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BURUNDI • ETHIOPIA • KENYA • SOMALIA • SOUTH SUDAN • UGANDA • ITALY

The humanitarian situation in the Horn of Africa Old emergencies and new needs

Editorial by MARILENA BERTINI - CCM President

For those who live in Europe and especially in Italy it is **destabilizing** to realize how fast things change in Africa. The reality is extremely dynamic and often unpredictable and it heavily impinges on individual lives and on the community. Daily we face the **direct consequences made up of landings and of people** with no projects, bonds or information suitable to live and fit in the new country. Many are the reasons for migration. In this issue we ask some experts to help us understand them better.

Of course there are many critical points in the countries where we work. From **Burundi**, a small overpopulated country devastated by a civil war lasted from 1994 to 2003, people escape from a repressive regimen. From **Ethiopia** people runs from **internal tension** and economic crisis; the government has chas-

tening policies towards groups like the Oromos who represent one third of the population and are very poor. Inequalities between rich and poor parallel the increase of the GDP (+10% a year) and cause growing tension. Also in **Kenya** GDP and inequalities are increasing, whereas on the coast El Shabaab organizes **frequent terroristic attacks**; the situation can quickly explode and safety is very poor especially in big cities. **South Sudan** is devastated by a war arising from hatred between the two leaders Salva Kiir and Riek Machar and overwhelmed by famine and epidemics. In **Somalia** the situation is very tense and the recent attacks by El Shabaab are endangering the peace-making among the different clans. In general there are severe effects on health, as shown by the analysis by Micol Fascendini.

With obstinate hope we remain in the Horn of Africa, near our friends, bringing the best possible health service to the poorest areas of those country, so rich of traditions, history and culture.

We believe that the **international interventions** in the countries where migrants come from or pass by are of paramount importance to favour development and reduce inequalities. But we also respect the right to migrate looking for better places, opportunities and life style.

Also in Italy we continue our commitment to **information** and **awareness**, convinced that knowledge is the basis for integration. We will go on supporting far-reaching policies to grant the safeguard, respect and promotion of people's rights, first of all the right to health.

Data helping us understand The complex universe of migrations

by ESTER SALIS - Researcher of the International and European Forum of Research on Immigration - FIERI

In the study and management of migration we distinguish two kinds: **forced migration** caused by political, ethnic or religious persecutions, and **voluntary migration** due, among other causes, to economic or familial reasons or to study. The first immigrants are called “refugees” and the second “economic immigrants”.

This **interpretation** corresponds to **juridical and normative** categories, that attribute different status and rights to the two types of **immigrants**. The modern **international law on asylum**, based on the Conference of Geneva in 1951, decreed that the states be obliged to offer **shelter and rights to refugees** (the forced immigrants) whereas such obligation could not (and would not) be extended to other categories.

The present scenario makes difficult to distinguish clearly and univocally between refugees and economic immigrants. The **migratory crisis** we are facing consists of migration with reasons, profiles of the individuals, paths followed and travel experiences that are “**mixed**”.

Some recent studies contributed to a deeper analysis of the phenomenon. An example is the **MEDMIG project -Unraveling the Migration Crisis in the Mediterranean**, carried out in 2015 by the Universities of Coventry and Birmingham together with the FIERI Institute in Italy. The project focused on the **origin** of departures, on the travelling routes and on the **aspirations** of the people arrived in Europe.

