

# note a margine



comitato collaborazione medica  
medical collaboration committee



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*caring for those who care*

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

## 50 years of work Happy birthday! **50**

By MARILENA BERTINI - President and co-founder of Comitato Collaborazione Medica - CCM

**W**e're 50 years old but it doesn't feel like it! In 1968 a group of young doctors from Turin, friends and fellow medical students, decided to take action in order to guarantee the **right to health** for everyone, including the poorest in the world. We started off in Kenya in 1970. Eldama Ravine, Sololo, Tabaka, Busholoare the names of the far-away hospitals in which the first CCM volunteers worked. **We chose to sustain communities in the most remote rural areas in sub-Saharan Africa**, where health services were practically non-existent. Besides **clinical assistance in the field** we felt it was our duty to **let the whole world know that healthcare did not reach these areas**. In the field, "surgery for resource-poor settings" were applied and our first scientific papers on the subject were published in Italy.

Over the years the number of doctors volunteering with CCM has increased, partnering with African colleagues in missions which are as long as their holidays. They train, give treatment and operate; **meeting local health workers and communities enriching them as people and as**

**professionals**, with lasting effects which they bring back home to Italy. They fine-tune their ability to respond to health needs by **investing scarce resources to the best effect**, taking advantage of the will to learn shown by all the health workers. Intervention is complex and has spread to several countries, helping increase **our professional skill**, both overseas and in Italy. Today, our staff is made up mainly of African doctors and health workers **working in the 182 health facilities** operating at different levels which we support in Ethiopia, Burundi, Kenya, Somalia, South Sudan and Uganda. Working alongside them at both local and international level are the logistics, administrative staff and project coordinators.

The emergence of **new pockets of deprivation in Italy**, which were also partly linked to the phenomenon of migration, has led us to extend our action to Italy as well, particularly in Piedmont. We constantly **seek to break down the economic and cultural barriers which prevent the most vulnerable people from accessing health services**.

The principles which have driven our operations since 1968 remain the same. On top of that, we have gained fifty years of experience which has taught us to conduct ourselves in a satisfactory, appropriate and proper manner in the situations in which we find ourselves. We must continue to **bring and transfer skills to our African colleagues**, because essential, genuine growth inevitably starts from there.

Our perseverance is also strengthened by the **international agenda**. Our commitment is in line with the sustainable development goals launched in 2015, which focus on a commitment to the right to health, in particular a drastic reduction in maternal and child mortality and of the great pandemics.

In the knowledge that our activity is of primary importance and that our methods are the right ones, counting on our 50 years of experience, we now look ahead to continue on our journey with an ever more confident stride.

*Marilena Bertini - President and co-founder of Comitato Collaborazione Medica - CCM*

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## Beyond every trend of humanitarian marketing

## The care of the common man

By FRANCESCO TORTA - doctor, volunteer and adviser at CCM

**B**ody and soul. The body changes with time. The soul changes too, but less so, and certain key points recur. The key point that comes back to me again and again is the phrase by Maurice King, pioneer of medicine in Africa: ***"The medical care of the common man is immensely worthwhile."***

It is that adjective, **"common"**, the everyday, commonplace man, which has always struck me. The care of this man is of inestimable worth - for him, and how one lives and breathes in Africa, for his family and for his community. There is an ethical-philosophical presumption in this. **Every person "matters"** and has their own dignity, a great dignity. Taking care of a person is an act of lasting value, because it is an act of human agency. In Africa you may learn about animality and, in some extreme cases, about poverty, war and resignation. In this way, life seems to be reduced to its material and natural aspects. Yet you can also feel all the warmth of discovering yourself to be human, fragile, but all with the potential for inner riches. And **the soul**, after having first hardened, can turn towards longing, prayer and stubborn perseverance in work and service.

The CCM: Comitato Collaborazione Medica (Medical Collaboration Committee). I was not among the founders, I joined late in the second round. I had hovered around the outskirts for a few years, with my usual curiosity and desire to understand, with my 30-year-old self's thirst for experiences, and the weariness of certain things I had seen and experienced. The turning point came one Saturday afternoon in April at the hospital in Cuneo where Pino Meo was on call. As a true champion in understanding and motivating people, with classic understatement ("yes, there would be a role, but I'm not even going to tell you about it...") he played no small role in deciding my fate (and the thought still brings a tear to my eye). A few months later I was in South Sudan, and then, as now, love and anguish for that place and the people have remained intertwined. Slowly (very slowly) I came to understand the people, their openness and their desire to better

themselves, and I also came to understand the harshness and depth of the underdevelopment which lies within the country's history and in the minds of its people.

