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Health
for **All!**



by **Marilena Bertini**
CCM President

CCM and Health Heroes: global health starts from you!

Millions of women, men and children in the world still have no access to primary health care.

Three of the eight Development Goals of the Millennium, agreed upon by the International community in 2000, deal with health and they engage us to reduce child mortality, improve maternal health and fight HIV/AIDS, malaria, tuberculosis and other threatening diseases. Progresses achieved have been unacceptably slow and their attainment by 2015 seems unluckily a faraway dream.

CCM has been involved for over 40 years in extending and granting the right to health to everybody. Our daily activities both in low-income countries and in Italy include working with Health Ministries of the countries where we work, understanding the sanitary needs deemed most important by the local population, cooperating with the community, educating at different levels (basic knowledge, specific courses, practical training). On our way we met many "Health Heroes": they are everywhere, as long as you look for them and give them the acknowledgment they deserve. Be

they social workers, peer educators, health workers or public employees, their stories and experience can and must be listened to and told.

Among them there is Yetnebersh. Born in a rural village in Ethiopia, blind since childhood, she arrived at Addis Ababa where she attended school and graduated from the University. She became a member and later the president of an association promoting the social inclusion of disabled people and their engagement in the labour market. There is Stefania, a young doctor from Turin who decided to live six months by the frailest ones in Filtu, in The Somali Region of Ethiopia, carrying her experience into a hospital attending the refugee camps of Liben zone and the district's inhabitants. And there is Pino Meo, surgeon at Cuneo Hospital who for over 40 years has devoted every free moment of his professional life to secure that surgery might be accessible also in South Sudan. Pino focused on life-saving surgery and on training local personnel, so that even in the remotest areas of that unlucky country there could be somebody able to provide surgical as-

sistance to a complicated childbirth or operate on an acute abdomen.

These are only three examples of our heroes: expatriate medical doctors and local staff who every day bring health to the farthest zones of rural Africa with courage, generosity and passion.

And let's not forget mothers, children, whole families who fight for their right to health day by day often in forsaken places. Their images and stories have been the subject of an exhibition telling through text and images the daily effort of those who have chosen to work far from spotlights and close to the most fragile in order to make real the access to health care. On these stories we centered the campaign "Health Heroes: Global Health Starts from you!", promoted by the international NGO network "Action for Global Health". The campaign has been joined in by the Italian Observatory on global action against AIDS and by CCM, as a partner, thanks to EU funding to the project "Health for All".

This issue of... Special edition is devoted to them: our Health Heroes.

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[Mothers and children health]

Letter from South Sudan The story of Florence Nsiza Mwongela

My name is Florence Nsiza Mwongela, I am 34 years old and I was born in Kenya, the first of five children. I have been working as a nurse for more than nine years. At present I cooperate with CCM in South Sudan in Awerial County (Lake Region) as the Project Manager of a programme aimed to improve the quality of care for mothers and children by reducing mortality and morbidity of pregnant women, infants and children younger than 5 years. I chose this job because I wanted to serve the last and most in need and because I hope that one day everybody may enjoy a good health service.

Unluckily in my daily job I meet many hurdles, first of all bad roads and floods, that hinder most activities during the rain

season which is much longer than the dry one. Another difficulty is represented by nomadism, which hurdles outreach activities designed to bring health services to the farthest areas of the district.

In fact it is necessary to go looking for them and follow them wherever they move to. As it is impossible to go to and fro every morning because of the long distances, outreach activities imply sleeping outdoors. When the night comes and the dark with it, it is difficult to sleep in a tent in the middle of nowhere, unsafe, cold and devoured by mosquitoes.

In spite of all these problems my work gives me plenty of satisfaction. In the past three years in this area I have witnessed a significant change in the mor-

tality of this population, traumatized by civil war and wrapped up in their traditions. When I arrived in 2009 I found very distrustful people, uninterested in our activities and in the services we offered. Later, also thanks to meetings focused on the importance of active participation, things began to change: today I can say that all the community members have been motivated to take active part in the achievement of the project.