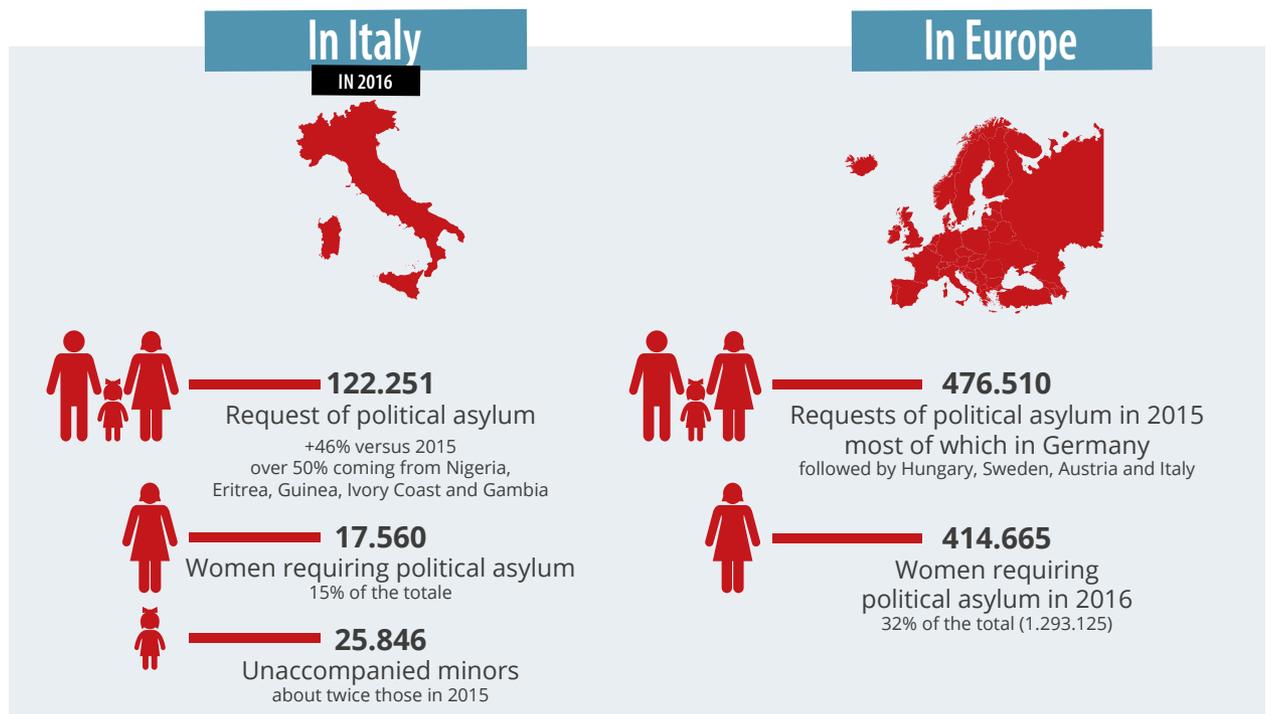
About **66%** of the people interviewed in Italy reported reasons consistent with **forced migration**, whereas **34%** declared they left their country looking for **work and better quality of life**. Often the **two motivations are intertwined**.

The **profiles** of the migrants may **change during the travel**. Over one third of those interviewed spent about seven months in Libya before leaving for Italy. Therefore who decided to migrate looking for a better job could have to flee from the first landing country out of violence. Conversely who escaped searching asylum may decide to trav-

el on because the first safe place does not offer enough jobs and food. For example many refugees from Eritrea or Somalia, once arrived in camps in Sudan or Kenya, try to go to Europe looking for better life conditions.

Only a minority of immigrants arriving in Italy meant to stay here as their final destination. Of the interviewees 37% claimed their goal was Europe in general, 36% tried to settle down in Libya and 27% had no clear ideas from the beginning.

Who remains in Italy can only wait for the results of the **asylum lottery**, the only possible channel for a legal acknowledgment in our country. The rate of accepted requests dropped from 61% in 2014 to less than 40% in 2016, evidencing the **difficult political sustainability** of massive immigration in the present **troubled situation**.





Emergency Horn of Africa A reason to migrate

by MICOL FASCENDINI - Physician and CCM Health Advisor

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The Horn of Africa appears to be in very difficult times. **Natural events** and **socio-political crises** are striking a population already experiencing fragile life and health conditions.