Then, as the years have gone by, I have found myself reflecting. Let's start with the name: Comitato Collaborazione Medica (Medical Collaboration Committee). **Is it possible to have a name that is less** in line with the modern trends of humanitarian marketing? Those evocative terms that are on everyone's lips: Doctors Without Borders, Emergency... No! **Committee** (not Action Rangers, but a group of friends established as a committee), **Medical Collaboration** (not saving the world, not epic actions, but collaboration, collaborating - can we still talk like this today?).

It is then a matter of **values** and a distinctive style. Serious professionalism, experienced, with all its scientific dignity, together with a medical practice that can still be a vehicle of compassion. Not to mention the **discreet passion** of people who falter when they speak, but whom I used to see get up in the middle of the night because their worry about the patient operated on that morning or in a critical condition kept them awake, almost embarrassed to be seen. A precise decision, in favour of the poor. Period. Whichever way you look at it, this subject eats away at you inside. For one person it is the sense of justice, for another it is thinking in terms of "global health". For another it is the challenge of going above and beyond, bringing aid to the people who are the furthest away and in the most difficult places. For yet another it is instinct, human empathy: instinct for that common man, the ordinary man, with his worries and his sufferings, his meanness and his impulses; recognising oneself among men.

I have always deeply appreciated the **rigorous laicity** of CCM: its respect and inclusivity for people and values, its ability to see and understand that everyone is sacred (isn't that what humanity is?), in the face of everyday profanity.

How then has the **organisation** of CCM changed over the years? It has become

increasingly normal for CCM to deal with problems and poverty, old and new, not just overseas but also affecting Italians and migrants and the search for our roots and our democratic grounding continues undeterred. The search for our roots and popular base is tenacious, but the world is becoming more complicated and the difficulties are escalating. Action cannot just be generous, it has to be effective. This requires a more complex organization and means including, alongside the volunteers who have over the years (and decades) given this organization its form and its meaning, professional figures who specialize in the fields of health planning, fund accounting and management. These two sides of CCM must live creatively together in mutual understanding, drawing inspiration from common values. The difficulty in reconciling different mentalities and sensibilities is this: "Are you working on the team? Show me your scars."

Will CCM go on? Will it still be an effective instrument to keep services going where they are really needed: on the outskirts? And will it still be the facilitator of the development of people, places and communities? Nothing can be taken for granted. **It all depends on the small or big contributions that each of us can make.**



Francesco Torta © South Sudan 1980

Our 2018

## Celebrating in the name of effectiveness and efficiency

By FILIPPO SPAGNUOLO - CCM executive director

Our 2018: twelve months in which to recall everything we have achieved over the past five decades and to reinforce the strategy which will guide us in the coming years. It is a long, significant story, made possible thanks to the combination of seemingly contradictory trends. On the one hand, there is the **ability to change**, interpreting how needs and situations evolve in time and identifying concrete, appropriate action which is appreciated by communities and institutions. On the other hand, in our values and our operation, **we never lose sight of certain landmarks**. There are two seemingly abstract concepts which remain unchanged and at a tangent to general trends: effectiveness and efficiency. Striving for **effectiveness** and **efficiency** in our intervention in Africa and in Italy means that we make every effort to only use **resources which are truly necessary**, and to ensure that these bring the **best possible results**.

These are the two words which have led us to focus on training and on **transferring knowledge and skills** to health and community workers. Well encapsulated in our new slogan “caring for those how care”, this approach allows us to bring lasting benefits to a greater number of people. It is for

the same reason that we work with national health systems in the various countries to strengthen them, even though it is not always easy and doing so requires a determined, unwavering effort and a great ability to interact and mediate.

It is the aim to be increasingly effective and efficient which guides us in **selecting the health conditions** and problems to address in communities and health structures. We concentrate on the more common illnesses, for which intervention is often simple, and unsensational, but able to save the greatest number of human lives. Typical examples are maternal and child health, malnutrition and easily prevented infectious diseases. Every single euro raised by institutional or private donors allows CCM to produce the best possible results. It is from the same perspective that we commit to boosting local health service staff, favoring skills development as a determining factor for progress.

Our awareness that the right to health must be fostered not only within health structures but above all in the **socio-economic and natural environment** in which people live has led us to strengthen partnerships with organizations which operate in other fields (such as water, eco-

nomics activity, microcredit, education etc.) and to experiment with approaches such as One Health, which combines human, animal and environmental health.

