

ANNUAL REPORT 2019



DOCTORS
WITH AFRICA
CUAMM



MOTHERS
AND CHILDREN
FIRST
**1,000
DAYS**

ANNUAL REPORT 2019



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ICON KEY



**MATERNAL AND
CHILD HEALTH**



NUTRITION



INFECTIOUS DISEASES



TRAINING



**MONITORING,
EVALUATION,
AND RESEARCH**



CHRONIC DISEASES



HOSPITALS



NATIONAL PROJECT

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THE PATIENCE TO REBUILD

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

I look back over the many experiences, stories, struggles, joys of a whole year and am pleased to share with you a few thoughts from the various field missions in Africa and numerous meetings held in Italy.

I think about the town of **Tete**, in one of the poorest and most rural areas of **Mozambique**. In early March, I paid a visit to the provincial hospital. Its Clinical Director Dr Mauro Hernani Monteiro welcomed me with a hug and smile, with a warmth that took me somewhat by surprise. "10 years ago, I received a scholarship from CUAMM to enrol and study at the Catholic University in Beira and become a doctor!", he told me, "thank you very much. Now I'm proud and excited to use what I've learned to serve my people and this important hospital". It was truly a joy; a little piece of the future we want to build together.

I'd like to extend Mauro's "thanks" to the many individuals who have so generously supported us this year, in so many ways. A few days after this meeting, **Cyclone Idai** struck Mozambique, in the city of Beira and Cabo Delgado soon after. It was a time of great concern, as the disaster affected around 700,000 people in Beira, Dondo and Nyamathanda, bringing with it death and destruction.

We have been operating in Beira for more than twenty years, and in Mozambique for forty; it caused us unspeakable pain to see the places that we helped grow being destroyed by the forces of nature. But we learned **the patience to "rebuild"** infrastructure – with an entire healthcare system – as well as to **rebuild confidence in the hearts** of those who were exhausted and weighed down by the destruction of what had been built over so many years.

I think of **Aber Hospital**, Diocese of Lira, in Oyam district, north-central Uganda. It was here in 1965 where the first CUAMM doctor began to work, followed by many others. Now the hospital is much more autonomous and after 54 years, despite some inevitable weak points, it continues to serve its people, mothers and children in particular. I think of **Sierra Leone**, where the **118 service** was created. The 80 ambulances are largely operational across the country's districts, a call centre answers every call, and training for almost 1,600 people, including drivers and nurses is now in full swing. The ambulances in Sierra Leone reached everyone, even the most isolated and abandoned areas of the country, 24 hours a day, including Saturdays and Sundays. Upholding rights takes more than words, it takes ideas, effort, work and passion.

In the **Central African Republic**, our volunteers have worked flat out, with perseverance and dedication, in the **Bangui paediatric complex**. It was here that the new **centre for malnourished children** was opened by Pope Francis during the inauguration of the Holy Door, and where the Bambino Gesù Children's Hospital was built. A great deal has been done, and a great deal remains to be done, especially in the more rural areas of the country.

I think about **Gambella in Ethiopia**, the western area of the country, towards the border with **South Sudan**. In the camps, the number of South Sudanese refugees has decreased from half a million to **300,000**.

Those dealing with the first emergency left the camp to organisations like CUAMM, which focused more on

integration and development. Here, we continued our work to support the local population, **restoring health centres and getting them up and running, providing equipment and doctors, training the local staff and setting up the ambulance system for emergencies, particularly obstetric emergencies**.

I think of **South Sudan**, a country which remains difficult and uncertain, steeped in tension and insecurity. **Extremely low wages, widespread poverty, fragile institutions, non-existent services, and Ebola around the corner**. And yet, here, we have gone to great extent to build hope in a future that is struggling to materialise.

So, albeit with a lot of hard work, we **have been able to reopen schooling activities for the midwives at Lui Hospital**. On the day of the inauguration, we were all there together, determined to achieve this great result: government, churches, humanitarian organisations, communities. Together with CUAMM, there was Health Minister Riek Gai Kok, the Welfare Minister, the Regional Governor, the Bishop of the Episcopal Church, and all representatives of the local community. **Africa, and the wider world more broadly, does not need heroes or world saviours. It is in urgent need of ordinary, everyday people, who are adamant about doing their duty and doing it well.**

That is why we have mobilised in every way possible, even in our own country, putting on dozens of meetings and events. It's why we launched the **#lostessofuturo** [the same future] hashtag campaign, and why so many of us gathered **in Florence on 9 November**. It is hard to describe the feelings of that time in just a few lines: astonishment and gratitude, trust and beauty, marvel and perseverance in doing good. **Lostessofuturo [the same future]** is denied to so many women and children in Africa – the future that we are committed to building and rebuilding every day in the field. A broken red thread which is pieced back together through our personal and daily commitment. Only this way can we build a single future that is richer and more beautiful for everyone. Every year.



Aber Hospital, Uganda

ABOUT US

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

MISSION

Doctors with Africa CUAMM is the first NGO focusing on healthcare to be recognised in Italy and is the largest Italian organisation promoting and protecting health in Africa. We work with a long-term development perspective. In Italy and in Africa, we engage our human resources in training and in researching and disseminating scientific knowledge, to affirm the fundamental human right to health for everyone. Find out more on doctorswithafrica.org

STRENGTHENING HEALTHCARE SYSTEMS

Doctors with Africa CUAMM affirms that strengthening health systems is the key strategy to meeting the health needs and ensuring the right to healthcare for poor populations in Africa. *From the "Strategic Plan 2016-2030", p. 16*

AREAS OF INTERVENTION

"The issue-based priorities define the healthcare issues to be addressed and through which actions (the what)".

From the "Strategic Plan 2016-2030", p. 21



MATERNAL AND CHILD HEALTH

Care for mothers and children is at the heart of our commitment, through efficient services to produce and distribute peripheral health centres and hospitals at community level. After the end of the 5-year "Mothers and Children First" programme in four districts of four African countries, a new project called "Mothers and Children First. 1000 Days." was launched in 2017 to give continuity to, and expand on, the activities to support women and their babies. Even in all other countries of intervention, we are committed to raising awareness on the importance of pre- and post-natal visits. We make sure pregnant women have free access to safe, attended deliveries in health centres and hospitals, with a working ambulance and transportation system. Together, we aim for continuity and quality of care for newborns and children.



NUTRITION

We focus on dietary awareness both for mothers during pregnancy, and children during the first delicate moments of life. We support the period of exclusive breastfeeding for the first six months and monitor the child's weight and growth in the following months. We also focus on tackling cases of acute and chronic malnutrition.



INFECTIOUS DISEASES

We support local health services by building awareness among families and communities about major diseases. In particular, we provide quality treatment and assistance for malaria and tuberculosis (so called diseases of poverty) which can be fatal if left untreated. We carry out interventions to tackle HIV/AIDS, for which we have treatments that are effective but difficult to guarantee for the patient's whole life.



TRAINING

We support various vocational schools (for midwives and nurses) and university training (for

doctors and specialists) by providing teachers and educational materials. We also ensure ongoing education by working side by side with medical staff at hospitals, health centres and public health departments.



MONITORING, EVALUATION AND RESEARCH

We always strive to know what impact our actions have. That's why we collect and analyse the available data and work to improve its quality when needed. We also perform full research operations on specific aspects in order to guide and improve our strategy and mode of intervention.



CHRONIC DISEASES

We support national policies, treatment plans and programmes for chronic diseases, by implementing cost-effective public health interventions at district and regional level for the prEventson (screening), monitoring and treatment of cervical cancer, hypertension and diabetes, as well as infectious diseases like tuberculosis.



WHERE WE WORK

www.doctorswithafrica.org/en/where-we-work/

Doctors with Africa CUAMM is currently active in eight countries:

23
hospitals

127
districts (for public health, maternal and child care, combating HIV/AIDS, tuberculosis and malaria, training)

3
nursing and midwifery schools (Lui, Matany, Wolisso)

1
University (Beira)

4,777
human resources, including:

386
international Europeans, including:

300
italians

SOUTH SUDAN

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

1
school for midwives (Lui)

254
human resources

2,556
human resources under "extraordinary management"

ETHIOPIA

3
hospitals (Turmi, Wolisso, Gambella)

1
school for nurses and midwives (Wolisso)

134
human resources

SIERRA LEONE

5
hospitals (SJOG Lunsar, PCMH Freetown, Pujehun CMI, Bo, Makeni)

159
human resources

1,078
resources under "extraordinary management"

CENTRAL AFRICAN REPUBLIC

1
hospital (Bangui)

59
human resources

UGANDA

2
hospitals (Aber, Matany)

1
school for nurses and midwives (Matany)

89
human resources

MOZAMBIQUE

4
hospitals (Beira, Montepuez, Nhamatanda and Dondo)

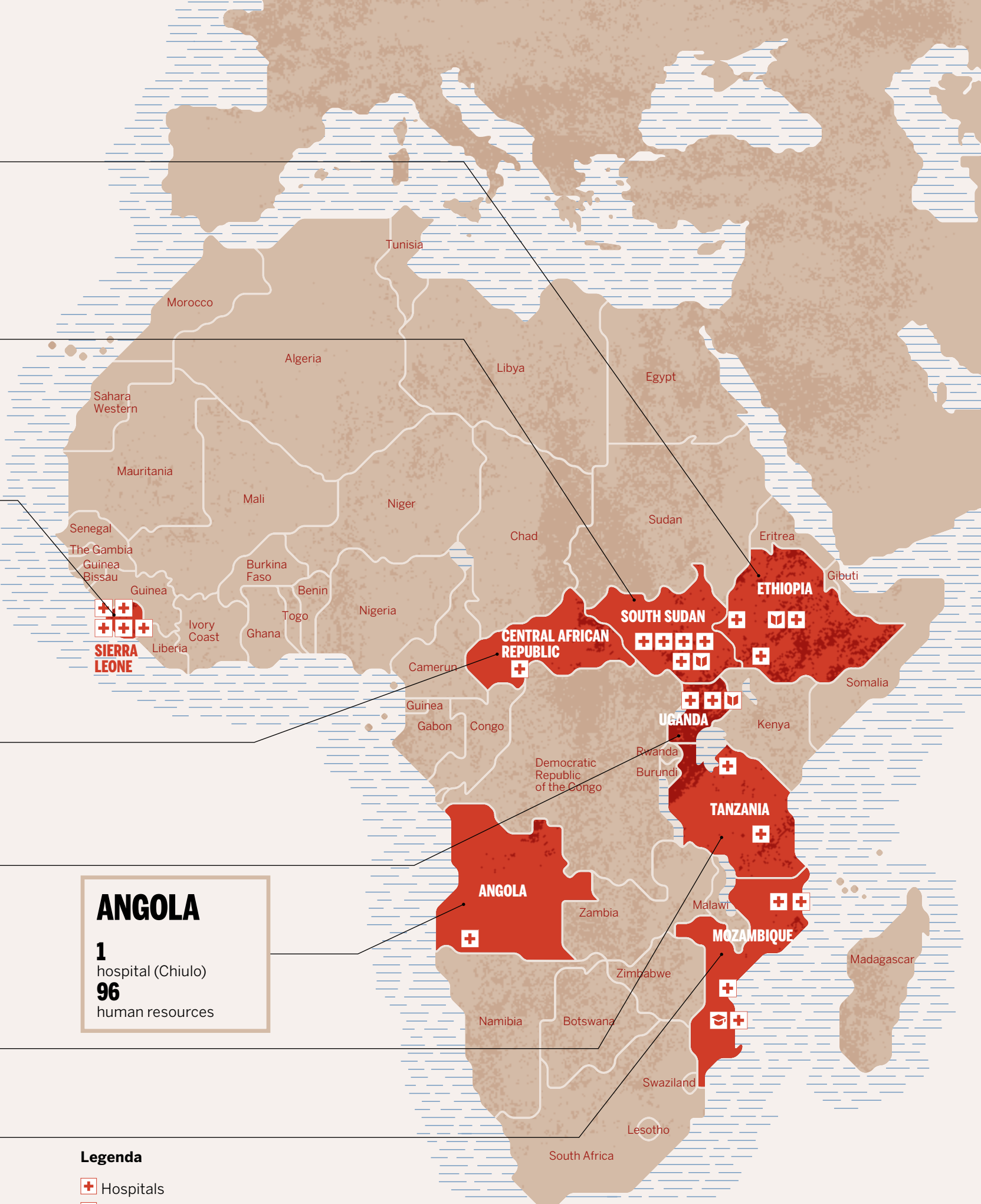
1
university (Beira)

157
human resources




TANZANIA

2
hospitals (Songambebe, Tosamaganga)

195
human resources



ANGOLA
1 hospital (Chiulo)
96 human resources

- Legenda**
-  Hospitals
 -  Schools
 -  University

POSTCARDS FROM 2019

5-7 April



14-15 March



July



14-15 March, Beira
CYCLONE IDAI
In the night between 14 and 15 March 2019, Tropical Cyclone Idai made landfall in Beira, central Mozambique. **90% of the city was destroyed** by strong winds and vast flooding in what has been the worst natural disaster to befall Africa in the past 10 years. After the emergency intervention, Doctors with Africa CUAMM launched a **plan to help Beira get back on its feet.**

5-7 April, Padua
GLOBAL HEALTH FESTIVAL
Padua, Italy, hosted the first **Global Health Festival** organised by **Laterza** publishing house, and promoted by **the Municipality and University of Padua**. The initiative attracted over 5,000 visitors; Doctors with Africa CUAMM coordinated **five events** for awareness-raising and public engagement, and coordinated almost **200 volunteers** throughout the event.

July, Chiulo
DROUGHT IN ANGOLA
In 2019, southern **Angola** – in the provinces of **Cunene, Huila and Namibe** – saw a prolonged state of **emergency** due to **drought** with profound repercussions for the health of the local population, especially children. **In July, Doctors with Africa CUAMM launched an appeal** to help tackle **malnutrition**, ensure **clean water**, as well as other **urgent interventions** to improve conditions at **Chiulo hospital.**



27 August, Lui
REOPENING OF THE SCHOOL IN LUI
In Lui, South Sudan, the midwifery school reopened thanks to the renewed collaboration between the Ministry of National Health and Doctors with Africa CUAMM. The inauguration was attended by **South Sudan's Health Minister Riek Gai Kok**, together with local authorities, as well as CUAMM staff members and **Director Dante Carraro**.

9 November, Florence
ANNUAL MEETING
The Teatro Verdi in Florence hosted the **2019 Annual Meeting** of Doctors with Africa CUAMM, which was dedicated to retelling the commitment, stories and results of a year's work. From the **"Mothers and Children First. 1000 Days."** programme through to the **Mozambique** emergency, attended by friends and distinguished guests.

REPORT AFRICA

OUR ACTIONS IN AFRICA ARE AT THE HEART OF THE ACTIVITIES OF DOCTORS WITH AFRICA CUAMM. SINCE 1950, WE HAVE BEEN STRIVING TO UPHOLD THE FUNDAMENTAL HUMAN RIGHT TO HEALTH, AND TO MAKE HEALTHCARE SERVICES AVAILABLE TO ALL, ESPECIALLY THE POOREST AND MOST MARGINALISED GROUPS. WE CARRY OUT LONG-TERM HEALTHCARE PROJECTS: IN HOSPITALS, SMALL HEALTH CENTRES, VILLAGES AND UNIVERSITIES





BEHIND THE FIGURES: FACES, STORIES AND COMPARISON

Figures can reveal many truths, yet they can often be too abstract without proper interpretation and contextualisation. This is why we compare data from the countries where we operate with data from Italy. These comparisons are intended to give us some benchmarks to gain an increasingly sound understanding of the needs of the people we are helping and to remember that **behind every number, there is a face and a story.**

The countries covered by Doctors with Africa CUAMM **vary widely**, including from a geographical point of view. They go from the 72,000 km² of Sierra Leone to the 1,200,000 km² of Angola. Italy has a surface area of 300,000 km², a quarter of that of Angola, less than half of that of Mozambique, yet in Italy there is more than twice the population of either of these two countries.

Operating in the “last mile” means working across these vast, sparsely populated areas to **support hospitals and health centres in the remotest of areas**, to get to villages that aid has trouble reaching. **Moving human resources, doctors and equipment is often part of this task:** in some regions of Ethiopia it might take an hour and a half on the road to cover 100 km (not dissimilar to Western countries), yet to cover the same distance in South Sudan, it takes more than three hours. This then becomes an endless amount of time during the rainy season (lasting up to eight months) or in the areas most affected by insecurity and instability due to opposing interests and factional fighting.

Health data is the most difficult to compare, but is the data which we return to most in this report. It may be useful to turn to the musical reading of “La strada per l’Africa” [The road for Africa], a performance addressing the issue of unequal health, **inspired by the stories of Doctors with Africa CUAMM workers.**

An extract reads as follows: “83: the life expectancy in Italy, 50 if you’re born in Sierra Leone. When we lose a friend aged 50, we say he died young and his life was cut short. And that’s true, at least in our world. Because, in another world, dying aged 50 is the norm. 44: the average age of the population in Italy, 16 in Uganda, 17 in Mozambique, 19 South Sudan. Imagine two cafés: one whose regulars are quiet fifty-year-olds, and another with a bunch of kids. We’re getting older and older, and they’re getting younger and younger. 3.5 out of 1,000 is the mortality rate in Italy, 157 out of 1,000 in Angola. 3.5 compared to 157. For mothers, the figures are no better. Four mothers out of 100,000 die in childbirth in Italy, 480 out of 100,000 in Mozambique, 789 in South Sudan, 1,360 in Sierra Leone.

The pain of those 4 out of 100,000 is no different from that of those 1,360. Yet the figures tell of two different worlds: In one, these are terrible, but extremely rare events, and in the other, a tragedy on a massive scale”.

This report seeks to provide an account of the results achieved by the many people who work every day to **strengthen the health systems** of the countries where we operate.

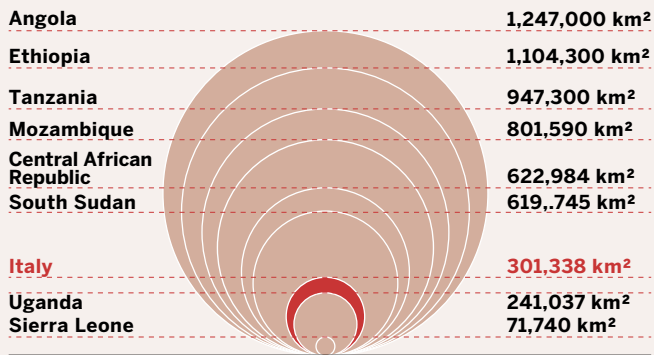
For instance, what does it mean that CUAMM made 94,954 attended births possible in Uganda in 2019? It means that CUAMM helped achieve a number of attended births that came close to the 2016 figure for the Veneto region of Italy, according to Italian Ministry of Health data. In South Sudan, we made 18,613 attended births possible, which is roughly equivalent to those of the Marche region of Italy.

So, to better understand the **hospital data**, we can use the Italian figures for reference. San Pietro Fatebenefratelli Hospital is one of Rome’s leading hospitals and attends around 4,400 births per year (source: CedAP). Princess Christian Maternity Hospital is the largest maternity hospital in Freetown, Sierra Leone’s capital, and registered 8,275 births in 2019. The hospital in Wolisso, Ethiopia, counted 4,429, almost the same number as that in the Gemelli Clinic in Rome.

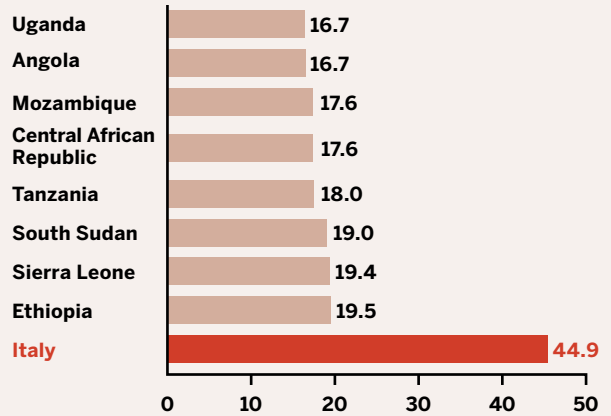
How many doctors are there to attend, not only the births but everything else? In Italy, 1 for every 253 inhabitants; in Sierra Leone, 1 for every 41,600 inhabitants; in Angola, 1 for every 7,000; in Uganda, 1 for every 8,300; in Mozambique, 1 for every 18,100; in Tanzania, 1 for every 33,000; in Ethiopia, 1 for every 40,000; and in the Central African Republic, 1 for every 20,000. The situation in South Sudan is so unstable that it is impossible to gather statistics.

For Doctors with Africa CUAMM, this is what it means to work that **“last mile” with passion and perseverance to strengthen all levels of the African health system.**

SURFACE AREAS

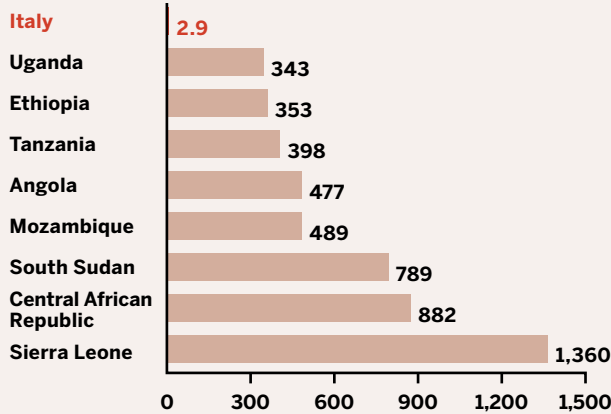


AVERAGE AGE OF POPULATION



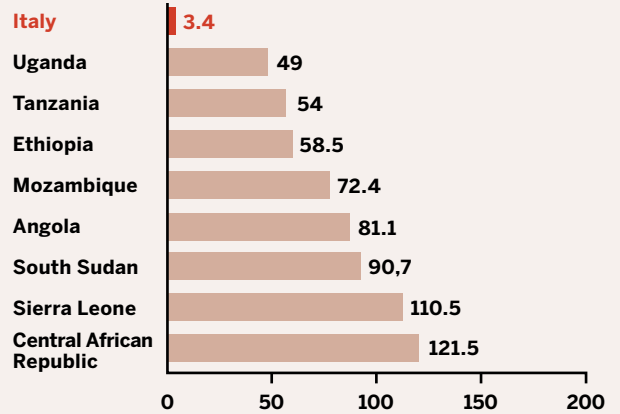
MATERNAL MORTALITY

Per 100,000 live births



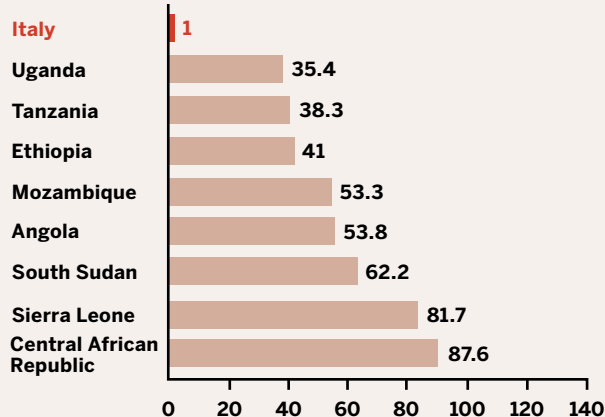
UNDER-FIVE MORTALITY

Per 1,000 live births

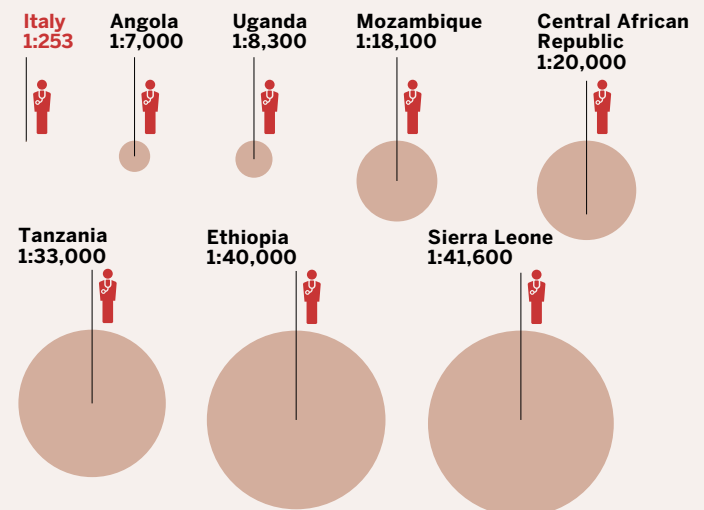


NEONATAL MORTALITY

Per 1,000 live births



NUMBER OF DOCTORS



FOCUS ON SOUTH SUDAN: A REGIONAL CRISIS

The humanitarian crisis in South Sudan, which began in 2013, has been called the “greatest refugee crisis in Africa”. The crisis continued in 2019 as the **promise of appeasement between the leaders of the various factions, made at the end of the previous year, failed to materialise**. As a result, there has been no real improvement in the conditions of the local population. Since the conflict started, **four million people have been forced**

to leave their homes, fleeing insecurity and seeking basic services and a basic livelihood. By the end of 2019, an estimated 1,300,000 were displaced within the national borders and more than 2,215,000 became refugees in neighbouring countries such as **Ethiopia**, in the Gambella region in particular, and the northern regions of **Uganda**. These are the settings for CUAMM’s work in the **Nyal** area, the **Gambella** Region of Ethiopia, and the **West Nile** area of Uganda.