Drought is diffuse; it spreads over borders and gets more and more severe. The situation is very critical in South **Ethiopia**, in North **Kenya** and on the Kenyan coast, throughout Somalia, in the South-East of **South Sudan** and in the North-East of **Uganda**. In the last years the episodes of drought got more frequent and severe, also due to desertification, environmental degradation and climate changes.

Life conditions are becoming alarming, a growing number of families cannot follow a balanced diet, and often **they are even starving**. The family production of milk and meat is scanty and the cost of dairy product is rising. In some regions of **Somalia** the cost of **milk** has **increased by 40%**; this means that many families cannot afford it and malnourishment increases in such areas. UNICEF reports

that in Somalia 1.4 million children risk **severe malnutrition**. The latest data of the United Nations report that in **South Sudan** almost **6 million people** (half the total population) risk insufficient nutrition, an event never occurred before.

Severe drought characterizes the entire region, affecting similar ecosystems and local mechanisms of subsistence. A **mass migration** crosses the Horn of Africa; families and livestock move in search of water and pastures. Their scarcity cause conflicts among different clans of single areas and among different areas. Beside the shepherds, other people are moving: women, men and children in South Sudan leave their houses fleeing from the war, the collapsing economy and the famine. Somali shepherds and families are increasingly moving for **several reasons**: first of all drought but also non-receding violence in the country.

Besides drought, hunger and war there are diseases leading to never-ending **epidemics**. Since the beginning of the year there have been over 53,000 cases

of **cholera** in Somalia and over 37,400 in Ethiopia with more than 1,600 deaths. The most affected are children, as they are more prone to infections, more exposed to contagion and already weak out of malnourishment. Cholera has also spread to **South Sudan**; since the outbreak in June 2017 there have been 11,000 cases and 180 deaths. The scarcity of water and sanitation is the cause of the outbreak that could worsen in the approaching rain season and become more and more regional. The access to health services, still inadequate and insufficient, becomes even more critical during war, with damaged facilities, limited movement and logistic difficulties of humanitarian agencies.

It is impossible to stop women, men and children from leaving their houses and migrate in search of "better pastures", as people compelled to flee often say. But to reduce migration we must think of development programmes acting on the **causes of migration** and building a more equitable and righteous world.

Interview to Francesca De Marco, CCM Project Manager in Tonj

The situation in South Sudan

by ALBERTO BRILLI - CCM Communication Office

According to the UNHCR **Syria, Nigeria** and **Eritrea** are the most represented countries among migrants arriving at our coastline. But, if fleeing from wars is one of the major factors inducing migration there is **a great absent** in this list, **South Sudan**.

Also there since December 2013 when the civil war burst out desperate life conditions obliged almost **2 million people** to leave the country. South Sudanese refugees have not yet reached the **North-ern migratory routes** and ended up in the closer Uganda, Ethiopia, Kenya, Congo and Sudan. We asked Francesca De Marco for an update on the situation of the country in general and on the area of Tonj East in particular.

Sanitary emergencies are not new in South Sudan. Can you tell us the main changes, if any, versus some years ago?

I began my job in the humanitarian sector working on education. It was somewhat frustrating, nothing seemed to change. When I started my collaboration with CCM in 2015 I thought the health sector would

be different. At first I was disappointed but later I understood that **changes cannot be seen** or touched or measured in the short term. **Yet they occur.**

The greatest impact regards the access to health services. **The mentality is changing;** people understand the need to reach health centres and hospitals to receive health care, not only for emergencies. I can say that in Tony CCM really contributed to create confidence and trust in health services and staff. It is a great change, a great conquest!

In the area of Tonj East cholera has just broken out. How is CCM responding to this emergency?

Time is critical in these cases. CCM with the Health Ministry, the community of Tonj East and other partners has succeeded in intervening timely and efficiently to grant an adequate management of the situation.

Cases rapidly multiplied: at the end of June there were **1134 affected** and

about **30 dead people**. In few days we succeeded in summoning qualified staff, medications, vehicles to transport patients, isolation tents and more. We started four treatment centres and organized different trainings to get optimal skills and resources in case of emergency.