Achieving effectiveness and efficiency is both the end of one journey and the start of another, spurring us on to change and become an increasingly streamlined organization, improving the quality and impact of our actions. Furthermore, **evaluating** our projects is becoming increasingly important. Intervention in the community means that we must justify how we operate, and effectiveness and efficiency are significant factors in carrying out an accurate evaluation. Only strict measurement of results, preferably carried out by independent bodies, and transparent discussion between all those concerned, can allow us to optimize good practices and learn from our mistakes. This is how we can lay the foundations for a genuine, equal relationship with communities and, together, plan for the future with the same passion as always.



Francesco Torta © South Sudan 1980

## Who we are in their words

Who are we and what do we do? How do we operate and why? Nothing can describe us better than the words of our volunteers and colleagues.

Here we have selected an excerpt from the book "Storie di Guerra e ingiustizia" [Stories of War and Injustice] by Silvio Galvagno, who has been a volunteer at the CCM [Comitato Collaborazione Medica – Medical Collaboration Committee] since its birth, and due to his passion and conviction is an orthopaedist and surgeon in poor countries and war torn countries. It is the story of the CCM which has also become the story of Silvio and his wife Maria Teresa.

### Le perle dell’Africa - The Pearls of Africa

By Silvio Galvagno  
Kenya

I found Bukuna in a small bed in one of the many African hospitals which, over the years, I have become used to attending: a tiny little baby a couple of years old, with two big eyes like a scared fawn, and long, turned-up lashes, so beautiful that none of our make-up artists could do better. Bukuna is one of many babies that still belong to the land of the vanquished, like a helpless, fragile bird that nature created with care, but whom poverty and ignorance make precarious. She was brought here urgently in the evening by her mother, a young Samburu woman, who was also beautiful, wrapped in her colourful fabrics and beaded necklaces on her head and neck. Bukuna wasn't breathing anymore. She had large swollen lymph nodes that



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were choking her. An emergency tracheotomy was done with unprepared nurses and botched equipment. It was a challenge even for an "old-timer" of Africa: the sweat, the stress, the anxiety that the baby would suddenly stop breathing; the Samburu flies that were so used to living with humans that would not even move if you squashed them. Nassir, the African doctor, works calmly, used to these urgencies, maybe even with a bit of resignation and in the end, we are able to position the cannula in the trachea, and Bukuna is able to breathe in trickles, her eyes enormous with fear. Half an hour felt like an eternity.

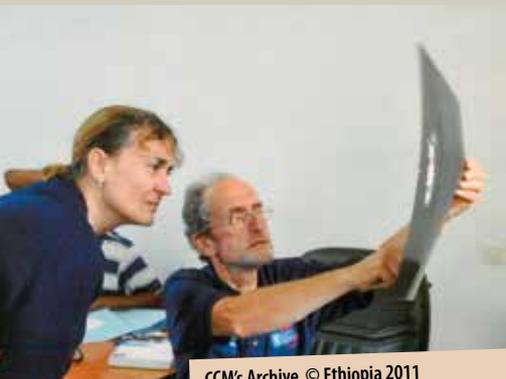
The day after, in the small "intensive care unit", apart from Bukuna, I see Sylar, a small Samburu boy a little over one year old: bitten on the neck by a red cobra while he was sleeping in a hut a couple of days earlier.

He is better now and is ready to return home with his mother.

And finally, there is Jannet, a girl about 20 years old, badly burned: she fell in a fire during an epileptic fit about fifteen days ago. It is painful every time we medicate her; we need blood to be able to operate on her and make skin grafts. Her mother offers us camel blood, we thank her and calmly explain to her that we cannot accept it. [...]

Why is that some people have too much while others have nothing?

And so, I realize more and more that Africa is a crucible of rare and precious pearls of life: the true gems of Africa are not the blood-coloured diamonds of Sierra Leone or the oil of Sudan or the gold of Congo. To discover them you must have the humility to look for the most insignificant, marginalized people who do not count for anything. Stay with them, speak to each other calmly, for a long time: that's where you find the real treasures.



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“Occhi stanchi” [tired eyes] by Stefano Bolzonello is one of six passages adapted by Fabio Geda and Alessandro Rocca for CCM and is included in the collection “Episodes of medicine and humanity. Diaries of the Comitato Collaborazione Medica – CCM doctors in Africa”. Besides Stefano’s story there are also stories of commitment and emotions by Micol Fascendini, Francesca D’Agostino, Luca Cacciottella, Andrea Bordigoni and Giovanna Guala.

