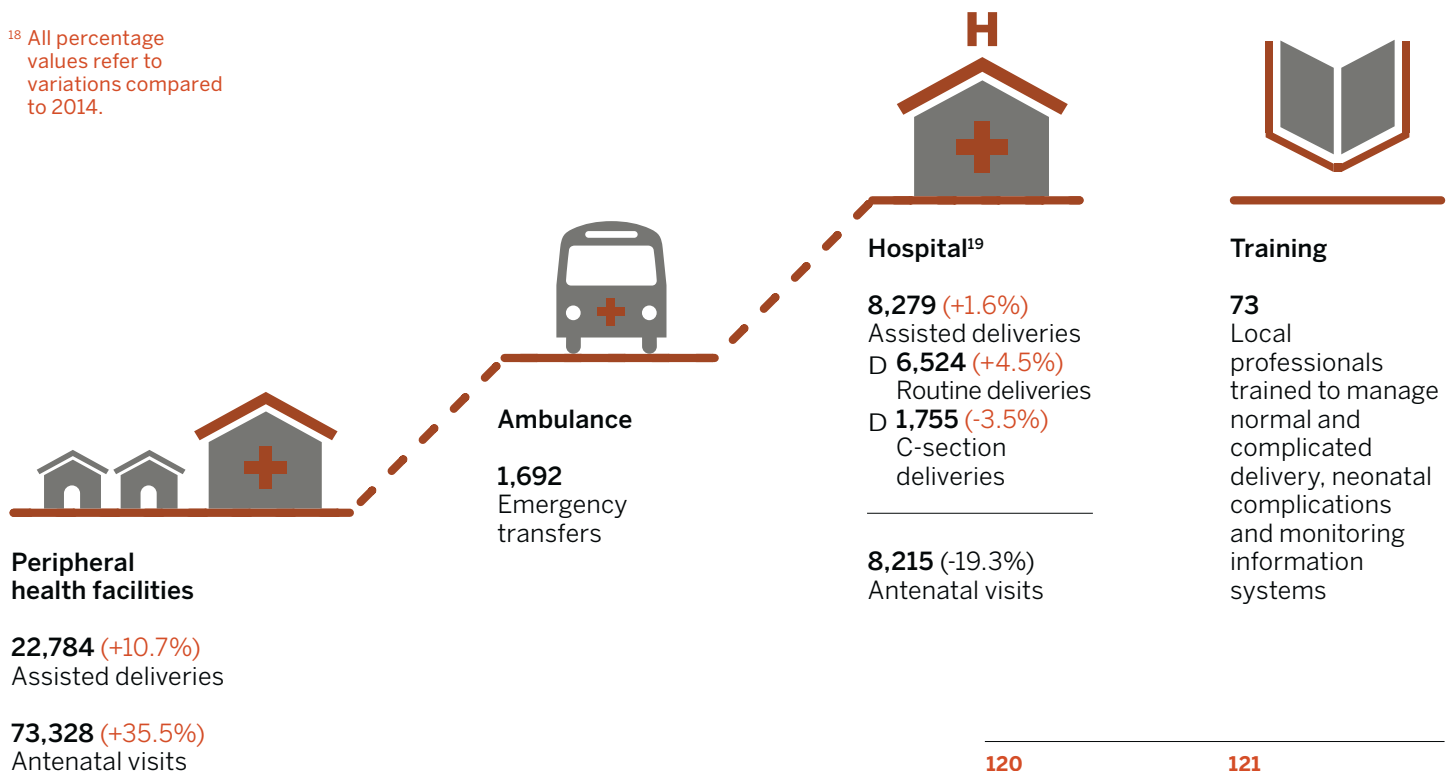
Antenatal visits

81,453

+26.7%



¹⁸ All percentage values refer to variations compared to 2014.



120
The Paediatric ward in Beira, Mozambique (Nicola Berti)

121
A little girl sleeping peacefully (CUAMM Archive)

¹⁹ N.B. 2,550 C-sections were expected; the figure was based on reaching the 5% target coverage of C-section childbirths, the minimum recommended by WHO. On average, we have now reached 3.1%, but obviously the 4 contexts are different, therefore the actual need to opt for a C-section is different (due to the women's different physical characteristics), as different are the approaches to the recommendation itself, depending on how restrictive the obstetric schools of the different countries are. In this sense, the Robson study and classification of the C-section recommendation is an essential tool to establish how correct the recommendations were and how much they contributed to reducing maternal morbidity and mortality.



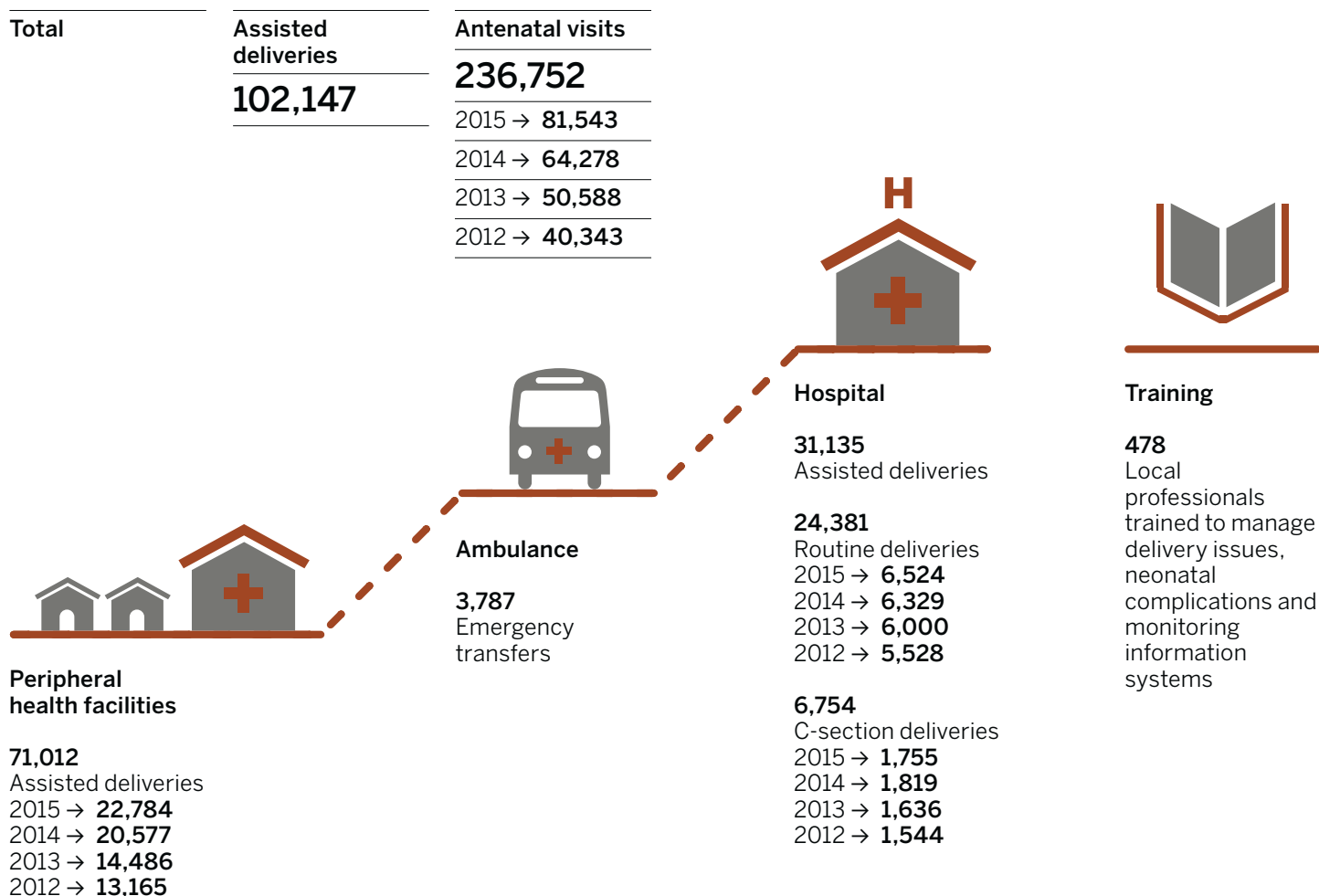
120



121

OVERALL RESULTS OF THE FIRST FOUR YEARS OF ACTIVITY

We have worked with commitment and determination to achieve these impressive results, knowing they are more than mere figures: they are the lives of women and children who now have a future to look forward to. While we are making an important contribution in 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**.



122
A CUAMM doctor auscultates a pregnant woman (CUAMM Archive)

123
Mothers feeding their children in Zimmi, Sierra Leone (CUAMM Archive)



122



123

Research work in the fourth 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 fourth year of activity:

- **Evaluation of knowledge, attitude, and practices (KAP) with regard to the use of health services for antenatal visits and child deliveries in the districts of Wolisso, Goro and Wonchi:** the study revealed better knowledge with regard to the use of health services for antenatal visits and child deliveries and less cases in which services were not used due to lack of transportation, compared to the same study in 2013.
- **Evaluation of the cost-effectiveness of the ambulance service in the districts of Wolisso, Goro and Wonchi in Ethiopia, to assess the efficiency of the referral system and strengthen the transfer service between peripheral health centres and hospitals in cases of obstetric emergency:** the cost per life-year saved by the ambulance service was 24.7 USD, which puts the service within the range defined by WHO as “very attractive” (<30 USD).
- **Evaluation of the efficacy of the baby kit and free transport voucher in increasing access to antenatal services and qualified child delivery assistance in the district of Oyam (Uganda):** institutionalized deliveries appear to have increased by 22.1% thanks to the baby kit

and by 13.7% thanks to the free transport voucher; however, the cost per unit of assisted births is a lot more cost effective with reference to free transport vouchers (12 USD against 20 USD for baby kits).

- **Evaluation of the quality of obstetrical and neonatal care service in the hospital of Chiulo (Angola):** of the 17 aspects evaluated, 5 were rated less than 1 (a serious risk to the health of mother and child); these mainly refer to neonatal care and normal births (due to the lack of available guidelines).