2019 SNAPSHOT

Intervention in Nyal:

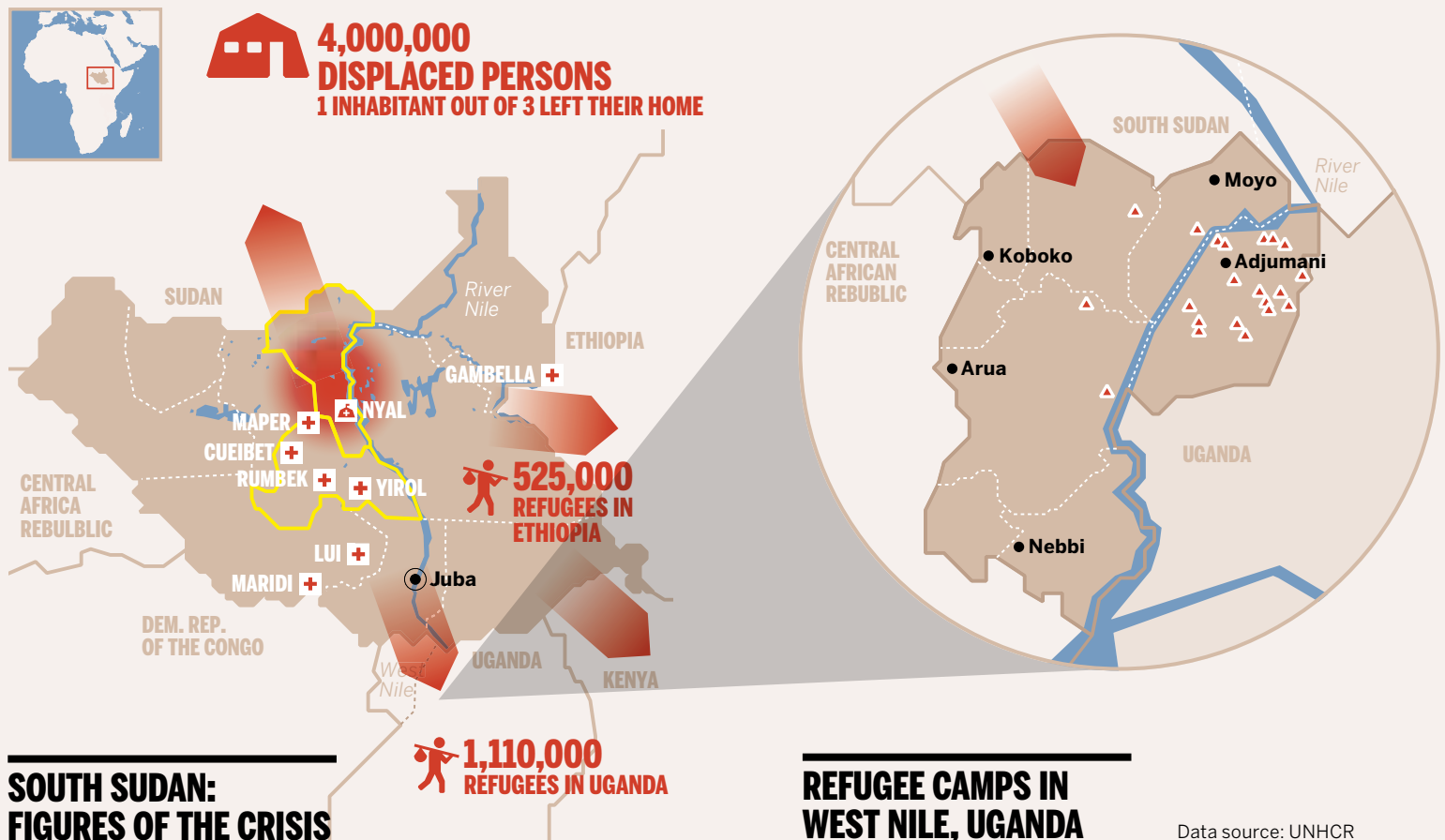
- 1** operating unit
- 4** first aid centres
- 38,000** people received support

Gambella interventions:

- 1** camp (Nguennyiel)
- 82,826** people

Interventions in West Nile:

- 257** facilities
- 1,110,000** refugees



Data source: UNHCR

NYAL INTERVENTION

After a **famine was declared in February 2017** in the former Unity State of South Sudan, CUAMM took action in the **Panyijar County** in the area around Port Nyal, which was affected by the influx of displaced persons fleeing conflict and seeking food. The services here could not **meet the needs** of these families and of the communities which are hosting them and supporting them. Our efforts here, which started in 2017, are still ongoing to ensure that the population – now extremely vulnerable and spread out over an area almost impassable by marshlands – has **access to basic health care**, by finding, referring and managing

GAMBELLA REGION INTERVENTION

In 2019, CUAMM continued its work to support the health system of the largest and most recent of the **7 refugee camps in the region**: the Nguenyiel camp, which alone hosts **82,826 people**, mostly women and children. In the camps, which have become de facto cities, basic healthcare facilities have been set up by the authorities; however, they require support to function properly and provide quality services. With this in mind, we have taken action on several fronts, with a particular focus on **maternal and**

WEST NILE INTERVENTION

In 2019, CUAMM continued its work to support the health system in the **6 districts in the north of the country most affected by the influx of South Sudanese refugees** (more than a million people out of a total resident population of about 2,180,000). The already difficult situation in these areas – with health indicators below the national average – has been further strained by the fact that these districts' health services have seen a substantial increase in the population served, especially mothers and children. CUAMM's project aims to improve maternal and child health and nutrition in the region, following the strategy launched

emergency cases, especially **obstetric emergencies**. **Four first aid posts are now operational** in four remote villages in the marshlands, and their work is supported by a **mobile health team** to provide previously completely isolated communities with ongoing access to prEventson, diagnosis and treatment of the most common diseases. The **operating unit in the Nyal health centre** was built to handle obstetric and surgical emergencies on site without needing to transfer patients, which is often made impossible by flooding and unsafe roads. We have purchased **vehicles** that can cross the marshlands and waterways to take health workers to villages needing assistance, as well as patients who have been referred to the health centre.

child health and nutrition. First, **existing healthcare personnel** were trained and supported, and second, the **health infrastructure was improved** by ensuring access to water and solar energy, and supplying doctors and equipment. Lastly, we promoted the integration between the health system in the camps and the regional health service by supporting the health emergency referral system. Indeed, improving the referral system means supporting the regional health system, specifically at **Gambella Regional Hospital**. That's why CUAMM's action – targeted specifically at the refugee population – was reinforced with another intervention to bolster the health system in the **three districts** in order to ensure equally accessible quality services for the entire population, especially mothers and children.

by the Ugandan government called the **ReHope Strategy**. Based on this strategy, the projects in the area where the refugees are hosted must be **integrated** to be **provided both to the host communities** (Ugandan population) and to the **refugees**. The intervention involved a total of **257 health facilities at different levels** (hospitals, health centres, dispensaries), supported with small infrastructural works, training and mentorship of health personnel thanks to **project specialist teams**, equipment and doctors, and by strengthening the referral system and community work. An important part of the project is also supporting **local authorities** to progressively improve the supply of integrated social services, coordinating with interventions and closely monitoring the project's activities and results.



FOCUS ON MOZAMBIQUE: CYCLONES IDAI AND KENNETH

Between March and April 2019, **Mozambique was struck by two cyclones** which razed entire villages to the ground, destroyed homes, schools, health centres, and above all, took more than 600 lives, not counting the number of those “missing”. The first province to be hit was Sofala where, in the night between 14 and 15 March 2019, **Cyclone Idai made landfall and severely destroyed almost the entire city of Beira**. The cyclone then spread across the province,

hitting the districts of Buzi, Chibabava, Dondo, Nhamatanda through to Manica province and neighbouring Zimbabwe. But on the night between 25 and 26 April 2019, **the province of Cabo Delgado was struck by Cyclone Kenneth**, which hit the districts of Ibo, Macomia and Quissanga, which had already been suffering from the so-called “rebel attacks” from October 2017, which have been destabilising the most vulnerable areas of the province.

CYCLONE IDAI

1,850,000
people affected in
need of food and
water

602
confirmed dead

146,000
displaced persons

715,000
hectares of crops
damaged

BEIRA PROVINCE INTERVENTION

Doctors with Africa CUAMM operates in both provinces. After securing its own staff by helping to repair the staff's houses, we identified the **main strategies of the intervention for reconstruction**. In Beira – in collaboration with the district health authorities – we committed first of all to bolstering the **referral system for obstetric and paediatric emergencies** from the peripheral health centres to Beira Central Hospital. This has strengthened the existing health system to improve the quality of transfers from health centres, and decongest the overcrowded Central Hospital, which is a point of reference for the whole central area of the country. Another intervention aimed to **contain the cholera**

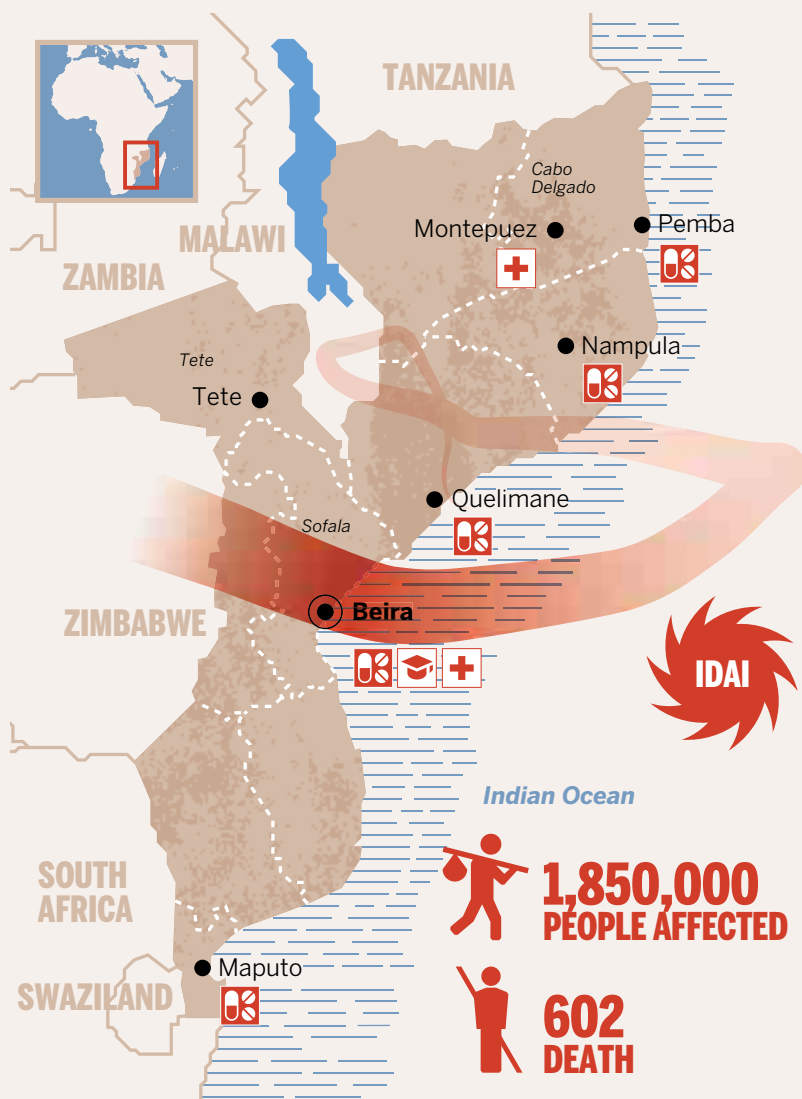
epidemic that broke out as a result of the cyclone and flooding it caused: we reorganised the work of the **community activists** (operators recognised by the community; these are paramedics supporting the national health system), who for many years collaborated on HIV projects in the city of Beira.

These roles have received special training from Doctors with Africa CUAMM health personnel and were supplied with a basic kit (chlorine, informative material, uniform) to be able to start the work of raising awareness in the most deprived neighbourhoods of Beira, Dondo and Nhamatanda. At the same time, CUAMM worked to **rebuild the maternity unit of the Chingussura health centre** (Urban health centre in Beira which serves the highest numbers of the population), of the **maternity operating unit at the Ponta Gea health centre**, and lastly to **fully reconstruct the neonatology unit at Beira Central Hospital**.

CABO DELGADO PROVINCE INTERVENTION

In **Cabo Delgado**, after securing its own staff, CUAMM worked with the community activists already involved in the pre-cyclone projects to raise community awareness on the **prevention and treatment of cholera in the city of Pemba**.





REACTING WITH COURAGE

“Today in Beira, there are jobs everywhere. The population is stepping forward, it wants to fight back with courage, with tremendous strength. But yesterday a strong storm, in just over an hour, once again flooded the city’s streets and neighbourhoods, making everything so difficult once again. A positive sign is that cholera is decreasing, which means that the vaccination campaigns are working. **For our Community activists, it is a commitment that’s motivating them to get back on their feet, move on from the tragedy and from their personal pain, and to devote themselves to their communities, in solidarity with each other.** A key part of their job is recovering patients who were receiving treatment for HIV/AIDS and get them back onto treatment. In Beira, the rate of AIDS is now close to 16%: if we don’t do this, we run the risk of a public health disaster. We want to offer a continuous dedicated service, provided by our field workers together with local staff. Because this tragedy gives us the drive to further strengthen our commitment, standing side by side with those who are suffering. **We want to use the human energy and desire for relief which is now in motion** to do even better than before for this all-too-weak health system”.

Giovanna De Meneghi
Doctors with Africa CUAMM
Country Representative



FOCUS ON SIERRA LEONE: THE NEMS PROJECT

On 15 October 2018, the **National Emergency Medical Service (NEMS)** was launched in Sierra Leone.

This is the first national service for health emergencies in the country, and became fully operational in 2019.

It is a national network of ambulances coordinated by an operations centre to provide free transportation and health care.

NEMS engages staff specialising

in first aid, management and transfers for medical emergencies. The service gradually expanded to fully cover the country's **16 districts**, becoming operational across the entire national territory on 27 May 2019. The project was implemented with the support of the Sierra Leone Health Ministry in partnership with Italy's Veneto Region and Crimedim, supported by the World Bank.



2019 SNAPSHOT



Service coverage: **entire population of Sierra Leone**



A national **operations centre** in Freetown



A **NEMS office** in every district



80 ambulances operating a free service across the country



Activities operating 24/7



1,600 Drivers, paramedics and operation centre operators put in place since the start of the service. Periodic training: two refresher courses on top of the initial training course.

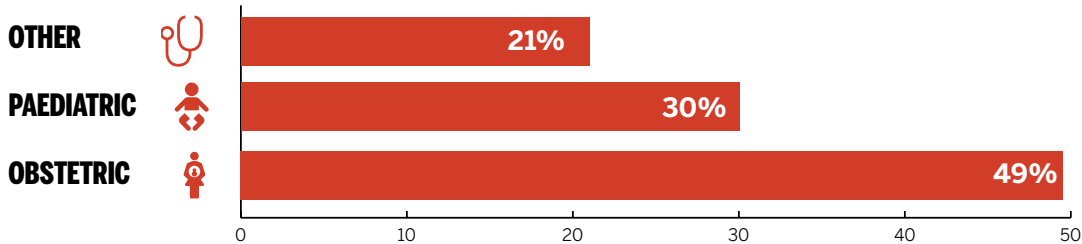
THE SERVICE IN FIGURES

MONTHS	CALLS	MISSIONS	REFERRALS	KM TRAVELLED
Jan-19	1,072	1,095	919	63,349
Feb-19	1,510	1,420	1,253	92,977
Mar-19	2,043	1,923	1,730	131,853
Apr-19	2,257	2,197	1,965	154,440
May-19	2,782	2,683	2,392	180,992
Jun-19	2,888	2,823	2,503	199,753
Jul-19	2,685	2,630	2,332	193,660
Aug-19	2,614	2,527	2,189	187,077
Sep-19	2,383	2,276	1,973	171,061
Oct-19	2,597	2,454	2,146	190,308
Nov-19	2,594	2,480	2,190	201,247
Dec-19	2,615	2,528	2,200	199,165
TOTAL	28,040	27,036	23,792	1,965,882

The effectiveness of the NEMS service is also shown by the average time needed for ambulances to reach the patient and to transport patients from the place of intervention to hospital.

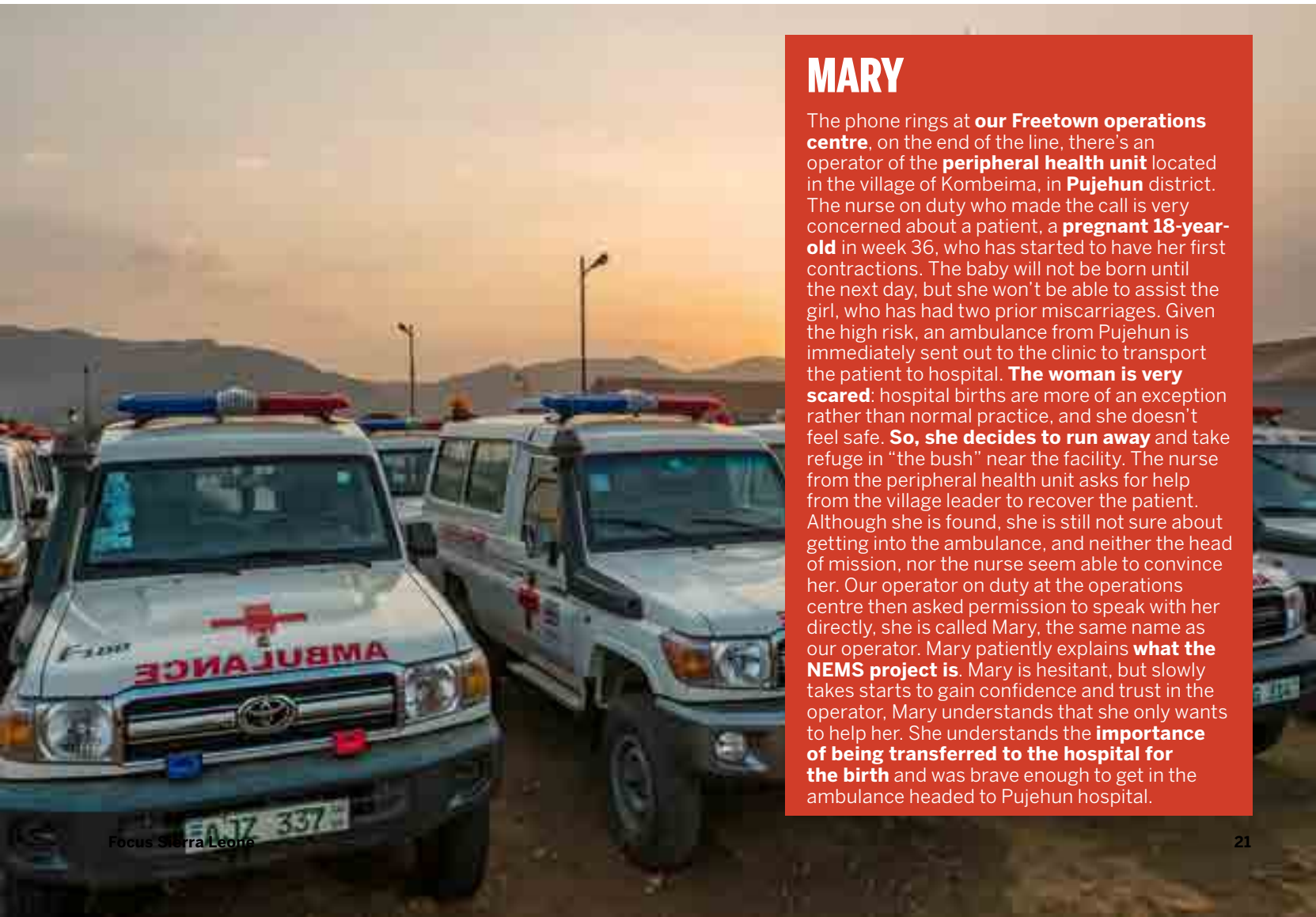
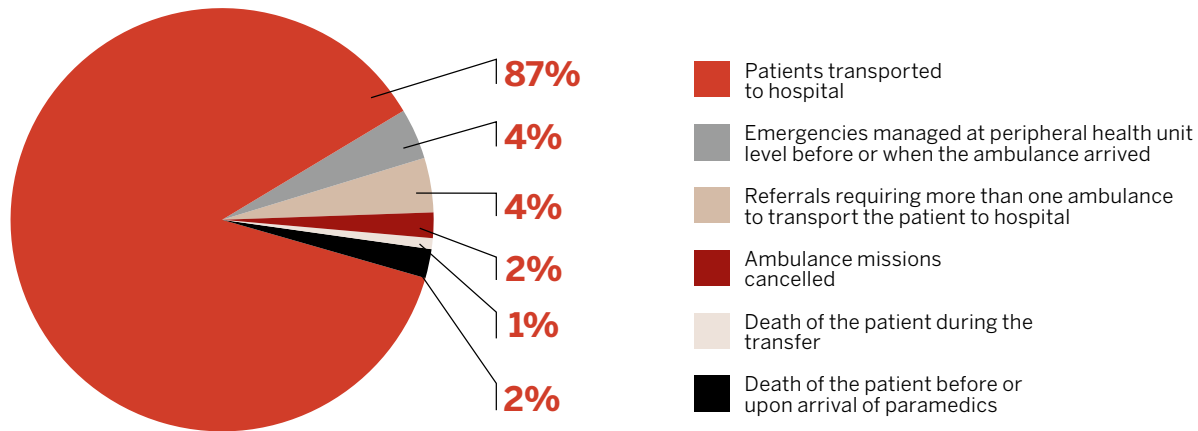
TYPE OF REFERRALS

Most common emergencies handled by NEMS



The chart shows the most frequent health conditions handled by the NEMS missions. As we can see, **the vast majority of the reasons for transfer are obstetric and paediatric cases**, while “other” reasons mainly include changes to consciousness, road accidents, abdominal pain, seizures and trauma.

OUTCOME OF AMBULANCE REFERRALS



MARY

The phone rings at **our Freetown operations centre**, on the end of the line, there's an operator of the **peripheral health unit** located in the village of Kombeima, in **Pujehun** district. The nurse on duty who made the call is very concerned about a patient, a **pregnant 18-year-old** in week 36, who has started to have her first contractions. The baby will not be born until the next day, but she won't be able to assist the girl, who has had two prior miscarriages. Given the high risk, an ambulance from Pujehun is immediately sent out to the clinic to transport the patient to hospital. **The woman is very scared**: hospital births are more of an exception rather than normal practice, and she doesn't feel safe. **So, she decides to run away** and take refuge in “the bush” near the facility. The nurse from the peripheral health unit asks for help from the village leader to recover the patient. Although she is found, she is still not sure about getting into the ambulance, and neither the head of mission, nor the nurse seem able to convince her. Our operator on duty at the operations centre then asked permission to speak with her directly, she is called Mary, the same name as our operator. Mary patiently explains **what the NEMS project is**. Mary is hesitant, but slowly takes starts to gain confidence and trust in the operator, Mary understands that she only wants to help her. She understands the **importance of being transferred to the hospital for the birth** and was brave enough to get in the ambulance headed to Pujehun hospital.

ANGOLA

www.doctorswithafrica.org/en/where-we-work/in-africa/our-work-in-angola/

2019 SNAPSHOT

96
human resources

64
health facilities supported

1,219,029 €
invested in projects

IN 2019

CUAMM bolstered the support for programmes **tackling and preventing infectious diseases** (tuberculosis and HIV/AIDS) and **managing chronic diseases** (hypertension and diabetes). In particular, it supports the National TB Control Programme with a **pilot project called C-DOTS** (*Community-based directly Observed treatment*) at **6 municipalities** in 5 provinces, involving over **200 community agents**. It is continuing to support two specialised facilities in Luanda (DAT Centre and Sanatorium Hospital) to improve diagnostic services and the digitisation of health records. With regard to **maternal and child health**, at the Hospital Chiulo and in Cunene province, CUAMM provided support for paediatrics and combating malnutrition, facilities for women waiting to give birth (*casas de espera*) and public health transfers (*brigada moveis*) in the communities. CUAMM intervened on **the drought emergency** in Cunene by supporting the WHO's response to the crisis.

OUR HISTORY

1997
The intervention got under way in Uige province to deal with the emergency situation caused by the civil war.

2004
Support for the health system in the process of moving from emergency to development in Luanda and the provinces of Uige and Cunene.

2005
Start of the programme to support the National Programme to combat tuberculosis, by financing the Global Fund, which was implemented through to 2016.

2012
Start of "Mothers and Children First" programme to ensure access to safe birth and newborn care in four African countries, at Chiulo Hospital in Cunene.

2014
Start of an innovative intervention in Luanda to improve the diagnosis of tuberculosis, diabetes and hypertension.

2016
Start of the "Mothers and Children First. 1000 Days." programme, from pregnancy through to the first two years of the child's life.

2018
Start of the DOT pilot program in 6 towns and 5 provinces. In Chiulo, the hospital's power is supplied by a photovoltaic system.

Country profile

Luanda
Capital

30.8 million
Population

1,247,000 km²
area

16.7 years
Average age of the population

58/64 years
Life expectancy (m/f)

5.5
Average number of children per woman

149th of 189 countries
Human Development Index



477 of 100,000 live births
Maternal mortality rate



81.1 of 1,000 live births
Mortality of children under 5 years



53.8 of 1,000 live births
Neonatal mortality rate



WHERE WE WORK

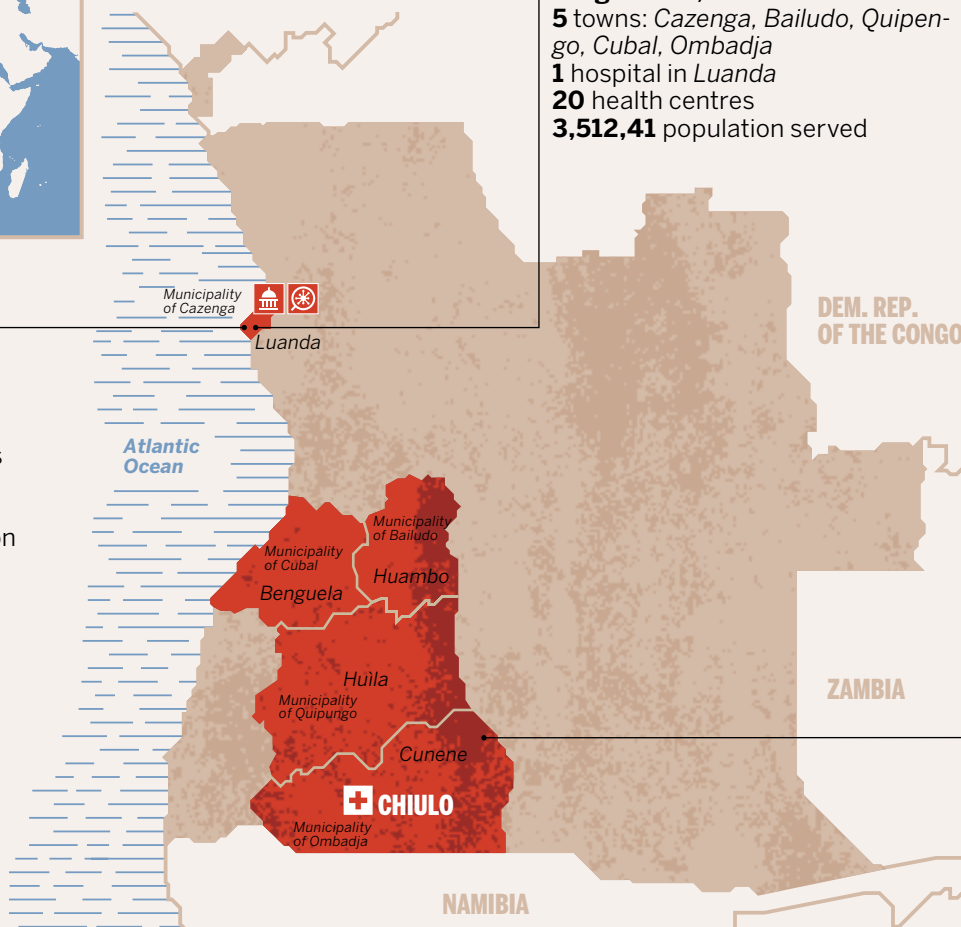


Technical support for the National Tuberculosis and HIV/AIDS Programme,

5 towns: Cazenga, Bailudo, Quipen-go, Cubal, Ombadja
 1 hospital in Luanda
 20 health centres
 3,512,41 population served

LUANDA PROVINCE

6 health centres supported for diabetes and hypertension



CUNENE PROVINCE

Town of Ombadja
 1 hospital *Chiulo*
 36 health centres
 323,957 population served



RESULTS ACHIEVED



MATERNAL AND CHILD HEALTH

7,627
prenatal visits

2,652
attended births

5,821
visits of children under 5 years of age

1,245
vaccinations



NUTRITION

303
children treated for severe acute malnutrition



INFECTIOUS DISEASES

2,742
patients treated for tuberculosis



ONGOING TRAINING

120
community agents

70
midwives

13
doctors

ETHIOPIA

www.doctorswithafrica.org/en/where-we-work/in-africa/our-work-in-ethiopia/

2019 SNAPSHOT

134

human resources

40

health facilities supported

3,642,528 €

invested in projects

IN 2019

As Ethiopia goes through major political changes, we have continued to support **Wolisso Hospital**, by sending foreign and local personnel, pharmaceutical aid and implementing renovation projects. **In South Omo Zone**, we finished our intervention on maternal and child health in March, which was then resumed with another three-year project as of October. In August, we completed the project for the prEventson and treatment of cervical cancer, HIV/AIDS, tuberculosis and hepatitis B. **In the Gambella Region**, we also continued our action to reduce inequality in access to health services, especially for mothers and children. We also strengthened our work for **South Sudanese refugees in the Nguenyiel camp** to improve infrastructure, equipment, staff training, and the referral system. Projects are ongoing to develop national guidelines for **neonatal intensive care units** and to improve services for **diabetes in 15 national hospitals** in partnership with the local **Ministry of Health, Paediatric Society, Diabetic Association, St. Paul University Hospital in Addis Ababa and the Tulubollo district hospital in the South West Shoa Zone**. Lastly, we started planning the health intervention in the **Somali Region** and drew up the agreement with regional authorities.

OUR HISTORY

1980

First doctor sent to the Gambo leper colony.

1997

Agreement signed with the Ethiopian Bishops' Conference to build St. Luke's Hospital in Wolisso with an attached school for midwives and nurses.

2012

Start of the "Mothers and Children First" programme.

2014

Start of intervention in South Omo.

2016

Start of the "Mothers and Children First. 1000 Days." programme.

2017

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

2018

Strengthened the partnership with the Ethiopian Ministry of Health, launching two technical assistance projects.

2019

Wolisso hospital gains recognition from the Ethiopian Medical Society as the best hospital of the year in terms of performance, at the hands of Health Minister Dr Amir Aman.