**Occhi Stanchi - Tired eyes**

By Stefano Bolzonello  
Bale, Ethiopia

Imagine that a box of drugs arrives at a health centre. There is one drug among them that can be used to stop bleeding, which is very useful in complicated birth cases. Imagine that the obstetrician at the centre puts it carefully on a shelf in the warehouse. Imagine that the pharmacist is not there that day and when he comes in the next day he has to make the final inventory of the year and deliver it to the district offices,

along with the unused drugs. Imagine that the same pharmacist sees the antihemorrhagic drug still intact and delivers it to the district 30 kilometres away, along with the other expired or unused bottles.

Now let’s move our attention to the woman who was carried from the village and arrived at the centre in the dead of night to give birth. The obstetrician helps her. The child is born screaming and is fine, but the woman starts to bleed. Imagine the face of the obstetrician who, in order to stop the blood, is looking for the bottle that was resting on the shelf two days before but is not there anymore.

Imagine at this point, if you can, the amount of willpower needed to use your hands to plug the haemorrhage of a woman in labour all night, in a room with no light in the Ethiopian countryside.

The next morning, we meet the obstetrician, with tired eyes and a kind of anger inside. An anger that is not usually seen in these parts. It is from this anger, from this desire for efficiency and change, that we begin. And in this case, it is also from the satisfaction of having done it. Because

Amelwork, the obstetrician, has done it: the mother is alive.

Amelwork works in the health centre of Oborso, one of the centres that we support in the Bale zone. Because they work better. And because we would like to not tell any more stories like this. In the Ethiopian language Amelwork means “golden behaviour”.

**You can request the collection by writing to [ccm@ccm-italia.org](mailto:ccm@ccm-italia.org).**



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## Our new logo

# One circle closes, and many more open.

Communication sector of CCM [Comitato Collaborazione Medica – Medical Collaboration Committee]

**T**hree circles– respectively **Com- mittee** [Comitato], **Collaboration** [Collaborazione] and **Medical** [Medica] – represent our being on the field together for the right to health. The **health cross** alongside our name summarises our field of work. **“Caring for those who care”** is our distinguishing feature: **capacity building, training** those in charge of health, from health-care workers to the **African** community, and from teachers to cultural mediators in **Italy**.

Our acronym and name, which were first used as our logo in the late 70's created at the hands of graphic designer Sergio Marchiso, have now expanded and become symbolised, keeping our representation of inclusivity and synergy that characterises us strong.

The new logo is accompanied by a three-word summary of our way of doing things: the transfer of health skills.

A new representation that coincides

with this important turning point: the choice to also **update our first world ambassador and continue with even more momentum in the realization of our mission**.

Restyling CCM's historical logo has been set under **two guidelines: continuity with the values** that distinguish us and the need to translate them into a **contemporary representation**, focused on the present and open to the future.

The job has been entrusted to the creative Emilio Bibini, who has been our graphic author for some years. The idea revolves around the **figure of the circle**, a symbol of collaboration as well as specificity. The circularity of the shape is also repeated within each element: **the two initial “c”s are centred, firm and concrete** while **the “m” bursts outwards**, it is open to the world. The resulting figure is linked, stable but is projecting outwards. And **the collaboration is its symbolic centre of gravity**.



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The new representation of CCM thus contains **collaboration** which is the foundational value that distinguishes our work along with the local communities, aimed at the resolution of health problems; **the concrete, centred, solid choices** represent the way we operate, with appropriate technology and the most common pathologies, to treat and save as many lives as possible; the opening to the future of the **right to health** shows that we are vigilant in always considering more and better ways that will help its realisation.

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# 2017, with its challenges and successes

## Smiles of African Mothers

By MICOL FASCENDINI - Health advisor of CCM

With 2017 concludes the second year of the second phase of the Smiles of African Mothers campaign. The goals achieved in these two years are important and bring us significantly closer to realising the objectives set for 2020: in 2017 there were 1,159 trained health workers, 31,363 women assisted during pregnancy and childbirth and 221,994 children vaccinated and treated.

But the campaign isn't just numbers. It is mostly made up of the children, women and men that we met in Burundi, Ethiopia, Kenya, Somalia and South Sudan and with whom we have built better health. In 2017 there were many difficulties: the cholera epidemic in South Sudan, the state of emergency in Ethiopia and the doctor's and nurse's strike in Kenya. There were just as many challenges that we overcame: 84% of the newborns were visited and assisted at home in Burundi, there was access to improved maternal health services in Ethiopia and there was the launch of the community health initiative in South Sudan. But for the most part, it was the tears and even more smiles that we shared and the relationships that we built.