Malnutrition is an emergency covered by our media. They pay special attention to its effects and the amount of victims, but they often disregard the causes. What can you tell us about it?

Malnutrition is a **cultural** problem; it is not even considered a disease. The population of Tonj is mostly constituted by shepherds; each family or clan has cows, goats and hens. However livestock is considered a commodity and not food.

The diet lacks animal proteins and is made by sorghum, corn, peanuts and milk. Crops depend on the rain and **subsistence is not granted**. Despite a high agricultural potential South Sudan has no structures, capacities and often the will to change things.

STORIES FROM OUR WORK

CCM has been working in South Sudan **since 1983**. Due to the latest emergencies of the country, we have faced with new challenges which we try to take on with the usual care, training and support of the local health workers.

On our website www.sostieni.ccm-italia.org you can find the latest stories of the people we assisted!



La fame in Sud Sudan può essere vinta. Anche con le parole

22 June 2017

SOUTH SUDAN | Tonj East | Emergency



Una storia per comprendere gli elementi dell'emergenza

26 June 2017

SOUTH SUDAN | Stabilization Centre
Tonj's Hospital | Malnutrition's Emergency

The open wounds in South Sudan

Three years after his last travel into the country photographer and reporter **FB** goes back to the places where he left hopeful people confident about their new nation. Their **hopes** were just **illusions**. He spent some days with **our staff**. Although prepared to see troubles he found a context **worse than any expectation**.

His report was published on line in **La Stampa**, read more on our website: www.ccm-italia.org



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Welcome policies and procedures in Italy and Europe

How to answer the migratory phenomenon

by **LORENZO TRUCCO** - lawyer and president of the association for juridical studies on migration

The present juridical situation in Italy about the complex problem of immigration is **very poor**, full of **barriers** and hurdles, often insurmountable. Starting from **entrance for working reason**. According to (D.lgs. 286/98), the only possibility is represented by "Decreto Flussi" that considers a quote of entrance for working reasons based on **remote call**. The employer is in Italy whereas the worker is in his country of origin. It is a **hypocritical and muddled system**, it does not work and it has been abandoned in the last years. Presently this main channel cannot be used.

It must be remarked that the juridical position of foreign citizens with a **residency permit** is anyway **precarious**, as strictly linked to a working activity. If the individual loses his job his permit **lasts one more year**; if he does not find another job he can be expelled. The following jurisdiction decreases possible defenses: if the permit is not renewed due to loss of a job, it is possible to appeal to **Tribunale Amministrativo Regionale (TAR)** In the meantime the individual

receives an **expulsion notice** that implies appeal to the Judge of peace. The action develops with different times and modes, before **two different judges** with obvious negative consequences on the effectiveness of defense.

At to the **procedures about international protection** the elaboration of the system of human rights is probably the true and only European richness, but it has always been difficult to apply. The tragedy of deaths in the Mediterranean and the intolerable block by several European countries deny the great conventions elaborated since the **Geneva Convention in 1951**.