Country profile

Addis Abeba
Capital

109.22 million
Population

1,104,300 km²
area

19.5 years
Average age of the population

64/68 years
Life expectancy (m/f)

4.2
Average number of children per woman

173th of 189
countries
Human Development Index



353 of 100,000
live births
Maternal mortality rate



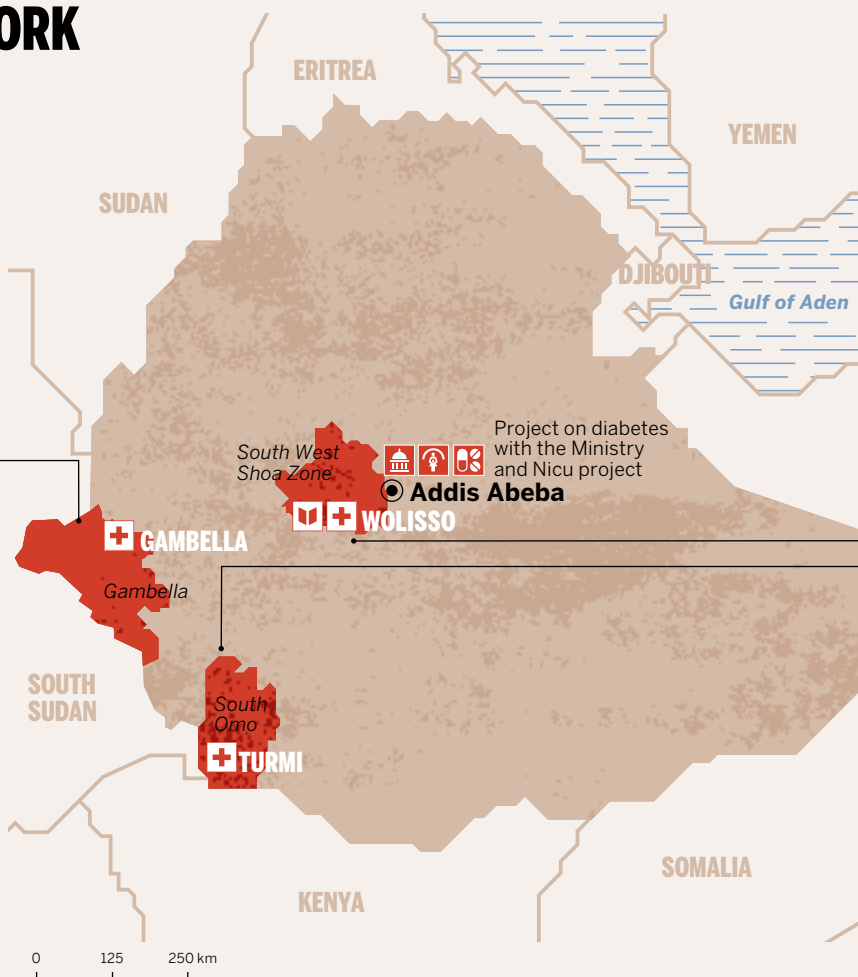
58.5 of 1,000
live births
Under-five mortality rate



41 of 1,000
live births
Neonatal mortality rate



WHERE WE WORK



SOUTH WEST SHOA ZONE

1 hospital *Wolisso St. Luke Hospital*
 1 school for nurses and midwives
 4 districts
 20 health centres
 1,240,333 population served



GAMBELLA

1 hospital *Gambella*
 3 districts
 7 health centres
 90,953 population served
 1 refugee camp *Nguenyiel*
 82,631 refugees










SOUTH OMO ZONE

1 hospital *Turmi*
 3 districts
 8 health centres
 218,993 population served



RESULTS ACHIEVED

	MATERNAL AND CHILD HEALTH	27,137 prenatal visits	678 referrals for obstetric emergencies	14,968 attended births	104,718 visits of children under 5 years of age	9,776 vaccinations
	NUTRITION	341 children treated for severe acute malnutrition				
	INFECTIOUS DISEASES	66,217 patients treated for malaria	1,369 patients treated for tuberculosis	1,560 patients in antiretroviral treatment		
	ONGOING TRAINING	33 community agents	162 nurses and midwives	83 doctors	15 midwives and 13 graduated from the school for nurses and midwives	473 other
	CHRONIC DISEASES	1,118 visits for diabetes	1,310 visits for hypertension	218 patients with heart disease	14 patients with cerebral ischemia	
	SURGERY SERVICES	3,376 major surgery, including 443 orthopaedic surgeries		4,281 minor surgery, including 536 orthopaedic surgeries		2,929 physiotherapy sessions
	HUMANITARIAN RESPONSE	28,903 visits for children < age 5		1,460 attended births	57 emergencies transferred to Gambella regional hospital	

MOZAMBIQUE

www.doctorswithafrica.org/en/where-we-work/in-africa/our-work-in-mozambique/

2019 SNAPSHOT

157
human resources

37
health facilities supported

4,783,157 €
invested in projects

IN 2019

In 2019, Mozambique was struck by two cyclones: **Cyclone Idai in Sofala province and Cyclone Kenneth in Cabo Delgado province** (See Focus p. 18). CUAMM has strengthened the interventions at national level in the area of non-communicable diseases, helping to develop **national guidelines on managing diabetes and hypertension**. In Cabo Delgado, we stepped up our activities to support **maternal and child health** and started to bolster our action also in the area of **sexual and reproductive health of adolescents and young people, with interventions to fight HIV/AIDS** by promoting counselling. In Sofala province, our work on maternal and child health was extended to the **districts and hospitals of Dondo and Nhamatanda**, as well as **Beira**, through the redevelopment of the **neonatology unit**. In these areas, there have been numerous interventions to support the health facilities affected by Cyclone Idai; **a referral system of emergency obstetric and paediatric care was set up in the city of Beira** and 200 community activists were engaged in cholera prEventson.

OUR HISTORY

- 1978**
Start of intervention with health cooperation projects.
- 1992-1997**
Functional rehabilitation of the health system in Sofala province.
- 1997-2001**
Support for provincial health directorates (Sofala, Zambezia, Maputo).
- 2002**
Support for Beira Central Hospital.
- 2004**
Collaboration with the Catholic University of Mozambique in Beira.
- 2014**
Intervention in Cabo Delgado province.
- 2016**
"Mothers and Children First. 1000 Days." programme.
- 2017**
Intervention in Tete province to combat HIV/AIDS among adolescents
Start of the programme to combat non-communicable diseases.
- 2018**
Start of the relations with Misau to develop national guidelines for the management and treatment of diabetes and hypertension.
- 2019**
Start of the programme to combat non-communicable diseases (including cervical cancer) at the primary health level and level-four hospitals (provinces of Maputo, Maputo City, Sofala, Zambezia)

Country profile

Maputo
Capital

29.5 million
population

801,590 km²
area

17.6 anni
età media della popolazione

57/63 years
Life expectancy (m/f)

4.9
Average number of children per woman

180th of 189 countries
Human Development Index



489 of 100,000 live births
Maternal mortality rate



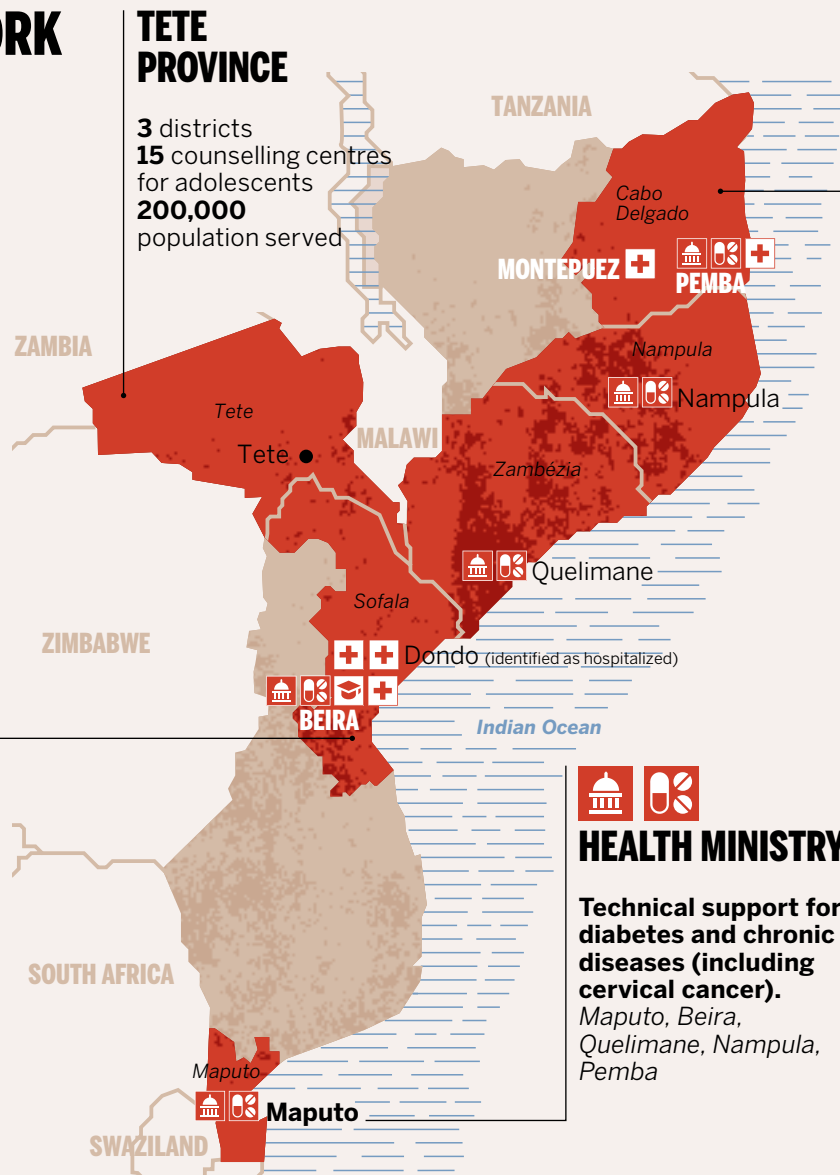
72.4 of 1,000 live births
Under-five mortality rate



53.3 of 1,000 live births
Neonatal mortality rate



WHERE WE WORK



TETE PROVINCE

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

CABO DELGADO PROVINCE

1 hospital
Montepuez
2 health centres
Nampula
6 districts
1,235,844 population served








SOFALA PROVINCE

3 Beira Central Hospital, Nhamatanda Hospital, Dondo health centre (hospital equivalent)
1 Catholic University of Mozambique
6 health centres
463,442 population served

HEALTH MINISTRY

Technical support for diabetes and chronic diseases (including cervical cancer).
Maputo, Beira, Quelimane, Nampula, Pemba

RESULTS ACHIEVED

	MATERNAL AND CHILD HEALTH	56,904 parental visits	24,247 attended births	229,111 visits for children under 5 years
	NUTRITION	70 children treated for severe acute malnutrition		
	INFECTIOUS DISEASES	57,421 adolescents educated about HIV/AIDS	357,421 adolescents tested for HIV	810 adolescents tested positive
				220,200 patients treated for malaria including 81,452 < age 5
	CHRONIC DISEASES	4,181 visits per diabete	3,137 visits for hypertension	3,336 patients with heart disease
	ONGOING TRAINING	143 community agents	11 nurses	25 students graduated from the University of Beira
				5 teachers sent for short teaching modules

CENTRAL AFRICAN REPUBLIC

www.doctorswithafrica.org/en/where-we-work/in-africa/our-work-in-the-central-african-republic/

2019 SNAPSHOT

59
human resources

1
health facility supported

2,971,148 €
invested in projects

IN 2019

In 2019, our **support at the Paediatric Bangui Hospital, in the capital**, became fully operational in close collaboration with *Action contre la Faim (ACF)* and the Bambino Gesù Children's Hospital in Rome. The support helps to improve **clinical care for children and enhance the administrative and managerial skills of the hospital**. In 2019, the facility produced its first annual report. Thanks to the Bambino Gesù hospital in Rome, work was completed on the new Malnutrition Department and renovation of the *triage*, emergency and pharmacy services. **CUAMM has supported the hospital with the operational reorganisation of clinical services following the renovation**. Since 1 December 2019, CUAMM has been providing technical assistance to train and support the staff of the *Équipes Cadres Régionales* and *Équipes Cadres des Districts* of 6 health districts and 14 priority regions, as part of the project led by AICS (RECARD) and financed by the EU Békou Fund.

OUR HISTORY

July 2018
Start of CUAMM's work in the Bangui paediatric complex.

August 2018
Giovanni Putoto, our programming manager, met with President Faustin-Archange Touadéra of the Central African Republic, to launch the project supporting Bangui Children's Hospital, partly funded by the Békou Fund of the European Commission.

April 2019
Stefano Vicentini, project leader, presented the project activities and Bangui paediatric hospital data to the National Assembly of the Central African Republic.

November 2019
Central African Republic Health Minister Pierre Somse, and DG DEVCO Director General Stefano Manservigi pay a visit to Bangui children's hospital.

December 2019
The EU Békou trust fund was renewed for CUAMM and ACF, which extended their activities and cooperation with Bangui children's hospital for a further year.

Country profile

Bangui
Capital

4.7 million
Population

622,984 km²
area

17,6 anni
età media della popolazione

51/55 years
Life expectancy (m/f)

4.7
Average number of children per woman

188th of 189
countries
Human Development Index



882 of 100,000
live births
Maternal mortality rate



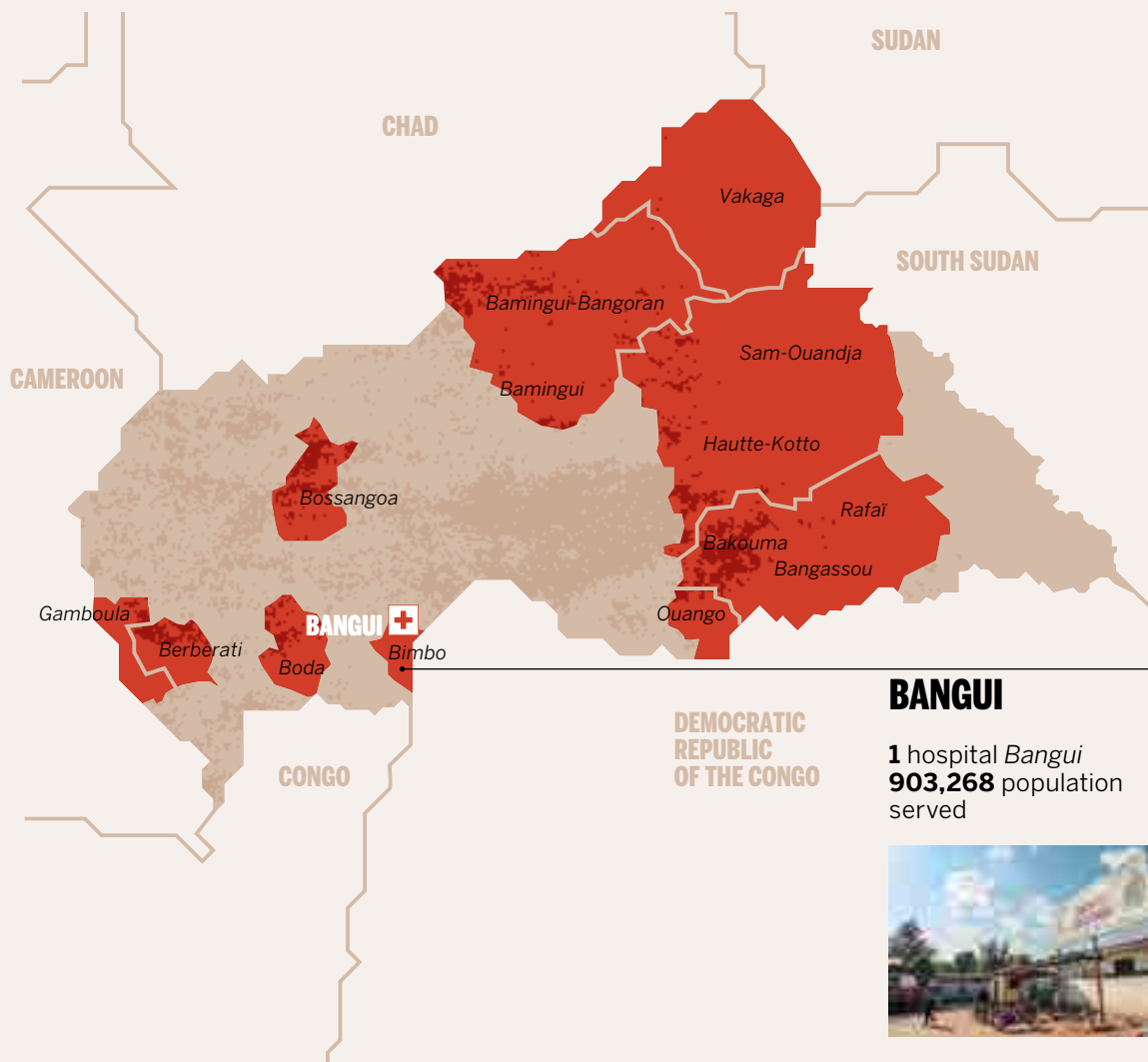
121.5 of 1,000
live births
Under-five mortality rate



87.6 of 1,000
live births
Neonatal mortality rate



WHERE WE WORK



BANGUI

1 hospital *Bangui*
903,268 population served



RESULTS ACHIEVED



MATERNAL AND CHILD HEALTH

68,468

visits for children under 5

17,287

paediatric admissions

1,318

newborns admitted to neonatal intensive care

1,560

children admitted to intensive care

2,438

vaccinations

907

major paediatric surgeries including **195** orthopaedic

1,211

minor paediatric surgeries

SIERRA LEONE

www.doctorswithafrica.org/en/where-we-work/in-africa/our-work-in-sierra-leone/

2019 SNAPSHOT

159
human
resources

1,078
NEMS
resources

57
health facilities
supported

7,828,750 €
invested in
projects

IN 2019

In 2019, the NEMS (National Emergency Medical Service) – the first service for health emergencies – was extended nationwide, making **a total of 80 ambulances operational and carrying out 28,792 referrals** (See Focus p. 20). CUAMM consolidated its support for the **largest maternity unit of Sierra Leone in Freetown, attending more than 8,200 births**, including 4,000 obstetric emergencies. In this hospital, CUAMM has also implemented screening for gestational diabetes and built an intensive care unit. We have continued to provide technical and clinical support in the **regional hospitals of Makeni and Bo, attending 6,200 births**. An intensive care unit was built in Bo. A 'waiting home' was opened in Lunsar. CUAMM is giving ongoing support to the most **remote health districts of Bonthe and Pujehun, providing training and assistance for public health interventions**. Moreover, in Pujehun, we are continuing to work at the hospital, attending nearly 1,000 deliveries, and providing care to 2,400 children.

OUR HISTORY

- 2012**
CUAMM started working in the Pujehun district of Sierra Leone.
- 2014**
Sierra Leone was the hardest hit country in the Ebola epidemic. CUAMM stayed in Pujehun and ensured the presence of expat staff and the continuity of essential services.
- 2015**
Start of support for Lunsar Hospital, which had been forced to close during the epidemic.
- 2016**
In Pujehun, start of the "Mothers and Children First. 1000 Days." programme, and start of support for PCMH in Freetown, the largest maternal care unit in the country.
- 2017**
Start of support for the Makeni and Bo regional hospitals, and the Bonthe district hospital. At PCMH, the first maternal intensive care unit in the country was opened.
- 2018**
The NEMS (National Emergency Medical Service) was launched.
- 2019**
NEMS reaches 80 operational ambulances and 28,792 missions completed.

Country profile

Freetown
Capital

7.6 million
population

71,740 km²
area

19.4 years
Average age of
the population

53/55 years
Life expectancy
(m/f)

4.3
Average number
of children per
woman

181th of 189
countries
Human
Development
Index



**1.360 of
100,000 live
births**
Maternal
mortality rate



**110.5 of 1,000
live births**
Under-five
mortality rate



**81.7 of 1,000
live births**
Neonatal
mortality rate



WHERE WE WORK



FREETOWN WESTERN AREA

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



Project Nems

PORT LOKO DISTRICT

1 hospital *St. John of God Hospital - Lunsar*
 24 health centres
 140,970 population served



BOMBALI DISTRICT

1 hospital *Makeni*
 636,000 population served



BONTHE DISTRICT

5 health centres
 210,531 population served



0 40 80 km

BO DISTRICT

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

PUJEHUN DISTRICT

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



RESULTS ACHIEVED

MATERNAL AND CHILD HEALTH	43,861 parental visits	5,293 transfers for obstetric emergencies	29,580 births attended	20,521 visits of children under 5 years of age
	NUTRITION	430 children treated for severe acute malnutrition		
INFECTIOUS DISEASES	39,443 patients treated for malaria	23,901 Children under 5 years of age treated for acute respiratory infection	4,779 respiratory infections treated by community agents	
	ONGOING TRAINING	1,025 community agents	105 nurses and doctors midwives	26 doctors
CHRONIC DISEASES	2,125 tests for gestational diabetes	111 pregnant women identified with gestational diabetes	450 pregnant women diagnosed with hypertension during pregnancy	

SOUTH SUDAN

www.doctorswithafrica.org/en/where-we-work/in-africa/our-work-in-south-sudan/

2019 SNAPSHOT

254
human
resources

2,556
human
resources in
gestione
straordinaria

140
health facilities
supported

9,670,328 €
invested in
projects

IN 2019

Despite the ongoing crisis, CUAMM has **strengthened and expanded its support for the local health system, ensuring services for over one million people.** We have supported 11 county health offices, 5 hospitals, 135 peripheral health facilities, and provided vaccinations, nutritional screening, and an ambulance service to the community. **We responded to emergencies with vaccination campaigns following measles epidemics and special nutritional assistance actions in areas with a high number of displaced persons.** In bordering counties, we helped strengthen the alert system to help prevent the possible spread of the Ebola epidemic from the Democratic Republic of the Congo. **CUAMM has continued to provide basic health services in the marshlands around the port of Nyal** (former Unity State) with 4 first aid posts and 1 mobile clinic, and we have completed construction on an emergency operating room.

OUR HISTORY

2006-2012

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

2013-2015

Public health programme at Yirol West and Rumbek North.

Upgrade to a health centre into a hospital in Cuiabet.

Start of the diploma course in midwifery in Lui.

2015-2017

Expansion of public health programme throughout former Lake State.

Launch of the intervention at Rumbek Hospital. Expansion of the nutritional component at each level of the health system.

2017-2018

Response to the famine in the former Unity State with first response in the marshlands around the port of Nyal.

Start of the public health programme in 4 counties of the former Western Equatoria State. Launch of the intervention at the Maridi Hospital.

2019

Completion of the operating room in Nyal.

Start of a new cycle of the midwifery diploma at the Institute of Health Sciences of Lui.

Launch of the community health programme in 8 counties, with 640 village health workers.

Country profile

Juba
Capital

12.6 million
Population

619,745 km²
area

19 years
Average age of
the population

56/59 years
Life expectancy
(m/f)

4.7
Average number
of children per
woman

186th of 189
countries
Human
Development
Index



789 of 100,000
live births
Maternal
mortality rate



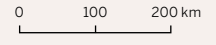
90.7 of 1,000
live births
Under-five
mortality rate



62.2
of 1,000
live births
Neonatal
mortality rate



WHERE WE WORK



WESTERN LAKE STATE

1 hospital *Rumbek*
 4 counties
 53 health centres
 545,545 population served



EASTERN LAKE STATE

1 hospital *Yirol*
 3 counties
 26 health centres
 329,644 population served



SOUTH LIECH STATE

1 health centre *Nyal*
 1 county
 4 health posts

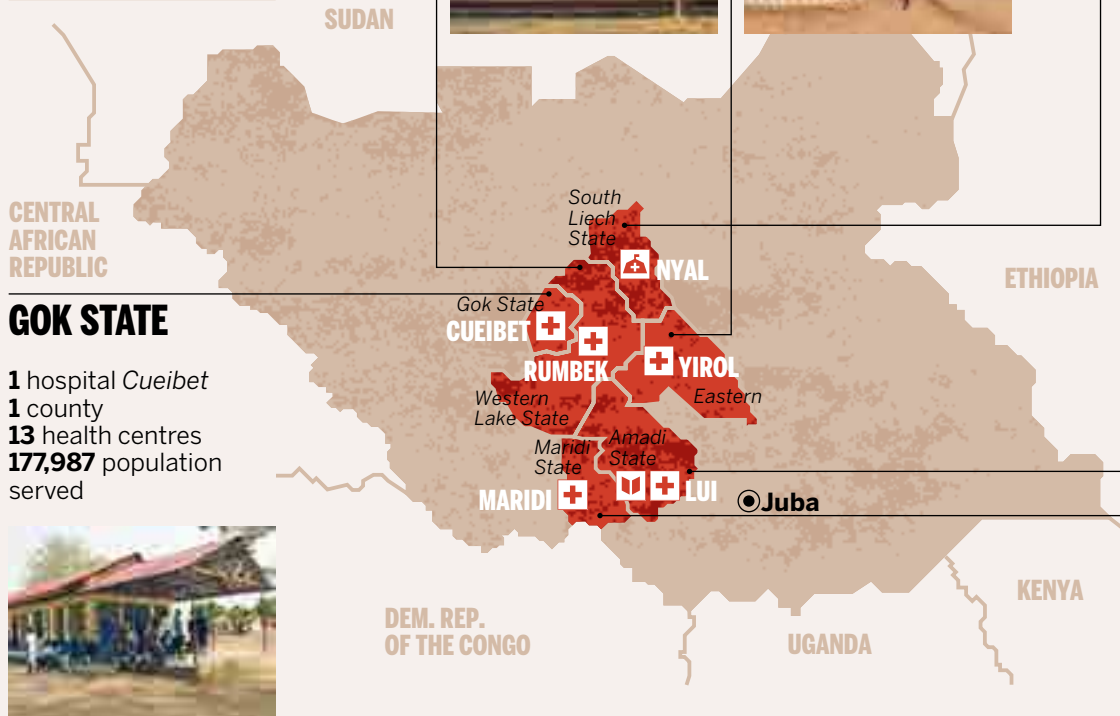
AMADI STATE

1 hospital *Lui*
 1 school for nurses and midwives in *Lui*
 3 counties
 48 health centres
 169,489 population served



MARIDI STATE

1 hospital *Maridi*
 1 county
 24 health centres
 106,834 population served








GOK STATE

1 hospital *Cueibet*
 1 county
 13 health centres
 177,987 population served



RESULTS ACHIEVED

	MATERNAL AND CHILD HEALTH	93,163 parental visits	133 referrals for obstetric emergencies (Yirol)	18,613 births	398,717 visits of children under 5 years of age	159,098 vaccinations
	NUTRITION	1,899 children treated for severe acute malnutrition				
	INFECTIOUS DISEASES	504,857 patients treated for malaria	70 patients treated for tuberculosis	1,244 patients undergoing antiretroviral treatment		
	ONGOING TRAINING	672 community agents			66 other	
	HUMANITARIAN RESPONSE	10,103 outpatient visits for children < age 5		1,307 prenatal visits	7,006 growth monitoring of children < age 5	

TANZANIA

www.doctorswithafrica.org/en/where-we-work/in-africa/our-work-in-tanzania/

2019 SNAPSHOT

195
human resources

106
health facilities supported

4,533,219 €
invested in projects

IN 2019

CUAMM has continued its work to **bolster the health services in 25 districts**. In 6 regions (Iringa, Njombe, Simiyu, Shinyanga, Dodoma, Ruvuma). Our intervention focuses on **maternal and child health, childbirth assistance and infant care**. We are continuing our commitment in communities to promote **proper nutrition, healthy lifestyles, combat chronic and acute malnutrition and non-communicable chronic diseases**, such as diabetes, hypertension and cancer. We have stepped up our focus on services for early cognitive development and protection of children.

We are also continuing our actions to tackle HIV through the Test and Treat strategy in the regions of Shinyanga and Simiyu.

OUR HISTORY

1968
Work launched to strengthen the health care system in the Iringa Region.

1990
Inauguration of Iringa Hospital.

2012
Start of the “Mothers and Children First” programme to ensure access to safe childbirth and newborn care in four African countries.

2014
Start of the project in the regions of Iringa and Njombe to treat child malnutrition.

2016
Start of the second phase of “Mothers and Children First. 1000 Days.” programme, which runs from pregnancy through to the first two years of the child’s life with a focus on nutrition.

