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C A M B I A R E P A R T E C I P A N D O

What are the prospects for the South Sudan?

by MARILENA BERTINI - CCM President

Independence will not solve problems in South Sudan. How can this land destroyed by wars and without infrastructures and institutions, with its ethnic and clan conflicts build a functioning state?

From *Africa Malata* by Pino Meo

Pino, expert of South Sudan in 2010, five years from the cease fire between North and South Sudan predicted possible future conflicts. Such conflicts took place three years later, in December 2013. War between ex Vice President Riech Machar and President Salva Kirr compromised the progress achieved by the young South Sudanese Republic, born on 9 July 2011.

Said conflict compromised the above mentioned advancement that had brought hope for a better future for the South Sudanese exploited and devastated after years of slavery, wars and pandemics.

CCM has been working in South Sudan since 1983 trying to provide Health Care in rural areas, isolated places, the most difficult ones to reach.

The operative costs are huge because of the vastness of the region and the need of airplanes to transfer personnel and goods due to the instability of their roads which are also dangerous.

Acute and chronic malnutrition affects 33% of children under five years of age [...]

Only 10% of deliveries is assisted [...] Health Care services provide for only 25% of the population [...] while 19 hospitals have room for 400.000 people.

CCM contributed to **handling the emergency** during the first months of 2014 and continues to **handle the cease fire procedure** that keeps being violated. Unfortunately war riots have not ceased and people move from one region another seeking safety and peace.

The **health care situation** is unstable and is thus **worsened** by the internal migrants that escape from the areas where riots take place and end up encumbering the existing **health care structures that are very fragile**.

Juba, the capital of South Sudan is one of the most expensive cities in

the world: the necessity of spaces and structures is high and there is little offer. The transportation of goods in rural areas which is often done by airplane increase the costs involved.

Working in these contexts is very difficult and **CCM's effort has not been missing** and has been **increasing** together with the needs of the population.

At the same time **financial aid has been decreasing**: in the states of Warrap and Lakes, where CCM works the situation is terrible but not as terrible as in the state of Jongley or in other African countries affected by ebola virus.

During **the first six months of 2015 financial aid** from CCF (**Common Humanitarian Fund**) **will not cover for part of the activities of Turalei Hospital** where CCM is involved to increase the Health Care assistance that offered especially as far as surgery is concerned.

As Health Care professionals, witnesses of human suffering we cannot pretend not to know. The millions of people that are starving question the marvellous ac-

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South Sudan humanitarian disaster forgotten

by ALESSANDRO ROTA - freelance photojournalist on a mission in South Sudan with CCM between november and december 2014

The Sudane humanitarian crisis is one of the worst ones on the planet, it is classified "level 3", just as the Syrian one. In any case, South Sudan is **not on the list of priorities** of the International Community since **the commercial and strategic interests** are quite **limited** compared to the ones of the Ukrainian conflict for instance, Palestine or the ebola emergency.

This though does not make the situation any less tragic than it is, considering the unbelievable circumstances.

December 15 2014 was the first anniversary since the beginning of the civil conflict in South Sudan that involves the armies SPLA Juba, on the side of President Salva kiir, and SPLA IO, on the side of ex Vice President Riek Machar.

The geographical ares occupied by Modern South Sudan has known just a few moments of peace in the last sixty years.

The first tensions started soon aft- er 1956 when the English Colony was disgregated. Two cycles of civil wars 1956/1972 and 1983/2005 resulted in a Referendum for Independence, won by separatists which obtained beyond 90% votes in July 2011.

South Sudan turned into an Independent Republic, no longer depending from the Sudane Government in Karthoum. The conflict taking place starts from the accusation of conspiracy of the current President Kiir against the ex Vice President Machar which followed a deposition against all his ministers.

On December 15 2013 the **conflict starts in Juba**, causing **several thousands of deaths** in the streets of the capitlal among military and population.

According **to UNHCR**, UN Refugee Agency), the conflict is causing one of **the worst humanitarian crisis on the planet**.

More the **1.9 million** people are **without shelter** in the areas affected by this conflict: Jongoley Upper Nile and Unity State. This last area is object of accurate



Archive CCM ©Alessandro Rota, South Sudan in 2014

attention due to **its petrol**, one of the few resources if this Country.