The following studies are in progress:

- **Randomised clinical trial on the effectiveness of woollen caps during kangaroo care to prevent hypothermia in preterm infants** in Ethiopia, Mozambique and Uganda. As we all know, neonatal hypothermia is one of the main causes of preterm infant morbidity and mortality, in particular for low-weight infants; the study aims to establish whether the simple use of a cap can be enough to modify infants body temperature and maintain it in the required physiological range without any other intervention.

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

124
Siblings at
Tosamaganga
hospital, Tanzania
(Nicola Berti)



MOTHERS AND CHILDREN FIRST ANGOLA



Intervention at the municipality of Ombadja, Chiulo.

298,200

Total population of the
municipality of Ombadja

14,314

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

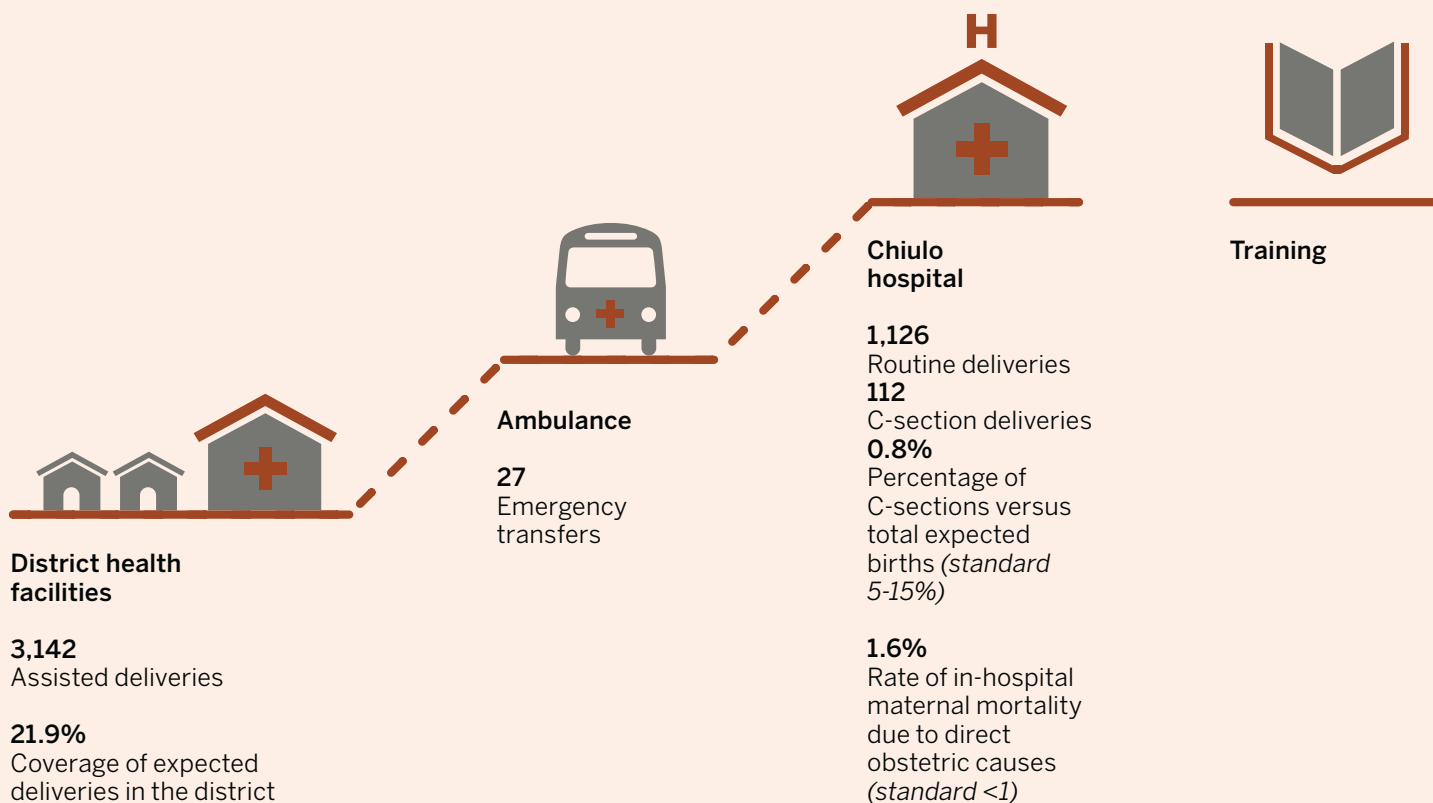
Doctors at Chiulo
hospital

1

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

1

Administrative worker



MOTHERS AND CHILDREN FIRST ETHIOPIA



Intervention at the districts of Wolisso, Goro and Wonchi

408,739

Inhabitants

14,183

Expected deliveries

42

Midwives working in the
peripheral healthcare
facilities

13

Midwives working
in hospital

Healthcare facilities:

1

Hospital (Wolisso)

20

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

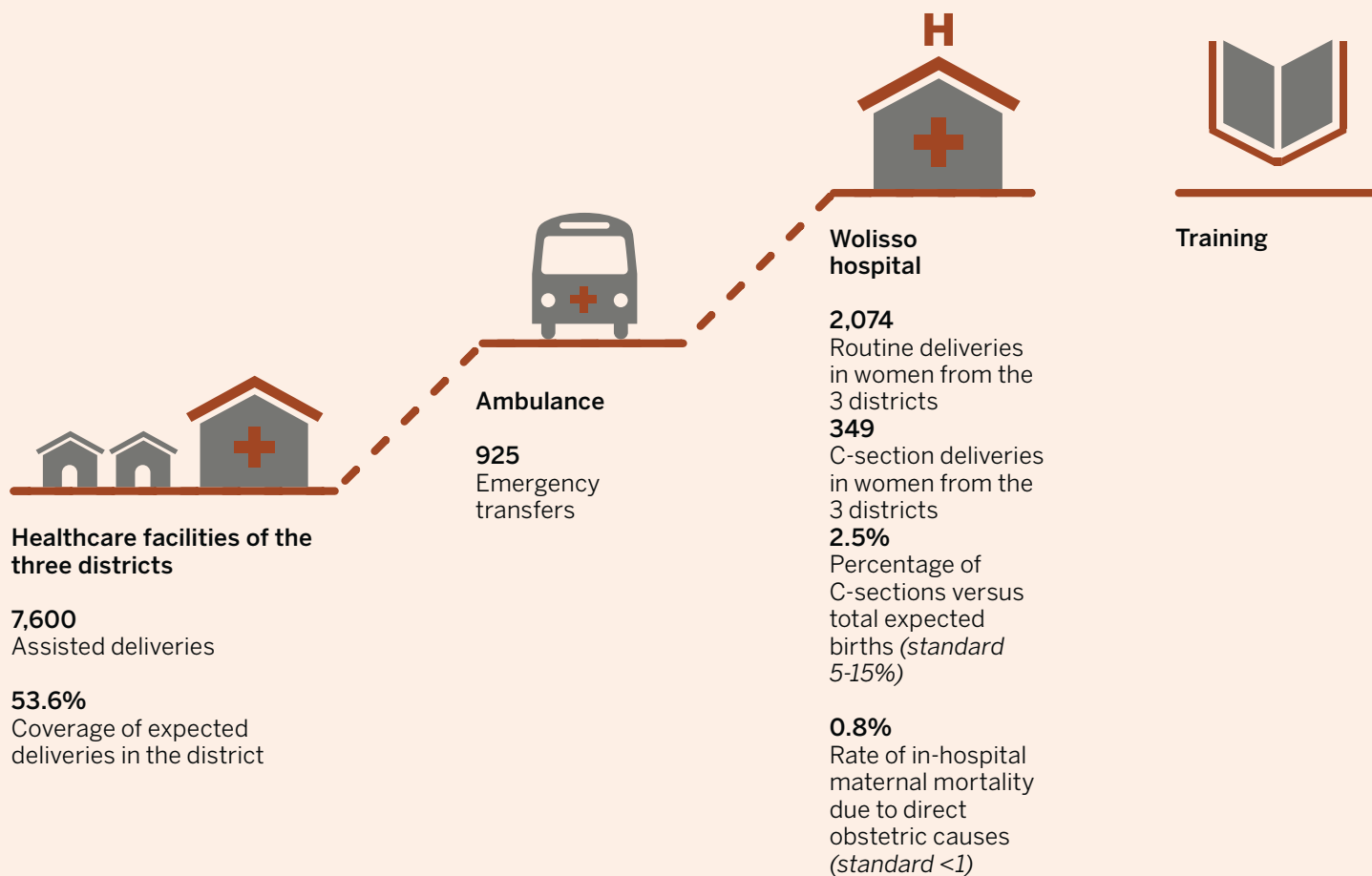
Administrative worker

1

Expert in public health

1

Internist
(guaranteed by other
projects)