2017
The Prime Minister gives CUAMM the title of best partner in the nutrition sector.

2018
CUAMM marks 50 years of operation in Tanzania.

2019
CUAMM joins the technical working groups on nutrition, maternal and child health, early development, non-communicable chronic diseases and HIV.

Country profile

Dodoma
Capital

56.3 million
Population

947,300 km²
area

18 years
Average age of the population

63/67 years
Life expectancy (m/f)

4.9
Average number of children per woman

159th of 189 countries
Human Development Index



398 of 100,000 live births
Maternal mortality rate



54 of 1,000 live births
Under-five mortality rate



38.3 of 1,000 live births
Neonatal mortality rate



WHERE WE WORK

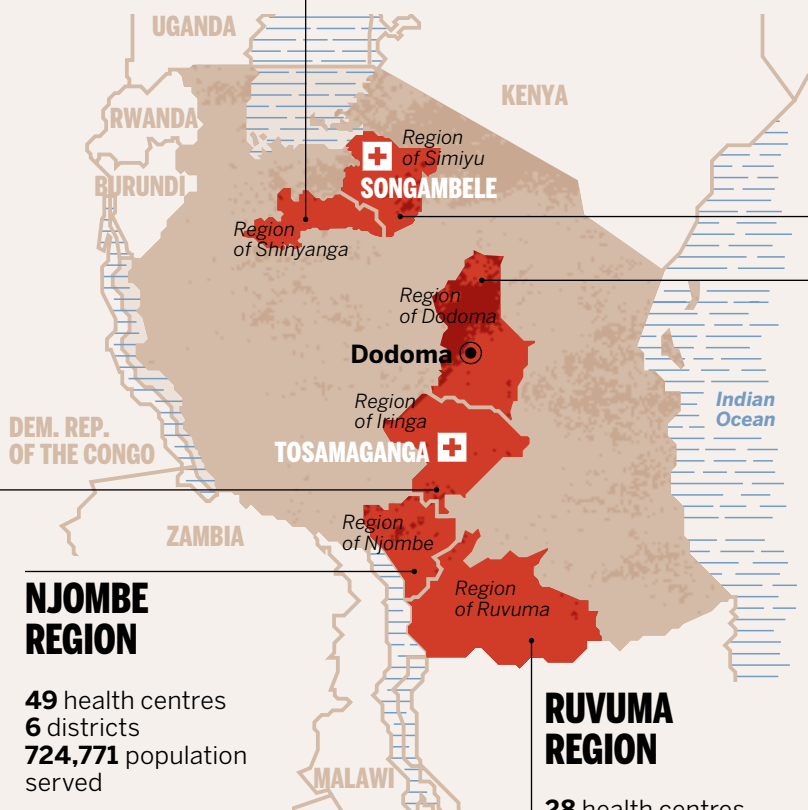


SHINYANGA REGION

2 health centres
2 districts
495,808 population served

SIMIYU REGION

1 hospital Songambele
12 health centres
3 districts
1,175,199 population served



DODOMA REGION

6 health centres
2 districts
715,942 population served

IRINGA REGION

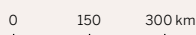
1 hospital Tosamaganga
8 health centres
5 districts
827,519 population served

NJOMBE REGION

49 health centres
6 districts
724,771 population served

RUVUMA REGION

28 health centres
6 districts
1,530,409 population served



RESULTS ACHIEVED



MATERNAL AND CHILD HEALTH

35,909
prenatal visits

266
Referrals for
Obstetric
emergencies

16,105
irths attended

139,146
visits for
children
under 5 years

15,977
vaccinations



NUTRITION

2,463
children treated
for severe acute
malnutrition

145,068
Children under 2 years screened for
stunting in the Regions of Dodoma, Simiyu
and Ruvuma

8,016
children under 2 diagnosed
with chronic malnutrition in the
Regions of Simiyu and Ruvuma



INFECTIOUS DISEASES

4,010
patients treated for
malaria

233
patients treated for
tuberculosis

10,064
patients in anti-
retroviral treatment



CHRONIC DISEASES

750
Visits for
diabetes

2,451
visits for
hypertension

474
patients with heart
diseases

14
patients with
cerebral ischemia



ONGOING TRAINING

510
community agents specifically trained to
treat severe acute malnutrition

34
nurses

7
doctors

101
midwives

UGANDA

www.doctorswithafrica.org/en/where-we-work/in-africa/our-work-in-uganda/

2019 SNAPSHOT

89
human resources

410
health facilities supported

2,248,924 €
invested in projects

IN 2019

We continued our work to support the health system in 6 districts affected by the influx of 1,000,000 South Sudanese refugees, with a particular focus on **improving services for mothers and children and nutritional programmes**.

We continued our efforts in the **Karamoja region and Oyam district** with a widespread intervention throughout the villages, health centres, and hospitals, including Matany and Aber Hospitals.

We promoted community awareness, prenatal visits, attended births, and emergency transportation. We also continued to focus on **tuberculosis** in Karamoja, to **improve diagnosis and treatment**, especially for multidrug resistant TB. Lastly, we started a five-year intervention in partnership with **other NGOs operating throughout the Lango region**, with the goal of strengthening a health system which serves more than 2,000,000 people.

OUR HISTORY

1958
First doctor sent to the Angal Hospital.

1979
Bilateral cooperation between Italy and Uganda in the health field: first CUAMM doctors start working in the national health system.

1990s
Rebuilding of the Aber Hospital and renovation of the hospitals in Maracha, Angal, Aber, and Matany.

2012
Start of the "Mothers and Children First" programme.

2016
Start of the "Mothers and Children First. 1000 Days." programme, for the period from conception through to the first two years of the child's life.

2017
CUAMM arrived in the West Nile to support the emergency response for South Sudanese refugees.

2018
Start of the intervention throughout the Lango region.

Country profile

Kampala
Capital

42.7 million
Population

241,037 km²
area

16.7 years
Average age of the population

61/65 years
Life expectancy (m/f)

5
Average number of children per woman

159th of 189 countries
Human Development Index



343 of 100,000 live births
Maternal mortality rate



49 of 1,000 live births
Under-five mortality rate



35,4 of 1,000 live births
Neonatal mortality rate



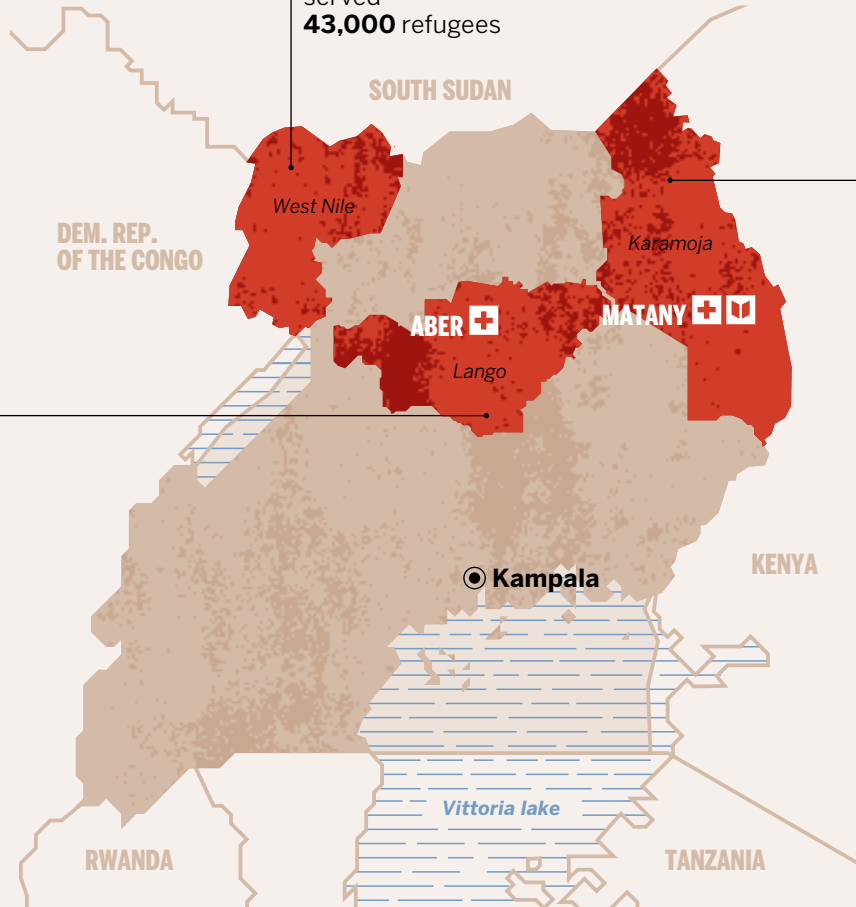
WHERE WE WORK



WEST NILE REGION

1 district *Arua district*
 1 hospital *Arua regional referral hospital*
 1 health centre
 59,546 population served
 43,000 refugees

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



KARAMOJA REGION





3 hospitals
Matany, Moroto, Amudat
 9 districts
Napak, Nakapiripirit, Nabilatuk, Amudat, Moroto, Abim, Kotido, Kaabong Karenga
 77 health centres
 1,155,906 population served



LANGO REGION

6 hospitals *Aber, Lira regional referral, Amai, Apac, Nightingale Hospital, St Anne*
 9 districts *Oyam, Apac, Kwania, Kole, Lira, Otuke, Alebtong, Dokolo, Amolatar*
 175 health centres
 2,374,500 population served

RESULTS ACHIEVED

	MATERNAL AND CHILD HEALTH	237,649 prenatal visits	3,231 transfers for obstetric emergencies	94,954 attended births	759,001 visits of children under 5 years of age
	NUTRITION	1,478 children treated for severe acute malnutrition			
	INFECTIOUS DISEASES	1,446,867 patients treated for malaria	3,074 patients treated for tuberculosis	5,665 patients undergoing antiretroviral treatment	
	ONGOING TRAINING	930 agenti comunitari	59 nurses and 54 midwives	11 doctors	17 nurses and 23 midwives graduated from the School of Matany

MATERNAL AND CHILD HEALTH



MOTHERS AND CHILDREN FIRST 1,000 DAYS

Maternal and child health is a priority action area for Doctors with Africa CUAMM. In sub-Saharan Africa, **too many mothers still die from treatable diseases**. Distances from hospitals, facilities, and insufficient staff, combined with a lack of information, put at risk the lives of the most fragile and vulnerable groups.

After the end of the **“Mothers and Children First” programme** in four districts of four African countries, a new five-year program was launched to **provide continuity and expand** the efforts to support women and their children. We expanded our focus on nutrition during the mother’s pregnancy and newborn care for the first two years of life

in seven countries. The new five-year programme entitled **“Mothers and Children First. 1000 Days.”**, supports and trains local personnel to **increase the number of women with access to safe, attended births and nutritional interventions to combat chronic and acute malnutrition in mothers and children**.

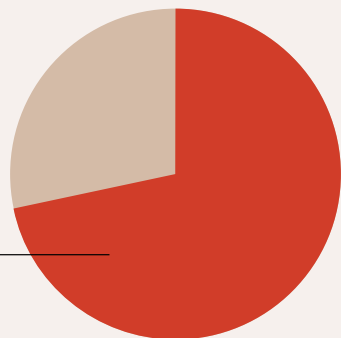
Key interventions – in addition to the actions under the earlier programme – are for nutritional support for the developing foetus, newborns, and children up to two years of age, supporting parental visits, promoting exclusive breastfeeding, weaning, and monitoring child growth, as well as early detection and treatment of acute malnutrition. The hospitals involved, which have increased **from 4 to 10** are: Chiulo (Angola), Wolisso (Ethiopia), Montepuez (Mozambique), Songambebe, Tosamaganga (Tanzania), Matany, Aber (Uganda), Pujehun (Sierra Leone), Yirol and Lui (South Sudan).

TARGET:
1,200,000 ANTENATAL AND POSTNATAL VISITS IN 5 YEARS

296,903
ANTENATAL AND POSTNATAL VISITS IN 2019

823,553 IN THREE YEARS

The target has been expanded from the original goal, which had been set at **740,000 visits over five years based on data obtained in the field during our first year of operation**.



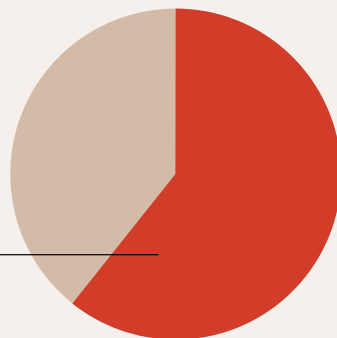
69%
OF THE TARGET REACHED

TARGET:
320,000 ATTENDED BIRTHS IN 5 YEARS

71,288
ATTENDED BIRTHS IN 2019

188,829 IN THREE YEARS

This **percentage is in line with expectations**. In some districts where we operate, we have only recently started to engage communities so they are yet to be informed of the **services and new facilities available to them**.



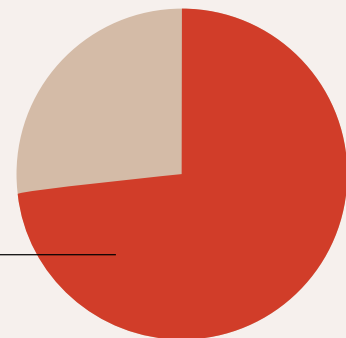
59%
OF THE TARGET REACHED

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

2,404
CHILDREN TREATED FOR ACUTE MALNUTRITION IN 2019

7,199 IN THREE YEARS

Acute malnutrition is due to insufficient access to food, for example **due to famine or economic hardship**. This is the most dangerous form of malnutrition, which can cause death. **Treatment in hospitals or health centres is required**.



72%
OF THE TARGET REACHED

A MOTHER'S LOVE

Lucy, Luth, Lucas e Luciana sono venuti al mondo il 20 February in a peripheral health centre, following a spontaneous delivery, weighing between 1 and 1.2 kg. That Saturday marked the start of an adventure that would last 55 days. Low expectations, but maximum commitment from everyone. We took care of the children, not leaving them alone not even for a moment, everyone made a great team effort: doctors, nurses and Phaima (their mother): an extraordinary, calm, confident and present woman with great awareness. **A complication occurred when, one afternoon, five days after the birth of the newborns, Phaima called me into the room as she had started to**

bleed: one of the most serious complications of childbirth is postpartum haemorrhaging. In the worst-case scenario, it can cause death or require removal of the uterus. And that's exactly what happened in Phaima's case. That day, the mother was in so much discomfort that she was operated on urgently and had severe anaemia. Repeated blood transfusions were necessary. This inevitably caused her to lose milk, which is essential especially for premature babies, since infant formula is not available here. But three days after her surgery, Phaima was on her feet again, back with her children and tirelessly pulling milk with the help of a breast pump which we provided. **Finally, her milk came back! The determination of this mother resonated with us all.**



OTHER DIFFICULT SETTINGS

CUAMM's action was not limited to these 10 districts and hospitals, but involved another 13 hospitals in the eight countries where we operate.

In Sierra Leone, where the maternal health intervention is in five hospitals, we aim to address major obstetric complications, by supporting the emergency and referral system with ambulances, and improving the quality of hospital care.

The table shows the major obstetric complications treated in Sierra Leone compared to those of the other places where CUAMM operates.

We can see that only for **Tosamaganga and Wolisso**, the number of major obstetric complications treated compared to those expected was more than 50%. This demonstrates that, **although much has been achieved to address major obstetric complications which contribute to maternal**

mortality, much is still to be done to be able to say we have achieved a major reduction in maternal mortality. Significantly, since October 2019, in Sierra Leone a national ambulance system has been made operational, which has already carried out 23,792 referrals overall, half of which were for obstetric emergencies.

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

In 2019, in the eight countries where we operate, Doctors with Africa CUAMM has ensured a total of 201,119 attended births, 50,578 of which were in the 22 hospitals where we attend births, out of the 23 where we work.

* NB: data relates to 23 hospitals.

	HOSPITAL AND AREA SERVED	ATTENDED BIRTHS	NO. MDOC* TREATED	% MDOC* OF ATTENDED BIRTHS	MORTALITY PER MDOC*	% MDOC* ON COMPLICATIONS EXPECTED IN AREA SERVED
SIERRA LEONE	PCMH	8,275	4,096	49.5%	1.3%	50.6%
	Makeni	2,464	1,397	56.7%	1.4%	35.7%
	Bo	3,800	1,540	40.5%	1.2%	44.9%
	Pujehun	920	1,013	110.1%	1.0%	39.6%
ANGOLA	Chiulo	1,422	20	1.4%	nd	0.9%
ETHIOPIA	Wolisso	4,455	1,341	30.1%	0.6%	57.6%
MOZAMBIQUE	Montepuez	4,188	560	13.4%	1.1%	30.9%
SOUTH SUDAN	Yirol	1,533	123	8.0%	2.4%	9.1%
	Rumbek	1,921	304	15.8%	2.3%	7.3%
	Lui	594	106	17.8%	0.9%	26.6%
TANZANIA	Tosamaganga	2,930	1,231	42.0%	0.5%	78.1%
UGANDA	Aber	2,605	580	22.3%	1.0%	17.5%
	Matany	1,500	444	29.6%	0.5%	39.4%

*MDOC: Major direct obstetric complications

COVERAGE OF ATTENDED BIRTHS IN DISTRICTS*

* The data refers to attended births only in the districts where Doctors with Africa CUAMM operates on all three levels of the health system (community, peripheral health centres and hospitals), for which we can calculate the coverage rate more accurately.

COUNTRY	REGION	DISTRICT	EXPECTED BIRTHS	ATTENDED BIRTHS IN HOSPITALS AND HEALTH CENTRES	COVERAGE IN PERCENTAGE 2019	VARIATION OF COVERAGE COMPARED TO 2018
ANGOLA	Cunene	Ombadja	15,327	2,652	17%	-12%
ETHIOPIA	South Omo	Dassenech	2,426	867	36%	-35%
		Male	1,362	834	61%	-61%
		Omorate	2,747	1,205	44%	12%
	South WestShoa	Goro	2,196	1,312	60%	-15%
		Wolisso urban and rural	8,847	6,268	71%	13%
		Wonchi	4,467	1,861	42%	-8%
MOZAMBIQUE	Cabo Delgado	Montepuez	11,024	9,440	86%	2%
SIERRA LEONE	Pujehun	Pujehun	17,041	9,978	59%	-16%
SOUTH SUDAN	GOK	Cueibet	10,305	2,554	25%	-2%
	Western Lakes	Mwulu	3,549	1,117	31%	-1%
		Rumbek Center	13,438	3,600	27%	3%
		Rumbek East	10,750	1,910	17%	-3%
		Rumbek North	3,799	893	24%	2%
	Eastern Lakes	Yirol West	9,031	3,075	34%	-1%
		Yirol East	5,899	1,466	21%	-23%
		Awerial	4,117	154	15%	7%
	Mundri	Lui	2,646	846	32%	-11%
TANZANIA	Iringa	Iringa District Council	10,511	8,508	81%	4%
UGANDA	Karamoja	Amudat	6,252	1,942	31%	-2%
		Moroto	5,592	2,554	46%	5%
		Napak	7,508	5,564	74%	4%
TOTAL			158,834	68,600	43%	-4%

NUTRITION



ENSURING GOOD NUTRITION

The importance of **good nutrition**, especially during pregnancy and early childhood, is a top **priority** as part of the Agenda 2030 for Sustainable Development, signed by 193 UN member states.

CUAMM addresses the issue of nutrition by **supporting national programmes and policies**, facilitating practical **nutrition education** for pregnant women in the communities, dispensaries, and health centres, raising awareness among mothers about the advantages of **exclusive breastfeeding** up to six months, and **monitoring children's growth** during the early years. We also manage **acute and chronic malnutrition** cases, which are still widespread in Africa, particularly during periods of drought and the resulting famines. Worldwide, malnutrition was a contributing cause of 45% of all child deaths under age five (Lancet 2013) as is an **aggravating and complicating factor for all diseases**. That's why every health intervention – both in hospital and health centres – must address this drastic reality.

FIGHTING ACUTE MALNUTRITION

Acute malnutrition is caused by **rapid weight loss or the inability to gain weight**. It usually occurs when a person has insufficient access to food, such as in cases of famine or economic hardship.

It may be moderate or severe, in which case, the child is at risk of death.

CUAMM supports nutritional units for intensive care of severe and complicated acute malnutrition in several hospitals in the countries where we work. In some regions, such as **Karamoja** in Uganda and **Iringa-Njombe**, in Tanzania, we treat cases of both severe acute malnutrition and moderate malnutrition.

The table shows the 2019 data for hospital treatments.

READ THE DATA

The mortality rate is generally below 10%, albeit with some variability in individual settings at the hospitals in Songambele and in the Symiu region in Tanzania, but also in Pujehun in Sierra Leone, and Aber in Uganda, which this year saw a moderate rise in mortality.

This shows how difficult it is to ensure a steady level of quality amid major fluctuations caused by seasonal trends or turnover of qualified personnel.

Nevertheless, the dropout rate has stayed **essentially stable since 2018, and is well below the quality target set at 10%**.

TREATMENTS FOR ACUTE MALNUTRITION IN HOSPITALS 2019

COUNTRY	HOSPITAL	PATIENTS DISCHARGED	PATIENTS RECOVERED	RECOVERY RATE	PATIENTS DEATHS	MORTALITY RATE	DROPOUT NUMBER	DROPOUT RATE	TRANSFERS TO OTHER FACILITIES
ANGOLA	Chiulo	303	261	86.1%	33	10.9%	9	3.0%	0
ETHIOPIA	Wolisso	341	313	91.8%	12	3.5%	5	1.5%	11
SIERRA LEONE	Pujehun CMI	430	39	9.1%	60	14.0%	7	1.6%	324
SOUTH SUDAN	Cueibet	272	267	98.2%	4	1.5%	1	0.4%	0
	Lui	113	100	88.5%	7	6.2%	3	2.7%	3
	Yirol	263	240	91.3%	9	3.4%	7	2.6%	7
TANZANIA	Tosamaganga	197	130	66.0%	18	9.1%	47	23.9%	2
	Songambele. regione di Simyu	63	48	76.2%	15	23.8%	0	0.0%	0
	Regione di Simyu (3 unità nutrizionali)	215	180	83.7%	27	12.6%	8	3.7%	0
	Regione di Ruvuma (7 unità nutrizionali)	153	127	83.0%	13	8.5%	2	1.3%	11
	Dodoma	225	94	41.8%	18	8.0%	5	2.2%	118
MOZAMBIQUE	Montepuez	70	59	84.3%	8	11.4%	3	4.3%	0
UGANDA	Aber	370	322	87.0%	46	12.5%	2	0.5%	0
	Matany	255	190	74.5%	25	9.8%	37	14.5%	3
TOTAL TREATED		3,270	2,370	72.5%	295	9%	136	5.7%	479

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

ACTIONS TO FIGHT ACUTE MALNUTRITION IN THE COMMUNITY 2019

COUNTRY	REGIONE	PATIENTS DISCHARGED	PATIENTS RECOVERED	RECOVERY RATE	PATIENTS DEATHS	MORTALITY RATE	DROPOUT NUMBER	DROPOUT RATE	TRANSFERS TO OTHER FACILITIES
TANZANIA	Simyu e Ruvuma	1,202	1,048	87.2%	1	0.1%	114	9.5%	29
TANZANIA	Iringa e Njombe*	1,261	1,205	95.6%	15	1.2%	41	3.3%	0
UGANDA	Karamoja (Moroto and Napak only)	1,478	952	64.4%	9	0.6%	212	14.3%	305
TOTAL TREATED		3,941	3,205	81.3%	25	0.6%	367	9.3%	334

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

FIGHTING CHRONIC MALNUTRITION

Chronic malnutrition means **stunted growth**, which can manifest as a low height/age ratio. It is caused by a constant shortage of food and the restricted use of potential resources, starting in the early days of a foetus' life. It causes permanent deficits for the child in terms of physical, psychological, and intellectual growth, **compromising the rest of his or her life**.

Although there is sadly no real treatment, CUAMM's targeted programmes include **educational projects** for mothers, and **providing supplements** to pregnant women and children, which can **reduce the impact and damage of this stunting**. One of our main actions is treating anaemia in pregnancy, providing folic acid and other minerals like iodine, prEventsnq malaria in pregnancy, supporting good nutrition for the mother, exclusive breastfeeding, and treating intestinal parasite infections in children.

IN TANZANIA

In Tanzania, a specific intervention has been completed to fight chronic and acute malnutrition, combined with the diagnosis and treatment of acute malnutrition. The 4-year intervention highlighted the importance of combining diagnosis and treating acute malnutrition with chronic disease prEventson activities, although the short duration of the intervention meant that we could not assess its real impact in terms

of reducing chronic malnutrition. In 2019, in the Simiyu and Ruvuma regions (where the action concluded its first quarter), **32,645 community meetings** were organised, involving **378,261 participants, where 1,300 trained community agents** educated communities about good nutritional practices and evaluated **145,068 children under two years of age**, among which they identified **8,016 cases of chronic malnutrition**.



ADILSON'S STORY

"Adilson is 11 months old and is severely malnourished for a reason which is quite common in Cunene, Angola: he was orphaned when just a few months old. **Breast milk is the only food a child should consume under six months and is the foundation for feeding up to two years**. Here it is very difficult to find milk powder; it costs too much and needs to be mixed with clean water, otherwise it can cause infection", says Chiara Maddaloni, a JPO in Chiulo. In Africa, when a newborn becomes an orphan, their fate is almost always malnutrition. Thanks to the awareness-raising activities carried

out by our community operators, Iba (Adilson's aunt) knew that the only chance for her nephew was for him to be hospitalised. "Adilson weighed 5.4 kg and was severely dehydrated from diarrhoea, so **we immediately admitted him to the malnourishment unit in Chiulo and gave him therapeutic milk**. At the same time, our nurses gave the aunt some practical demonstrations to teach her how to adequately feed her little nephew. Today Adilson has returned to the clinic for a check-up and is growing healthy. Iba is carefully following his diet, preparing baby food 4 times a day".

INFECTIOUS DISEASES



INSIDIOUS ENEMIES

In recent years, international cooperation has helped achieve **significant results in the fight against major infectious diseases**, including malaria, tuberculosis, and HIV/AIDS.

In Africa, there are now fewer people infected, fewer deaths, and more patients in treatment. Nonetheless,

much of the African population continues to suffer disproportionately more than in other continents from preventable premature death and disability caused mostly by major epidemic diseases.

These **diseases affect poor populations and groups and those at risk of poverty**, especially pregnant women, children, adolescents, and adults living in disadvantaged social conditions, who have trouble accessing and using prEventson and treatment services.

FIGHTING MALARIA

In every hospital, dozens and dozens of cases of malaria are treated every day, **especially in children under five years of age**.

Since last year, we have started recording more closely how many cases are diagnosed and treated in the hospitals and health centres supported by CUAMM, as seen for each country in the following table.

We can see that the **overall mortality remains quite low**. However, out of the almost **2.3 million cases of malaria** treated (of which 77%

were confirmed by the laboratory), there have still been more than 1,000 deaths, of which almost 800 are children under 5 years of age.