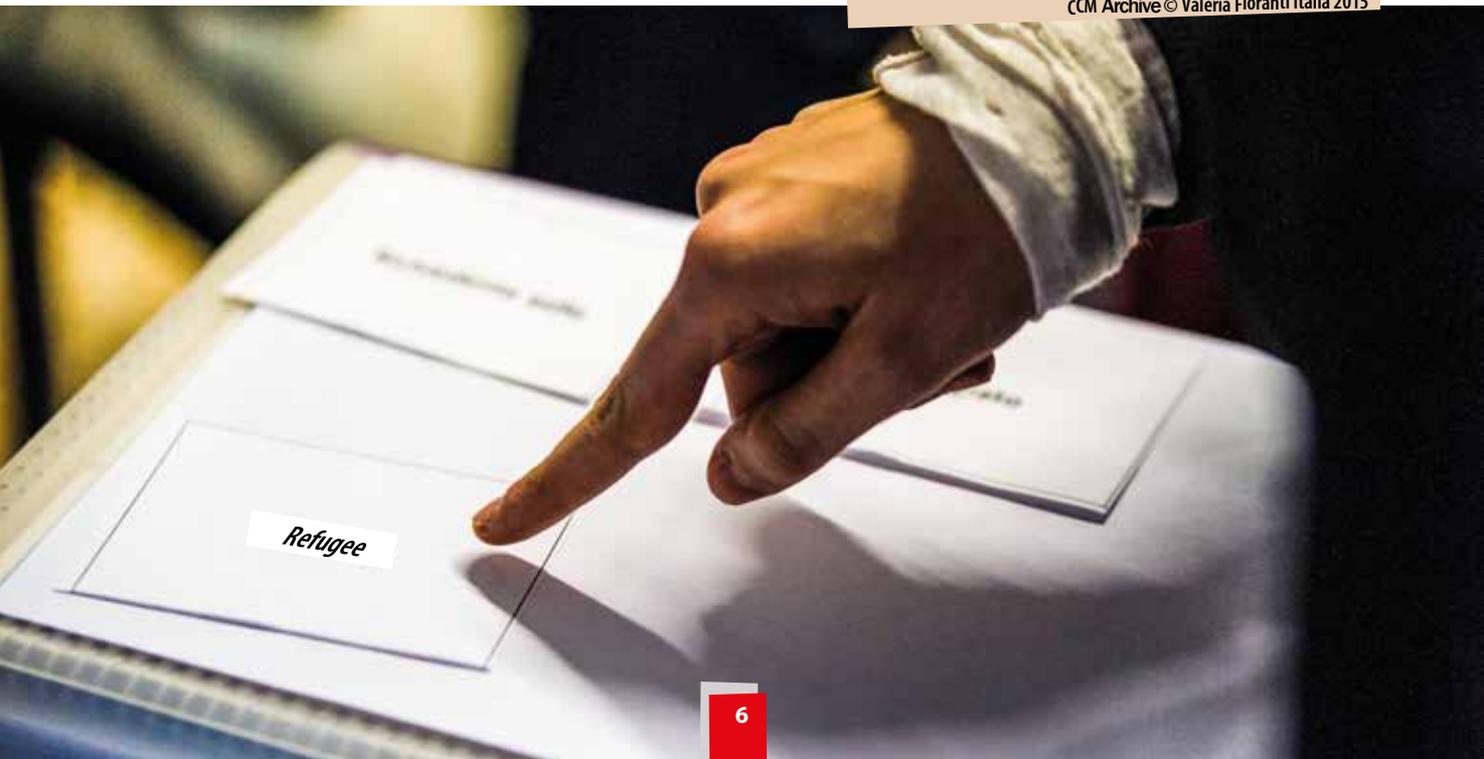
A new attack and a terrible blow to human rights is represented by the **proposal of a radical change** of the asylum regulation by the European Commission. In fact the proposal includes the **compulsory introduction of the principles of the "third safe country"**, of the "safe country of origin" and of the "country of first asylum". The requests coming from those countries will not be taken into

consideration or will be expedited so that those people won't access the protection system.

If **Niger** should be considered "**safe transit country**", given the agreement between Europe and Turkey stopping Syrian refugees in Erdogan's country **the applications of people fleeing from sub-Saharan countries would be rejected** and the people repatriated. It's the policy of "outsourcing" asylum applications meant to complicate the access to protection procedures and the very access to Europe. Another example is the agreement between Italy and Libya, that hasn't even a central government qualifying it as a state.

Eventually, good news. In the civil society a **reaction** is growing, come from people who understand the injustice of what is happening and propose **initiatives of solidarity and integration**. Those positive actions must be supported to prevent the crippling of the fundamental values of our Constitution and of the EU treaties.