MOTHERS AND CHILDREN FIRST TANZANIA



Intervention at the district of Iringa and Tosamaganga hospital

273,293

Inhabitants

9,018

Expected deliveries

116

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

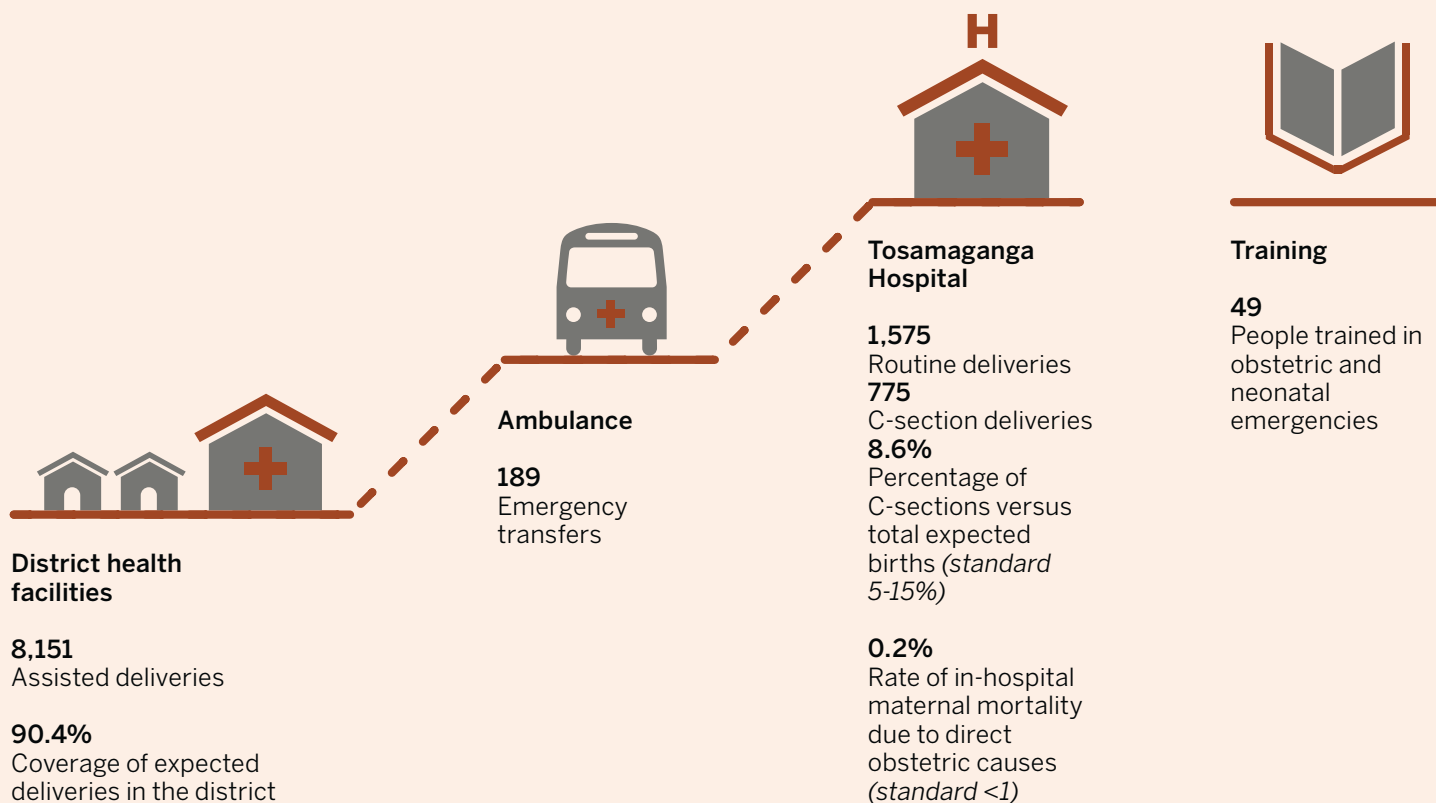
Doctors (a public health doctor and a paediatrician)

1

Administrative worker

1

Community expert/ anthropologist (guaranteed by other projects)



MOTHERS AND CHILDREN FIRST UGANDA



Intervention at the district of Oyam and Aber hospital

388,011
Inhabitants

18,818
Expected deliveries

41
Midwives working in the
peripheral healthcare facilities

17
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

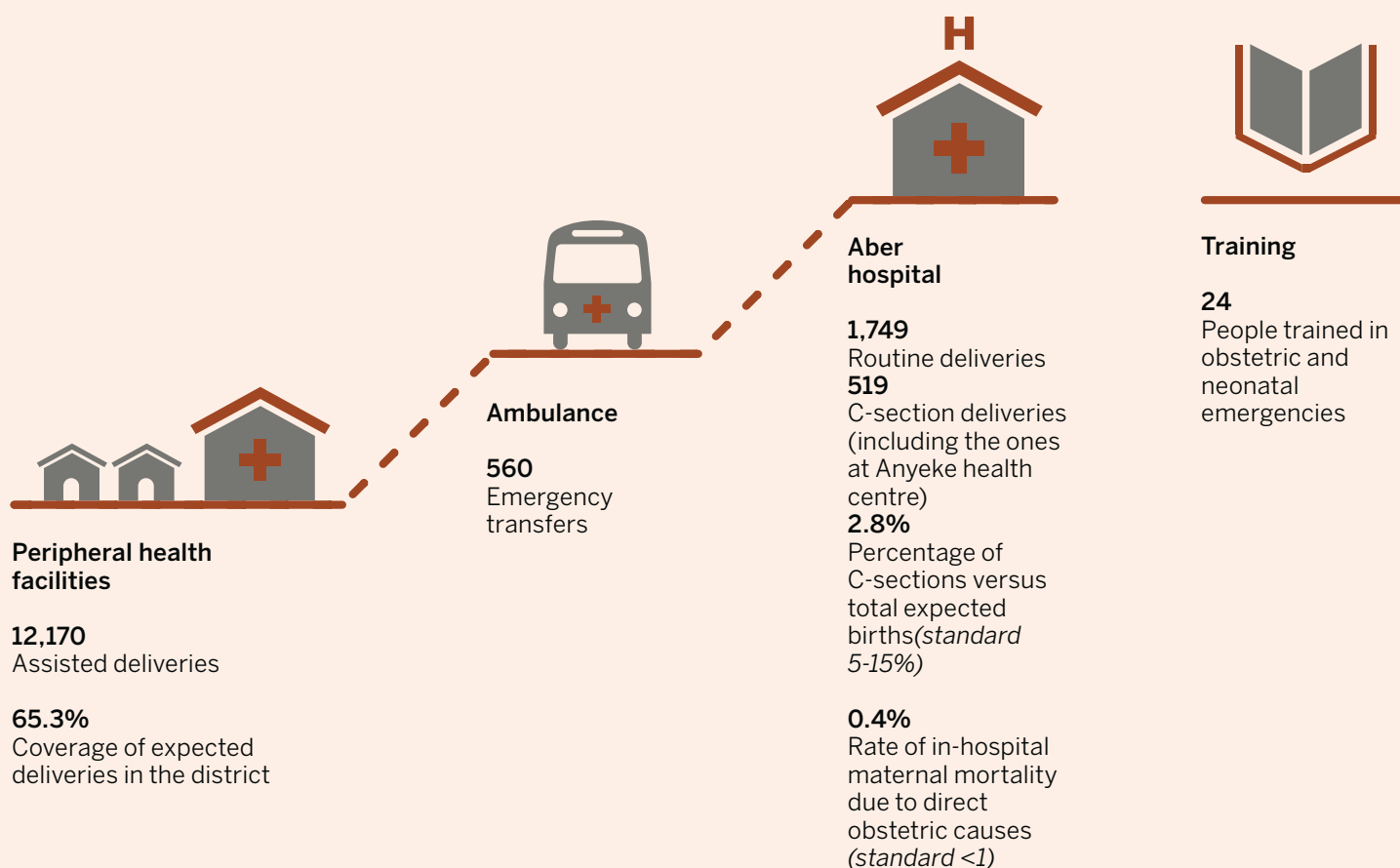
Doctors with Africa
CUAMM staff:

2
Doctors (a public health
doctor and a paediatrician)

1
Administrative worker

1
Expert in public health

1
Internist (guaranteed by
other projects)



HUMAN RESOURCES MANAGEMENT 2015

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. Working here requires solid professional training and deep-rooted motivation 2 characteristics that are essential for the development of more and more advanced analysis, research, planning and implementation capabilities. In addition to these difficulties, there is the fact that international cooperation is constantly evolving and involving increasing numbers of operators with different intervention approaches, which in turn requires new procedures, resources and competences. For these reasons, CUAMM has confirmed, and to some extent renewed, its commitment to improve each stage of human resource management.

Recruitment and selection

To cover the positions within its projects, the organization recruits and selects **human resources at international level** (from Europe and countries) and **also at national level** (from the country of intervention).

As for international staff, it recruits human resources internally, within the Organization, and externally.

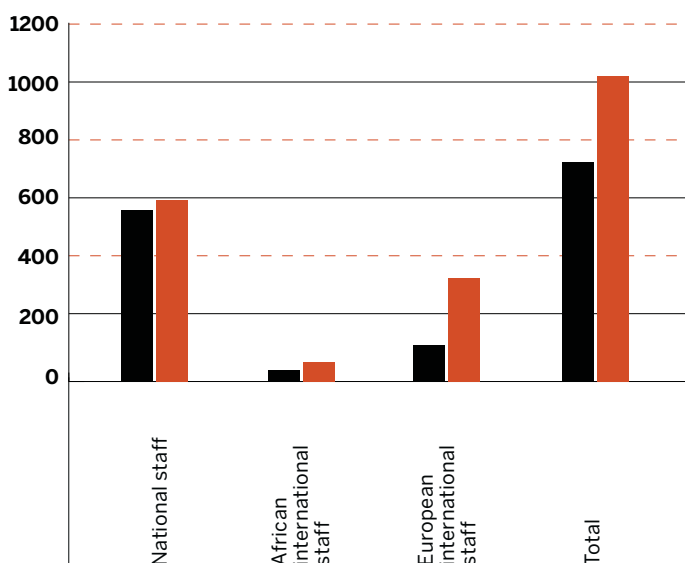
Internal human resources refer to staff returning from Africa who have acquired professional experience in Doctors with Africa CUAMM projects.

Priority is given to this pool to make the most of the Organization's human capital and promote the professional growth of the operators. **External human resources** refer to professionals who have acquired experience in international cooperation through other organizations, who wish to share their professional expertise and wealth of values with CUAMM.

To cover the 733 staff **positions required** by the projects, 1,021 candidates were interviewed. Of these, 347 were European international staff, who covered 123 positions; 66 with African international professional to cover 37 positions and 608 were national staff for 573 positions.

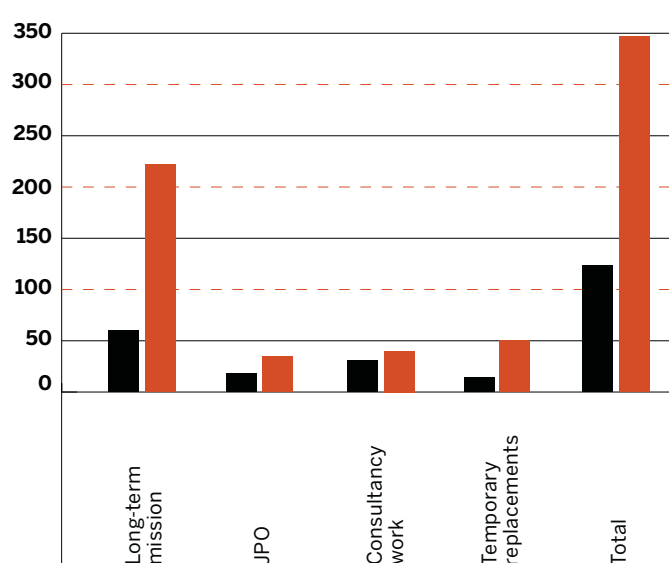
In particular, for **European** international staff, 222 interviews were held to cover 60 long-term mission positions, 35 were held with resident physicians to cover 18 JPO positions, 40 for 31 consultancy work positions, 50 for 14 temporary replacement positions.