MALARIA	ANGOLA	ETHIOPIA	MOZAMBIQUE	SIERRA LEONE	SOUTH SUDAN	TANZANIA	UGANDA	TOTAL
Malaria diagnoses	nd	66,217	220,200	39,943	504,857	4,010	1,446,867	2,282,094
Diagnoses malaria confirmed in laboratory	nd	83,743	165,947	24,569	234,904	3,239	1,246,102	1,758,504
% of diagnoses confirmed in laboratory	nd	126.5%	75.4%	61.5%	46.5%	80.8%	86.1%	77.1%
Deaths	nd	1	23	188	323	20	474	1,029
Mortality from malaria	nd	0.0%	0.0%	0.5%	0.1%	0.5%	0.0%	0.0%
Diagnoses of malaria < age 5	152	3,320	81,452	26,095	203,611	606	407,548	722,784
Deaths < age 5	4	-	14	188	206	11	336	759
Mortality from malaria < age 5	2.6%	0.0%	0.0%	0.7%	0.1%	1.8%	0.1%	0.1%

FIGHTING TUBERCULOSIS

Though there are slightly fewer tuberculosis patients, **diagnosis is still difficult, especially in children**, even with new technology like *GeneXpert* which can detect tuberculosis and possible resistance to rifampicin, indicating possible “MDR or multi-drug resistance”. In 2019, our diagnostics with *GeneXpert* continued in the hospitals of Wolisso (Ethiopia) and Matany (Uganda), in addition to the hospitals of Moroto (Uganda) and Tosamaganga (Tanzania), as shown in this table:

We can see that the **apparent resistance prevalence has dropped significantly also in Matany with 4.4%** (from 11.3% in 2018). Since *X-pert* is becoming a routine exam, this demonstrates that the resistance positivity

to rifampicin has fallen well below 10%. **In fact, in Tosamaganga, no resistance has been identified out of the 79 positive cases.**

Hospitals (country)	PATIENTS DIAGNOSED WITH TUBERCULOSIS	PATIENTS TESTED WITH GENEXPERT FOR MDR-TB	PATIENTS TESTING POSITIVE WITH GENEXPERT	PATIENTS TESTED AS RIFAMPICIN-RESISTANT
Wolisso, Ethiopia	605	1,031	158	5
Matany, Uganda	433	5,043	389	16
Moroto, Uganda	667	5,898	720	16
Tosamaganga, Tanzania	391	1,240	79	0



THE IMPORTANCE OF TREATMENT

At age 32, Lopeyo Santos lives under the full care of his mother since he was diagnosed with tuberculosis. **After what started out as a slight** but very persistent cough, he went to Kapedo health centre in Kaabong, where he was diagnosed and began treatment. Everything went fine until he stopped his treatment for two days and was told to start again from scratch, which he did without hesitation. A year and a half into his 2-year treatment, Santos could no longer bear the Kanamycin injections which were administered daily, so **he escaped from the hospital and returned to his home in Kaabong**. “I thank Victor, CUAMM’s regional tuberculosis officer, for never giving up. He cared for me like a brother and when I fled from the hospital, he did everything possible to bring me back for treatment. He came to my village and insisted **until I agreed to return to be treated in Matany**”.

FIGHTING HIV/AIDS

With regard to HIV/AIDS, in 2019, we continued the new strategy to stem the pandemic through the test-and-treat approach. Until a few years ago, patients who were infected had been treated only if the counts of their T4 lymphocyte (our immune system's infection-fighting agents) fell below a certain number.

Only pregnant women who were HIV-positive underwent treatment in all cases.

With the test-and-treat approach, **all infected patients undergo treatment**, regardless of their lymphocyte count. The aim is to contain the spread of the virus by reducing the likelihood of each individual HIV-positive patient passing on the virus.

The table shows results from anti-retroviral clinics that we oversaw directly:

RESULTS FROM THE ANTI-RETROVIRAL CLINICS DIRECTLY OVERSEEN

COUNTRY	ANTIRETROVIRAL CLINICS	TESTED FOR HIV*	TESTED POSITIVE FOR HIV	% POSITIVE	NEW PATIENTS STARTING TREATMENT IN 2019	TOTAL PATIENTS IN ART TREATMENT
ETHIOPIA	Wolisso	25,560	91	0.36%	71	1,560
MOZAMBIQUE	Beira	19,052	478	2.51%	380	872
SOUTH SUDAN	Lui	3,033	30	0.99%		
	Yirol	12,902	1,014	7.86%	993	1,244
TANZANIA	Bugisi	24,302	511	2.10%	630	2,612
	Mwamapalala	18,851	190	1.01%	143	259
	Ngokolo	13,966	154	1.10%	163	556
	Songambebe	16,063	187	1.16%	140	261
	Tosamaganga	3,318	180	5.42%	239	6,376
UGANDA	Aber	8,132	453	5.57%	519	4,970
	Matany	9,302	106	1.14%	37	695
TOTALS		154,481	3,394	2.2%	3,315	19,405

The data on the total number of patients receiving antiretroviral treatment (ART) also includes patients who were waiting for treatment and started it when the test-and-treat approach was implemented.
* Includes individuals tested voluntarily, patients, and women during antenatal visits.

The table shows that the number of patients put on antiretroviral treatment **has increased by 6,493 people (+50.2%)**.

IN MOZAMBIQUE

Though these actions were part of our work in hospitals and peripheral clinics, we have several specific projects targeted at groups and places with a high incidence of HIV/AIDS. For example, our work in Mozambique and the city of Beira, joined by the city of Tete and two districts in the province, is **targeted at adolescents**, a group particularly at risk of contracting the virus in high prevalence settings. The project **sets up youth centres** in urban areas and organises dedicated clinics in schools and in several health centres to **encourage voluntary testing** and **educate young people about safe behaviour** to avoid contracting the disease. **In 2019, 57,421 adolescents were tested and, out of these,**

810 tested positive with an apparent seroprevalence of 1.4%, which is a further reduction from the 2018 figure. Given the high prevalence in the general population, this confirms that access to testing, while important, is not particularly effective in identifying HIV-positive people, who perhaps "avoid" testing only out of suspicion of being positive. Another issue is ensuring access and treatment adherence, especially in urban settings where patients may not come back to the centre to continue their treatment, either because they feel well and think it is unnecessary, or because of economic hardship and the resulting isolation and social issues that come with following this treatment.

2019 Mozambique	BEIRA	TETE	TOTAL
Adolescents given counselling	19,052	38,369	57,421
Tested for HIV	19,052	38,369	57,421
Positive for HIV	478	332	810
% positive	2.51%	0.87%	1.4%



ACUTE RESPIRATORY INFECTIONS

Acute respiratory illnesses – along with malaria and diarrhoea – are three major causes of death in children under five. The table shows the cases treated in the hospitals and districts where CUAMM works.

Especially in hospitals or health systems in peripheral areas, the data refers to places where there is support and available data. The outcome for this disease depends on antibiotics and oxygen being available for severe forms, especially in children under five. **Specific mortality remains rather low.**

	ANGOLA	ETHIOPIA	MOZAMBIQUE	SIERRA LEONE	SOUTH SUDAN	TANZANIA	UGANDA	TOTAL
DIAGNOSES OF PNEUMONIA	n.d,	11,655	236	43,807	51,464	15,480	80,037	202,679
DEATHS FROM PNEUMONIA	nd	27	7	15	n.d,	49	282	380
MORTALITY FROM PNEUMONIA	n.d.	0.2%	3.0%	0.0%	n.d.	0.3%	0.4%	0.2%
DIAGNOSES OF PNEUMONIA < AGE 5	180	8,609	71	23,901	51,464	9,447	46,903	140,575
DEATHS FROM PNEUMONIA < AGE 5	2	21	8	-	n.d,	36	176	243
MORTALITY FROM PNEUMONIA < AGE 5	1.1%	0.2%	11.3%	0.0%	n.d.	0.4%	0.4%	0.2%

DIARRHOEAL DISEASES

Diarrhoeal diseases, especially in their most common forms, without blood, are one of the main causes of death from severe dehydration. This is particularly true for children who are at risk if they are not adequately supported with ongoing rehydration, including orally if possible. The table shows the cases treated in settings where CUAMM works and specific data is reported.

Here, as for acute respiratory infections, **the country reporting the most cases is Uganda.** This is due to the quality of its IT system which can quickly collect all data, including epidemiological data, from all health facilities in which CUAMM operates. This is not possible elsewhere, such as in South Sudan, even though the intervention is broader and reaches more beneficiaries.

DIARRHOEA	ANGOLA	ETHIOPIA	MOZAMBIQUE	SIERRA LEONE	SOUTH SUDAN	TANZANIA	UGANDA	TOTAL
DIAGNOSES OF DIARRHOEA	n.d,	8,822	10249	13,458	70,646	16,729	146,443	266,347
DEATHS FROM DIARRHOEA	nd	5	10	22	n.d,	11	44	92
MORTALITY FROM DIARRHOEA	n.d.	0.1%	0.1%	0.2%	n.d.	0.1%	0.0%	0.03%
DIAGNOSES OF DIARRHOEA < AGE 5	70	8,063	5,288	9,456	70,646	10,254	86,866	190,643
DEATHS FROM DIARRHOEA < AGE 5	-	5	0	-	n.d,	8	31	44
MORTALITY FROM PNEUMONIA < AGE 5	0.0%	0.1%	0.0%	0.0%	n.d.	0.1%	0.0%	0.02%

CHRONIC DISEASES



According to the “Global Report on Non-communicable Diseases (NCD)” (WHO, 2014), every year, 38 million people lose their lives prematurely due to non-communicable diseases (NCDs), the majority of these deaths (approx. 28 million) are in low- and middle-income countries. By 2030, chronic

diseases are also predicted to overtake infectious diseases as the leading cause of death in Africa. Therefore, the focus on preventing and treating this group of emerging diseases in low-income countries is now a top target of the Sustainable Development Goals.

DIABETES, HYPERTENSION, AND HEART DISEASE

In the hospitals where CUAMM works, we have always diagnosed and treated these patients, but because of their large numbers, they have been poorly documented. However, in some settings, we organised **specific outpatient clinics** that can integrate AIDS patients and reduce the stigma by including them in all “chronically ill” people. The table shows the data from hospitals that have dedicated outpatient clinics and where admissions have started to be logged.

As we can see, **the project supporting six hospitals in Mozambique has become fully operational**, although on average, there are about the same number of patients as in the other hospitals reported, except for hospital admissions for heart disease and cerebrovascular

accidents specifically, of which there is a particularly high number. This difference could be related to the fact that these hospitals have more urban characteristics than those of the other four countries, probably with more risk factors, such as physical inactivity and overweight.

	WOLISSO (ETHIOPIA)	TOSAMAGANGA (TANZANIA)	MATANY (UGANDA)	ABER (UGANDA)	BEIRA, NAMPULA, 2 IN QUELIMANE AND 2 IN MAPUTO	TOTAL	PCMH* (SIERRA LEONE)
VISITS OF PATIENTS WITH DIABETES	1,118	750	187	195	4,181	6,431	nd
ADMISSIONS FOR DIABETES	223	174	184	189	1,667	2,437	111
VISITS FOR HEART DISEASE	287	474	119	33	1,210	2,123	
ADMISSIONS FOR HEART DISEASE	218	128	109	28	3,336	3,819	
VISITS OF PATIENTS WITH HYPERTENSION	1,313	2,451	878	596	3,137	8,375	
ADMISSIONS FOR STROKES	14	14	18	31	1,122	1,199	

* screening for gestational diabetes

CERVICAL CANCER

Uterine cervical cancer, the second most common cancer in women in Africa, can be prevented by vaccination against human papillomavirus, and with screening and early diagnosis. We have been implementing projects for several years to **improve community awareness about this problem and offer cervical cancer screening**. The chosen strategy is “see & treat” where the cervix is coloured with acetic acid and undergoes a visual examination (VIA) for lesions that are potentially malignant, which are then immediately treated with cryotherapy. Testing and treatment are carried out by suitably trained nursing staff with the goal of evaluating 20% of eligible women every year.

By treating all small lesions, including inflammatory ones, we aim to prevent them from progressing towards malignancy. This is a secondary prEventson approach rather than a treatment. Advanced tumours are treated surgically in the hospital; though actual effectiveness is limited as most tumours are found in advanced/inoperable stages. **The table shows data from 2019 in Ethiopia (Wolisso, Turmi and Omorate now extended to the districts of Male and South Ari), Tanzania (Tosamaganga), and Uganda (Matany).** The overall figure is stable, albeit with major variations in some settings, due to the slow-down or reinforcement of activities which are struggling to be actually integrated into the routine operations of hospitals and health centres. For this reason, there is still a need for considerable support to ensure women are aware of and seek out the service, and to raise awareness also among health personnel.

ACTIVITIES FOR CERVICAL CANCER	WOLISSO (ETHIOPIA)	MALE, SOUTH ARI, TURMI, OMORATE AND JINKA HOSPITAL (ETHIOPIA)	TOSAMAGANGA (TANZANIA)	MATANY (UGANDA)	TOTAL
WOMEN SCREENED WITH VIA	1,417	4,061	1,966	1,357	8,801
VIA +	53	224	123	167	567
% POSITIVE WITH VIA	3.7%	5.5%	6.3%	12.3%	6.4%
VIA + TREATED WITH CRYOTHERAPY	52	204	123	160	539
PATIENTS TREATED WITH LEEP	-	3	-	-	3



TRAINING



THE CRITICAL ROLE OF TRAINING

Training health personnel is key to **improving and strengthening the quality of care and the ability to provide health services**. In addition to what Doctors with Africa CUAMM accomplishes, **working every day alongside local personnel and authorities**, we have also organised **professional development courses** and supported **field stays**, involving 4,805 people including

community agents, nurses, midwives, doctors, and paramedics.

The training focuses on **maternal and child health**, the integrated treatment of newborn and childhood diseases, treating acute and chronic malnutrition, the IT system and data gathering.

What's more, **training was also provided for managerial and administrative positions** both of hospitals and of the health districts. Support for training schools helped 30 nurses and 38 midwives gain their diplomas, with support for the Faculty of Medicine of the University of Beira from which 25 new doctors were able to graduate.



FULFILLING A DREAM

"My name is Victorino Fernando Júnior, I'm 20 years old and I'm in the 2nd year of the General Medicine course. I live in Sofala province, in the city of Beira, in Macurungo district. My studies are going well, even if medicine is a challenging subject and I have some difficulty which I'm overcoming with the help of my tutors, who are usually doctors and mostly specialists.

This helps me to understand more, both from a theoretical and practical point of view, as it enables me to compare what I learnt from books with the reality of our health units, where we students undertake our practical training, enabling us to move beyond our theory lessons. Because of the **cyclone, I had to stop studying for a few weeks, but now we have got started again**

Victorino Fernando Júnior
Student of Medicine at the University of Beira

and are ready to move forward, even if the university is still undergoing reconstruction. I'd like to thank CUAMM and its supporters who are giving me the opportunity to continue my studies and fulfil my dream of becoming a doctor, so that I can help even more people in the future and perhaps even inspire them, through my work, to pursue this wonderful profession".

TRAINING WITH SHORT COURSES OR RESIDENCY

COUNTRY	COMMUNITY AGENTS	NURSES	MIDWIVES	GENERAL DOCTORS	OTHER	TOTAL PER COUNTRY
ANGOLA	120	0	70	13	0	203
ETHIOPIA	59	34	128	84	473	778
MOZAMBIQUE	143	4	7	4	0	158
SIERRA LEONE	1,025	30	75	26	0	1,156
SOUTH SUDAN*	672	0	0	0	66	738
TANZANIA	510	34	101	7	0	652
UGANDA	930	59	54	11	92	1,146
TOTAL BY CATEGORY	3,459	161	435	145	631	4,831

* only "on the job" training

PROFESSIONAL AND UNIVERSITY TRAINING

In 2019, we continued to support several professional and university training schools, with the following professional figures graduating:

COUNTRY	SITE	MIDWIVES GRADUATED	NURSES GRADUATED	STUDENT MIDWIVES	STUDENT NURSES	DOCTORS GRADUATED
ETHIOPIA	School for nurses and midwives of Wolisso	13	15	55	54	0
MOZAMBIQUE	School of Medicine University of Beira					25
SOUTH SUDAN	School for Nurses of Lui		0	19		
UGANDA	School for nurses and midwives in Matany	17	23	64	68	0
TOTAL BY CATEGORY		30	38	138	122	25

MONITORING, EVALUATION AND RESEARCH



MONITORING OUR PROJECTS, MEASURING OUR SYSTEMS

CUAMM's monitoring and assessment goes beyond those required for individual projects, as the impact we want to measure is about strengthening health systems and not just individual project indicators, though necessary to provide donors with transparency and accountability. That is why the **hospitals we support are assessed for their overall performance** and why we dedicate a section focusing on each one.

Likewise, whenever possible, the districts and areas of intervention are assessed in terms of overall impact, measuring **how many beneficiaries are reached for each service compared to expectations**.

Within our areas of intervention, which range both geographically and by subject area, we pursue **operational research** to expand our knowledge, improve the quality and effectiveness of our services, or evaluate specific diagnostic or treatment methods.

REFLECTION ON GLOBAL HEALTH AND THE ENVIRONMENT

At CUAMM, we **directly witness the environmental change around us**: in 2019, we witnessed drought in Angola, cyclones in Mozambique, and chronic armed conflicts in fragile African countries like South Sudan or the Central African Republic. Reflecting on the **relationship between health, the environment and climate** has become ever more important, leading us to read the contextual data with a critical eye and stimulate a debate.

According to the World Bank, a person living in sub-Saharan Africa produces an average of 0.8 tons of CO₂ versus 6.4 produced by a European citizen and 16.5 by an American citizen. Yet, according to Intergovernmental Panel on Climate Change (IPCC) reports, the most negative effects of climate change will mainly be felt in the African continent. Therefore, it is vital for our approach to research to be part of this global health framework: **it is now clear how damage brought about by drought, floods, cyclones and food reduction will especially impact fragile states**, and it is children that will bear the brunt, as recalled in the recent *2019 Report of The Lancet Countdown on Health and Climate Change*.



OPERATIONAL RESEARCH IN THE FIELD

If we look at CUAMM's operational research, in 2019 we cannot help but notice a further leap forward compared to previous years: **31 research papers published in scientific and international journals such as Lancet or BMJ – British Medical Journal**, which confirm a steady growth from 2015 to today, i.e. since a dedicated working unit was set up and developed within the organisation.

This result is an indicator of CUAMM's increasingly consistent decisions to "read" and see research as an integral part of the field work: there are more and more operational projects in Africa, which include a study component, with the firm belief that fragile states do not only need health coverage, but also quality services. And quality requires analysis, assessment and implementation. **In 2019, we decided to start a new course in CUAMM's residential training office in Padua**, which will be held every year: four days fully dedicated to operational research in resource-limited countries, where alternate voices will be heard to explore what analysis and assessment in fragile countries means, while reflecting on the impact that this type of research has and providing the basic tools and knowledge to carry out "frugal research". The course had 60 participants, well above expectations, the majority of whom were children and young people, further confirming the importance of partnerships between universities and organisations in the field, integrating skills and training.

2019 RESULTS

5

main
issues

31

research
published

5

oral
presentations

11

Posters and
presentations
at international
conference

120

Italian, African
and international
research partners
working together
to build quality
health care

Issues:



**MATERNAL
AND CHILD
HEALTH**



**INFECTIOUS
AND
TROPICAL
DISEASES**



**UNIVERSAL
HEALTH
COVERAGE
AND EQUITY**



NUTRITION



**CHRONIC
DISEASES**

Every year, Doctors with Africa CUAMM brings together in a single volume the scientific articles, abstracts and posters that it has presented at international conventions. **The collections can be downloaded free of charge at www.medicinonlfrica.org/ricercaoperativa/**





FOCUS ON HOSPITALS

In 2019, Doctors with Africa CUAMM was involved in managing 23 hospitals in Africa: 1 in Angola, 3 in Ethiopia, 4 in Mozambique, 5 in Sierra Leone, 1 in the Central African Republic, 5 in South Sudan, 2 in Tanzania, and 2 in Uganda. As is true throughout Africa, in these countries, hospitals are the main facilities providing health care, especially complex services like surgery. This makes it important for CUAMM to assess their work as we consider access to care a basic right of every human being, especially important for the poorest groups of a population. We can measure the volume of health services provided by a hospital using an aggregate indicator called Standard Unit for Output (SUO), which takes as a unit of measure a visit to an outpatient clinic and generates a relative importance in terms of cost to other major hospital healthcare services (admissions, births, vaccinations, and pre-

and post-natal visits). The use of this indicator allows hospital managers and boards of directors to plan rationally, make evidence-based decisions in line with the institution's mission, and explain the choices that had successful or unsuccessful outcomes. We can use this measurement system to create four indicators:

-PRODUCTIVITY

to measure the total volume of a hospital's activity;

-EQUITY

to assess if its services are accessible to everyone, especially the most vulnerable groups;

-STAFF EFFICIENCY

to evaluate human resource management;

-MANAGEMENT EFFICIENCY

to assess financial resource optimisation.

KEY INFO

23

Hospitals managed by Doctors with Africa CUAMM

1

Angola

3

Ethiopia

4

Mozambique

1

Central African Republic

5

Sierra Leone

5

South Sudan

2

Tanzania

2

Uganda

The formula for calculating SUO shows the relative importance of a hospital's various services:
 $SUO_{op} = (15 \times \text{admissions}) + (1 \times \text{outpatient visits}) + (5 \times \text{births}) + (0.2 \times \text{vaccinations}) + (0.5 \times \text{pre-postnatal visits})$

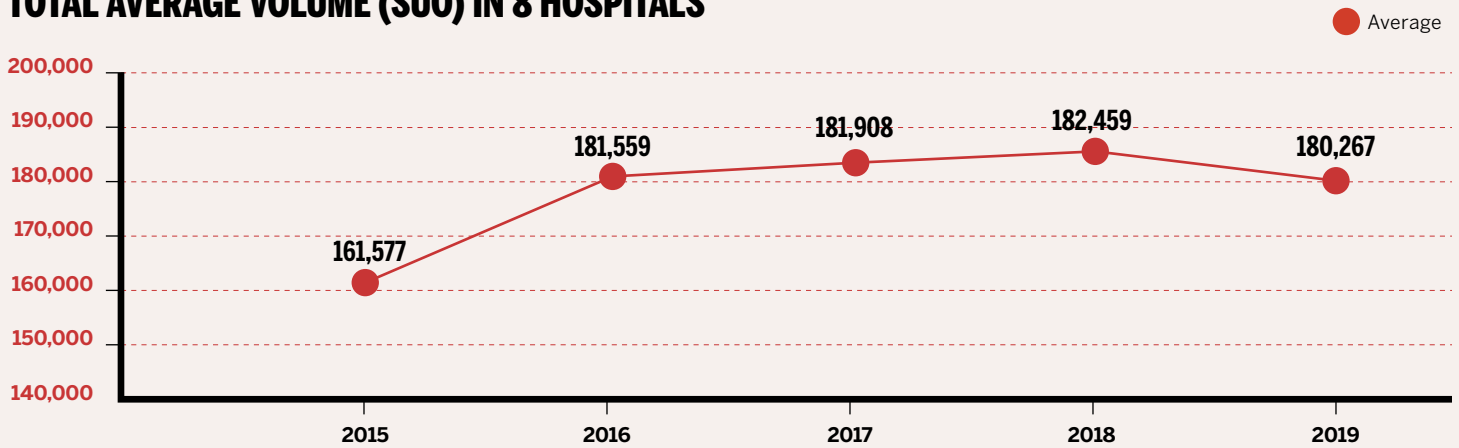


PRODUCTIVITY

Overall performance is evaluated through the average results of **8 hospitals, for which data has been continuously available for the last 5 years**. The data is the same as that of the 2018 report. The trend is largely stable over the past three years. The major growth of 2016 (+ 12.4%), was especially due

to the increase of paediatric hospitalisations in Aber (Uganda), where a major malaria epidemic doubled admissions, and Wolisso (Ethiopia), due to a measles epidemic. Each hospital has a different volume of activity, which is not based on the number of beds, although there is a slight decrease in the trend in 2019 for 5 of the 8 hospitals monitored, and a slight rise for the hospitals in Aber and Matany, Uganda, and in Tosamaganga, Tanzania.

TOTAL AVERAGE VOLUME (SUO) IN 8 HOSPITALS



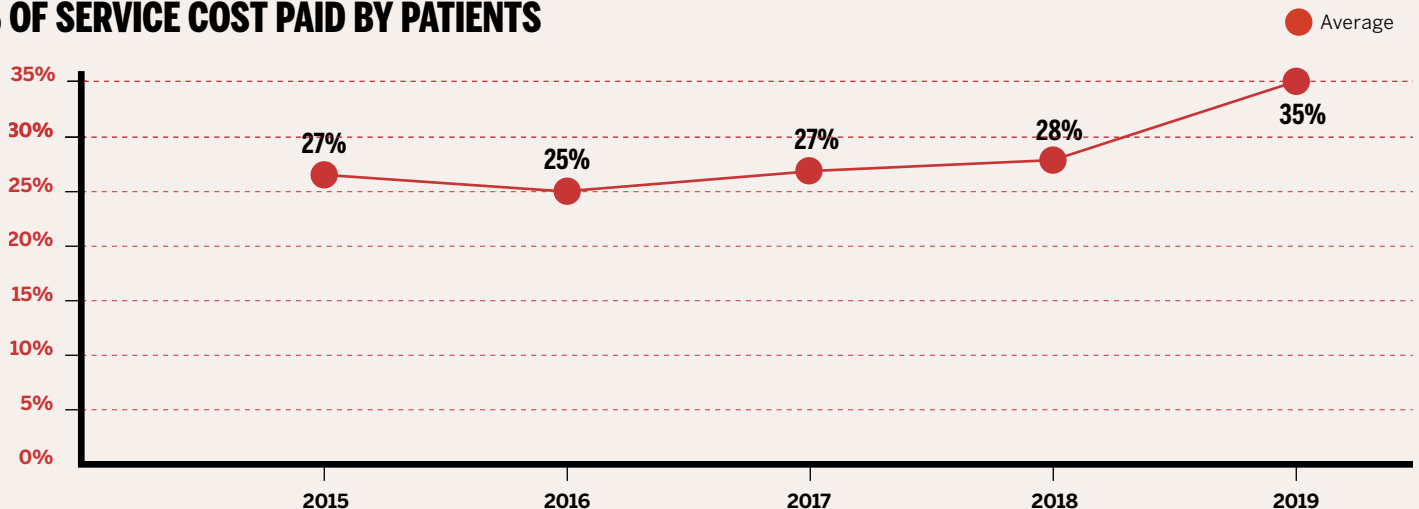
EQUITY

The cost of the service charged to patients is calculated based on the ratio of revenues from users and total cost. Unlike the previous four years, last year the average cost charged to patients exceeded 30%.

This is due to a substantial increase in the percentages at the hospitals of Aber (41% up from 25%) and Tosamaganga (45% up from 32%), which has become the hospital with the highest loads. These increases are due to higher costs charged to patients for Tosamaganga, and a reduction in costs at Aber Hospital which, with the same costs to patients, in turn covers a greater percentage of the overall costs.

Matany has the lowest with 18%, and an average of 16%. Nonetheless, this increase in costs borne by the patients does not seem to have compromised admissions which, in actual fact, are up in precisely Aber and Tosamaganga. In general, however, it should be noted that the rise in costs paid by patients is to the detriment of equity and is caused by growing, widespread difficulty in procuring financial resources to fund hospitals, both in these countries and internationally. With our presence, especially in places where we have more political influence, we strive to balance the constant demand for greater sustainability with the need to ensure access, at the lowest possible expense to patients.

% OF SERVICE COST PAID BY PATIENTS



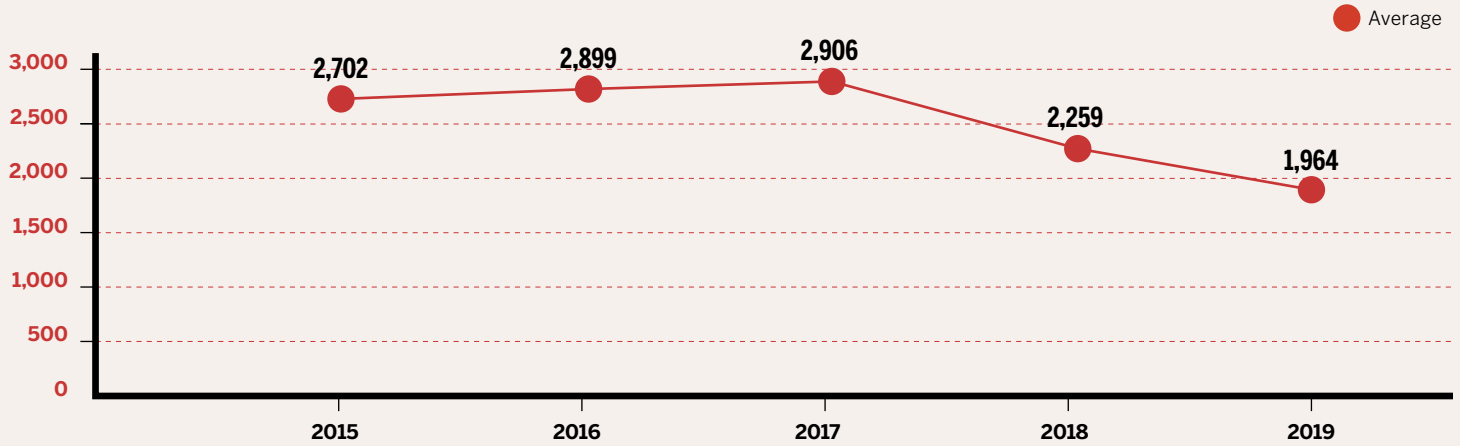
STAFF EFFICIENCY

In terms of staff efficiency (ratio between the total SUO and qualified staff), we can see a reversal in the trend since 2017, with a major decrease at all hospitals in 2019.

