



Comitato
Collaborazione
Medica

BURUNDI ETIOPIA KENYA SOMALIA SUD SUDAN UGANDA ITALIA

CAMBIARE PARTECIPANDO



© Alessandro Rocca / CCM
activities in Mingkaman, South
Sudan, February 2014.

By **Marilena Bertini**
CCM President

It's emergency!

CCM is an NGO for **international development**. It means that our projects want to promote sustainable development and **to create peace grounded on social justice and respect of freedom and human rights**. Our specialization is the right to health, that is access to health services and prevention and education as means to support health.

We believe in the need **to grant everybody the access to health assistance**; on the basis of the convention of Alma Alta (1978) we believe that health may be improved not only through basic health care but also through education, nutrition, water and hygiene. Those social determinants are crucial and require a governmental intervention. **Therefore our contribution implies a support to the local Ministry of Health and the cooperation with the communities, so that they can promote health and prevention of diseases for their sake, their families' and the society in general.**

First of all **we want to provide a quality assistance**, with safe and efficient interven-

tions, the best possible results and the focus on the patients and their community. Of paramount importance is **the education of local professionals and their presence** on the whole territory. Their main task is **to cooperate with the community** by organizing the health service according to people priorities and respectful of their habits and traditions. The choice to remain in the same place for many years comes from this idea of development: education and collaboration allow our actions to adequately respond to health needs and to become efficient, shared and credible.

In December 2013 South Sudan was the scene of a conflict we hoped never to face. Maintaining the health centres in Awerial and Yirol East (Lake States) where we are the referents for the Ministry of Health has required a significant change of our policy. First of all we had to grant **the safety of the health professionals** working with us and at the same time **guarantee medical care** to the local population suddenly increased by the arrival of refugees and prone to a higher

incidence of diseases due to overcrowding and shortage of food. We also had to face **transfer problems** affecting both the staff and the most severe patients who had to be referred to local hospitals.

How did we cope? Most important was **our daily staying in touch and networking** with other NGOs present in the area, in particular the ones dealing with emergencies like MSF. We worked hard to understand novel health needs in time, provide medical equipment and medicines and offer basic surgical services indispensable for the increasing needs especially in Mingkaman health centre (Awerial county). We doubled our activities in real time by adapting our structures and increasing our presence in the most affected areas as much as possible. Certainly development projects suit us more but in the present context working with the local authorities also means to give an efficient answer to the increase of requests, enhance prevention (more vaccinations, hygiene and nutritional support to mothers and children) and get ready to face possible breakouts...

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[**It's emergency**]

By **Raffaele Mastro**
journalist

Live from South Sudan: war is a dirty business



© Alessandro Rocca / CCM activities in Mingkaman. South Sudan, February 2014.

From the soaring helicopter Mingkamamm appears as an expanse of maple trees with scattered baobabs. Flying down you understand: the bush is dotted with refugees for kilometers on end. They are under every tree, to find some shadow in the scorching savannah.

The helicopter cross the Nile which here resembles a blue snake. After a while we land in a cloud of dust from which ghost-like figures emerge: children, women wrapped in ragged but colourful clothes.

The first impression is that they are tall, very tall. They are dinka, the ethnic group to which president Salva Kiir belongs, the man with the black hat we know from the historical pictures of the country independence.

Now all the refugees and runaways we saw from above are at our level. Under a tree is a nutritionist of CCM, Comitato di Collaborazione Medica, the organization I travel with and one of the few working in this remote area.

The nutritionist is gauging arms and legs of children to identify malnutrition. They are so many, she says without stopping her work. A child is desperately crying as he's placed in the harness used to weigh it on the scale. The mother, pragmatic, asks the nutritionist to go on.

This plain was inhabited by dinkas living in round mud huts with straw roofs. They li-

ved well; they used to grow manioc in small land plots and raise cows. Now the arrival of the refugees smashed the social system. At the beginning of the war the local population welcomed and helped the dinkas and shared the little they had.