The village in **Mingkaman** (Lake State- Awerial County) counts more than **100.000 displaced** and is considered one of the most populated. Most people come from Bor, capital of the State of Jongoley, where they escaped from in December 2013 on rafts. In less than a week the rural village of Mingkaman that untill then counted but a few thousands inhabitants, turned into an IDPs s (Internally Displaced People), that is **displaced of war** that found shelter in internal areas of the South Sudane territory: **more than 1.4 million people**.

If peace will not be and if the transportation of humanitarian aids will not be allowed in the areas that are more affected by the conflict, **the humanitarian crisis that affects this region is expected to worsen**.

In **Bentiu**, capital of the Unity State, beyond **43.000 people** find shelter inside the PoC (Protection of Civilian Site) of the UN-MISS base, the military mission of the UN in South Sudan.

The PoC are open only to civilians or military who decide to cast down weapons.

Life conditions are **extremely unstable**

but people are provided with food, water and health care.

Bentiu is now a ghost town mainly inhabited by soldiers; almost completely destroyed in the course of 2014 it has passed several time under the control of both factions and is currently controlled by government forces.

The area is extremely militarized as the first line of the conflict lies just outside the city gates.

The latest episodes of serious violence were recorded October 29 2014 when the opposition forces have occupied the city center for a few hours.

Peace is still a very far reality for South Sudan and **many of the precarious balance depend on the business interests** of the neighboring country and on their military intervention more or less veiled.

Even the US and China take place at the table of the war, since they have heavily invested in infrastructure.

The most difficult months will come with the dry season when movements of heavy artillery and supplies of ammunition will be possible. Meanwhile the peace agreements continue in succession as they are breached by both factions.

What are the prospects for the South Sudan?

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complishments of Modern Medicine. We are facing the worst genocide in history. A permanent concentration camp.

The **contribution** of **each of us** can **make a difference** to **ensure basic health care** and **improve life conditions** in a country that, according the rankings of international agencies, is facing a humanitarian crisis of level 3. A crisis equal to that of Syria, but on which there are no news and no immediate effects on our daily lives.

Telling the complex and difficult situation of South Sudan is not simple. As it is not easy to explain the work of the CCM.

In this issue of "Note a margine" is therefore dedicated in great part to South Sudan and in order to do so, we got inspired by the words and experience the photojournalist **Alessandro Rota**, pediatric nurse CCM **Fabrizio Loddo** and the biologist and volunteer CCM **Cristiana Lo Nigro**.

Hundreds of Child Soldiers in South Sudan

In Southern Sudan, hundreds of **children** were **abducted** and **forced to join** becoming child soldiers. The NGO Human Rights Watch has accused both sides of enlisting child soldiers. According to the United Nations a militia fighting for the government is responsible for the kidnapping of hundreds of children in the upper valley of the Nile.

The government declared not having control over the group. According to the UN report, in 2014 in Sudan 12 thousand child soldiers were registered, some of them are less than 12 years old. **(Bbc)**

From the Tonj Hospital, Awerial County - Warrap State Team Machar

by **FABRIZIO LODDO** - Pediatric nurse nutritionist collaborator of CCM in South Sudan

Machar is a **child of South Sudan** who is **less than two years old**. I met him for the first time almost by accident, while I was passing by the **Hospital government of Tonj**, in the State of Warrap, in the North of the country.

We soon realized that something was wrong, for its position and from its reactivity. He was hospitalized for at least two weeks after three days of treatment for malaria, care had been suspended, considering "normal" his situation. I browsed the medical records and decided to give a better look: it is **malnutrition** associated to other diseases.

We choose the most appropriate treatment Machar and leave it again to the care of local staff. But after five days Machar continues to present the same symptoms.

We spoke with the doctor in charge of the project, which fortunately was passing through Tonj in those days. We take advantage of his presence to discuss the case with the local staff, to evaluate together the mistakes of the previous days and understand the reasons that led to underestimate status Machar. The case of Machar is the result of one of the major health problems in South Sudan: the lack of trained operators, combined with a high propensity to accept adversity and disease. A vicious cycle that leaves little room for the introduction of different health practices and innovations.

Precisely for this reason we did not want and could not impose local staff a method of our care, away from their sensitivity. We left the opportunity to choose how to best help Machar and his family, in case of transfer to another city, they would have to bear the cost of care. Result: maximum cooperation and willingness to adopt new methods.

We bring together the whole team, let's recap the situation and assume the various treatments, to evaluate the availability and the possible road to take. We



Archive CCM © Fabrizio Loddo, Machar

decide to consider only the most common diseases related to malnutrition and choose an easy and well tolerated treatment to prescribe.