This apparent reduction in productivity is due to the increase in qualified staff.

This does not, in itself, increase overall production (SUO), but rather should ensure a higher quality of services offered. For instance, Matany has seen an increase from 138 to 150 qualified staff, Aber from 91 to 111, and Wolisso from 237 to 252.

UNITS PROVIDED BY A HEALTH WORKER



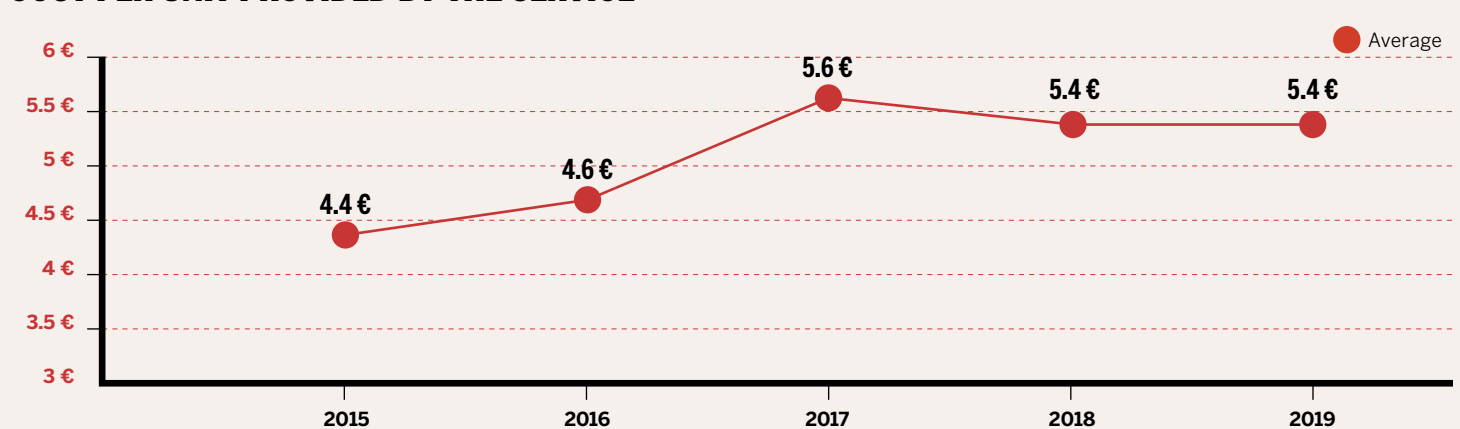
MANAGEMENT EFFICIENCY

With regard to the cost of service for SUO (ratio between total cost and total SUO), we can see an upward growth compared to 2015. This trend has been affected by the rise in prices caused by the international economic crisis and the resulting adjustment of labour cost, growing across all countries. In the 8 hospitals considered, the average cost

of the service for SUO remained stable compared to 2017, which is a possible sign of some stabilisation of production costs.

However, this is an average that pertains to different countries, meaning that they have both different production costs and different inflation rates, with a variable local currency exchange rate against the euro. As such, these statistics cannot be considered comprehensive and should be taken with caution.

COST PER UNIT PROVIDED BY THE SERVICE



QUALITY OF HOSPITAL SERVICES

In limited resource settings, such as in the parts of sub-Saharan Africa where Doctors with Africa CUAMM operates, hospital performance needs to be monitored in terms of accessibility, equity, and efficiency, and the quality of service provided to the population must also be assessed. Providing low-cost services is not enough in itself if they are of inadequate quality.

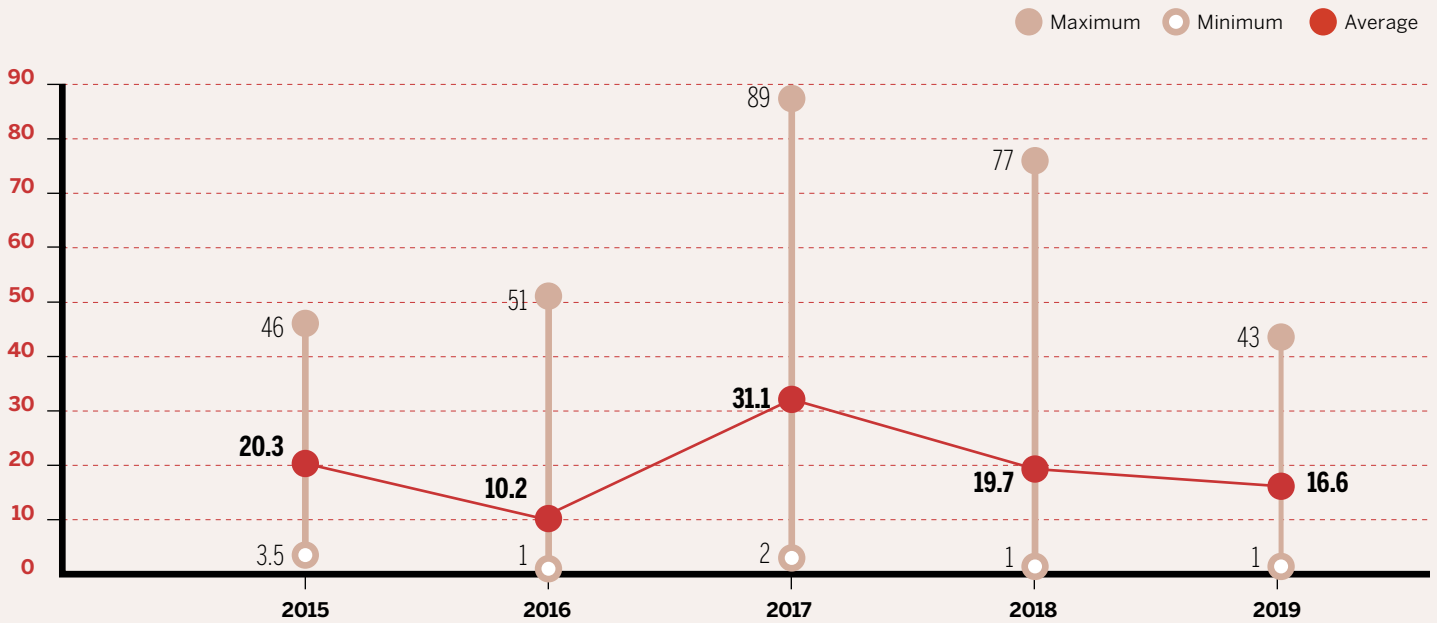
Though it is difficult to measure a hospital's performance in general – even harder to measure the quality of its service – in 2012, we introduced some indicators to evaluate the quality of obstetric support.

RATE OF STILLBIRTHS PER 1,000 LIVE BIRTHS

This indicator relates to the specific way that the birth is managed during the delivery and expulsion. The figure serves to determine how correct and timely the intervention has been, but does not consider stillbirths where death was certain before the delivery.

In 2019, there was a further slight reduction in the average number thanks to a general improvement at all hospitals. Here, as in 2018, the results could reflect an improvement in data collection and analysis rather than an actual improvement in care, however.

As such, more trend data is needed to confirm whether or not CUAMM's support has a positive impact on improving the quality of care.



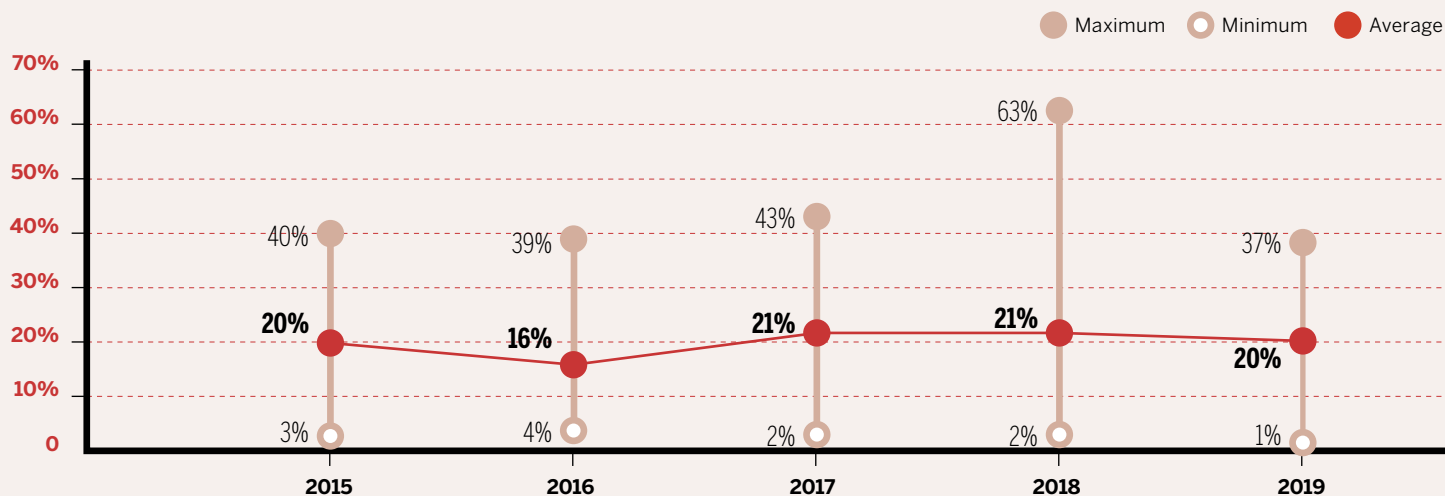
RATE OF CAESAREAN SECTIONS OUT OF TOTAL BIRTHS

The Caesarean section rate can vary a great deal between hospitals and depends on numerous factors. For instance, women in different countries may differ in body shape and may need Caesareans more or less frequently as a result. If the hospital is the only place to go for complicated cases, there tends to be a higher concentration of complicated births and, in turn, more Caesareans, depending on the efficiency of the referral system. In different settings, surgeons and gynaecologists may have different habits regarding Caesareans.

However, within each hospital, we can see considerable stability over the years. Sierra Leone remains the country with the highest general Caesarean rate in hospitals, which is evidence of the high rate of complicated cases (such as eclampsia and placental abnormalities) compared to other settings.

In Songambebe and Lunsar, diocesan hospitals, we see a high rate due to the relatively low number of overall births, though this has been on the rise over the last year, especially in Songambebe.

Lastly, also worth note is that the Caesarean rate at Chiulo has fallen to just 1%. This is due to the difficulty, as mentioned earlier, in continuously supporting emergency services, resulting in the transfer of surgical cases to other hospitals.



RATE OF MATERNAL DEATHS FOR MAJOR OBSTETRIC COMPLICATION OUT OF THE TOTAL NUMBER OF MAJOR OBSTETRIC COMPLICATIONS

WHO suggests a rate below 1% as the target for good care of major obstetrical complications. In the hospitals listed, the data does not necessarily represent a poor quality of care; the numbers are likely overestimated due to the inadequacy of the IT system, which fails to accurately track all major obstetric complications treated.

Frequent changes to record-keeping criteria have to do with changes of different doctors, which means that there is little uniformity in the diagnosis criteria applied. The exact definition of diagnostic criteria requires improvements to achieve consistent, comparable data. Generally, over the past 5 years, most of the hospitals have shown a trend towards improvement. In the last two years, great attention has been paid to data collection itself, which will ultimately make it easier to compare the data. Note the lack of the figure for Chiulo due to the difficulty in managing major obstetric complications and in Cueibet, due to the lack of data collection, which is evidence of one of the limitations mentioned above. Note also the considerable increase in Pujehun, which is difficult to interpret, given that it was the first district of Sierra Leone to have the ambulance system: this should have reduced the severity of cases arriving in hospital. Conversely, however, it seems to have brought about an

increase in severe cases (which are still arriving too late and are too difficult to treat), thereby increasing the respective mortality rate.

The data must therefore be confirmed with greater analysis of the situation over time.

HOSPITALS	2015	2016	2017	2018	2019
Aber	0.4%	1.2%	1.2%	0.7%	1%
Chiulo	1.6%	2.4%	2.0%	4.2%	n.d.
Cueibet	2.9%	1.4%	0.8%	2.8%	n.d.
Lui	4.0%	2.0%	0.0%	1.0%	0.9%
Lunsar	1.7%	4.7%	0.6%	4.7%	1.4%
Matany	0.9%	0.4%	0.9%	0.5%	0.5%
PCMH	n.d.	2.4%	1.3%	1.2%	1.2%
Pujehun	0.9%	1.3%	1.9%	1.0%	4.0%
Tosamaganga	0.2%	0.3%	0.5%	0.2%	0.46%
Wolisso	0.8%	0.1%	0.5%	0.4%	0.6%
Yirol	0.4%	1.6%	1.6%	0.5%	2.4%

HOSPITAL DATA * 2019

COUNTRY	NAME	BEDS	OUTPATIENT VISITS	ADMISSIONS	PRENATAL VISITS	TOTAL BIRTHS	CAESAREANS
ANGOLA	Chiulo	234	24,229	4,535	6,427	1,422	20
ETHIOPIA	Wolisso	200	85,668	14,828	5,910	4,455	692
	Turmi	20	4,255	72	384	405	7
	Gambella RH*	124	250,324	5,413	6,630	2,612	302
MOZAMBIQUE	Montepuez	134	3,365	15,591	nd	4,188	724
	Beira	823	178,363	21,800	8,516	5,768	2,036
	Niamatanda	120	134,136	4,027	3,403	2,710	236
	Dondo	75	146,566	1,575	2,572	2,838	0
CENTRAL AFRICAN REPUBLIC	Complesso Pediatrico di Bangui	257	68,468	17,287	nd	nd	nd
SIERRA LEONE	Puejhun CMI	59	3,571	4,894	3,361	920	383
	PCMH*	125	20,975	9,117	32,330	8,275	2,713
	Lunsar	100	23,357	5,795	2,790	743	233
	Makeni*	38	nd	2,986	nd	2,464	788
	Bo*	40	nd	4,152	nd	3,800	1,021
SOUTH SUDAN	Lui	102	24,434	5,383	2,136	594	81
	Yirol	105	88,960	10,419	15,158	1,533	47
	Cuibet	98	32,343	4,657	4,108	1,059	37
	Maridi	70	28,572	6,136	5,184	928	105
	Rumbek (solo maternità e pediatria)	76	73,613	14,664	9,590	1,921	130
TANZANIA	Songambebe	63	9,292	1,640	1,763	686	218
	Tosamaganga	165	43,719	6,065	1,375	2,930	878
UGANDA	Matany	250	30,036	10,487	5,656	1,500	385
	Aber	178	40,357	9,770	11,334	2,605	632
TOTAL		3,456	1,314,603	181,293	128,627	54,356	11,668

* Hospital where the intervention is limited to maternity care

VACCINATIONS	INCOME FROM USER FEES	TOTAL INCOME FOR RECURRING EXPENSES	RECURRENT EXPENSES	TOTAL STAFF	QUALIFIED STAFF
1,245				206	112
9,766	755,447	2,190,385	2,150,928	423	252
199				30	25
4,847				335	166
nd				nd	nd
n,d,				nd	nd
37,274				168	116
27,499				151	89
2,438				393	nd
0			300,000	121	71
7,856				502	406
10,133				132	99
nd				nd	nd
11,617				nd	nd
2,136			698,000	130	48
14,482			504,000	144	52
1,752			398,000	75	37
7,551			411,000	53	40
36,656			521,000	120	45
6,167	145,031	295,945	291,244	62	36
9,810	383,289	874,917	852,928	173	81
42,357	142,714	783,169	774,398	255	150
24,880	328,122	989,469	808,703	167	111
258,665	1,754,602	5,133,886	7,710,200	3,640	1,936

HUMAN RESOURCE MANAGEMENT

HUMAN RESOURCES IN AFRICA

Today's Africa, where Doctors with Africa CUAMM operates at many levels, is facing increasingly complex political, religious, cultural contexts.

Given this complexity, the staff involved in our projects must have **solid professional training and strong motivation**, which are key to honing skills of analysis, research, local knowledge, planning, and organization.

CUAMM recruits and selects human resources to fill the positions needed for our projects, including:

- international Europeans;
- international Africans, from countries neighbouring those where we operate;
- nationals, from the country of operation.

In 2019, in the 8 African countries where we operate, CUAMM managed **4,777 human resources**, with 2,556 of these under "extraordinary management" in South Sudan and 1,078 in Sierra Leone (see details). Out of the total number of human resources managed, 1,143 are staff involved in projects of which 851 are qualified professionals (not only health professionals, but also administrative, logistics and community experts), while 292 are support staff.

SUPPORTING THE HEALTH SYSTEM IN SOUTH SUDAN

South Sudan is still very fragile and unable to manage and support its health services. Doctors with Africa CUAMM was chosen as the **organisation to support the country's healthcare system in 13 counties for a total of 135 peripheral healthcare facilities and 5 hospitals**, by directly helping to manage local staff and their salaries, and topping up the salary of around 1,600 people. We will continue with this "extraordinary management" until the government has the ability and resources to manage the staff of its health facilities itself. Doctors with Africa CUAMM also provides a monthly incentive of a network of over 900 village healthcare and nutrition professionals.

EXTRAORDINARY MANAGEMENT IN SIERRA LEONE (NEMS)

In 2019, the **National Emergency Medical Service (NEMS), Sierra Leone's first national service for health emergencies** became fully operational. Doctors with Africa CUAMM launched the scheme in 2018, with the support of the World Bank and Sierra Leone Ministry of Health, in partnership with the Veneto Region and Crimedim. The service was designed as a long-term sustainable model and, in 2019, its efficiency was ensured through a national operations centre which handles emergency calls throughout the country and coordinates 80 ambulances providing transportation and free health care. The intervention engaged the direct management and training of specialised personnel: **510 paramedics and health workers, 480 drivers, 39 operators in the operations centre, 33 professionals in the logistical-technical field, 8 employees in management and administration, and 8 members of support staff**. The staff attend regular training updates.

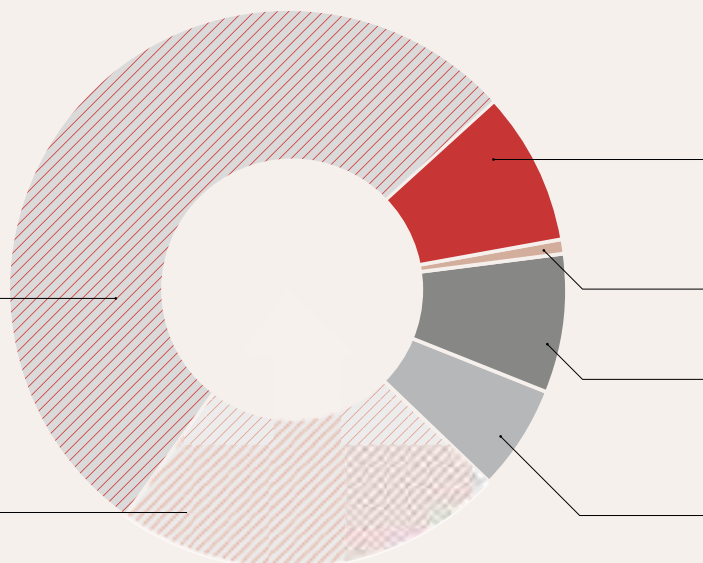
STAFF SERVING IN 2019



4,777
human resources

2,556
human resources under "extraordinary management" in South Sudan

1,078
human resources under "extraordinary management" in Sierra Leone



1,143
human resources involved in the projects, including:

851
qualified professionals including

417
African nationals

48
international Africans

386
international Europeans including 331 Italians

292
support staff

PROFILE, AGE, AND GENDER OF THE STAFF

In terms of our professionals' profile, it is significant that 86% of our doctors are international Europeans, and 76% of the non-medical health staff are nationals. These numbers show that **Doctors with Africa CUAMM gives priority to investing in national staff in terms of capacity building, while sending international staff to fill positions for which the African country still lacks available national professionals.**

In terms of gender, the international personnel involved in the projects is made up of 169 males and 217 females. Of these 386 staff members, 55 are in the under 30 age group; 224 are between age 30 and 50; and 107 are over 55.

Of the international African professionals, out of the 48 staff members involved in the projects, 24 are male and 24 female.

SELECTION AND TRAINING

After being selected, the personnel applying to cover a variety of work positions in Africa receive information and specific documents to prepare them for the job and the setting. Next, they are sent to CUAMM's offices (in Italy in the case of European internationals, and on site for African international and national staff) to complete their training.

Throughout the year, **100 pre-departure training days** were organised in Italy, as well as one week of training for young administrators.

After the training, **272 international European professionals** went to Africa to join the human resources already operating in the field.

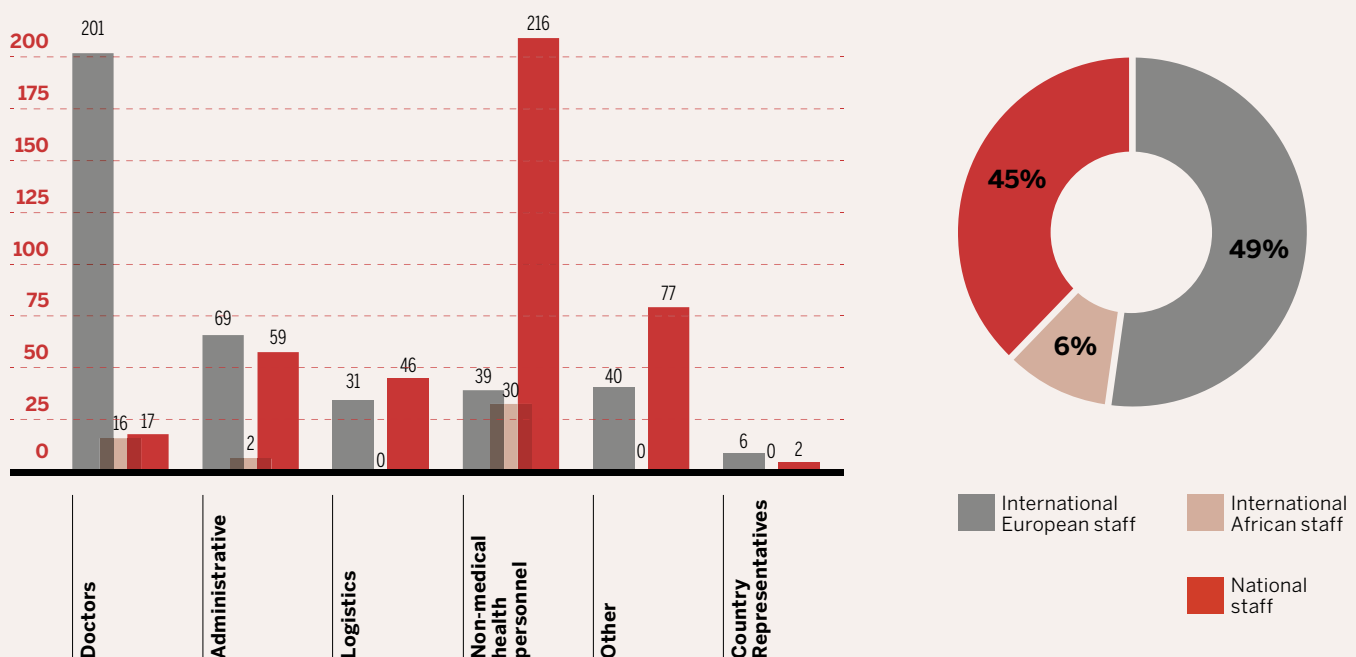
JUNIOR PROJECT OFFICER (JPO) INITIATIVE

The Junior Project Officer (JPO) initiative has now reached its 18th year. The project gives medical residents an opportunity for **theoretical and practical training in Africa**, supported by a specialist doctor who serves as a mentor. In its 17 years, 216 residents have come from universities throughout Italy, speaking to its ever-growing reputation. **In 2019 alone, 38 people participated.** Many completed their specialisation thesis in the field by contributing to CUAMM's operational research. Though the JPO initiative is the most structured, it is not the only example of in-the-field training for young people wishing to work in the field of international cooperation. In 2019, we sent another **20 young people with different backgrounds** to join our partners in the field for a training period with a view to future involvement in our projects. To find out more about opportunities for young people, see the "Education and Awareness Raising" section and visit our website www.mediciconlafrica.org.

ORTHOPAEDIC GROUP

The orthopaedic group, founded in 2002, brings together professional specialists (orthopaedists, physiotherapists, and nurses) who support ongoing projects with fundraising, technical support, and consultancy. In 2019, 2 missions by orthopaedists and one by a physiotherapist were carried out at the **St. Luke Hospital in Wolisso (Ethiopia)** – where there is an orthopaedist and 2 orthopaedic residents from the Saint Paul University of Addis Ababa – as well as 2 assessment missions by orthopaedists at the **Complex Hospitalier Universitaire Pédiatrique de Bangui (Central African Republic)** to organise future training missions. The group's president is Dr Luigi Conforti.

PROFESSIONAL PROFILE AND BACKGROUND OF QUALIFIED PERSONNEL



ITALY REPORT

FROM THE NORTH TO THE SOUTH OF ITALY, WE HAVE ORGANISED EVENTS AND TAKEN PART IN MEETINGS AND INITIATIVES TO CREATE NEW OPPORTUNITIES TO INFORM, INSPIRE, AND INVOLVE LARGE NUMBERS OF PEOPLE IN THE COMMITMENT THAT DRIVES US ON OUR JOURNEY WITH AFRICA.





EVENTS

In 2019, we put on 364 events in Italy (compared to 320 in 2018). This continuous growth **reflects our commitment to raising awareness especially through our groups, volunteers, friends and supporters throughout Italy.**

The **Annual Meeting** held in Florence on Saturday 9 November was our major event, with over 1,500 people gathering at the Teatro Verdi, who then took part in various offerings of guided tours around the city ('A stroll around Florence', Hospital of Innocents, Museo del Novecento, and Santa Maria Nuova Hospital).

Once again, this year's event was an important chance to take stock of what we have achieved with the help of so many, as well as an opportunity to engage institutions at the highest level and to place **Africa and its people at the centre of political agendas.**

After this special gathering, **a large number of events** were held in Tuscany **in preparation for the main event**, involving some of our illustrious friends including Agnese Pini, Paolo Rumiz, Giovanni Grasso, Mario Calabresi and Pietro Suber, whose participation helped to amplify our message and work.

SPECIAL PROJECTS IN ITALY

In Italy, too, CUAMM has focused its attention on supporting the most vulnerable groups through two initiatives. **Doctors with Africa CUAMM's Bari group Continued its "Mobile Clinics for Farm Workers" project in the province of Foggia.** During this fourth year of operation, more than 650 visits and over 300 HIV screenings were carried out. Since

the project began in September 2015, through to December 2019, 4,600 visits had been carried out.

In Veneto, thanks to the contribution of the Veneto Region, we implemented the "Train of Health" project, which was conducted in collaboration with 'Ferrovieri con l'Africa', several CUAMM Groups and many volunteers in the community: we provided 1,394 screenings and 1,082 free specialist consultations.

9 NOVEMBER
ANNUAL MEETING
FIRENZE

1,500
participants

100
volunteers

4
buses

1
train

4
guided tours



364

Events in 2019

192

North East

86

North West

30

in Emilia Romagna

37

Central Italy

19

South

NORTH EAST

14

main local events:

The Solidarity Train, the Global Health Festival, Lulù's Words, the Committee of Groups, a concert by the Nomadi, three events moderated by Francesco Jori on the cyclone crisis in Mozambique, an event for the 25th anniversary of Doctors with Africa CUAMM Trentino, three concerts by Summertime, Presentations at CUAMM: Pietro Grasso, Piero Badaloni.

55

testimonies from CUAMM doctors and workers.

NORTH WEST

14

main local events:

in Varese, at Insubria University, to talk about volunteering in Africa, in Ornavasso, an event to honour Teresa Saglio, a long-time CUAMM volunteer with her entire town; in Cremona, Castelleone and Rivolta d'Adda to talk about the devastation in Mozambique caused by the cyclone; a large gospel concert in Milan, a concert at the G. Verdi Conservatory in Milan, and the PFM in Varese; presentations of the book "Due Destini" in Bergamo, Rho, Albizzate, and many others; the story of Giovanni Dall'Oglio at the Pime centre in Milan, and a Christmas concert in Turin.