Staff selection for positions in 2015



■ Positions
■ Selection interviews

European staff selection by mission



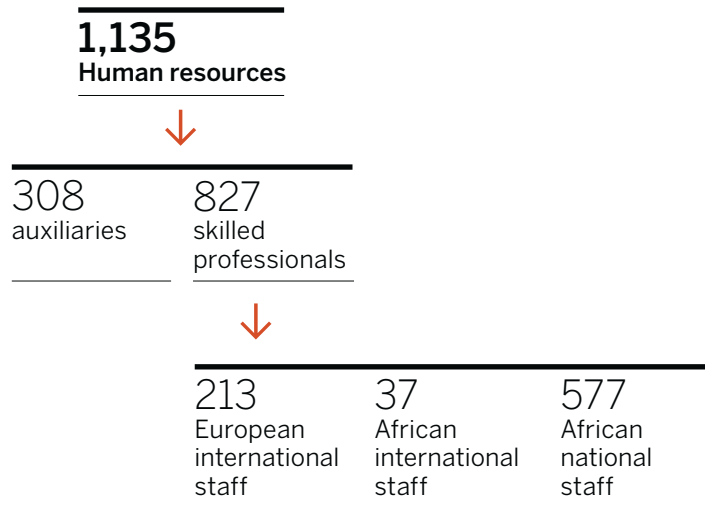
■ Positions
■ Selection interviews

Pre-departure training

Once selected, the candidates are sent a general information kit and specific documents relating to their role, the project and the work environment. Shortly before departure, they are invited to CUAMM headquarters (European internationals in Italy and Africans on site) to complete their training. In Italy, training days include group sessions and individual meetings with the objective of offering more information and in-depth knowledge on relevant topics and aspects, to facilitate their integration into the project and African environment. **74 pre-departure training** days were organized in 2015 and **155 European professionals left for Africa.**

Field staff

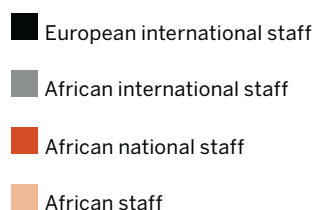
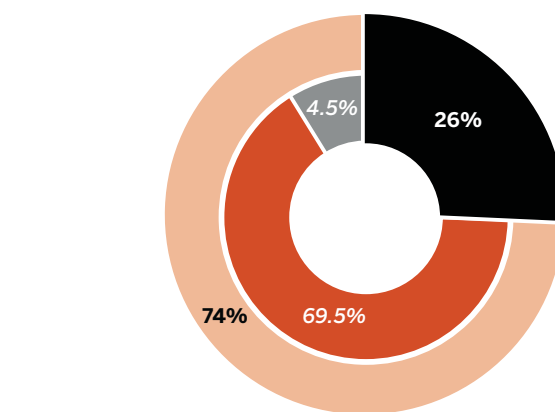
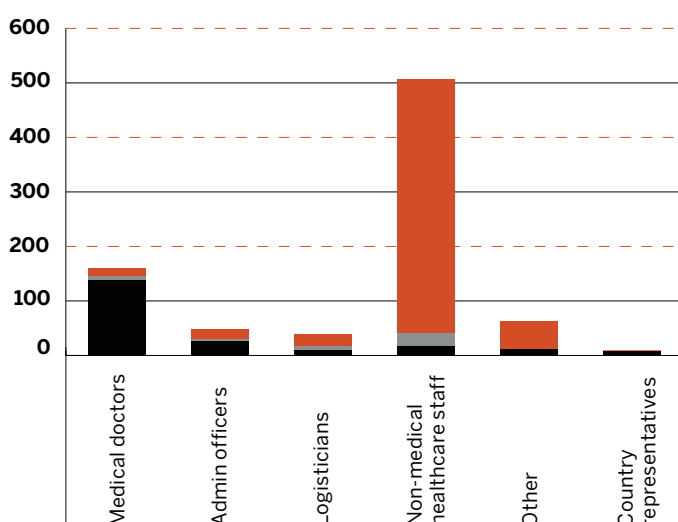
In 2015, in the seven countries of intervention projects were implemented by:



Significantly, 87% of medical doctors are European internationals, while 92% of non-medical healthcare staff are national. This data confirms that Doctors with Africa CUAMM invests a lot in national staff in terms of capacity building, while it sends international staff to cover the positions for which the African country does not yet have national professionals available.

The considerably high percentage (69.5% of the total) of skilled professionals that served in 2015 deserves a mention: in South Sudan Doctors with Africa CUAMM has been entrusted to support the country's health system in 5 counties and 2 hospitals, hiring directly around 80% of peripheral healthcare facilities staff and 50% of hospital staff, until the Government has the capacity to take over.

Professional profile and origin of qualified staff



Monitoring and evaluation

The organization monitors and evaluates the performance of all international and national human resources working in the field with the aim of increasing consciousness and giving a sense of responsibility to each worker, to improve their knowledge and competence in the specific professional sector.

The purpose is to identify each worker'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 through a set of forms which are filled in by each worker's direct supervisor.

Training in the field

The Junior Project Officer (JPO) programme has reached its thirteenth year and provides residents with theoretical training and experience in Africa, with the objective of enabling them, once they have specialised, to engage in international health cooperation and rise to the Global Health 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 of these 13 years, more than 100 residents from universities all over Italy have left for Africa. In 2015 alone, 18 took part in the programme.

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. The JPO programme is not the only example, albeit the most structured, of young human resources training in the field with the intention of engaging in international cooperation in the future.

In fact, in 2015 8 young professionals, mainly health carers but also administrative officers, were shadowed by our professionals in the field for a period of three-six months.

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The queue outside a
hospital in Uganda
(Nicola Berti)



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On the streets of
Wolisso district
(Luigi Baldelli)

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Casa d'Espera Maria
Bonino in Damba,
Angola
(CUAMM Archive)

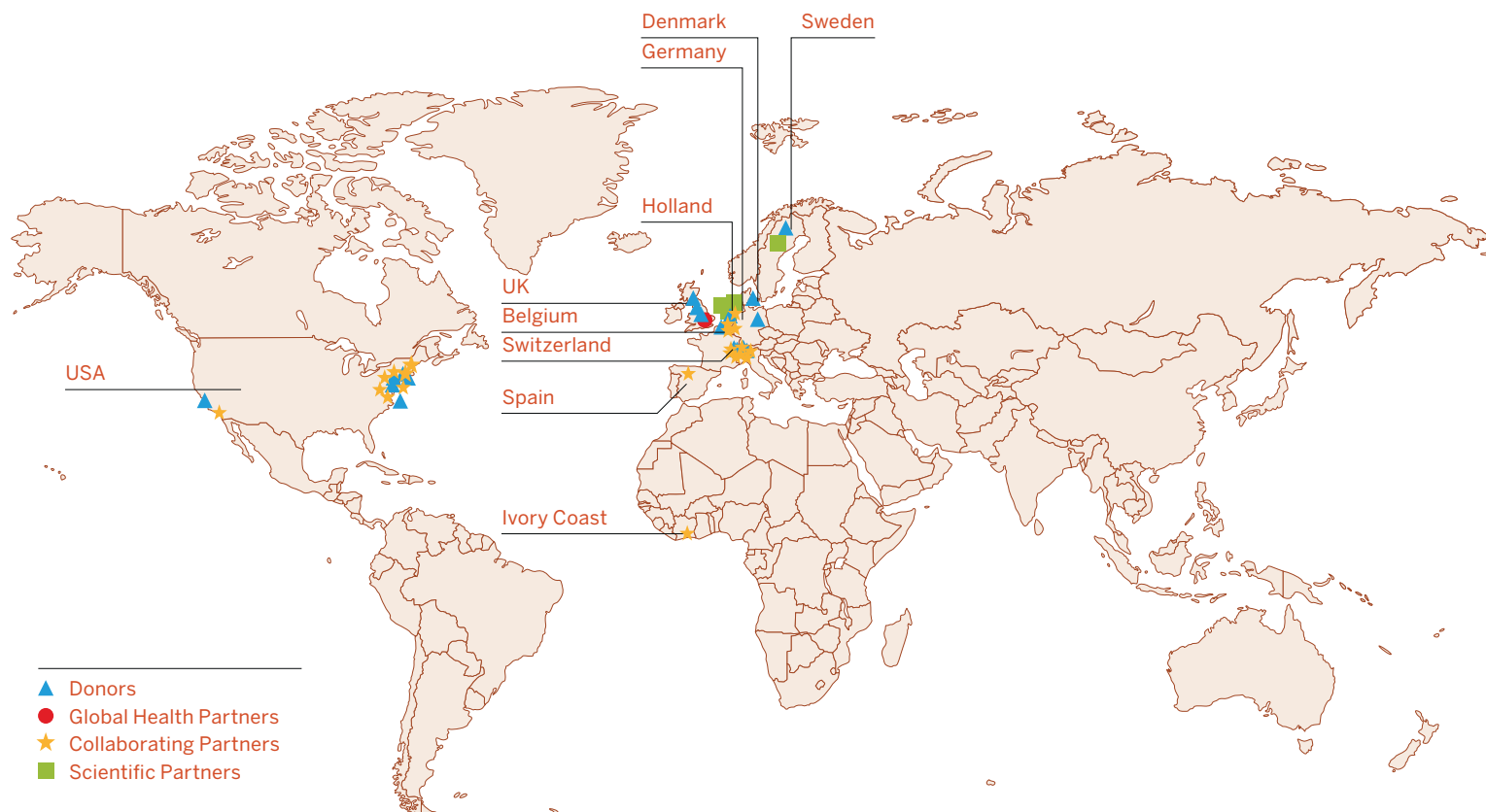


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PARTNERSHIP



Belgium

Antwerp

- Institute of Tropical Medicine (university)