I chose to cooperate with CCM in order to improve the population's health through my work and skills and to fight the lack of social services typical of these places. If at the end of the day I can see tiny changes, that's enough for me; I feel blessed if I know that I could help somebody and that I made a difference for them.

Smiles of African Mothers, for mothers and children health

During the Conference held on Friday 26th October at the University National Library in Turin, CCM presented the results of the campaign "Smiles of African Mothers" one year after its start.

"In the past 12 months through the campaign Smiles of African Mothers the Association vaccinated over 25,000 children and visited and treated over 96,000", explained Filippo Spagnuolo, CCM Executive Director. "Moreover almost **20,000 women** (19,540) have been **followed during pregnancy by qualified staff, 4,230 received assistance during childbirth and were treated in case of obstetric emergency**".

"CCM and Smiles of African Mothers have ambitious and important goals" explains Marilena Bertini medical doctor and President of CCM "because health is a right which should not have geographic

differences. The campaign wants to remind to everybody that not only the mothers who were lucky to be born in the richer part of the world have the right to smile with their baby". Unluckily in low-income countries mothers and children health is not yet a granted right and 99% deaths due to childbirth occur there. A malnourished or sick mother is much more likely to give birth to a premature or underweight baby who risks dying in the first days of life. Also children mortality is very high below 5 years of age and it's often caused (about two thirds of deaths) by easily preventable or curable diseases.

By 2015 through its campaign Smiles of African Mothers CCM wants to grant safe pregnancy and delivery to 200,000 women, as well as to ensure uneventful birth, care and vaccination to 500,000 children in Burundi, Ethiopia, Kenya, Mali, Somalia and South Sudan.



[Childhood]

My latest mission to Filtu The story of Filippo Gallo



Filippo Gallo during a lesson on neonatal intensive care

"The first time I went to Africa I had just graduated: I spent two years' civilian duty in Kenya", tells **Filippo Gallo**, gynecologist who has been working with CCM for many years *"After that experience I was pretty lazy. I didn't leave Italy for ten years. Then I started to go to Africa again, once a year, and I still do".*

This year Filippo Gallo went on a mission to Filtu, Somali Region of Ethiopia, where in 2011 CCM began a project to improve reproductive health of refugees and of local communities and to reduce mortality rates in women, infants and children below the age of 5.

"My experience in Filtu was really enlightening", he says *"I remember a mission to Sudan:*

there was a desperate need for surgery, operations went on around the clock. On the contrary in Filtu the staff was well trained, the operation room properly equipped and the hospital could face any kind of emergency. Therefore I could focus on sanitary staff training, giving lessons on different topics, discussing in class and teaching practical activities. I was favourably struck by their enthusiasm in learning new things and by their participation. For me it was a great experience because when you perform surgery without stopping, like in Sudan, you know you're helping many people but you have no idea about what will happen after you go away. On the contrary **when you teach you leave something: your expertise.**" Filippo's lessons, given to surgical staff, obstetric and general nurses, dealt with

neonatal intensive care, tubal pregnancy, correct diagnosis of placenta previa and the use of partogram, an important tool allowing to monitor labour in order to foresee complications.

During his mission Filippo Gallo took part in outreach activities. A "mobile clinic" goes to the most vulnerable and remotest district areas, where the access to health care is very difficult, and offers several services among which sanitary education, vaccination campaigns, malnutrition screening and distribution of nutritional supplements as required. *"It's been pleasant to see how communities wait for the clinic's arrival. It shows the trustful relationship existing between CCM and those communities",* says Filippo *"In one day of outreach activity I visited **forty pregnant women**, In one month at the hospital only sixty".*