The more difficult the situation, the more our commitment intensified.

When I use the term I, refer to our to the whole team, especially the local staff which I initially did not trust then, with determination and courage, they understood the situation and accompanied us with great commitment and dedication.

After nearly three months of hospitalization Machar was discharged and is finally returned home with his mother.

The comparison between the different experiences of the team was one of **the fundamental elements** which allowed us to **treat Machar**.

An exchange of knowledge that will be useful in the future to treat similar cases and, more generally, for the health of the entire community.

Equally important the **integration of local knowledge and Western medicine**, the right path to follow for developing appropriate methodologies

the disputed, repeatable and therefore effective.

From a place of shelter for the displaced landmark to health care for the population of the County

The Hospital of Turalei in South Sudan

by **CRISTIANA LO NIGRO** - biologist and voluntary CCM



2, 2007 the “ **St. Ubaldo and Mother Teresa**” hospital was inaugurated, the **only** one on the territory.

Since then, the village has changed a lot, it has grown and now appears as a large slum, with over 450,000 inhabitants. There are several brick houses and markets are full of goods coming from the North and from Ethiopia, Uganda and Somalia...

The **hospital** run by the CCM has about **40 beds** for patient and surgical admissions and the staff is ready to receive the injured and displaced. The main activities are the **treatment of common diseases**, assistance to **pregnant women** during childbirth, **ante and post -natal visits**, **vaccination campaigns** in the area and work on **prevention of HIV** transmission and to **combat malnutrition**. Activities alongside **medical education** actions health care and staff **training**.

Whenever mission makes me feel that it is imperative to promote the **right to health** in the countries of the South and engaging, each according to his ability, to **support** cooperation internationally through the CCM.

have been taking part as **volunteer** in many years in **missions** of CCM in remote areas of **South Sudan**, inhabited predominantly by semi-nomadic herders with subsistence farming.

This year did not go to Turalei, as before, but in **Adior, Nyang** and **Bunagok**.

Turalei, small village, in a strategic position on the track more joke that comes from the north, is one of the

key locations for health care for displaced persons and refugees.

In 2003 **Pino Meo** had gone there to see the needs of the area and, in the **absence of health post**, had **practiced emergency surgery** on a bench, under a small tent. In February **2004** it was of fundamental importance for the CCM meeting with small nucleus of **the Sisters of Mother Teresa of Calcutta** and the Bishop of the Diocese of El Obeid. And finally, on December

Main activities of the Hospital of Turalei

- Theoretical and practical **training of operators health professionals** working in the area
- **Training of midwives and nurses** for assistance to **pregnant women**
- Sevizi of **General Surgery** for the entire population
- **Vaccination campaigns** to prevent the spread of common infectious diseases especially in children (tuberculosis, diphtheria, pertussis, tetanus, polio and measles).
- **Prevention campaigns** and health education in the territories adjacent to the County of Twic (where is the Hospital of Turalei), also through the activation of mobile clinics for screening the health of women and children.
- **Services for prevention and treatment** in favor of **women**, with particular attention to visits **prenatal, childbirth assistance**, management of obstetric emergencies (**cesarean**), **breastfeeding promotion**, prevention and treatment of common infectious diseases and education for **proper nutrition and personal hygiene**.
- **Services for prevention and treatment** in favor of **children under five** years of age.
- **Laboratory tests** of primary necessity. For example tests for malaria, typhoid and paratyphoid, pregnancy tests, hemoglobin, white blood glucose.
- Rehabilitation and equipment of the structure, with infrastructure work **routine maintenance** of the departments of the hospital, when necessary.
- Purchase of medicines, medical supplies and health care.

Interview with Andrea Bernardi and Luca Cacciottella

The primary health: the basic health services in low-income countries and in Italy

by the Communication sector of CCM

Why did you choose Andrea for this project?

Luke - I am the part a bit 'more playful, Andrea is instead the most serious and dutiful and therefore able to fill gaps.

Why did you choose Luca for this project?

Andrea - Actually it was not a choice, it was spontaneous. Both in fact we were in Africa, we met, we became friends and this friendship created the project.

How did the project start?