It was normal, they were all dinkas. But when refugees became tens of thousands and then hundreds of thousands everything changed. The community has been destroyed, local children get sick just like the refugees. The food is lacking everywhere and the war has devastated also non involved populations.

While we assist to the visits in the local facility we see a black cloud approaching from the distant trees. We realize it is a jeep and later that there are soldiers. They are zigzagging towards us, at full speed. They stop lifting a cloud of dust: they are wearing new camouflage and shining weapons, clearly greased, ready for combat. Some have mirror spectacles, they are evidently boasting the fear they inspire.

Little later their chief explains the reason of their visit: they are looking for two prisoners deadly wounded in a recent battle. The nurse in charge of the facility tells them they arrived in critical conditions and died. The soldiers go away in their cloud of dust. Whether happy not to have to do an extra work or disappointed, I don't understand. War is a dirty business.

In Awerial County (Lake state) where CCM has been working and managing primary care services since 2005 the population doubled in few days. Over 85,000 people were displaced from Jongley State, mostly running away from the city of Bor, where the bloodiest riots took place. People are looking for shelter mostly near the village of Mingkamann, where CCM together with health authorities runs the public health centre granting outpatient care, laboratory exams, short inpatient care, obstetric and neonatal emergencies, pre- and post-natal assistance and vaccination. Besides the mobile clinic reaches faraway areas with no or little access to health services.

An appointment not to miss

On **Wednesday 19th March** at 9 pm the *ebook by Raffaelli Mastro "From your reporter in South Sudan"* will be presented at the Auditorium of Radio Popolare, via Ollearo 5, Milan.

Special guests *Marilena Bertini CCM President and Alessandro Rocca author of the video about Pino Meo and his work in South Sudan. For information www.ccm-italia.org*

The article comes from the blog www.buongiornoafrica.it By Raffaele Mastro, journalist and Africa expert. Mastro was in South Sudan from 2nd to 10th February 2014, visiting the zones where the war struck most.

He also visited the projects of CCM and met local professionals and the staff who dealt with the humanitarian and sanitary emergency in the last months.

Raffaele Mastro daily told his experience by telephone calls directly broadcast by Radio Popolare. His reports can be listened to at the following address www.radiopopolare.it/archivio/archivioaudio/mastosudsudan/

[International development]

By **Alberto Kiss**
surgeon and CCM
volunteer

Surgery for the poor, the experience of a volunteer surgeon in South Sudan

In classic medicine surgery, especially in low-income countries, has been considered a luxury and not a fundamental part of public health programs. Textbooks dealing with medical education of physicians going to “developing countries” in the ‘80s did not discuss surgical techniques, devoted a short chapter to anesthesiology and treated obstetric surgical techniques without mentioning cesarean section (1).

The principles of Primary Health Care (PHC) - sanitary education, food and water provision, supply of drugs and vaccines, control and prevention of the most common diseases - that should have granted health for all within 2000 did not mention surgery (2). In the ‘90s it became clear that any local action, even in the presence of qualified staff, was weak if whoever needed a caesarean section or a simple hernioplasty for strangulation could not be operated or transferred to a well-equipped hospital in a reasonable time.

Today Primary Surgery (PS) is an essential part of PHC: in fact surgery tries to reduce mortality, morbidity and misery of a population by the use of low-cost resources and suitable and sustainable techniques (2).

CCM has utilized PS in its surgical mission in rural hospitals of South Sudan. The profound conviction of professor Meo encouraged a small group of surgeons to defy the conditions of a very poor country, at war and with ancient surgical needs.

Even in so a difficult context, with basic surgical instruments, a pressure cooker, a light source, the access to water and a small operation room built from local material basic surgery may be successfully performed.