Before me are, above all, the health workers, that engaged in various training courses in order to improve their management of critical patients who need emergency care and support healthy mothers that need advice and help in taking care of their family's health. The most memorable among them all were the 123 community workers, who assisted women and children in their homes in remote areas of Toni in South Sudan and in the slums of Mlango Kubwa in Nairobi. The problems and contexts were very different from each other, but the workers faced them with the same determination.

And then there are the women and, among the many, the women of Bale. Mothers, grandmothers, traditional midwives and health workers all joined together in the Community Health Networks, meeting places and discussions to share thoughts and opinions, and to analyse the benefits and obstacles there are in accessing health fac-

ilities and find common solutions to reduce maternal mortality in their villages. The Networks have become places for education, stimulating participatory discussions and promoting change, and have contributed to increasing the use of maternal health services and reinforcing the idea that by only putting direct beneficiaries at the centre of

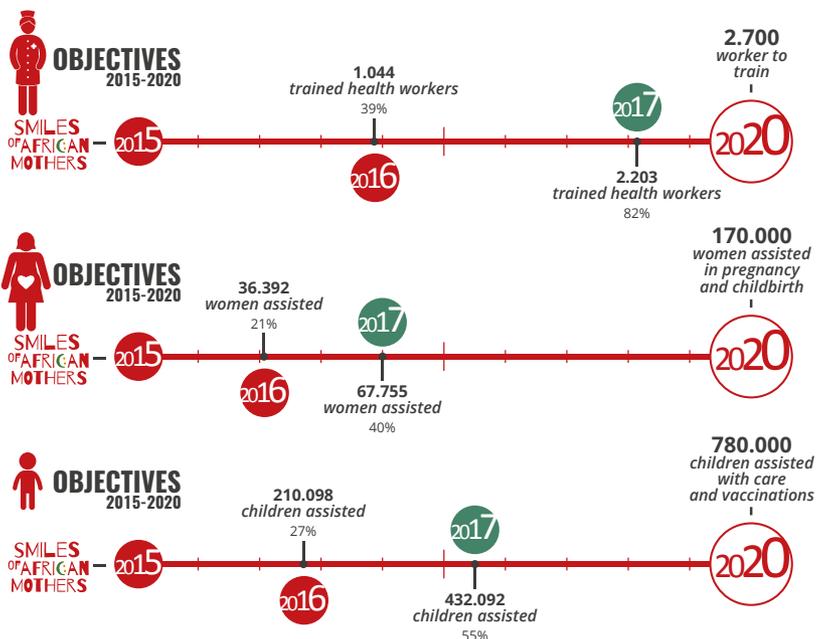
health care are effective results achieved and will last over time.

An important balance to remember, but particularly a balance to study and analyse in detail in order to be able to better plan future actions, building on the lessons learned and capitalising on good practices.

**Numbers, strategies, commitment and results of 2017 are summarized in the Annual Report of Smiles of African Mothers. You can request the information by writing to [ccm@ccm-italia.org](mailto:ccm@ccm-italia.org)**



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## what where when...

### From the 12th of February 2018 GLOBAL HEALTH COURSE

The course dedicated to health professionals wishing to work in low-income countries or to acquire skills to better respond to emerging health needs, especially for migrants, restarts. Structured in 4 modules, organized as distance learning and in the classroom, CME accredited.

For info: [formazione@ccm-italia.org](mailto:formazione@ccm-italia.org)  
Tel. +39 011 6602793

### 18th of March and 8th of April 2018 TURIN AND MILAN SOLIDARITY RUN

Find your **sporting game** and move your legs. We will add a touch of solidarity. Do the **solidarity run with CCM [Comitato Collaborazione Medica]**, join us at the Mezza di Torino on the **18th of March** or at the Milan Marathon on the 8th of April.

For info: [Erika.larcher@ccm-italia.org](mailto:Erika.larcher@ccm-italia.org)  
Tel. +39 011 6602793

### 24th of March 2018 TURIN SHAREHOLDER'S MEETING

We look forward to seeing you at the CCM members and friends' meeting, an important moment where we will update and plan activities.

For info: [ccm@ccm-italia.org](mailto:ccm@ccm-italia.org)

## Party favours and solidarity lists

For **wedding, baptism, graduation** or **anniversary** you can support the **Smiles of African Mothers** campaign with **CCM** party favors.

### YOU'D CHOOSE AMONG:

*classic and colored scrolls*



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