Brussels

- ★ European Parliament
- STOA European Parliament
- ▲ European Commission
- ★ RAPUE
- ★ Veneto Region Brussels Office

Ivory Coast

Abidjan

- ★ African Development Bank

Denmark

Copenhagen

- ▲ World Diabetes Foundation

Germany

Dresden

- ▲ Partec (company)

Holland

The Hague

- ▲ CORDAID (NGO)

Amsterdam

- KIT Royal Tropical Institute (University)
- ★ AIGHD

Spain

Madrid

- ★ Manos unidas (NGO)

Sweden

Stockholm

- Karolinska Institutet
- ▲ Lunds Stift Diocese

Switzerland

Zurich

- ▲ Women of Hope International
- ▲ African Innovation Foundation
- ▲ UBS Optimus foundation

Geneva

- ▲★ WHO Tb Department
- ▲★ WHO Family Cluster
- ▲★ WHO Nutrition
- ★ Caritas internationalis (network)
- ★ Representative of the Holy See to the United Nations

- ▲ The Global Fund

- ★ UNAIDS

- ▲ UNITAID

Basel

- ★ MMI (network)

UK

London

- Imperial College (university)
- ▲ Children Investment Fund Foundation (CIFF)
- International Aids Society
- ▲ Women and Children First
- ▲ Charities Aid Foundation

USA

Washington

- ★ Italian embassy
- ★ World Bank

New York

- ▲ BMS Secure the Future (foundation)
- ★ RAPUN
- ▲ Merck
- ▲ UNICEF
- ★ UNDP
- ▲ The ELMA Philanthropies Services
- ▲ The Rockefeller Foundation

New Jersey

- ★ PRRR
- ★ Becton, Dickinson and Company

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 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

Events, publications, video clips, social media and web presence, articles and reportages: these are some of the activities carried out in 2015 by the Communication Department to continue spreading CUAMM's message and values and increase its visibility.

Besides providing information, we feel communicating also serves to motivate and involve others in our 60-plus-year commitment to Africa.

It gives a voice to those with no say, who are often forgotten. It raises awareness of the work that Doctors with Africa CUAMM carries out in Africa, the care it offers to the lowliest, in the remote areas of sub-Saharan Africa. All choices and initiatives have in common a special attention towards individuals and their stories: from those of the people that benefit from the services to those of the operators working in the field. At the same time, new special occasions have led to reconnecting with dedicated testimonials, journalists and opinion leaders, and a widening of horizons by **getting new friends involved in this fascinating journey**.

Coordination of communication in Africa and Italy

In 2015, the Communications Office, in collaboration with the other internal departments, worked 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.

Testimony to the organization's readiness to adopt new communication channels and contemporary forms of expression, the Communications Office collaborated with support groups also to define the guidelines for an accurate and effective communication online, through social media (especially Facebook, where the groups are present with about 10 pages) and dedicated websites.

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.

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.

- **Presentation of the book "Non temete per noi, la nostra vita sarà meravigliosa (Fear not, our life will be wonderful)" by Mario Calabresi**
Ten evening events took place in towns across the Centre and North of Italy to present the book "Non temete per noi, la nostra vita sarà meravigliosa" by Mario Calabresi.

- **A waiting room – Mothers and children first**

The photo exhibition "A waiting room – Mothers and children first", by the Polish photographer Kasia Ciechanowska, was inaugurated on 9 March, to coincide with International Women's Day, and was open until 20 March at the Headquarters of the United Nations in New York. Pictures from Tosamaganga, the hospital in which Doctors with Africa CUAMM works in Tanzania.

- **Tabula Rasa**

A unique show brought to the stage by Natalino Balasso and Massimo Cirri, on 19 May, at the Verdi Theatre in Padua. An event that inspired the idea for a special book.

- **In the heart of the world/Maria Bonino, the price of the service.**

A meeting that took place in Padua, at the CUAMM headquarters, in collaboration with the Diocesan Missionary Centre, included among the mission's regular Monday events.

- **ValutAzione - Evaluation of international health cooperation**

This is the title of a workshop, which was held on 18 September in Florence, about how cooperation needs to be systematically driven by data to produce tangible results.

- **Fabi, Silvestri and Gazzè: commitment, music and words**

An evening of music and dialogue with the three singer-songwriters who in recent years have become special CUAMM friends, was held on 23 September in the beautiful Botanical Gardens in Padua.

- **Walking with Doctors with Africa CUAMM**

Music, dancing, children entertainment, chestnuts and candy floss, but mainly a walk together to reassert support for CUAMM and its commitment to mothers and children in Africa. The event took place in Padua on 11 October and was attended by approximately 1,000 people.

- **Mothers and children first. On the border lies our house**

After Padua, Rome, Milan and Turin, the virtual baton of stories and good practices for mother and child health was handed over to Verona, on Saturday 21 November. An authentic journey to rediscover the care, passion and beauty of offering practical help to those who suffer and live at the "margins", on the borders.

- **Don Luigi Mazzucato**

CUAMM's historic Director died on 26 November 2015, aged 88. The chapel ardente was open to the public for three days in the salon of the CUAMM headquarters in Padua. A continuous and composed line of people paid its respects to the "little big man".

- **Becoming doctors "with" Africa**

A new agreement between CUAMM and Sism Fondazione Crt was presented on Tuesday 15 December in Turin. The objective? Offer 36 scholarships for Medicine students who wish to spend a period of 4 weeks in direct contact with the African health system, shadowed by an experienced tutor.

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 2015, in Italian and English, as part of the "Equal opportunities for health" programme.

"Annual Report 2014"

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.

"Versi d'Africa" ("African Calls")

Animals of Africa is the theme of the 2016 calendar. Illustrations by Vittoria Facchini.

128 "èAfrica" ("It's Africa")

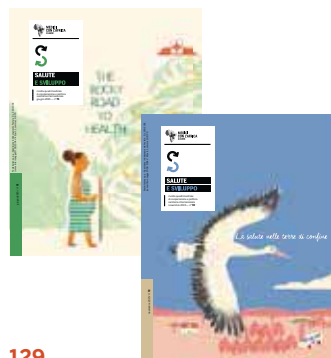


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129 Health and Development

130 Annual Report 2014

131 2016 Calendar "African Calls"



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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 increased sharing on the web, starting from the website and the dedicated YouTube channel, where most of them are housed.

Below is a list of the main videos and short clips produced:

“Medici con l’Africa Cuamm” (short version)

An institutional two-minute Italian video summarizing the work of our organization in Africa and Italy, over its 65-year history.

“Video presentation of Mario Calabresi’s book”

Three short videos that tell the story of Mario Calabresi’s trip in Uganda.

“Life in the time of Ebola”

A 25-minute documentary by Pietro Suber and Nicola Berti that looks without sensationalisms into the daily struggle with a disease: Ebola in Sierra Leone.

“Life is sweet”

A video just over two minutes long about a special return. The return of a song to the place that inspired it, a remote village in South Sudan.

“Mothers and children first”: “Remembering Mary”, “Good News”, “Sierra Leone”, “The heart beats”

These short videos were produced for 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 more than 20 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.

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Doctors with Africa CUAMM institutional video



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Video clip of the mission of the Foundations that support the “Mothers and children first” project in Wolisso



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Advertising communications

In 2015, 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:

“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.

“Mothers and children first. Annual meeting Verona”

A campaign to promote participation in the annual event.

“Presentation of the book by Mario Calabresi – Non temete per noi, la nostra vita sarà meravigliosa”

Advertisements in the local press in connection with the presentation of the book.

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Tabula Rasa, with Natalino Balasso and Massimo Cirri



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Presentation of the book “Non temete per noi, la nostra vita sarà meravigliosa” by Mario Calabresi



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Special issue of *Io Donna* with the cover signed by Antonio Biasiucci



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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 2015 consisted of over **2,000 cuttings**; **95 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

Early in the year, during the Ebola outbreak in Sierra Leone, Pietro De Re visited the country and personally witnessed CUAMM's work. As a result, a great article/report was published in the newspaper **La Repubblica**. The documentary "Life at the time of Ebola", by Pietro Suber and Nicola Berti, shown on **TV2000**, is also about the virus. Two other reports shown on **TG5** were also connected to the subject. On the occasion of the Annual Meeting, thanks to the mission of a number of journalists, articles and in-depth reports on the "Mothers and children first" project were published on **corriere.it**, **sole24ore.it**, **lastampa.it** and **repubblica.it**. The special double cover edition of *lo Donna* with the photo and signature of Antonio Biasucci and an in-depth article in the 19 December issue, completed the picture.

Web

The relentless growth in the opportunities offered by the web prompted Doctors with Africa to identify the most effective tools and strategies to increase online visibility and disseminate online communications, broaden the volunteer base and enhance fundraising. Online communication gravitates around the websites **www.mediciconlafrica.org** and **www.doctorswithafrica.org**, with constant news updates, videos, photo galleries, inspirational testimonies that tell the story of the service in Africa and the work in Italy in a more friendly, precise and engaging way, emphasizing that our work is "with Africa". For Italian and international users (the latter mainly from Tanzania and Uganda), the websites continue to serve as an accurate information tool (approximately 100 news items published), inspiration for human resources interested in collaborating in the projects and, particularly in Italy, to support fundraising activities (online donations, Christmas initiatives, fundraising gadgets). Since November, Doctors with Africa CUAMM informs and updates its friends and supporters with a new monthly newsletter, "Voices from Africa", emailed to 15,000 subscribers: compared to the previous newsletter, this version not only boasts a new graphic design, it also features updates from the areas of intervention, focusses on the activities in Africa, and includes the operators' stories and the editor's opinions. Furthermore, since November, over 15,000 subscribers receive the

"**Appointments with Africa**" weekly newsletter promoting the numerous meeting opportunities organised by Doctors with Africa CUAMM, support groups and partner associations across Italy. 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 to inform followers about CUAMM's new horizons and challenges: **Instagram** for images, **YouTube** for video clips and **LinkedIn** for health professionals and those interested in international cooperation. Last but not least, in 2015 operators continued posting their stories in the "**Postcards from Africa**" blog (blog.iodonna.it/volontariafrica/) in collaboration with *lo Donna* (the magazine of *Il Corriere della Sera*).