The vicinity with local professionals allows reciprocal teaching and learning of basic techniques. The use of “poor” technology suitable and economically sustainable progressively empowers the local professionals who can manage the most common and easiest pathologies. This leads to autonomy and development, exploitation of all existing resources and increase of the population’s self-confidence.

The experience of CCM in small poor hospitals of South Sudan is well summarized by A. Schweitzer: «*This hospital is a place where people are treated and cured. I know it is not modern, but it is more than modern. It is humane*».



Archive CCM South Sudan
Alberto Kiss during a surgical mission
to SS with CCM

References

1. G.Pellis, "A proposito di Primary Surgery" 21/12/2009, Salute internazionale. Info
2. G.Cooke, A.Zumla, J.E.Jellis, Manson's Tropical Diseases 21st.ed.(Chp1:9 e seg.)

Two scholarships for South-Sudanese nurses In memory of Pino

It has been over one year since Pino's death. Sadness and forlornness are still great.

Pino was not only the founder of CCM but a professional and caring guide. His deep respect for every living being, his humbleness and honesty, his constant availability, his consideration for the real needs and resources are some of his guiding values and we are committed to make them ours. **Thanks to the money collected in his memory** CCM offered **two scholarships**

to help increase **the skills and commitment of local professionals**, in line with what Pino firmly believed.

Victor Majok and **Samuel Maruch**, two young South-Sudanese nurses working in CCM-run Tulare hospital won the two scholarships and began their work on 17th February 2014.

They will attend a 6-month course to update and improve their nursing skills in the hospital of Mapuordit in Rumbeck area (Lake state).



Archive CCM/Riccardo Gangale, South Sudan 2008

[Ideas from the members' meeting]

By **Filippo Spagnuolo**
CCM executive director

2014: same commitment, new challenges!



CCM Archive/Italy 2013

For CCM the new year presents lights and shadows requiring an analysis on the present and the more so on the future.

Lights. In 2014 our **activities will keep growing.** We will arrive at 5.5 million euros (we had 3.4 million in 2010). That's a positive and satisfactory point because we will be able to grant the right to health and care to more people. Here are the most significant novelties: in **South Sudan** we shall become the leader organization in the management of health services and the only referent of the health ministries of 4 counties. We shall have more structures to manage and the new task to enhance the professional skills of intermediate officers of the ministry so that they can take the direction of the health system in some years. CCM will go back to work in **Kenya** with a three-year project located at Isiolo and funded by the Italian Ministry for Foreign Affairs together with the NGO LVIA.

In **Italy** our immigration section is becoming a beacon for its commitment to health education of health professionals and its ef-

ficacy in the abolition of cultural barriers with a consequent improvement of the access of the most vulnerable people to health structures. Eventually, thanks to the participation and dedication of members and collaborators we will take the exhibition Smiles of African Mothers to new territories and communities: **Marche and Sardinia.**

Then there are the **shadows** which risk undermining CCM. The present **economic crisis** has a strong impact on people and institutions. The important decrease of raised funds is the first result we have observed in the very moment when we most need more resources to carry on our new activities. Moreover the **complexity of our interventions** and of the contexts in which we operate would require more money and a different working system (typical example is South Sudan). A further problem is represented by the contract conditions of institutional **donors** who sometimes require advance payment, bank guarantee to obtain grants and very demanding reports and financial statements.

How to cope? Let's transform **the shadows into challenges** we can face and win! We also have to **analyse** the context where we work and its evolution in the next years and update CCM, our mission and our working procedures. We must ask ourselves whether it's better to work alone or reinforce alliances to improve the efficacy and efficiency of our interventions. We must figure out today which CCM we want in three years and act accordingly.

The importance of this work of "reflection and future-building" was shared in the members meeting held on 8th March. In the next months we will involve the whole association (members, supporters, groups, co-workers in Italy and in low-income countries) and more, so that we can arrive at the end of the year with a shaped outline for the "CCM of the future".