Andrea - It is a project that starts from our specialization, or the fact of becoming future family physicians. A specialization that, unlike the others, would allow us to carry out a training period abroad. Our previous experiences in Kenya and Ethiopia had made us understand the importance of a comparison of the daily activity of a family doctor in Italy and the work of a doctor in Developing country. We spoke of our idea to CCM that, after evaluating the consistency with its mission and its values, decided to support us. The project, approved by FNOMCeO in September 2014, will allow three doctors specializing in general practice to spend a period of training in a low-income country, accompanied by three medical experts.

In addition to training local staff in Africa and Italian doctors, objective of the project is to offer the possibility of a confrontation with health of different nationality and education to promote the exchange of knowledge and skills.

The three items you bring with you during the mission?

Andrea - Surely the Merck Manual, a camera and sunscreen.

Luca - Excluding some medical books

Andrea Bernardi - thirty-one years

Doctor specializing in general medicine, family medicine. **Mission:** Kenya- County Isiolo from 1 April to 15 May 2015. **Objective:** with Dr. Claudio Amé, training of local staff in hematology at the 11 health centers of the County.

Luca Cacciottella - twenty-nine years

Doctor specializing in general medicine, family medicine. **Mission:** Ethiopia - Tigray region from 20 February to 29 March 2015. **Objective:** with Dr. Alessandro Levis, training of local staff in hematology at the Center for Education, Research and Treatment of Adi Shum Dhun.

Fellows FNOMCeO (National Federation of Order of Surgeons and Dentist)

which are essential, first thing that I will take with me is the camera, and not the pen, because I will speak through the photos. Then an mp3 player for listening to music and even record what I hear in Ethiopia. As a third item I immediately came to mind chopsticks to play the drum, but then I decided that I'll put them in my suitcase because I would buy a drum in Ethiopia. Then the third item will be the stethoscope.

What do you bring here in Italy?

Andrea - When the season allows it, surely many mango and then a mat.

Luca - As I said before a drum, but also the possibility of new relationships with people.

What do you expect from this experience with the CCM?

Andrea - I hope it can be the beginning of a cooperation. I think it is more me learning from the CCM rather than me teaching the CCM. I've already been to Africa seven times at a health center, but I have clinical experience in staff training. So I hope that the CCM teaches me to teach and, in addition thereto, to learn to do it well. Finally, I hope you who have worked on this project can then be the flywheel of other projects for the future and maybe even other missions ...

Luke - I expect to be able to be challenged, to be questioned and thus to improve starting from the relationship

with the other people who will be involved in this mission. I hope to bring experience of working in Italy, which is much more difficult. It is a set of knowledge, skills and report that you cannot learn on the books, but living them in person in the situation.

What do you think you can give to the CCM?

Andrea - I hope that my experience as a doctor can be helpful in solving problems that I find in Kenya. But I hope that my contribution is not limited to this single mission. In addition to take care of a health project mother-child, I would like to know the CCM to friends and colleagues. To share the aims and goals and therefore involve future volunteers.

Luca - On one hand I think I can help the CCM to inform other people on the topic of education in a world view, in particular on the right to health care. At the same time in Ethiopia I would like to create a small exchange of knowledge with local staff in order to lay the foundation for a knowledge that was born from experiences and different points of view.

One last question: why an African country?

Andrea - Maybe it's the reality where the need is greater because there are few health professionals.

Luca - It is a developing country.

The paths of health. A short presentation

by PIETRO FERRERO - Manager migrants CCM

For several years, the Committee collaboration Medica operates in building networks in which **public services** and **third sector** collaborate pursuing **common goals** and working in complementarily.

An example is the project **"The paths of health"**, launched in September 2014 thanks to the **funding** of the **Compagnia di San Paolo**.

This path formalizes on one side a **collaboration** that the CCM and the **ASL To1** bring forward from 2011 through **information activities health and education** aimed at the **migrant population** and the secondary school pupils of the first year in elementary school.

On the other side it allows to experiment a new partnership with a private social organizations - the **Association The Stork** - with common objectives and methodologies.

The **project**, expected to be concluded view for June 2015, **aims** at:

- **supporting the health and awareness** women and migrant mothers;
- **facilitating** processes of **reflection** and **comparison among adolescents**, with particular attention to young second generation.

- promoting **education courses on affectivity**, with a specific focus on **multicultural aspects**;
- **providing young people**, at a delicate stage of change as adolescence, a **space to discuss affectivity** issues and **sexuality**.