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



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



over **18,800**
contacts on **Facebook**



approx. **2,200**
followers on **Twitter**



250
video clips with a total of
53,861
views



450
followers on **LinkedIn**



over **1,090**
followers on **Instagram**



161
followers on **Google +**

COMMUNITY RELATIONS AND FUNDRAISING

In 2015, Doctors with Africa CUAMM saw a rise in private donations despite the fact that the number of donors was lower than the previous year (approximately 13,500 people). The Ebola emergency together with our renewed commitment to strengthen the health system in Sierra Leone, were determining factors in the increase of donations.

A commitment that also managed to involve the many donors who started supporting CUAMM to answer an emergency appeal and who during 2015 were asked to help with the development of a project that at the end of the year culminated in the announcement of the intervention at the Princess Maternity Hospital in Freetown.

Additionally, the campaign that Doctors with Africa CUAMM has been promoting over the years to encourage the use of bequests as a way of offering solidarity, also started showing results during the year.

The activity of CUAMM and its Partner Groups has increased allowing them to organize over 280 events across the territories and witness the opening of new Groups in Ferrara and in Basilicata. The first thanks to the enthusiasm of a number of training volunteers who attended a CUAMM pre-departure course; the second thanks to a group of employees of the Paediatrics Department of the Bambin Gesù hospital in Potenza.

In 2015, we organized two project awareness visits, both in Tosamaganga, Tanzania.

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 and the future doctors training project in Beira, Mozambique.

Basilicata

Medici con l'Africa Cuamm Basilicata Potenza

gruppo.basilicata@cuamm.org
Contact person: Veronica Muscio
Support for "Mothers and children first" project.

Emilia Romagna

Medici con l'Africa Modena Reggio Emilia/Modena

Mediciconlafrica_more@yahoo.it
Contact person: Andrea Foracchia
Sierra Leone: support for "Safe child delivery after Ebola" project at the Pujehun 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
Support for "Mothers and children first" project and the future doctors training project in Beira, Mozambique.

Lombardia

Associazione Cuamm Lecco/Lecco

cuammlecco@tiscali.it
Contact person: Riccardo Bonfanti
Ethiopia: support for the hospital and nursing school in Wolisso.

Medici con l'Africa Cremona/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

gruppo.piemonte@cuamm.org
Contact person: Giuseppe Ferro
South Sudan: support for activities at Yirrol hospital.

Puglia

Medici con l'Africa Cuamm Bari/Bari

gruppo.bari@cuamm.org
Contact person: Renato Laforgia
Support for "Mothers and children first" project in Wolisso, Ethiopia, and the future doctors training project in Beira, Mozambique.

Medici con l'Africa Salento Torre Santa Susanna - BR

gruppo.salento@cuamm.org
Contact person: M. Susanna Coccioli
Support for "Mothers and children first" project and for the Catholic University of Mozambique support project, in Beira and in the Sofala district, focussing in particular on infant malnutrition

Sardegna

Medici con l'Africa Cuamm Sardegna Cagliari

gruppo.sardegna@cuamm.org
Contact person: Chiara Squilloni
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 in Aber, Uganda, and the future doctors training project in Beira, Mozambique.

Toscana

Medici con l'Africa Cuamm Firenze Firenze

gruppo.firenze@cuamm.org
Contact person: Mauro Papucci
Support for "Mothers and children first" project in Aber, Uganda, and the future doctors training project in Beira, Mozambique.

Jenga Insieme

Medici con l'Africa Cuamm Siena/ Siena

info@jengainsieme.org
Contact person: Dr. Paolo Rossi
Support for "Mothers and children first" project in Aber, Uganda, focussing on neonatal issues.

Trentino Alto Adige

Cuamm Medici con l'Africa 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

gruppo.bassano@cuamm.org
gruppo.asiago@cuamm.org
Contact person: Carlo Girardi
Support for "Mothers and children first" project.

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: Daniela Brunelli
Support for "Mothers and children first" project.

Medici con l'Africa Cuamm Vicenza Vicenza

gruppo.vicenza@cuamm.org
Contact person: Antonio Dalla Pozza
Support for "Mothers and children first" project.

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Presentation of the book "Non temete per noi la nostra vita sarà meravigliosa (Fear not, our life will be wonderful)" by Mario Calabresi

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The first edition of "Walking with Doctors with Africa CUAMM". Padua, September 2015

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Vittoria Facchini's illustrations on show in Molfetta (BA)

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The stand of a group of volunteers (CUAMM Archive)



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Partner groups

Medici con l'Africa - Como Onlus, Associazione Amici di Angal Onlus, Gruppo di appoggio ospedale di Matany Onlus, Associazione amici dei bambini contagiati da Hiv/Aids Onlus, Associazione Toyai Onlus, Associazione Mercatino della Solidarietà, Ferrovieri con l'Africa, Associazione Ho avuto sete.

Thematic group

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

The **Orthopaedic Group**, founded in 2002, brings together 35 professionals (orthopaedics, physiotherapists, nurses) actively engaged in fundraising, technical support and consultation missions.

In 2015, the group carried out a **supervision mission** at Wolisso hospital to recruit Ethiopian medical-orthopaedic staff; it also helped supply orthopaedic equipment, sending SIGN intramedullary nails, used to treat femur and tibia fractures. Two **update meetings** were held in Italy and **research** to create a low cost external fixator with the technology available in Countries with Limited Resources continued in collaboration with the Engineering Faculty of the University of Turin and an orthopaedic product company.

President of the Orthopaedic Group: Luigi Conforti.

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A mother-to-be at a consultation with a health worker, Angola (CUAMM Archive)

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The fight against Ebola in Sierra Leone (Nicola Berti)

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People displaced from Awerial, South Sudan (Nicola Berti)

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In the shade of a large tree, South Sudan (Nicola Berti)



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EDUCATION AND AWARENESS BUILDING

Global health teaching: 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 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. Doctors with Africa CUAMM, thanks to the support of Fondazione Cariparo, continues to believe that to create a culture of health equality it is necessary to start from the basis; this is why over the next three years it will invest in training and raising awareness amongst young people in Italy and Europe. We still have two years of work ahead of us for Global Health: academic courses for Medical students; training in the field through our projects in which students and residents can experience international health cooperation up close; training for trainers to spread the Global Health culture; in-depth seminars with specialists.

From Palermo to Padua, from Bari to Rome, we will collaborate with Universities and associations to raise awareness, train and prepare the professionals of tomorrow, so that with their energy and experience they can make a difference and advocate health in Europe and in Africa.

FNOMCeO with CUAMM in support of young doctors

FNOMCeO, National Surgeons and Odontologists Federation, has approved, for the second consecutive year, the allocation of funds to support the training activities that Doctors with Africa CUAMM organizes for young doctors. The Federation, always sensitive to global health issues, financed the first project (from September 2014 to August 2015) and has allocated funds for a second project (from December 2015 to November 2016), aimed at young doctors who choose a **training in the field programme** in one of the Countries in which CUAMM operates, to support their travel and preparation costs.

Training is a strategic tool to define a doctor's role and identity. Hence FNOMCeO's support for the development of a training model which incorporates social change and interconnection between countries, and which prepares doctors to deal with human, social and economic challenges in a continuously evolving scenario.

Training for cooperation: activities with SISM (Italian Secretariat for Medical Students)

The collaboration between SISM (Italian Secretariat for Medical Students) and Doctors with Africa CUAMM started in 2005, when the training in the field Wolisso Project was founded. Since then, the project has expanded and offers Medical students the chance to spend a month of their university course in Wolisso Hospital, or in Tosamaganga, in Tanzania, experiencing health cooperation directly, with CUAMM.

It continues to be a project wanted by young people for young people, created to offer Medical students the chance to see the world and expand their horizons to remote realities; week after week updates on its progress are posted on the Guestbook blog: www.mediciconlafrica.org/guestbook. In 2007, SISM and CUAMM formalized their positions and signed a memorandum of understanding that defines their reciprocal commitment. Since then, the successful collaboration has thrived thanks to a number of **initiatives focussed on international cooperation, global health and the right to health**, which have allowed students to learn about CUAMM and its values without necessarily going to Africa. From university courses on global health and health cooperation, to events raising awareness in Italian cities; from student participation in workshops and conferences, to their opinions expressed in CUAMM magazines, such as "Health and Development": young doctors training also involves commitment in Africa.

The voice of operational research: dissemination and public outreach

Operational research is a precious resource for the achievement of effective cooperation, in collaboration with the international scientific communities, orientated towards innovation. For research to become a shared resource and trigger discussions about innovation and improvement, results need to be disseminated and divulged. Doctors with Africa CUAMM is committed to this and **publishes the results of its research on international scientific magazines** (in 2015: 11 scientific articles appeared in peer review magazines, 11 presentations at international conventions, 17 posters were presented) to ensure information is divulged in research centres, universities and NGOs. Additionally, every year it collects its scientific publications and pertinent materials to divulge the research results and good practices and integrate them with operation interventions in the field. It includes the news about research on the official website. A selection of researches also appears in the quarterly magazine *Health and Development*.

Italian Network for Global Health Teaching

In 2009, Doctors with Africa CUAMM, in collaboration with academic and institutional partners and associations, contributed to creating the **Italian Network for Global Health Teaching (RIISG)**, which works to improve the health conditions of the population and reduce inequalities within and among countries by improving knowledge, attitudes and practises of healthcare staff.

During the course of the year, to reach this objective, 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; fostering public debate on Global Health issues and building 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.

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, such as 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 for 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.

In 2015, Doctors with Africa CUAMM actively took part in this process thanks to the presence of its representatives at a number of meetings, contributing with interventions mainly on international health cooperation and assuming a leading role in the internal discussions and exchanges in this specific area of competence.

For more specific details about training courses and activities related to Global Health teaching, go to: www.educationglobalhealth.eu/en/

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", designed to provide an understanding of African life and the implications of local health system consolidation.

The course started in September 2014 and five specialist modules were offered 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 2015, presenting the basic principles of and the Organization's approach to international health cooperation, investigating topics such 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; financing; health workforce; service delivery; information; medical products, vaccines & technology. Seventy health professionals attended the lessons.