The road is hard but enthralling. I am sure we shall do a good job because CCM has in it the most important resource to win the challenge: **passionate and competent people!**

[Testimony]

By **Valeria Fioranti**
CCM communication office

Commitment and passion for Ugandan children

15 YEARS IN AFRICA

Interview to MP neuropediatrician and CCM volunteer

What first drove you to Africa in 1989?

A thousand reasons, a thousand thoughts, no sure answer. Unselfish and humanitarian reasons, maybe. More simply and selfishly, the escape from a painful void. The desire to find myself in a different world and dimension and give a meaning to a lost life. For sure that was the main reason which made me look for an organization allowing me to work as a doctor in a new reality.

CCM accepted me, accompanied and supported me sending me where a neuropediatrician could be useful. A mission with novel, diverse characters. Not dealing with medical and surgical emergencies but with disability and mental health in children. In 1989 that was a real challenge; priorities were different. Now the WHO has acknowledged the importance of mental health and with the phrase "no health without mental health" drew the attention to the heavy burden of neurological and psychiatric diseases in health settings.

The needs I met from the very beginning confirmed my idea that actions in this field are critical; in fact disability and epilepsy in children in Africa are present in much higher percentages than in developed countries. As usual the cause lies in poverty and related pathologies. That's why treatment is not sufficient; it is mandatory to reduce the differences between Northern and Southern world.

When reading some episodes of your book "Sweet Black" I wonder how you could face the hardships and the grief you met in Africa without losing hope. Can you "get accustomed" to pain or is it better not to?

Grief and hardships are part of life. In Africa they are experienced in other ways, more natural, with dignity and forbearance, never losing hope. For us it's different. At first all that suffering seems unbearable and we feel guilty for what we have, for being healthy, for being born in another place and living in a safe haven. Either you run away or you let commotion overcome you. You experience

the impotence in changing things and wonder about the meaning of being there. It is a very tough experience that changes your way of being and it is faced in different way by different individuals. Some will never go back, some like me will return over and over again to "testify hope", learning from them that it is possible to survive in extreme conditions with courage and ancient wisdom.

A sad episode of a few years ago confirms my words. Hospital of Lacor; it is late afternoon and I am accompanying a new volunteer to visit the different wards. The malnutrition ward is very crowded and nurses are distributing milk. A woman comes out carrying a rug. In the rug is her dead child. The mother looks proud but stunned and forlorn. A boda-boda, the local motor taxi, is waiting to take her and her child back home. She gets in with a little difficulty and leaves smiling sadly. We are speechless, tears in our eyes.

What do you think it can be done to improve the situation you have experienced as a volunteer and you have described in your book?

There are no recipes and it's probably true what Daniele Camboni wrote, that Africa has to rescue Africa. We must respect their times; we have already made enough damage trying to export our models of culture and economic and social development. We can give our experience, our compassion, our competence, if sustainable, with respect and modesty. In the past years I have understood that it is useless to create excellency which is not shared or understood. We have to walk with them to build a common knowledge where everyone brings his/her differences with equal dignity.

Why did you decide to write a book about your experience in Africa?

Not to forget, to tell stories, to relive a strong and emotional experience, to share thoughts and feelings with my loved ones. Writing the book was demanding and awesome at the same time. It was a one-year gestation and



CCM archive, Maresa Perenchio, August 2014

I was engaged every day and my head was "elsewhere, full of faraway thoughts" (as my dear Pino says in his "Sick Africa"). I could not and did not want to finish it, I was afraid to leave it and feel lonely, as if it were a son still unable to walk alone. It is only a small unpretentious book, but I sincerely put a part of myself in it.