Abstract from the book "Sick Africa" by Giuseppe Meo

"The midget becomes a mother". They walk hand in hand like the two lovers by Peynet. It's a very unusual picture in the Africa I know, where feelings between men and women are never expressed in public. She is a blind dwarf, at the end of her first pregnancy. She was admitted for observation, as "at risk pregnancy". We are waiting for her labour to begin and then we'll decide if she'll have to undergo a caesarean section, which is likely. Her husband is

a refugee from faraway Blue Nile. One night, Deborah, the nurse, calls me: *"She's been trying for five hours, but the baby doesn't come"*. Caesarean section gives way to a beautiful boy, of normal size. The father contemplates him with utter pride. On the contrary motherhood cannot cancel the veil of sadness piled up in the young dwarf's eyes after many years of humiliation. In my honour, they're going to call the baby "Professore".

Eventually Filippo mentions a datum which much impressed him, fetal death in utero: six in one month. *"They are caused by infections not treated during pregnancy, anemia secondary to malnutrition, Rh isoimmunisation (that is incompatibility between blood groups of mother and fetus) and obstructed delivery due to **genital mutilation**. This practice is unluckily still much diffused in Africa: almost all the girls in the Somali region undergo it. On the plane for Ethiopia I met a Somali family, resident in Italy, going back to their homeland so that their two girls could undergo genital mutilation. The practice is so diffuse as to have become a cultural fact".*

[Fighting major diseases]

The joy to help The story of Mary Peter Nyathon



Turalei Hospital, Twic County, South Sudan

Her name is Mary Peter Nyathon, she is 28 years old and works as a nurse at Turalei hospital, Twic County, South Sudan. CCM has been present there since 2006 (when the hospital was built) and today it is carrying on a project aimed to strengthen hospital services and prevent HIV/AIDS.

Like many women in Africa, where the number of untimely weddings and drop-outs from school reach alarming figures (only 27% girls attend

more than primary school), Mary got married at 18 and had to give up studying and devote herself full time to her new tasks of bride and mother. Despite the responsibilities and challenges associated with marriage, Mary secretly wished to help her community working at the hospital. After six years her wish came true; Mary has been appointed by CCM a member of the new staff of the hospital.

"In the course of time Mary learned and refined

basic nursing knowledge and she can *manage her duties very professionally*", they say about her "Also thanks to her particular sensitivity, *she is capable to show her patients how important it is for her to take care of them and help them*. At the same time she can be a mother and a wife without neglecting her job responsibilities. For all that, she is a **Health Hero**".

Happy of the opportunity she was given, today Mary is satisfied of her work: "It is really a great emotion when a patient is dismissed: I see him/her going away and I know I helped. *But when one of my patients is overcome by a disease, I cannot hold the tears*".

One of CCM planned activities to prevent new cases of HIV/AIDS in Twicela County is the service Voluntary Counselling and Testing at Turalei Hospital. Also Mary takes part in it: "*Make people aware, change their mentality and behavior represent a great opportunity to decrease the diffusion of HIV/AIDS*".

About the three Millennium Development Goals regarding health Mary claims: "I think it is possible to reach the three goals by 2015, maybe not completely, *but I believe that results will by far surpass the expectations*".

Growing with CCM. The importance of education The story of Timothy Malingi

The experience of Tomothy Malingi with CCM began in 2002. He was appointed anaesthesiologist at the Rumbek Stae Hospital (Lake Region, South Sudan) and in emergency areas such as Adior, Turalei, Gordhim and Pochalla. Since then his work has been characterized by continuous successes and increasing responsibilities. In 2005 he was appointed Project Chief of a project designed to support Primary Health Care in South Sudan. In 2009 he was chosen by CCM as Country Representative for South Sudan and the following year also for Kenya and Somalia.

The year 2011 has been full of satisfactions for Timothy: he has been admitted to an one year-Master in International Public Health in Liverpool School of Tropical Medicine and he could attend it thanks to a grant by CCM. The choice to invest in his education and believe in his potentiality has turned to be well-grounded. Timothy improved his technical and organizational skills, could experience new analytical and problem-solving methods not only useful in his medical practice but also bearing on a thorough approach to public health.