In 2015, the course included 95 teaching hours in total, comprising lectures, group work, case presentations, simulations, testimonies and tests.

For more information, go to: <http://www.mediciconlafrica.org/cooperare-per-la-salute-in-africa> [in Italian]

Training course on health cooperation project administration

The 2015 edition, structured as a week-long residential course, with a total of 35 hours of training, took place in November and was attended by 9 administration workers. The course is designed to provide an understanding of the different administration aspects of Doctors with Africa CUAMM's projects.

Collaborations

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

This course, based on a collaboration between university and NGOs, is addressed to healthcare providers intent on undertaking international cooperation work.

The course's 18th edition, which took place in 2015, was held by 7 CUAMM trainers, with a total of 38 hours of lectures. At the end of the course, one nurse left for South Sudan to cooperate with Doctors with Africa CUAMM.

Trainers

Training is possible thanks to the contribution of approximately 30 health professionals experienced in Doctors with Africa CUAMM projects, who in 2015 provided approximately 300 hours of lectures. Approximately 20 of them took part in the annual trainers' meeting devoted to updating strategies and project work in Africa and to reviewing basic training.

30

Health professionals with experience in Doctors with Africa CUAMM projects who make 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

STUDENT COLLEGE 2015

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 2015 the college housed **70 students** who were involved in a wide variety of activities. One particularly interesting event was the 2015 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.

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College students at the “CUAMM Spring Party 2015”
(CUAMM Archive)



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HISTORICAL ARCHIVE

Also in 2015 Doctors with Africa CUAMM's historical archive continued to be the connection between our present, past and future and an essential **tool for the Organization** as a whole, and a particularly important source of support for communication activities.

During the year the historical archive continued its original collaboration with CUAMM's "digital ecosystem", providing the website and social media (mainly Facebook, Twitter, Flickr, Instagram) with photographic material, ideas and contributions from the past.

The **collaboration with the èAfrica [it'sAfrica]** journal continued with the retrieval of material on past experiences to compare with the present, especially via the regular appointment with the 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. "Snippets" from the historic archive feature in the video clips on YouTube and other communication materials, such as the diaries and the Annual Report itself.

Additionally, 2015 also saw the strengthening of the relationship between the historical archive and Doctors with Africa CUAMM's **other activity sectors**: for example, the collaboration with the Project Department to present CUAMM's past performances to national and international interlocutors in implementing projects.

It is a documentation that presents the identity of the organization to partners, describes its capabilities, which are already being put into practice in the field, and helps plan future collaborations.

The research and acquisition of archived materials continues in view of an **initiative to pay tribute to Professor Anacleto Dal Lago** who, among other things, played a key role in Doctors with Africa CUAMM's history. Throughout 2015, work has focussed on creating a publication to tell his exceptional life story. As we write, work involving many of the professor's friends and coworkers is still underway.

The last sentences of this space are **dedicated to Don Luigi**, the greatest and best prepared operator of CUAMM's historic archive, which represents, among other things, **another aspect of his extraordinarily legacy**.

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The collaboration between the Historical Archive and Communication is active also on the website and on social media



FINANCIAL STATEMENTS 2015

AUDITOR'S REPORT ON THE FINANCIAL STATEMENTS



Tel: +39 049 7800999
Fax: +39 049 8077936
www.bdo.it

Piazza Zanelato, 5
35131 Padova

INDEPENDENT AUDITORS'REPORT

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

Report of the financial statements

We have audited the accompanying financial statements of Foundation "Opera San Francesco Saverio" - C.U.A.M.M., which comprise the statement of financial position as of December 31st, 2015, the income statement, the statement of comprehensive income, the statement of changes in shareholders' equity for the year then ended, a summary of significant accounting policies and other explanatory notes. Such Financial Statements, although not specifically required by law, has been prepared in accordance with the Italian Civil Code.

Directors' responsibility for the financial statements

The directors are responsible for the preparation of financial statements that give a true and fair view in compliance with Italian accounting Standards.

Auditors' responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. 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. An audit involves performing audit procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The audit procedures selected depend on the auditor's professional judgment, including the assessment of risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of financial statements that give a true and fair view, in order to plan and perform audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements give a true and fair view of the financial position of Fondazione "Opera San Francesco Saverio" - C.U.A.M.M. as of December 31st 2015 and of the result of its operations for the year then ended in compliance with Italian regulations governing their preparation.

Other matters

- The financial statements for the year ended December 31st, 2014 were audited by the auditor in charge at the time who expressed an unmodified opinion on those statements on May 4th, 2015.
- This auditors' report has not been issued for Italian statutory purposes, due to the fact that the Foundation has no legal requirement.

Padova, April 22st, 2016

BDO Italia S.p.A.
Signed by Stefano Bianchi - Partner

This report has been translated into english from the italian original solely for the convenience of international readers

Aosta, Bari, Bergamo, Bologna, Brescia, Cagliari, Firenze, Genova, Milano, Napoli, Novara, Padova, Palermo, Pescara, Potenza, Roma, Torino, Treviso, Trieste, Verona, Vicenza

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BDO Italia S.p.A., società per azioni italiana, è membro di BDO International Limited, società di diritto inglese (company limited by guarantee), e fa parte della rete internazionale BDO, network di società indipendenti.

The organization, Doctors with Africa CUAMM, is legally an integral part of the "Opera San Francesco Saverio" Foundation. These financial statements therefore consist 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 2015.

In 2015, the cost of interventions in the countries where Doctors with Africa CUAMM operates amounted to 21,711,666 euros.

Of this total, 89.5% (19,431,012 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 (4.9%) and awareness-building, communications and fund-raising costs (5.6%).

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 over 1,000 human resources, including local workers and international representatives.

Head office staff was supported by hundreds of volunteers throughout Italy.

ONLUS expenditure

Care, Prevention and Training projects

89.5%
19,431,012 euro

Operating costs

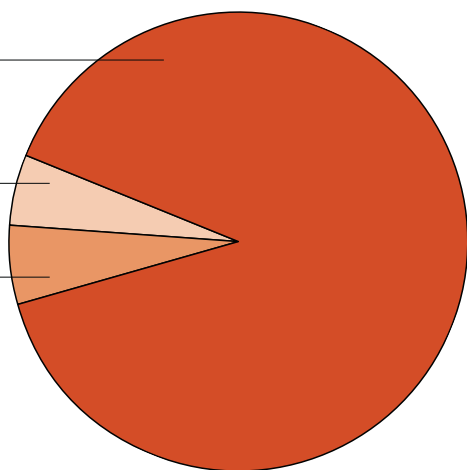
4.9%
1,066,552 euro

Awareness building, communication and fundraising

5.6%
1,214,102 euro

Total

100%
21,711,666 euro



Project of care, prevention and training costs

The costs for the implementation of *onsite* projects, costs of project services, other project related costs, project personnel costs.

Operating costs

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

Awareness building, communication and fundraising

Costs for communications sector and community relations and fundraising sector services, publications, media relations, events management and communications, development education, donor loyalty, new campaigns, costs for communications and community relations and fundraising sector personnel.