The complete interview may be read on the website www.ccm-italia.org/ita/comunicazione/testimonianze/

The book "Nero dolce racconti d'africa" published by PRIMALPE by Maresa Perenchio may be purchased through CCM address ccm@ccm-italia.org or to the telephone number 0116602793 coming to via Ciriè 32/e Turin

[Supporting CCM]

By **Alessandro Gerbo**
CCM Manager
for Relations with Firms
and Foundations

Interview to Sara Doris, Executive President of the Foundation **Mediolanum Foundation** supports CCM at Tulare

Sustainability and involvement of local communities are CCM elements that favourably impressed the Mediolanum Foundation. In November 2013 they decided to support the project for the improvement of the pediatric services of Tulare hospital in South Sudan.

Let Mrs Sara Doris Executive President of the Foundation tell us about the collaboration

Can you tell us something on the origins of the foundation?

The Foundation was born in 2002, promoted by Mediolanum community - over 6000 people including local employees and Family Bankers distributed on the national territory - who are socially committed in the support of people in need. In order to develop and give a formal frame to our vision we limited our field to childhood in distress in Italy and abroad. In fact we believe that if you do not help children we deny our future. For a better future we must begin to act now.

You have five children: they surely inspired you in your work at the Foundation...

They definitely did. I have 5 children between 5 and 16 years old and I know how much attention, love and care they need every day. This holds true for all the children wherever they live; if there isn't a family or a community backing them it is our duty to do something.

Your philosophy places children and their needs on the centre stage. What does it mean and how does it work?

Among the many projects coming to our attention we generally favour the ones with a long-term vision, that is those designed to accompany the child to adulthood. We may support just a part of the project but always within a framework meant to follow the child until he/she is independent.

We also want to "listen" to our local partners' problems and solutions, as they know the real situation and the needs of children.



Archive CCM/Fabio Buccuiarelli, Tulare South Sudan 2011

Health is one of your priorities, as shown by your choice to support CCM in South Sudan...

There are countries where supporting a pediatric unit can be life-saving for children who would die from a simple dysentery. The health indexes of South Sudan are among the worst in the world.

The mortality rate of women for birth-related causes is very high. The Mediolanum Foundation has decided to support a project in this country and wants to grant continuing pediatric service and programmes of vaccination and prevention at Tulare hospital and in the surrounding area. We think that the model

At Tulare hospital, Warap state, South Sudan, CCM offers a concrete support to enhance the existing health services. The aim is to reduce the vulnerability of the population and of the ones come back or run away from Twic County by controlling sanitary emergencies, reinforcing the hospital's surgical services and improving the epidemiological surveillance by the local health departments. Beneficiaries of the project are about 45,100 people, especially children and women in child-bearing age.

adopted by CCM, based on the cooperation with local authorities, the support of existing structures and the education of local professionals is the most useful and efficient one for long-standing results.

Your website allows a large space to associations. Is there a reason?

We want that the stories of the ones we help can be shared. Behind electronic pages there are human lives, dreams and hopes of people, families, entire communities.

We want this to be perceived. Sometimes distance may make individuals less sensitive and caring.

CCM like many other associations you cooperate with is a reality with territorial roots, made up by people and volunteer commitment. Do you recognize yourselves in this choice?

We acknowledge that CCM has a soul, a vision and the capability to make a difference also in hostile and adverse situations. Alone we cannot do much but all together step by step we can arrive very far.

The road to a normal situation in South Sudan is still very long but this is no excuse for not doing anything. No difficulty can authorize us to wait and see.

[News]

By **Dario Iacoboni**
section Immigrants
Education

CCM presents the course Global Health 2014 COP and CREDIM for global health

Also this year CCM organizes the course Global Health in collaboration with the other consociated Piedmontese NGOs COP (Rainbow4Africa, ASPIC, CUA-MM-Piemonte Doctors for Africa, COI, NutriAid and World Friends onlus).

The 2014 edition will include formal lessons and e-learning, to fulfill the needs of working and studying participants as much as possible.

The main goal of the course is to provide useful information to understand global health and international development.

The course will cover the basic concepts of a project, the elements to read and un-

derstand a health project and to face the reality CCM has come to know very well from its daily work in Africa.