21

testimonies from CUAMM doctors and workers.

EMILIA ROMAGNA

7

main local events:

in Reggio Emilia, off-circuit participation in the European Photography festival with the "Sguardi Capovolti" exhibition in Modena, concerts by Matteo Davoli and Giovanni Caffagni, the Border Trio and DeSamistade; a conference on medical anthropology in Carpi, a retelling of the journey to South Sudan by Mons. Zuppi in Bologna; a play by the 'Piccolo teatro del sole' in Ferrara.

3

testimonies from CUAMM doctors and workers.

CENTRAL ITALY

1

national event:

Annual Meeting at the Teatro Verdi.

7

main local events in preparation for the Annual Meeting:

In Florence, a book presentation by Paolo Rumiz, Mario Calabresi and Pietro Grasso with Agnes Pini, an event in collaboration with the city of Florence and Caritas Firenze and the centre of Global Health of the Tuscany Region, in Pisa the event with Peter Suber, in Arezzo an event on the 10 objects to combat malnutrition and, lastly, an event with the Midwives' Association in Florence.

9

testimonies from CUAMM doctors and workers.

SOUTH

5

main local events:

a concert by the Maltesi in Bari, a concert by Vito Stano and Michele Brienza Quartet in Potenza, an event with the University, SISM and Fondazione Rachelina Ambrosini in Salerno, the "Crossing the River" exhibition in Matera.

2

testimonies from CUAMM doctors and workers.

NUMBERS AND IMAGES IN ITALY



17-19 MAY
COMMITTEE OF THE GROUPS IN LEVICO TERME (TRENTO)

90 participants
17 groups
4 training sessions



5-7 APRIL
GLOBAL HEALTH FESTIVAL PADUA

5 events organised by CUAMM
5,000 participants



18-19 DECEMBER
FUNDRAISING DINNER BARI

100 participants
 With Gigio Pisani and leading chefs at work



2-22 MAY
TRAIN OF HEALTH

195 volunteers involved including **74** doctors
68 volunteers from railway staff
1,394 screenings carried out
467 children involved in the laboratories

Stations of Venice, Padua, Rovigo, Bassano del Grappa, Treviso, Belluno, Portogruaro, Verona, Vicenza



14-15 DECEMBER
SUMMERTIME CONCERT PADUA

5,000 participants



21 SEPTEMBER
**PATHS AND
 STORIES OF
 VIRTUOUS
 COOPERATION
 IN TANZANIA**
 ORNAVASSO

50
 participants



8 OCTOBER
**LO STESSO
 FUTURO**
 PISA

150
 participants



14 APRIL
**SOUNDS
 OF MILAN
 CONSERVATORY**

1,100
 participants



13 APRIL
 22 JUNE
 14 DECEMBER
**FOOD & SOUND
 RIVOLTA
 D'ADDA**

60
 participants



14 SEPTEMBER
**LULÙ'S WORDS
 PADUA**

1,500
 participants

GROUPS SUPPORTING CUAMM

FIND THE SUPPORT GROUP NEAREST YOUR CITY



Doctors with Africa CUAMM's support groups are made up of friends who choose to bring together their energy and enthusiasm to make the voice of Africa heard throughout Italy. Among their many activities, there is a special commitment to supporting the organisation's awareness-raising initiatives and taking part in fundraising to support specific projects. The support and practical collaboration of around 3,900 people involved in our support groups are an incomparable resource for implementing Doctors with Africa CUAMM's activities across the various regions of Italy. In 2019, four new groups were then set up: **Doctors with Africa CUAMM Liguria, Doctors with Africa CUAMM Monza Brianza, Doctors with Africa CUAMM Padova Colli** and **'In moto con Africa'**, a group of travel-loving motorcyclists who support CUAMM's initiatives and projects. These new groups joined the others to make a total of 35 support groups. In May, the 3rd edition of the Committee of the Groups was held in Levico, near Trento: **a weekend of training, information and dialogue with a view towards mutual understanding among all the participants in groups.**

GROUPS IN 2019

Up-to-date information about our groups and activities can be found at www.mediciconlafrica.org

2019 SNAPSHOT

35
support groups

15
regions involved

3,900
volunteers and friends

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JOIN US!

Get in touch with the CUAMM nearest you, or contribute by setting up one yourself. Up-to-date information about our groups and activities can be found online at www.mediciconlafrica.org.

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

COMMUNICATION AND MEDIA RELATIONS

What we do at CUAMM translates into different forms of media, content and target audience, yet they all serve to bolster CUAMM's visibility in Italy, Africa, and worldwide.

The **publishing component** of our work has grown with the publication of **materials** in several languages to support our efforts. We continue to inform and engage with our **bimonthly èAfrica** publication and to publish scientific research in **Health and Development** (published in Italian and English), focusing on issues of cooperation and international health policy.

Digital and social communication plays an increasingly important role, letting us give regular updates about what we are doing in Africa and Italy through our websites in Italian, English, and Portuguese, by sending over 60 newsletters, and through the major **social media** platforms, where engagement is growing every month from the many people who follow us. For two years now, we have dedicated a communication component to the specific need to raise the **visibility of projects in the field**.

The **audio-video component** has been enhanced, and in 2019 was enriched with around thirty new productions, made in close partnership with the press office. These include the web series **"Non solo cibo. 10 oggetti contro la malnutrizione"** [Not just food, 10 objects to combat malnutrition], which was given major coverage in *Buone Notizie*, an insert of the *Corriere della Sera* newspaper dedicated to the third sector.

Over 3,200 pieces of journalism have been published in print and online, telling the world about our doctors' efforts in our ongoing projects in Africa.

Special attention has been given to the **Central African Republic**, with a feature by Michele Farina appearing in *Corriere della Sera*, and Paolo Lambruschi in *Avvenire*, as well as reports on Italian television (TV2000 and TG1 - Rai).

Accounts of Cyclone Idai in **Mozambique** were provided by Pietro Del Re in *Repubblica* and Emanuela Zuccalà in *Avvenire*.

There has also been a sharp focus on South Sudan, thanks to the participation in **"Con il Cuore" on Rai 1**, presented by Carlo Conti and Frati di Assisi, in June. **"Terra in vista. L'Africa spiegata a mio figlio"** is a 5-episode radio series, which aired in August, produced with **Radio 24**, together with Federico Taddia, Valentina Furlanetto and Cristina Carpinelli, thanks to the contribution of the AICS (Italian Agency for Development Cooperation).

In the spring, we focused on promoting "Mettiamoci in moto" [Let's get going]: a fundraising campaign created in collaboration with the heads of the **Gedi group** (*Mattino di Padova*, *Tribuna di Treviso*, *Nuova Venezia* and *Corriere delle Alpi*), which has seen large engagement from civil society in Italy's Veneto region.

The media partnership with Donna Moderna in the autumn made it possible to launch the #lostessofuturo awareness campaign. Collaboration continued with the **QN Group** and in particular with *La Nazione*, a local media partner for the Annual meeting, which has given ample coverage to our commitment in Africa and Italy.

Towards the end of the year, we were engaged in promoting a new **donation campaign** with a TV commercial broadcast on Tv2000 and on some local TV stations.

ONLINE



267,426

sessions per year on the Italian, English and Portuguese sites mediciconlafrica.org
+49,773 since 2018



31,855

subscribers to the "Voci dall'Africa" newsletter
+ 5,255 since 2018



37,559

Facebook fans
+6,399 since 2018



3,000

LinkedIn followers
+ 890 since 2018



4,100

Twitter followers
+ 500 since 2018



10,182

Instagram followers
+4,035 since 2018

22 Instagram pages
+ 6 since 2018



1,520

YouTube subscribers
+550 subscribers since 2018

80,535

views
+11,535 views since 2018

381

YouTube videos

TV AND RADIO

1

live for the Annual Meeting on **TV2000**

1

radio series on **Radio 24**

30

TV broadcasts on national and local stations

EDUCATION AND AWARENESS RAISING

A key part of our work for the right to health is through education and awareness raising. We believe that **engaging young people, doctors and health professionals** in development and cooperation issues can help create a fairer world and a more responsible use of the medical profession.

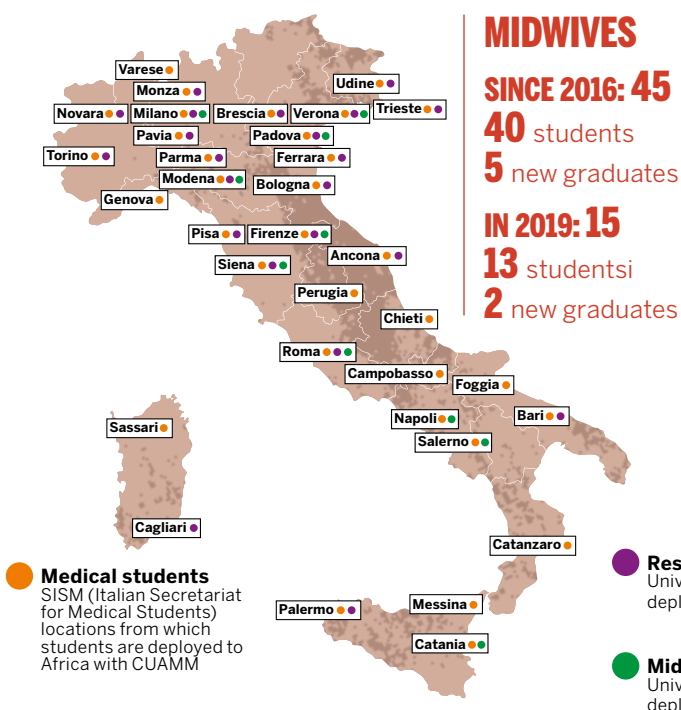
That's why every year, CUAMM organises **two residential training courses** at its Padua location: the 220-hour course is for residents and doctors from across Italy who want to learn more about health issues in developing countries – from public health, infectious diseases, gynaecology, to paediatrics – and prepare for the possibility of going to work in those countries. We also work with RIISG (Italian Network for Global Health Education), with the SISM (Italian Secretariat for Students in Medicine), with FederSpecializzandi and FNOMCeO (National Federation of Physicians, Surgeons and Dentists) to offer workshops, courses and conferences on issues of global health and health cooperation.

In December 2019, the **“Educating for Citizenship and Global Health” national project** was completed. Funded by the Italian Agency for Development Cooperation, it involved many partners, including: The National Institute of Health (ISS); Italian Secretariat for Medical Students (SISM); Federspecializzandi; ISDE-Italy Association; Italian Climate Network (ICN); Global Health Centre (CSG); Centre for International Cooperation (CCI); Pedro Arrupe Training Institute; and the Euro Mediterranean Institute-ISSR (IEM). The project aims to create and support training and public engagement processes in the field of global health by involving local entities (universities, training institutions, civil society organizations, and immigrant community associations) throughout Italy.

Another three-year project is also underway, funded by the Cariparo Foundation, providing additional training for young doctors, including with CME accreditation, often working with medical associations and hospitals throughout Italy. In 2019, around **400 health professionals** had already participated. Lastly, 2019 was also the year of the first edition of the **Global Health Festival**, which took place in Padua in April and was

attended by over 5,000 participants. Doctors with Africa CUAMM is a partner-organiser of the Festival and coordinated five events for awareness-raising and public engagement, and coordinated close to 200 volunteers throughout the event. We offer students and residents several **in-the-field training courses in Africa**. Working with SISM, we offer the opportunity to four medical students every month to spend an internship period either in Ethiopia or Tanzania to gain initial experience in international health cooperation. The **Junior Project Officer (JPO), launched in 2002**, is for medical residents. Working with CRUI – Conference of Deans of Italian Universities, we offer a period of field training lasting 6-12 months, which is recognised by the home university as part of the educational programme. **At the end of 2019, there were 327 students and 216 residents from 29 universities**. We work with FNOPO (**National Federation of Professional Midwives**), which has been funding a training program since 2017 for 10 undergraduate students from 10 universities, giving them the chance to spend a month in one of the hospitals where we operate. The project aims to introduce students to the main issues of health in Africa and gain clinical experience in organising and managing departments and patients in limited-resource settings.

Since 2018, we have also had an agreement with the **Association of the Profession of Interprovincial Obstetrics in Florence, Prato, Arezzo, Grosseto, Siena, Lucca, and Pistoia**, which gives a student from these Tuscan universities the same training opportunity as with the FNOPO. Thanks to the generosity of private donors, students and graduates of the Department of Health of Women and Children of the University of Padua have the chance to apply to two projects: the **Michele Mega Scholarship**, running from 2016 up until 2025 for two students for three months, and the **Irma Battistuzzi Degree Award** in collaboration with the Alumni Association of the University of Padua, running since 2018 for a new graduate for two months. And, since 2018, the **Rachelina Ambrosini Foundation** has been funding two scholarships a year for two graduates of the University of Salento.



INTERNATIONAL RELATIONS

International fundraising has been a mainstay of Doctors with Africa CUAMM's strategy in recent years, fostering new relationships and forging solid bonds between the organisation and other players in international cooperation. **In this scenario, there are more and more new players such as private foundations, some tied to private individuals and others to businesses with social responsibility goals.** We now have many partnership projects with international actors in all countries where Doctors with Africa CUAMM operates. These partners invest in development programmes, supporting or supplementing the more typical donors in international cooperation.

CHARITIES

The network of these partnerships reaches beyond Europe (Switzerland, Denmark, Spain, and the United Kingdom) to the United States and Canada, which is why we have established a **Doctors with Africa CUAMM UK** charity based in London and **Doctors with Africa CUAMM USA** (registered 501 c3 status) charity based in New York. CUAMM UK and CUAMM USA make it easier to network and work with local actors to stimulate commitment to our operational projects in the poorest countries of Sub-Saharan Africa.



1. "Crossing the river" exhibition on maternal mortality in Africa in collaboration with the Italian Society of King's College London
2. Audience with Pope Francis at the Vatican
3. Event on teen health at the United Nations General Assembly, New York

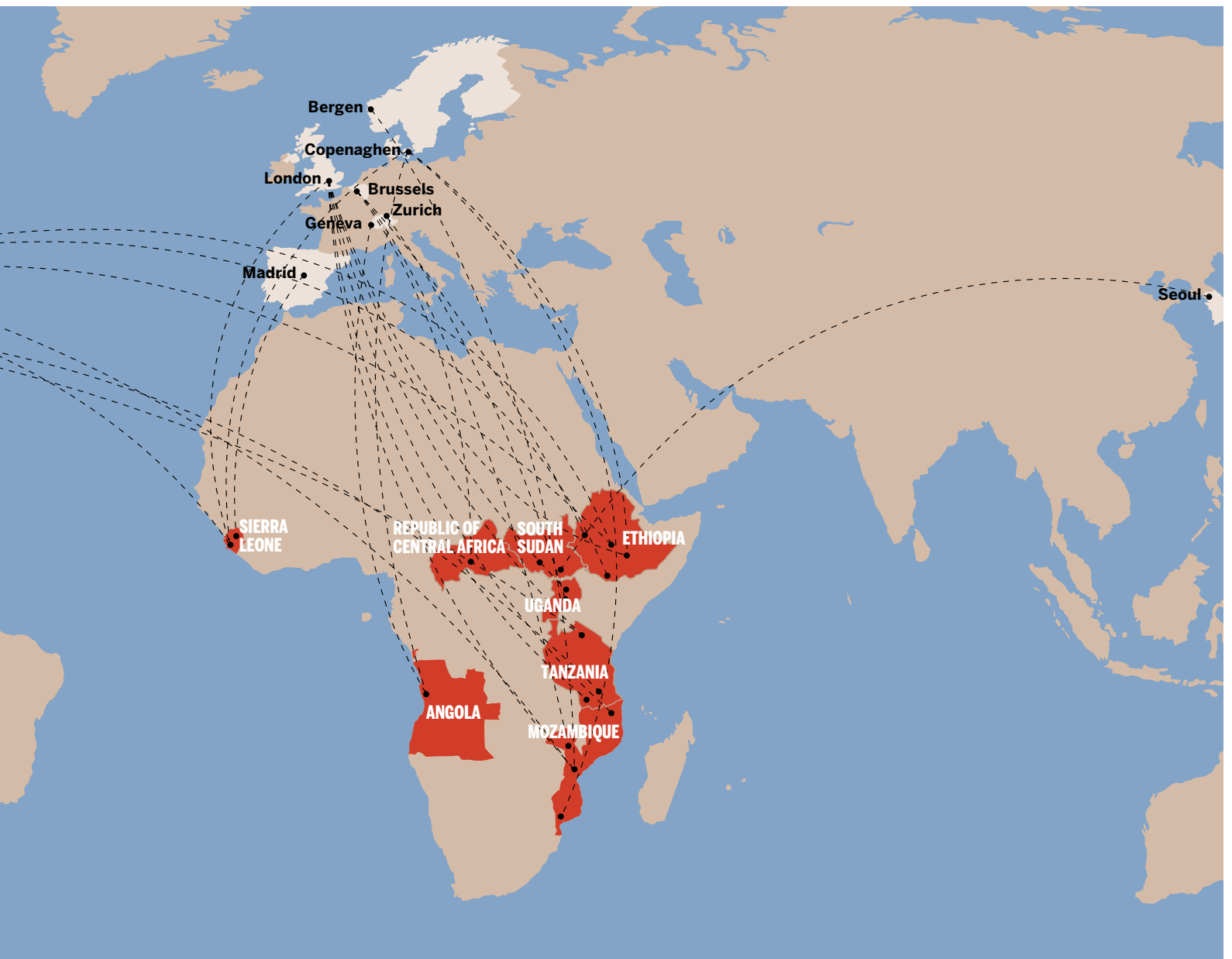
MEETINGS IN EUROPE AND BEYOND

The relations and partnerships that have been forged take the form of projects supporting CUAMM's strategies in the field. They are supported by meetings involving institutions, foundations, universities, professional associations, and private individuals.

They also tie in with the challenge set by CUAMM's strategic plan internationally and spread our message and impact globally.

For example, on **26 September 2019** Doctors with Africa CUAMM organised an event alongside the United Nations General Assembly in New York, on the health of adolescents and the importance of investing in this age group especially in developing countries.

On **26 November 2019**, we opened an exhibition on maternal mortality in Africa in collaboration with the Italian society of King's College London, which now works with CUAMM on various initiatives across London.



STRUCTURE AND STAFF

Doctors with Africa CUAMM is legally part of the “Opera San Francesco Saverio” foundation. Though it is a single foundation, it consists of three branches of activity:

- **FOUNDATION**
- **DOCTORS WITH AFRICA CUAMM NGO-NPO**
- **UNIVERSITY COLLEGE**

The Foundation is governed by a Board of Directors. The **Director of Doctors with Africa CUAMM NGO-NPO** is responsible for the organisation and management of all activities. He or she is appointed by the board of directors with a three-year, renewable term.

Country Representatives are the legal representatives in the country where they operate and have local planning and management duties.

The **Assembly** is made up of active members and aims to help develop strategic guidelines, operational plans and initiatives, and formulate instructions and proposals.

The **Coordination Committee for the solidarity groups** consists of five members, elected by the groups’ chairpersons, and is tasked with coordinating the activities of the groups and connecting them with those of the head office.

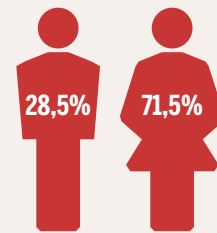
In 2019, there was a total of 66 students enrolled in the **College** (40 male and 26 female), of which 35 were in biology-health, 10 in engineering, 1 in law, 5 in psychology, 11 in humanities, 2 in economics and 2 in other fields.

STAFF SERVING IN 2019

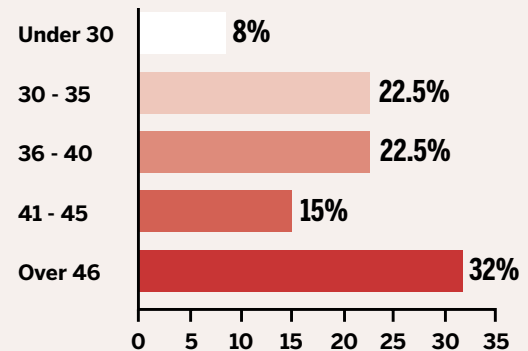
56
employees

16
men

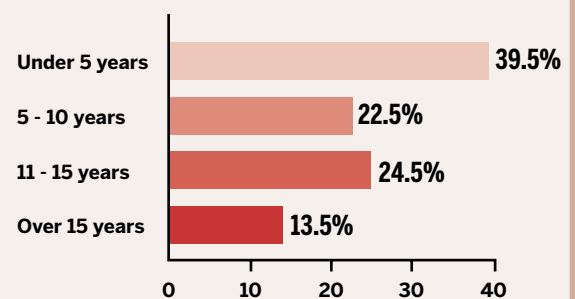
40
women



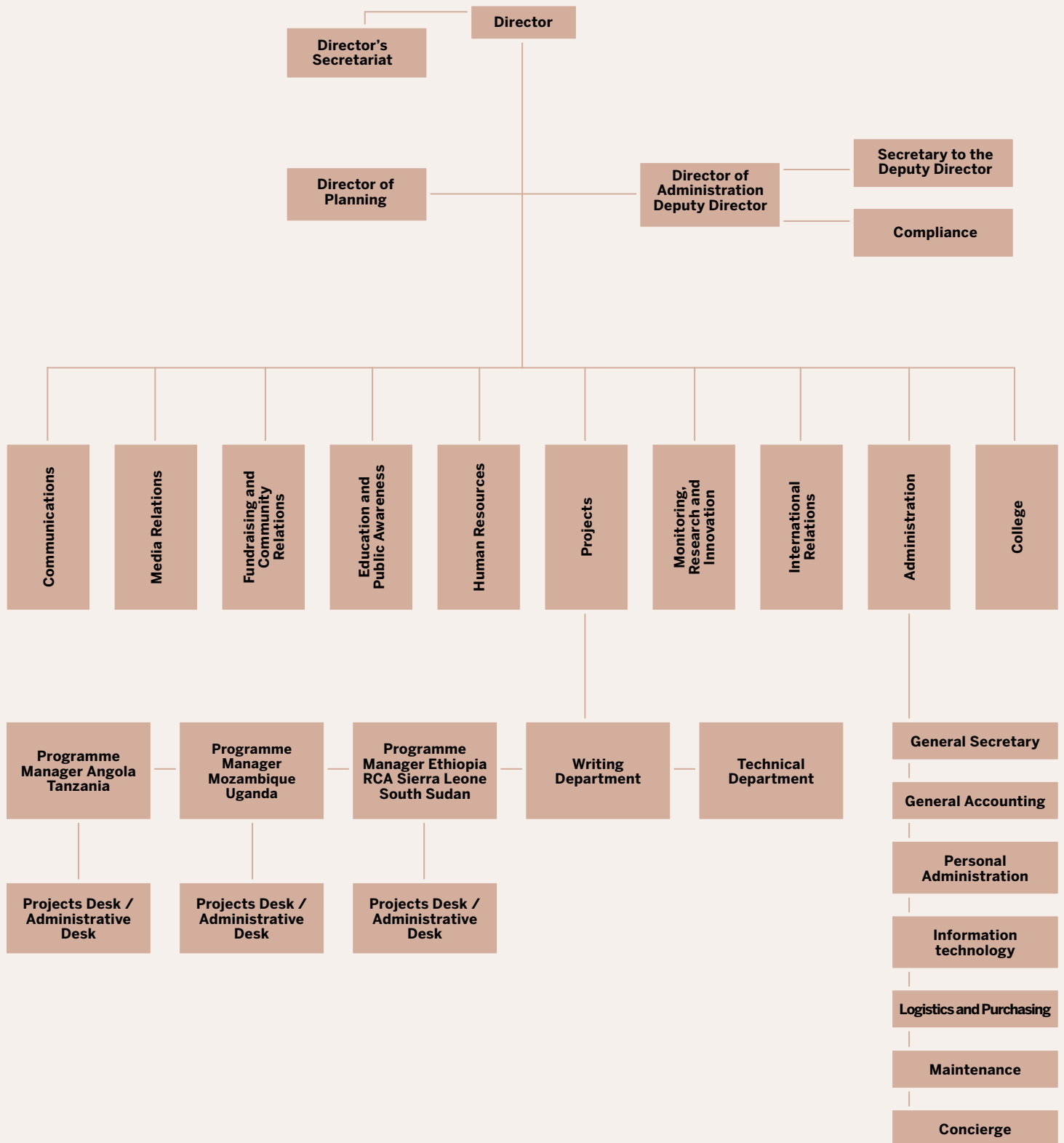
AGE RANGES



YEARS OF SERVICE



ORGANISATIONAL CHART





2019 BUDGET – SUMMARY

Structure Doctors with Africa CUAMM is legally part of the “Opera San Francesco Saverio” foundation. Despite having a single budget, it consists of three branches of activity: Foundation, NGO-NPO and University College.

OPERA SAN FRANCESCO SAVERIO

Financial statements at 31/12/2019

FINANCIAL STATEMENTS AT 31 DECEMBER 2019

ASSETS			
<i>(amounts in EUR)</i>			
	31/12/2019	31/12/2018	Change
(A) SHARE CAPITAL ISSUED AND NOT YET PAID			
Total share capital issued	0	0	0
(B) FIXED ASSETS			
Total intangible assets	23,633	26,808	-3,175
Total tangible assets	4,032,695	4,111,230	-78,535
Total financial assets	7,072,194	7,042,348	29,846
Total fixed assets	11,128,522	11,180,386	-51,864
(C) CURRENT ASSETS			
Inventories	0	0	0
Total receivables	39,936,620	35,460,928	4,475,692
Total financial assets	0	0	0
Total cash and cash equivalents	15,234,443	17,200,420	-1,965,977
Total current assets	55,171,063	52,661,348	2,509,715
(D) ACCRUED INCOME AND PREPAYMENTS			
Total accrued income and prepayments	5,307,155	5,636,920	-329,765
TOTAL ASSETS	71,606,740	69,478,654	2,128,086
LIABILITIES			
<i>(amounts in EUR)</i>			
	31/12/2019	31/12/2018	Change
(A) SHAREHOLDER EQUITY			
Total shareholder equity	14,411,456	14,208,979	202,477
(B) PROVISIONS FOR RISKS AND CHARGES			
Total provisions for risks and charges	2,768,995	2,052,288	716,707
(C) RESERVE FOR SEVERANCE INDEMNITIES	1,248,451	1,102,292	146,159
(D) PAYABLES			
Total payables	5,728,183	4,960,215	767,968
(E) ACCRUED EXPENSES AND DEFERRED INCOME			
Total accrued expenses and deferred income	47,449,655	47,154,880	294,775
TOTAL LIABILITIES	71,606,740	69,478,654	2,128,086

INCOME STATEMENT				
<i>(amounts in EUR)</i>				
		31/12/2019	31/12/2018	Change
(A)	OPERATING VALUE			
1	Contributions, offers and revenues from activities	42,763,643	36,046,028	6,717,615
2	Changes in inventory for in progress, semi-finished and finished products	0	0	0
3	Changes to contract work in progress	0	0	0
4	Increase in fixed assets for internal work	0	0	0
5	Other revenue and income	563,384	225,484	337,900
	Total operating value	43,327,027	36,271,512	7,055,515
(B)	OPERATING COSTS			
6	Costs for raw materials, supplies, consumables and goods	128,316	114,446	13,870
7	Costs for services	39,331,539	33,243,735	6,087,804
8	Costs for leased assets	62,282	86,208	-23,926
9	Staff costs	2,658,476	2,387,198	271,278
10	Depreciation and devaluation	506,751	178,637	328,114
11	Changes in inventories of raw materials, supplies, consumables and goods	0	0	0
12	Provisions for risks	408,232	0	408,232
13	Other provisions	0	13,558	-13,558
14	Other operating expenses	183,339	194,200	-10,861
	Total operating costs	43,278,935	36,217,982	7,060,953
	DIFFERENCE BETWEEN OPERATING VALUE AND COSTS	48,092	53,530	-5,438
(C)	FINANCIAL INCOME AND EXPENSES			
15	Income from investments	0	0	0
16	Other financial income	114,358	44,432	69,926
17	Interest and other financial expenses	166-	298-	132
17-bis	Foreign exchange gains and losses	7,485	5,953	1,532
	Total financial income and expenses	121,677	50,087	71,590
(D)	VALUATION ADJUSTMENTS TO FINANCIAL ASSETS			
18	Revaluations	0	0	0
19	Write-downs	0	0	0
	Total financial adjustments	0	0	0
	PROFIT OR LOSS BEFORE TAX	169,769	103,617	66,152
22	Income tax for the year	98,236	87,238	10,998
23	SURPLUS (DEFICIT) FOR THE YEAR	71,533	16,379	55,154

REPORT BY INDEPENDENT AUDITORS OF FINANCIAL STATEMENTS



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Piazza G. Zanellato, 5
35131 Padova

Report on the audit of the financial statements

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

Independent Auditor's report

Opinion

We have audited the financial statements of Fondazione "Opera San Francesco Saverio" - C.U.A.M.M. (the Company), which comprise the balance sheet as 12/31/2019, the income statement and the cash flow statement for the year then ended and the explanatory notes. Such Financial Statements, although not specifically required by law, has been prepared in accordance with the Italian Civil Code, except for non disclosing the cash flow statement.