Investments in projects

Costs and associated charges

6.9%
1,332,623 euro

Uganda

9.1%
1,775,523 euro

Tanzania

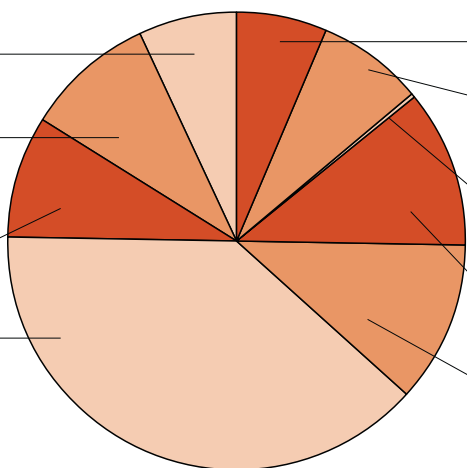
8.6%
1,675,198 euro

South Sudan

38.5%
7,484,174 euro

Total

100%
9,431,012 euro



Angola

6.4%
1,241,667 euro

Ethiopia

7.7%
1,501,484 euro

Italy

0.3%
63,508 euro

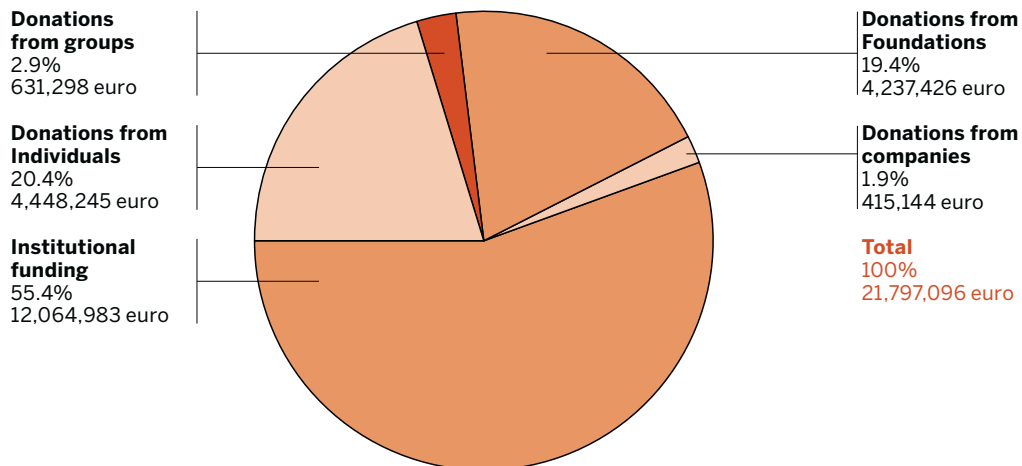
Mozambique

11.0%
2,141,803 euro

Sierra Leone

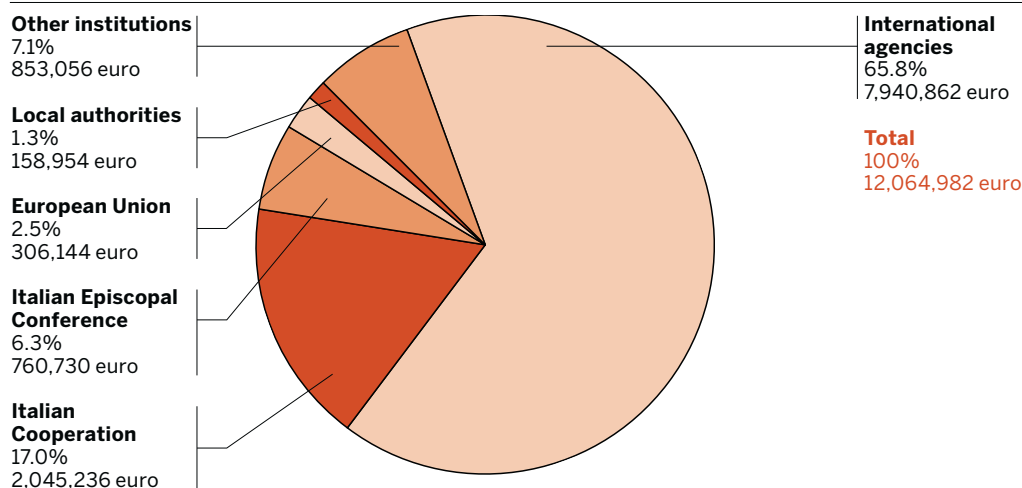
11.4%
2,215,032 euro

ONLUS income

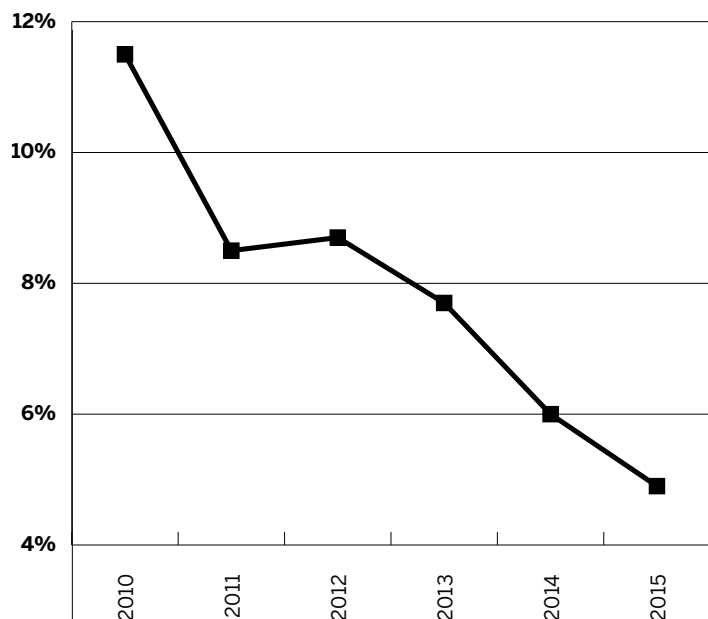


The financial statements of non-profit organization Doctors with Africa CUAMM (that close the year with a surplus income of € 85,430) are part of the financial statements of the Opera San Francesco Saverio Foundation, which include activities of the Foundation itself and of the University College. The 2015 total surplus income of €7,694 of the Opera San Francesco Saverio Foundation has been destined to the extraordinary reserve at the Organization's disposal.

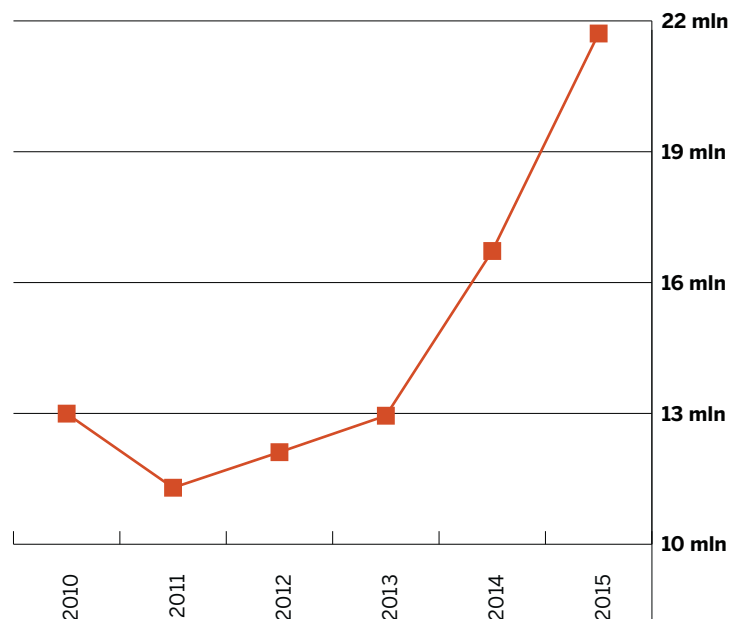
Institutional grants



Operating costs in the 2010-2015 period



Total outflow in the 2010-2015 period



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Embarrassment
and surprise in front
of the photographer
(CUAMM Archive)

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The bicycle: a simple
and essential mean
of transport
(Maria Nannini)



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Thanks for walking along this charming path “with Africa”

Institutions and international agencies

Conferenza Episcopale Italiana, Cooperazione Italiana, CORDAID, Department for International Development – GOAL, Global Fund, Health Pooled Fund, Manos Unidas, Provincia Autonoma di Bolzano, Provincia Autonoma di Trento, Regione del Veneto, Regione Toscana/ Centro di Salute Globale, Regione Trentino Alto Adige, UNICEF, Unione Europea, Università e Azienda ospedaliera di Padova, Università di Bari, UNOPS, UNDP/OCHA, UNDP/ IOM, UNMEER, USAID, Women's Hope International (WHI), World Food Program, World Health Organization, World Vision.

Foundations

African Innovation Foundation, Bristol-Myers Squibb Foundation, Charities Aid Foundation, Chiesi Foundation, ClIFF Children's Investment Fund Foundation, Eni Foundation, Fondazione Antonveneta, Fondation Assistance Internationale, Fondazione Cariparo, Fondazione Cariplo, Fondazione Cariverona, Fondazione Compagnia di San Paolo, Fondazione Flavio Filippini, Fondazione Fontana Onlus, Fondazione Giuseppe Maestri Onlus, Fondazione Gruppo Credito Valtellinese, Fondazione Happy Child, Fondazione Intesa Sanpaolo Onlus, Fondazione Madonna dell'Ulivo, Fondazione Maria Bonino, Fondazione Nando ed Elsa Peretti, Fondazione Prosolidar, Fondazione Rachelina Ambrosini, Fondazione Un raggio di luce, Fondazione Vita Serena Onlus, Fondazione Zanetti Onlus, Korean Foundation for International Health, Merck, Pink Ribbon Red Ribbon, Secure the future – BMS, Symphysis, Unicredit Foundation, USA Women's Hope International (WHI), Women Health International, World Diabetes Foundation.

Associations and groups

Amper associazione mariana per l'Eritrea, Apad Onlus, Associazione Amici dei bambini contagiati da Hiv/Aids Onlus, Associazione Aiutiamo i fratelli poveri e lebbrosi Onlus, Associazione culturale Archimede, Associazione dell'amicizia, Associazione Ho avuto sete, Associazione Madre Teresa di Calcutta, Associazione Operazione Mato Grosso, Avis comunale di Bergamo, Avis Regionale Veneto, Avis Schio Altovicentino, Centro Missionario Diocesano di Padova, Comitato per la lotta contro la fame nel mondo, FIPAV, Gruppo di appoggio Ospedale di Matany Onlus, Gruppo missionario di Fontaniva, Gruppo missionario parrocchia di Tombelle, Gruppo missionario parrocchiale di Quinto Vicentino, Gruppo missionario parrocchia Cristo Re, Lions Club Lecco, Lions Club Rosalba Carriera, Lions Club San Donà, Lions Club Stra Riviera del Brenta, Manos Unidas, Medici con l'Africa Como Onlus, Movimento Apostolico Ciechi, Operazione occhi dolci, Parrocchia Esaltazione della Santa Croce, Rotary Club Borgomanero Arona, Rotary Club Foggia “U. Giordano”, Rotary Club Padova Nord, Rotary Club Venezia - Riviera del Brenta, Rotary International Distretto 2090, San Marino for the Children Onlus, Soroptimist International Club di Bergamo, Soroptimist International d'Italia Club di Padova, Soroptimist International d'Italia Club di San Donà Portogruaro, Sud chiama Nord Onlus.

Companies

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Thanks to

Associazione Arianna, Associazione Sogni di cristallo, Centro Missionario di Vicenza, Comune di Dueville, Ferrovieri con l'Africa, Fondazione Masi, Rana Spa, Rotary Club Trento.

Thanks to all the facilities that had joined the “A life for a life” initiative:

Ospedale di Pordenone, Ospedale di San Daniele, Ospedale Santa Maria della Misericordia di Udine, Azienda Ospedaliera di Padova, Presidio ospedaliero di Cittadella, Presidio di Conegliano, Ospedale di Oderzo, Ospedale S. Maria di Ca' Foncello di Treviso, Ospedale di Dolo, Ospedale dell'Angelo di Mestre, Ospedale G. Fracastoro di San Bonifacio, Ospedale di Santorso, Ospedale San Bortolo di Vicenza, Ulss 12 Veneziana, Presidio di Vittorio Veneto, Azienda ospedaliera “Istituti Ospitalieri” di Cremona, Azienda ospedaliera San Paolo di Milano, Azienda ospedaliera Sant'Antonio Abate di Gallarate e Ospedale Carlo Ondoli di Angera, Ospedale Papa Giovanni XXIII di Bergamo e 30 pediatri di famiglia del territorio provinciale di Bergamo, Ospedale Niguarda Ca' Granda di Milano, Azienda ospedaliera universitaria Città della Salute e della Scienza di Torino, Ospedale di Biella, Ospedale Maggiore di Chieri e Ospedale Santa Croce di Moncalieri, pediatri di famiglia aderenti alla Federazione Italiana Medici Pediatri - sezione di Vercelli, Ospedale di Carpi, Ospedale di Fabriano e Ospedale di Jesi, Clinica Mediterranea di Napoli.

And all those who had contributed, in different ways, to our work in Africa.