The information acquired in the last year

has been collected in his final thesis "Mapping malaria density using the multiple classification for quality assurance sampling in Jinja district, Uganda". The thesis intends to demonstrate the validity of "LQAS – Lot Quality Assurance Sampling" method (developed in 1920 for quality control in industrial production) also in medical settings.

Last month Timothy participated in a Webinar (on line seminary) where he presented his thesis, explaining the background of his work, the method used and the results obtained.

[Disability]

Blindness as an opportunity The story of Yetnebersh Niguise

"I became blind, or disable, at the age of 5. When that happened my parents began to consider me as a patient who needed care and I became a burden for them. It was very hard for me, and I was almost going to quit school, but when I scored 99.9% at the end of my eighth year I understood which way was ahead for me", says Yetnebersh Niguise, Ethiopian, speaking about her experience. In her words there is neither sadness nor regret, though her blindness made her different from her schoolmates since childhood. Her voice is serene and confident.

"As you know, she goes on, many families with disabled children cannot see a shining future ahead; they are ashamed when they go out and want them to stay far from gossips. In my family it was partly that way, but they also wanted to give me an education. I remember my mother telling me once: "If you don't study you're going to be a beggar". Every time we walked to the church, we stopped to listen to the blind asking for money; so she used to warn me, that I could become like them if I hadn't studied".

After attending and finishing successfully her law studies, in 2005 Yetnebersh Niguise became the president of the Ethiopian National Association of the Blind Women's Wing. In the same year she contributed to the foundation of EEED – Ethiopian Centre for Disability -, an organization promoting social inclusion of people with disabilities into development programmes, as well as finding them a job. Thanks to this organization, today disabled people, once cut off from programmes promoted by microfinance institutions (MFI because considered too vulnerable, can apply like anybody else.

Nowadays Yetnebersh Niguise is also the president of the Ethiopian National Disability Action Network (ENDAN), a network of local and international associations work-



In Addis Ababa, lecturing about integration of disabled people

ing with disability in order to improve the exchange of documents and knowledge and to coordinate the activity of the various associations on the Ethiopic territory.

Through her work Yetnebersh Niguise trained over 200 disabled women, helped over 50 women start an economic activity and enabled economic and social inclusion of over 80 women who were begging in the streets.

Since 2008 she is been involved with children. She founded the **Yetnebersh Modern Academy** in the Ethiopic capital Addis Ababa, a school for disabled children now attended by more than 190 students.

CCM met her in 2010, when ENDAM, the local network of which she is the president, became a

partner in the "Project to Reinforce Communitarian Rehabilitation Programmes in Addis Ababa", funded by the Italian Foreign Ministry. Through that project, whose goal is to strengthen the territorial coverage and the quality of services offered to disabled people in Addis Ababa, Yetnebersh Niguise contributed to the improvement of technical, administrative and organizational competences of 24 local NGOs and to the creation of a research and docu-

mentation centre promoting the diffusion of information on disability and ensuring information exchange among the different associations.

With her work and commitment Yetnebersh Niguise has remarkably contributed to improve life conditions of disabled people in Ethiopia and to sensitize the population on the importance of their involvement in the society.

What is most striking when you listen to her story is undoubtedly her great strength. Yetnebersh does not deem herself less lucky than other people because of her blindness: *"We all think that disability is a problem, but for me it has been a great opportunity. I was born at Amara Saint where they still kidnap women to oblige them to get married. What future would I have had if I hadn't been born blind? In rural areas wedding and pregnancy at an early age are still quite common; being blind I could achieve all this. **Therefore blindness has been for me a good chance; before being blind my destiny was not education**".*

Now Yetnebersh, 27 years old, is married and has a child. Her story not only represents an encouragement for all young people with disabilities not to feel inferior to peers and not to give up their dreams, but also an invitation for all of us to reflect on how disable men and women will and can play an active role in society.