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Barriers to tear down

Them and us: reciprocal knowledge, trust and understanding

by ALESSIA MONTANARI - CCM Programme Manager Italy

Did you ever happen to need health care abroad? In a country with a different health system? If yes, you probably **felt lost**, you wondered if you could trust it, if you would find somebody understanding you and helping you. Those are the **fears and doubts** most immigrants experience coming from settings completely different from Italy. They do not know what services exist and can be used; they never met doctors comparable to our general practitioners; choices we deem obvious like check-ups during pregnancy or childbirth in hospital are perceived as medicalization of an ordinary life event. Trying to **understand**

the viewpoint of foreigners in Italy CCM developed **education paths** for immigrants. There, our staff and volunteers give information on the health system and on available services, on most common diseases and how to prevent them through life style, care of oneself, of others and the environment.

To favour a trustful **doctor-patient relationship** and reciprocal understanding we offer **education to health professionals** and medical and nursing students. The scope is to stimulate them and to develop communication skills to create a **multicultural setting** devoid of stereo-

types but acknowledging uniqueness of each individual.

We know it is not enough. Often health conditions do not depend on individual choices but on external factors among which income, living or environmental conditions, social settings, education and more. To act on those factors - the determinants of health - policies aimed to **reduce inequalities** are needed. That's why CCM is engaged in advocacy actions with the institutions, so that health in Piedmont and in Italy become a priority **in any intervention**.

WHO REJECTS MUST FEEL REJECTED. THREE QUESTIONS TO CORRADO LAURO

About two months ago Corrado Lauro, a physician from Cuneo and friend of CCM, wanted to answer those who wrote, " we do not want negroes" by inviting the ones who share that racist position to look for another doctor.

With the hindsight got from two months of attacks, suing and appeals to Hippocrates, would you write that invitation again?

The reason why I wrote that post are still valid, of course I would write it again. I could just detail my position better: I am not so much against the refusal to welcome immigrants, though it's a refusal I do not share, but against the racism in the sheet, which is unacceptable.

What do you think of the debate triggered by your post?

In a society like our, affected by media overdose, a declaration of principle on a social network is worth more than years of fights of my colleagues of CCM or similar associations. So, unwillingly, I have become an expert of immigration both for my supporters and for my detractors. I feel it is a usurped title.

Massimo Gramellini called you an idealistic doctor. What was the basic idea of your provocation?

There is a tolerance limit to xenophobic/racist or generally misanthropic expressions. As public workers constantly under limelight we have the responsibility to refuse the hatred contained in those expression. If who rejects feels rejected (even if within a provocation on a social network) he might at least reflect on the matter. And perhaps be more critical towards himself.





Where what when...

**23rd-24th September,
Alpignano (TO)**

WEEK-END FOR CCM VOLUNTEERS

Two days dedicated to volunteers at Cascina Govean. We will talk of the meaning of volunteering and we will offer a workshop on health education.

Info and registration:
erika.larcher@ccm-italia.org
Tel. 011 6602793

**Thursday 14th September,
Caluso (TO)**

1ST RUN FOR THE GRAPES FESTIVAL

The Needle group organizes a race walk within the 17th ...including running and non competitive walking.

Info and registration:
Tel. 340.4091958 (Ferdinando)
or 3461559923 (Matteo).

**7 th, 8th and 10th November
in Ivrea, Torino and Alba**
SCIENTIFIC MEETINGS

This year the theme will be the vaccination campaign. Arguments, scientific truth and influence of the media will be examined and discussed by the participating experts.

Info:
formazione@ccm-italia.org
or 011 66 02 793.

Stories of women

It is the photographic contest supporting the project Boresha Maisha - improve life.
Discover the rules on our website and participate on www.sostieni.ccm-italia.org

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Thanks to your legacy health runs in Africa



Your legacy can help us to work near African people, doctors, nurses and midwives. Thanks to you we can offer healthcare to mothers and children, train the local staff, buy instruments for hospitals and health centres and make African health systems independent and autonomous.

For information on legacies to CCM, you can:

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