In our opinion, the financial statements give a true and fair view of the financial position of the Company as at 12/31/2019, and of the result of its operations and its cash flows for the year then ended in accordance with the Italian regulations and accounting principles governing financial statements except for cash flow statement.

Basis of opinion

We conducted our audit in accordance with International Standards on Auditing (ISA Italia). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the audit of the Financial Statements section of this report. We are independent of the company in accordance with ethical requirements and standards applicable in Italy that are relevant to the audit of financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other matters

This report is not issue under any legal requirement, since for the year ended as December 31, 2019 the audit pursuant to article 2477 of the Italian Civil Code has been performed by a subject other than this audit firm.

Responsibilities of management and those charged with governance for the financial statements

Management is responsible for the preparation of financial statements that give a true and fair view in accordance with the Italian regulations and accounting principles governing financial statements and, within the limits of the law, for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Company or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Company's financial reporting process.

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

BDO Italia S.p.A. - Sede Legale: Viale Abruzzi, 94 - 20131 Milano - Capitale Sociale Euro 1.000.000 i.v.

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

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

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Pag. 1 di 2



Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Padova, June 25, 2020

BDO Italia S.p.A.

Stefano Bianchi
Partner

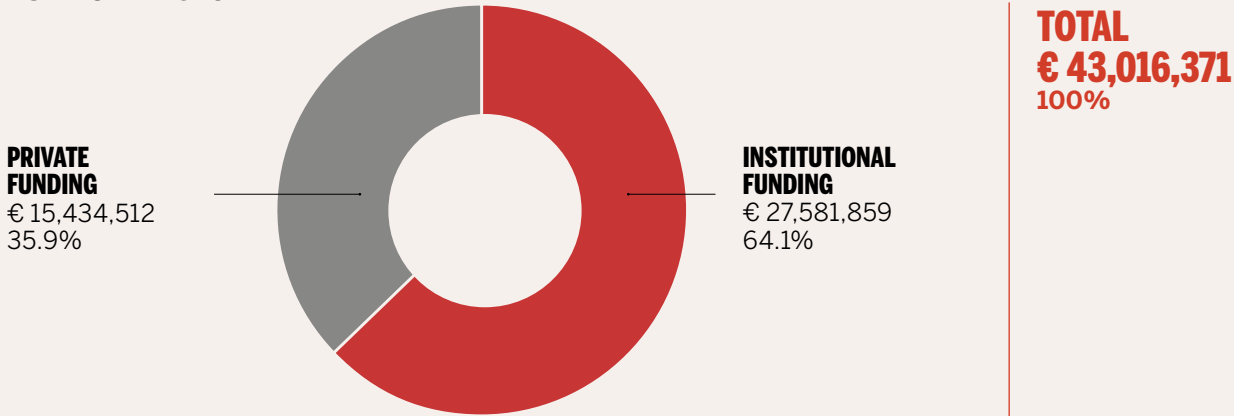
This report has been translated into English from the original, which was prepared in Italian and represents the only authentic copy, solely for the convenience of international readers.



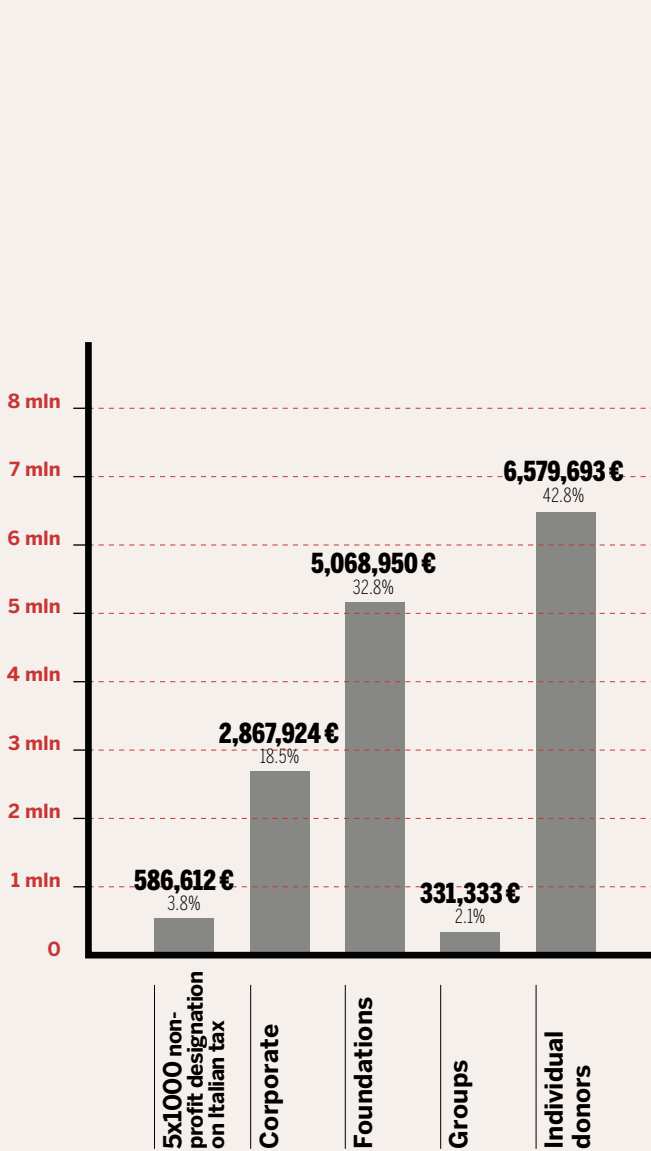
In 2019, Doctors with Africa CUAMM NGO-NPO's expenses totalled €42,670,888. Out of this, 91.6% (€39,073,300) was invested in prEventson, treatment and training projects in the countries where we operate. Operating costs account for 4.2%, and include the overall management of the organisation, staff, amortisation, financial expenses and

taxation. Communication, awareness raising, and fundraising costs accounted for 4.2%, which includes events organisation in Italy, publications, media relations, development education, donor engagement, new campaigns, and staff from the Communications, Community Relations and Fundraising departments.

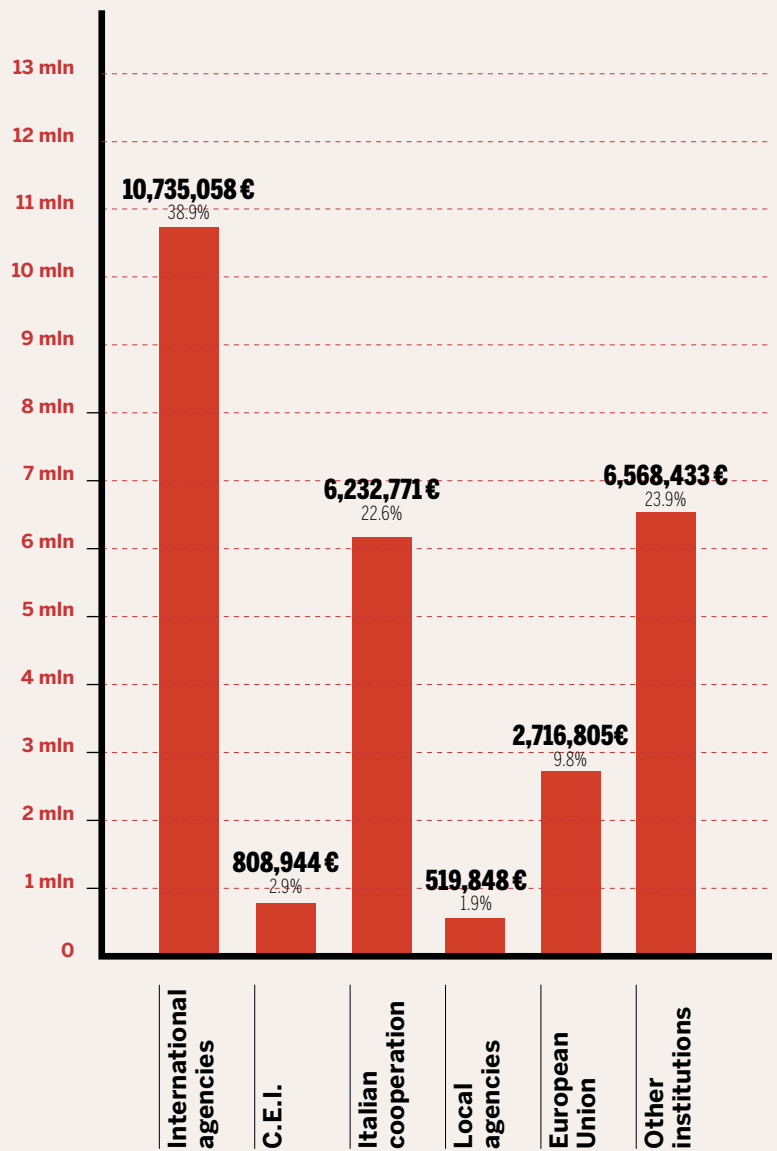
HOW WE RAISED FUNDS IN 2019



PRIVATE FUNDING



INSTITUTIONAL FUNDING



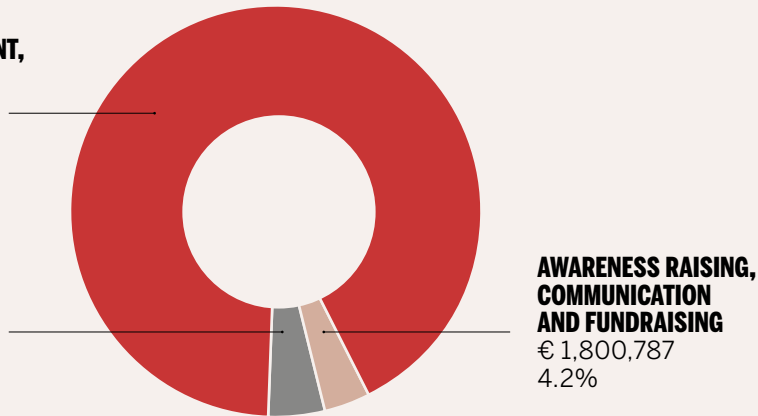
HOW WE USED THE FUNDS

PROJECT: TREATMENT, PREVENTION AND TRAINING

€ 39,073,300
91.6%

OPERATING COSTS

€ 1,796,801
4.2%



TOTAL
€ 42,670,888
100%

AWARENESS RAISING, COMMUNICATION AND FUNDRAISING

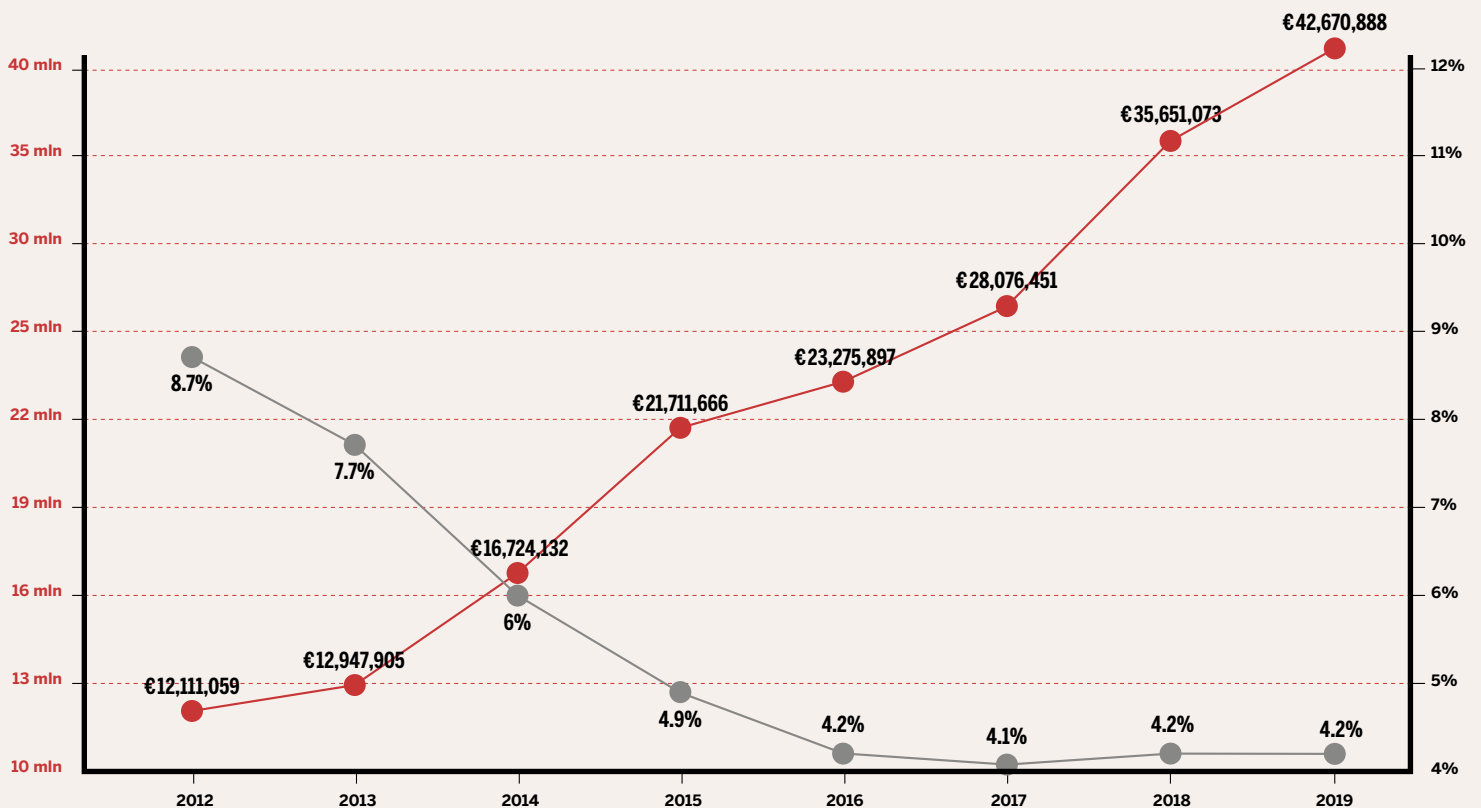
€ 1,800,787
4.2%

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

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

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

IMPACT OF OPERATIONAL COSTS ON BUDGET



The chart shows the trends for total costs and impact of operating costs for the period 2012–2019.

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

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

Associations, Groups and Organisations

A.C.L.I. Sezione Prov.le di Bergamo
Amici del cuore Alto Vicentino
Around Us Onlus
Associazione Amici dei bambini contagiati da HIV/ Aids-Onlus
Associazione di Volontariato e Solidarietà
Associazione Gruppi Insieme Si può Ong Onlus
Associazione Il Buongustaio
Associazione Marco Polo
Associazione Operazione Mato Grosso
Associazione Tumaini
Asvet - Associazione Veneto Tanzania
Conferenza Episcopale Italiana
Fipav Federazione Italiana Pallavolo
Fratelli della Basilica di San Francesco di Assisi
Gruppo di Appoggio Hospital di Matany - Onlus
Gruppo Missionario Noale
Il Graticolato Società Cooperativa A.r.l.
International Rescue Committee
Istituto Dimesse
Lunds Stift
Medici con l'Africa Como Onlus
Ordine dei Medici Chir. e Odont. Provincia di Padova
Parrocchia di Sant'anna in Piove di Sacco
Tecla Onlus
Tre Emme Trust Onlus
We Care Solar
Insieme per L'Africa Onlus
Ordine della Professione Ostetrica Interprov.le di Fi-Ar-Gr-Po-Si-Lu-Pt
Associazione Arianna
Women and Children First
Italyn Society King's College
London International Development Centre
Associazione AriaTeatro
Federazione Nazionale degli Ordini della Professione Ostetrica

Companies

Alì Spa
Cercato & Associati Srl
Cesare Regnoli e figlio Srl
Eureka Srl
Eurizon Capital Sgr
G.m.t. Spa
Grafica Veneta Spa
Idea Cinquanta Srl
Intesa Sanpaolo Spa
Laboratorio Chimico Farmaceutico A. Sella Srl
Marsilli Spa
Morellato Spa
Sede Axians Saiv
The Lighthouse Company Srl
Tva Vicenza
Mafin Srl
Viacqua Spa
Pedrollo Spa
Gruppo Ferrovie Dello Stato Trentino Veneto

Viiv Healthcare
Merck for Mothers
Msd Italy
Gilead Sciences
Becton and Dickinson
Rivit Spa
Medtronic
Dual Sanitary Spa

Fondazioni

Bristol - Myers Squibb Foundation
Chiesi Foundation
Elton John Aids Foundation
Fondazione Mons. Camillo Faresin Onlus
Fondazione Teatro Comunale Città di Vicenza
Fondazione Cariplo
Fondazione Cariverona
Fondazione Cassa di Risparmio di Firenze
Fondazione Cassa di Risparmio di Torino
Fondazione Compagnia San Paolo
Fondazione del Monte di Bologna e Ravenna
Fondazione Elena Trevisanato Onlus
Fondazione Flavio Filippini
Fondazione Giuseppe Maestri Onlus
Fondazione Happy Child
Fondazione Intesa Sanpaolo Onlus
Fondazione Madonna dell'Uliveto
Fondazione Maria Bonino
Fondazione Nando e Elsa Peretti
Fondazione Prima Spes
Fondazione Prosolidar
Fondazione Rachelina Ambrosini
Fondazione Rizzato Cerino-Canova
Fondazione Umano Progresso
Fondazione Un Raggio di Luce Onlus
Fondazione Zanetti Onlus
Manos Unidas
Parole di Lulù
The Elma Relief Foundation
The King Baudouin Foundation
Uk Charities Aid Foundation
Vitol Charitable Foundation
Fondazione Cassa di Risparmio di Forlì
Fondazione di Modena
Fondazione Cassa di Risparmio di Padova e Rovigo
Caritas Pro Vitae Charitable Trust
World Diabetes Foundation
Manos Unidas
Comic Relief
Children Investment Fund Foundation
Raskob Foundation
Health Villages
Good Shepherd International Foundation
Fondazione Cassa di Risparmio di Parma
Fondazione CastelPergine
Symphysis Foundation
Foundation Assistance

Internazionale
Fondazione Trevisanato

Istituzioni

Azienda Zero
Comune di Dueville
Intl Development Association
Ministero del Lavoro delle politiche sociali
Ministry Of Health & Sanitation - World Bank - Sierra Leone
Regione Puglia
Regione Veneto
World Health Organization
Caritas Treviso
Caritas Italiana
Diocesi di Padova
Diocesi di Vicenza
Centro Diocesano Missionario di Padova
Provincia di Padova
Comune di Padova
Centro Missionario Diocesano di Biella
Health Pooled Fund
Agenzia Italiana per la Cooperazione Allo Sviluppo
European Commission
Echo
Conferenza Episcopale Italiana
Government of Flanders
Unfpa
Unicef
Usaid
Wfp
Iom
Sshf
Dfid
Diocesi di Lund
Miur - Unipd
Ocha
Hospital pediatrico Bambino Gesù
Kofih Cooperazione Coreana
Regione Toscana - Aous Siena
Unaid
Global Fund
Embassy of Japan
Centro di La Salute Globale - Regione Toscana

We would also like to thank

Associazione Cuore di Maglia
Azienda agricola "di Rovasenda"
Laboratorio Missionario Amici di Don Bosco
Oratorio "Don Ottorino" di Ornavasso
Comune di Ornavasso
Croce Rossa Mondovì
Parrocchia "Gesù Nostra Speranza" - Cossato (BI)
Parrocchia dei "Santi Angeli Custodi" - Torino
Centre Culturel Abbé Trèves
Liceo Scientifico e Linguistico E. Bérard - Aosta
Squadra di football americano Vikings Cavallermaggiore
Associazione A l'è Mey
Comune di Bussoleno
Società Filarmonica di Bussoleno
Pro Loco Exilles
Accademia Corale Guido D'Arezzo

Centro Missionario Diocesano di Asti
Pro Loco Montechiaro
Uni Astiss - Polo Universitario
Ordine dei Medici Chirurghi e degli Odontoiatri della Provincia di Novara
Ordine dei Medici Chirurghi e degli Odontoiatri della Provincia di Savona
Associazione Savona nel cuore dell'Africa
Blu Sea Basket ASD
Masci Genova Città
Gruppo Agesci Genova 12
A.M.A. Associazione Abitanti Maddalena
Associazione Alumni dell'Università degli Studi di Padova
Kolver
Toninato di Rigato Claudia e C. Snc
Laboratorio Morselletto Srl
Autel Srl
Sport&Wellness Hotel Cristallo
CTT Nord Srl
CRIF Spa
Lando Sassetti Bomboniere
Libreria Pellegrini Srl - Testi universitari e professionali
Gli anni in tasca - libreria per ragazzi
Bistrot Di qua d'Arno
Spinning - FSPIN
Scuole Vanzo
Associazione Musicale Summertime
Unione Pastorale Arcella
Associazione CampagnaIta Insieme
Associazione dell'Amicizia
Associazione Amici di Banakutemba
Centro Servizi Volontariato Provinciale di Padova
Garden Cavinato
Comune di Oderzo
Comune di Masi
Comune di Sappada
Comune di Merlara
Comune di Auronzo di Cadore
PIME - Pontificio Istituto Missioni Estere
Comunità di Villapizzone
Museo Castiglioni di Varese
Uyba Volley Busto Arsizio
Università Bocconi
Conservatorio di Milano "Giuseppe Verdi"
BASE Milano
Comune di Arese
Coro Arese Vocal Ensemble
Università degli Studi di Milano-Bicocca
Università degli Studi di Milano
Humanitas University
Comune di Castelleone
Ordine Padri Oblati di Rho
Comune di Varese
Comune di Valmadrera
Coro San Giorgio
Cooperativa pensionati ed anziani trevigliesi
Comune di Crema
Avis Provinciale di Varese
Comune di Treviolo

Comune di Milano
ASST di Bergamo Ovest
ASST Rhodense
Associazione Il Ponte
Gruppo volontari "Quelli del mercatino" di Inzago
Scuola San Carlo e San Michele di Rho
Marsh Spa
I.S.E.R. Srl Industria serica
La Scala
Società nazionale di mutuo soccorso Cesare Pozzo
A.C.L.I. Rivolta d'Adda
Associazione Volontari Croce Verde Castelleone
Associazione Madre Teresa di Calcutta Onlus
Società Italiana Farmacologia - sezione Giampaolo Velo
Istituto degli Innocenti
Hospital Santa Maria Nuova
Caritas Diocesana di Firenze
R.F. Kennedy Foundation
"4 passi per Firenze"
Comune di Firenze
Teatro Verdi di Firenze/
Fondazione Ort
Globe SRL
Noki Med
Gima
TargetDue
Caritas del Nord Est
Dimensione20
Ordini dei Medici Chirurghi e degli Odontoiatri del Veneto
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Soluzioni - Allestimenti e Arredi
SanMarco Informatica
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Azienda Ulss 1 Dolomiti
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Azienda Ulss 6 Euganea
Azienda Ulss 7 Pedemontana
Azienda Ulss 8 Berica
Azienda Ulss 9 Scaligera
Direzione Prevenzione Sicurezza alimentare e veterinaria - Regione del Veneto

We would also like to thank the many Parishes and Associations which – along with the over 3,900 volunteers who are part of CUJAMM's groups – give a voice to Africa and our mission.

A special thanks goes to the Districts and individual Rotary Clubs, the Lions Clubs, Soroptimist International, and to Inner Wheel for their support with our awareness raising and communications.

THE JOURNEY CONTINUES. HELP US ON THE WAY!

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

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

Join in and help!

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



**DOCTORS
WITH AFRICA**
CUAMM

www.doctorswithafrica.org
postal bank account
17101353

You can contribute to:

Post office account N.
N. 17101353 to the order of:
Doctors with Africa CUAMM
Via San Francesco, 126
35121 Padova

Bank transfer

Bank transfer to
Banca Popolare Etica, Padua
IBAN: IT32C0501812101000011078904

Ongoing donation

Adopt a mother and her child for the first 1,000 days. It only costs €6 per month. www.doctorswithafrica.org/en/where-we-work/the-first-1000-days-for-mothers-and-children/

"5 per mille"

Donate your '5x1000' to Doctors with Africa CUAMM by entering tax code 00677540288 in your income declaration

Bequests

A bequest in the form of money or property will be a lasting special sign of your support of the African people with whom we work

Solidarity products

Wedding gifts, colorful t-shirts, books, cups, cotton bags, and many other items to choose for yourself or give as gifts to share your support for us with your friends and relatives

Businesses with Africa

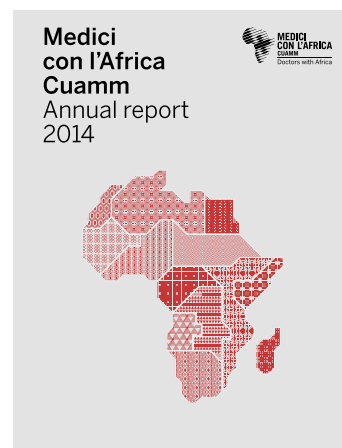
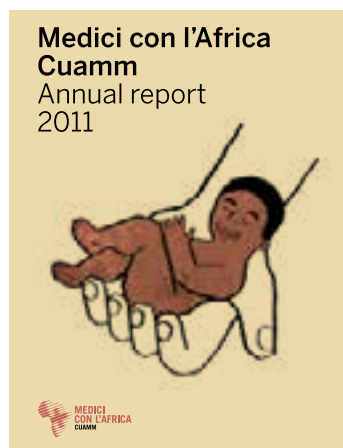
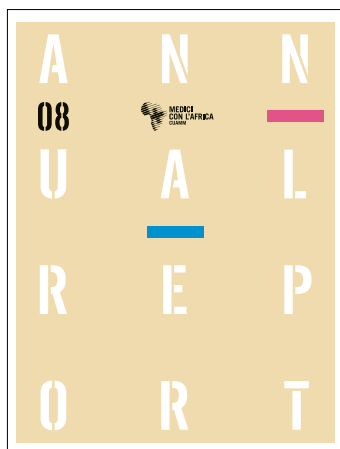
Customizable gifts, calendars, and cards: your business can choose to make a (great) small gesture to give your employees, customers, or suppliers a gift of hope for many African mothers and children

Online donations

Go to www.doctorswithafrica.org/en/donate/ to make a donation online and find all the up-to-date information on what we are doing



OUR COMMITMENT TO ACCOUNTABILITY, YEAR AFTER YEAR.



**AFRICA DOES NOT
NEED HEROES;
IT NEEDS
EVERYDAY
PEOPLE WHO
ARE ADAMANT
ABOUT DOING
THEIR DUTY AND
DOING IT WELL.
EVERY YEAR.**

8 COUNTRIES
23 HOSPITALS
855 HEALTH FACILITIES
4,777 HUMAN RESOURCES

201,119 ATTENDED BIRTHS
539,672 PRE- AND POST-NATAL VISITS
33,393 TRANSFERS FOR OBSTETRIC
EMERGENCIES AND BIRTHS
7,211 CHILDREN TREATED FOR ACUTE
MALNUTRITION
2,711,257 PATIENTS TREATED

4,831 HEALTH WORKERS TRAINED
31 SCIENTIFIC RESEARCH
PUBLICATIONS



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