Yetnebersh Niguise

[Italy and immigrants]

Being a cultural mediator

Interview to Touraya Laaroussi

Touraya Laaroussi, born in Morocco 43 years ago arrived in Italy in 1994. She chose to become a cultural mediator to support immigrants who don't know the language of the country where they arrived and need somebody helping them face an unknown world. In 2001 she obtained a certificate of professional qualification as Intercultural Mediator from Casa di Carità Arte e Mestieri in Turin



Turin, Touraya during an even organized by CCM in the course of project Aracne

and since then she has been working at Centro Marme, which deals with mental health and immigration. She cooperated with CCM in the project "Aracne – Weaving networks for the right to health of migrants". After one year she tells us about her experience.

Why did you leave your country to come to Italy?

I left Morocco to follow my husband who was working here in Italy. We got married in 1991 and after three years I could join him thanks to the family reunification law. The first times were very hard for me because I couldn't speak Italian and I really felt uneasy. I did not understand what people said to me, I didn't know how to make myself clear and organize my life, I didn't know whom to address to. Then luckily I met a mediator who helped me; it was then that I decided to become a cultural mediator myself".

How important is a cultural mediator for an immigrant?

"I experienced myself how it is to arrive in another country. The language barrier is definitely the biggest hurdle. If the immigrant does not know the language, the presence of a cultural mediator is fundamental to guide him/her and translate Italian into his/her language helping him/her to understand. That's why I decided to do this job: I know those people need me and I can help them".

What are the biggest hurdles you meet in your daily work?

"At Centro Mamre where I work immigrants come for every kind of problem. Some have practical problems, such as the need for lodging, and I explain who deals with those matters in Turin or I help them to apply for council houses. I know I'm giving them a lot of support. Sometimes immigrants have problems I cannot solve; for instance clandestine immigrants without documents whom I cannot help in any way; when this happens it is very frustrating".

Despite difficult times, I guess it is a very rewarding job...

Undoubtedly; each immigrant I helped, even if little, has always been very grateful and has showed me his/her appreciation, often with a hug, at times with small presents. They are very gratifying moments because I understand I made

a difference in those people's lives, allowing them to discover a world which looked far away or unreachable. Also for that I think that often the presence of a cultural mediator is indispensable. Sometimes I realized I played a crucial role in their pathway and their happiness fills me with joy".

Do you remember something that particularly impressed you and you want to tell us?

"There is a story I keep in my heart and I tell you with pleasure. It is about a girl of twelve arrived from Morocco and coming to Mamre. Her father had been working in Italy for some years and through the family reunification law he had succeeded to bring to Italy her and her two sisters but not his wife who had to wait one year more.

When the girl came to me she was really upset. She missed her mother, did not know any Italian and did not want to adjust. Unluckily she also had diabetes and had to go to the hospital often. Her father accompanied her but he didn't bother to explain what the doctors said and she felt uneasy because she did not know what was happening.

Since when she came to us something changed. She was surrounded by people who spoke her language, with whom she could express her problems and look for answers. She was supported by a mediator who was there to help her feel well. This allowed her to give up her denial behavior and open up to a new reality. I followed her for one year. I accompanied her to the hospital every time and I told her what the doctors said, so that she could understand her disease and could cope with it.

After one year my task was over and her mother was in Italy too. I remember her last telephone call: she told me how happy she was to be with her and how her life had changed. I told her that if she needed me she could call me any time, but she answered: thank you, but I am finally feeling fine".

[Millennium Development Goals]

CCM for the Millennium Goals

The involvement of the Medical Cooperation Committee responds to the scopes of the Millennium Goals, especially of five of them.

In order to **eliminate gender inequalities** in primary, secondary and superior education by 2015 (Goal #3) CCM actively supports the introduction of equitable educational policies through adherence to and participation in several campaigns. Together with CIPSI (an agency coordinating popular events of international solidarity) CCM supported and promoted the campaigns "Free the water" and NOPPAW (Nobel Prize for African Women). Together with the Italian Observatory fighting AIDS, CCM participates in the project Health for All, with which this issue deals.