Among the activities previews from the project, some about to be concluded, others started recently:

a) *Health and wellbeing for women from all over the world.*

Starting in March, the Association La Cicogna offers to a

group of immigrant women a course of **psycho-physical health and parenting in the multicultural field**, structured in nine meetings with **cultural mediators**.

b) *Laboratory of Theatre of the Oppressed for teens.*

In partnership with the Local Health TO1, we are organizing a **workshop for operators and boys** between 14 and 18 who used the tool of **Theatre of the Oppressed**.

The aim is to actively involve adolescents and approaching the operators in this work methodology. This

can provide the tools for a change, both personal and social **bringing out** the various **forms oppression** - internal and external in which **everyone can be involved**.

c) The maze of affects.

ASL To1 and CCM have almost concluded know a course on affectivity, structured in three meetings, at 13 secondary classes of First grade of Turin. the meetings are held by a doctor, nurse and two expert operators in education to World Citizenship.

It will be about themes such as the **gender identity**, the **role of cultural sexual** determinants sexual, **gender discrimination**, the **knowledge** and the **physiology** of the **genital organs**.

At the end of the workshops with children, three meetings are also planned on training for teachers and parents of the schools.

d) Friday at the clinic.

The ASL To1 and the CCM, between November and May, offer at Public Health Care Center of Via Avigliana and Via Silvio Pellico a course of 5 meetings where **foreign girls and non foreign** can meet and confront on the issues **adolescence, growth and sexuality**.



Logo paths of health

A journey of discovery in Ethiopia

The **CCM - Medical Collaboration Committee** along with the **Tucano Travel Research**, important travel operator based in Turin **promoting the right to health**, organized a **trip of training in Ethiopia** from **May 13 until the 23** 2015.

This itinerary wants to give everyone the opportunity to get to know the inter-activity that produces CCM in **Ethiopia in supporting maternal and child health** through Smiles of African Mothers.

Through this you can also learn about Ethiopia: from the **capital Addis**

Abeba, going from the **highlands of Bale** to the city of **Lalibela**, considered the Ethiopian Jerusalem.

The program includes a visit to the Center of Training, Research and Treatment of Adi Shum Dhun (Tigray region) twinned with the ASL TO1 and Health Centers of Bale town- side to side with the ASL TO2 and supported also by Tucano Travel Search with their Association Humanitas Project. The portion of the trip includes airfare to / Milan Malpensa - Addis Ababa, insurance, hotel

and meals (excluding drinks), transfers and local guide speaking Italian.

There is a minimum number of 10 participants and priority will be given to the medical personnel of ASL that have joined the **Ties That Bind**. Travelers will be accompanied by a member of the CCM organization. **More information** about the program and costs: **www.ccm-italia.org** on the site **to participate**. Apparently it is sufficient to send an email to **laura.barral@ccm-italia.org** or telephone at 011.66.02.793 **within April 8**.

Besides the training curriculum Course on global health 2015

by DARIA IACOBONI - referent training CCM

This year the Committee Medical Cooperation, in **cooperating** with **healthcare COP**, organizes the **Course in Global Health**.

The goal is to offer a **basic training** adequate to **operate** in the reality of the health **of low-income countries**, deeply different from that of the rich countries.

Specifically the course **is meant** for **doctors and health care workers** - expecting **CME credits** - interested in health projects in low-income countries or who want to improve their cultural skills to better meet the demands of migrants in the area.

Many are the **aims** of the course: **analysis** of the **health status** and the **real needs** of the world population; the **influences** that the socio-economic determinants, political, demographic, legal and environmental exercise on those needs; interconnections between **globalization** and **health** in



Poster Programme Global Health 2015

terms of equity, human rights, sustainability and international cooperation.

Many are the focus of the point of view of global health allows in fact, by definition, to highlight the health inequalities both within a country and between different countries, analyzing them through the lens of social justice. Due to the complexity of the field of

interest a multi - disciplinary and multi – methodological approach is therefore necessary, with contributions coming from **both the social and human sciences, natural and biomedical**.

The course is divided into **four modules** that can be attended separately and individually. The first 3 - *The right to health in a globalized world, Diseases Infectious and surgery, anesthesiology and orthopedics* - provide a **combined formula of distance learning (ODL) and residential**. The last, *Cultural Competence health professionals*, will be held only in **residential form** in October.

There **are 20 places** for each module.

The **requested contribution** expenses amount to **EUR 150** per module.

All the information about registration procedures and dates can be found on the website of CCM **www.ccm-italia.org** or can be requested e-mail: **formazione@ccm-italia.org**

Smiles of mothers meet is the Photo contest sponsored by the Medical Collaboration graphic contest of the Committee that, at its second edition, aims at **describing the bond that exists between each mother and her baby**.