Goal #4 focuses on two-thirds **reduction of mortality of children below 5 years of age** between 1990 and 2015. Up to date, only 3 years before the deadline for the attainment of the goals, mortality of children younger than 5 is still very high. Most deaths occur in the poorest countries and are due to diseases which could be prevented or cured. Much is still to be done and CCM strongly fights to reach the goal, also through the campaign Smiles of African Mothers.

CCM, aware of the close relationship of children and mothers health, decided to carry on a joint intervention including goal #4 and goal #5, which aim to reach two-thirds reduction of women mortality between 1990 and 2015 and free access to reproductive health services. In fact CCM is engaged in reinforcing the sanitary system and improving its performance, as well as in involving local communities in issues connected with mothers and children health. As the causes most severely impacting on the health of mothers, infants and little children are the complications of pregnancy and childbirth,

newborn diseases, childhood infections, malnutrition and HIV/AIDS, CCM wants to inform the community about the importance of check-ups and visits during pregnancy, grants the usefulness of treatments and works to reduce economic, social and cultural barriers.

Goal # 6 regards **HIV/AIDS, malaria and the other major diseases**. By 2015 the results should include a number of deaths close to zero, drastic reduction of affected cases (75% less than in 2000) and 10 more malaria-free countries. As to HIV/AIDS we should invert the diffusion trend and achieve universal access to presently available treatments. Everywhere it works, CCM tries to reduce the diffusion of HIV/AIDS, tuberculosis and malaria Results obtained in few years are encouraging: HIV positive people under antiviral treatment increased from 130,000 in 2004 to 3 million in 2010; 53% positive mothers had the possibility to be treated therefore preventing their babies from being infected. CCM is engaged in research and treatment of HIV/AIDS and it cooperates with the Italian Observatory against AIDS carrying out advocacy and awareness actions. As to malaria fundamental actions successfully put through by CCM are the distribution of insecticide-treated mosquito nets and the delivery of drugs for treatment and prevention. CCM laboratories allocated for the diagnosis and cure of tuberculosis are present in Somalia.

Goal # 7 focuses on **environmental sustainability**. Among the targets to reach by 2015 is to halve the percentage of people without access to drinkable water and to basic toilets. CCM intervenes to help communities by building wells and water pumps, maintaining water plants, building and refurbishing **sewers and latrines**. It also offers local communities training, education and information about hygienic rules.

The 8 Millennium Development Goals



HEALTH HEROES

SMALL STEPS.
BIG CHANGES



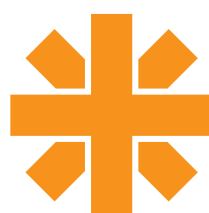
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www.healthheroes.eu

The campaign “Health Heroes”

Every three seconds a child dies for easily preventable causes; every day 1,000 women die of complications related to pregnancy or delivery; every year HIV/AIDS, tuberculosis and malaria kill 5 million people.

Since 2011 the NGOs participating in the educational programme Health for All, among which CCM, Medical Cooperation Committee, and the Italian Observatory on Global Action against AIDS have been supporting the campaign “Health Heroes” promoted by the European network “Action for Global Health”. The campaign is aimed to promote adequate



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knowledge and awareness of the three Millennium Development Goals devoted to health and to call for a renewed involvement of the European leaders in helping the development of health services in the South of the world. The campaign has mostly taken place on line, around the stories of Health Heroes: educators, doc-

tors, nurses, obstetric nurses and public officials, who every day try and “make a difference” in their daily life, fighting for the right to health of their community. **Thanks to those thousands of people in the world, important steps have been made to reach the three millennium Development Goals related to health.**

DISCLAIMER



The initiative is part of the project “Health for All” funded by EuropeAid (EU). Single events are under the responsibilities of the promoting NGOs Iscos, AIDOS, CeLIM, CESTAS, Doctors for Africa CUAMM, OXFAM Italy and CCM and do not reflect in any way the opinion of the European Union.

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