The smiles of the competition are the same as the CCM, through the countryside Smiles of African mothers, is working to bring to Burundi, Ethiopia, Kenya, Somalia and South Sudan.

Launched in 2011, this campaign has in fact intended to reduce the high rates of maternal and children mortality who register in sub-Saharan Africa by **assisting** during pregnancy and childbirth **to 200,000 women** and providing **care and vaccinations to 500,000 children**.

Starts the second edition
of the Photo contest

The smiles of mothers meet

by Communication area of CCM

Online at **http://sorrisidimadriafricane.ccm-italia.org/**, the competition **selects the four photographs that best represent the theme of motherhood and the mother-child relationship**.

To participate, just connect to the **contest page** and **upload a maximum of 4 photos**.

The shots will be rated not only **by a technical jury** - composed for the occasion by the Director of Chamber - Italian Center for Photography **Lorenza Bravetta**, the

president of the CCM **Marilena Bertini** and the chief editor of the monthly Young Parents **Elena Brozio** - but also by a **popular jury**. Anyone interested, can connect to the appropriate section of the site of CCM and express, with a simple click, up to a maximum of 4 preferences.

As well as on the web, the competition will also be promoted by ASL and ASO of Turin and Cuneo where the CCM is present with Ties That Bind, an initiative that is intended to create a bridge - professional, cultural and support - between the departments of maternal and child health in Piedmont and our health centers in Africa.

Waiting for your photographs: there is time until July 15, 2015 !



Where what when...

From March 14 to June 25, 2015 Discovering Torino with Guides Bogjanen

Saturday, **March 14**, at 17 *Vermouth Tour Turin*
Saturday, **April 18**, at 18 *Pain of Turin CCM
Special Edition* *
Sunday, **May 10** at 15 *Gran Balon Tour*
Thursday, **June 25**, at 21 *San Salvario and
Valentino Park Tour*

For more information visit our website or write to
erika.larcher@ccm-italia.org

From March 13 to June 12, 2015 CISTODENTRO

Laboratory of Theatre of the Oppressed
for boys between 14 and 18
In Turin, in the spaces of "Lombroso 16"
Via Cesare Lombroso 16

9 meetings that use the universal language of theatre to promote critical thinking and dialogue from the conflicts, large and small, that cross our daily lives. Conducted by psychologist and psychotherapist Barbara Mamone.

For info: 0116602793
pietro.ferrero@ccm-italia.org

Friday, April 24, 2015 from 17.30 to 19

at the Academy of Medicine of Turin in via Po 18
On the occasion of World Malaria CCM, in collaboration with the Academy of Medicine of Turin, is organizing the conference Malaria today. Speakers on PROF. PAOLO Aresè, Dr. Pietro Caramello, Dr. Micol Fascendini.
It will receive the scholarship in memory of Pino Meo

For info: formazione@ccm-italia.org

Now you can ensure health care African mothers and their children with a simple signature.

On the occasion of the declaration of income you can allocate your 5 x thousand to CCM - Medical Collaboration Committee. Indicating our tax code 97504230018 pane "Support the voluntary and non-profit organization".

HOW TO DO? IT IS SIMPLE

When you fill the 730, or the CUD or the Unico sign in the box "support volunteering" and indicates the code Tax Committee of Medical Collaboration 97504230018.

The right formula to multiply smiles

5 X MILLE = 97504230018

You can do this even if you do not fill the Declaration income! In this case uses the card attached to the CUD, sign it, enter the tax code of the CCM and present in the bank, the post office or to a Caf in envelope closed with

the word "choice for the destination 5 per thousand of income tax."

Please note that the 5 x thousand is a small percentage of our taxes to which the state waives in favor of associations social utility. It does not replace the 8 x thousand, or increases or decreases the tax due.

WORD OF MOUTH

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THROUGH DIRECT DEBIT PAYMENT

you can authorize a regular donation. You may download the form from our website in the section Sostienici/Privati (Support us/Private) and send us by mail or fax.

You can also support CCM by choosing in your will to **BEQUEATH A LEGACY**. For information you can go to our website www.ccm-italia.org/ita/sostienici/privati/lasciti/ or contact Silvia Pescivolo (e-mail: silvia.pescivolo@ccm-italia.org phone: 011 6602793).

THANKS A LOT!



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