The course is constituted by three modules and it is addressed to students and health professionals who want basic knowledge suitable to work on health in low-income countries.

The first module called "Health policies, globalization and development" will start on 24th March and it is fundamental for all those who first approach global health and interventions in developing countries. A large part will treat of how to design a health project, monitor it and evaluate

the results. Second, third and fourth module will be more specialized, treating of themes like mothers' and children's health (2nd), orthopedics, surgery and anesthesiology (3rd) and infectious diseases (4th).

The location of the course is not yet defined, the duration will be from 9 am to 7 pm.

Registration should be sent within 17th March 2014 to the following address
The registration form may be found at
www.ccm-italia.org and sent to formazione@ccm-italia.org

Run for mothers and children health MILAN city MARATHON 6th April 2014

Valeria Straneo, marathon Italian champion and second in the world is the new testimonial of Smiles of African Mothers. She invites us to support the campaign by participating in Milan City Marathon on 6th April 2014 and **registering** through CCM.

Thanks to the charity program 10 euros of each registration fee will support the health of mothers and children in Africa.

Generosity is really easy and costless: runners can support Smiles of African Mothers and the health of mothers and children in Africa choosing to register through the online form on www.ccm-italia.org.

Deadline 23rd March. HURRY UP!



From the web site www.valeriastraneo.com. Valeria Straneo celebrates her second place at Moscow Marathon 2013, 10 August 2013. ANSA/KERIM OKTEN

It's time to... renew your association CCM!

Within the 31st March you can become a member of CCM paying or renewing your association fee. Also for this year the fee is 50 euros.

Being a member of CCM means to actively participate in our activities in Italy and abroad; together to grant everybody the right to health, together for a real multicultural process. Being a member means to share vision and mission, principles and values guiding the organization.

You can pay in the following ways:

- Through a deposit on the post account n.13404108 in the name of Comitato Collaborazione Medica, or through a bank wire on the account IBAN IT93F076 0101 0000 0001 3404108, specifying as the payment reason "QUOTQ SOCIALE 2014";
- Through a bank wire on the account IBAN IT820033 59016001 0000 0001 753, again specifying as the payment reason "Quota sociale 2014";
- Coming to our office located in via Ciriè 32/e Turin.

Where what when...

Smiles of African Mothers universitàdegliadulti della media vallesina 4th and 25th April, 5th April and 25th May 2014

CCM continues its involvement in Marche. Two educational courses on the importance of mothers' and children's health. Motherhood is universal.

Kindergarten Arcobaleno, Moncalieri, 9th April, 8 pm

Sabina Tangerini CCM Project Manager for Education will talk about the bondage linking all mothers regardless of geographical distance and cultural differences.

The Verdict salapolivalente di volpiano (TO) 12th April, 8.45 pm

Sponsored by the municipality and in support of CCM Unire of Volpiano organizes the theatre show "The Verdict" played by the company QuintAperta.

Exhibition Smiles of African Mothers Fondazione Ferrero, Alba (CN) From 21st May to 13th June 2014

The exhibition Smiles of African Mothers organized by CCM and Magnum Photos will be installed at Alba, Ferrero Foundation. An opening event will start the collaboration. Free entrance.

Five per thousand smiles of African mothers

With your 5 per thousand we can give back their smiles to many African mothers.

A simple and costless gesture may be life-saving. Your signature will help us grant qualified health care to mothers and children, prevent labour-related complications and respond to emergencies.

How to do it? It's easy

When you fill in the income tax form (730, CUD, modellounico) sign in the space "**sostegno al volontariato**" (support to volunteer associations) and write the CCM fiscal code **97504230018**

You can do it even if you do not make any income tax declaration! In that case you just sign the form attached to CUD and add CCM fiscal code, put everything into an envelope writing "choice for the destination of 5 per thousand" and hand it over to the bank, the post office or a tax office

We remind you that so - called 5 per thousand is a small percentage of taxes, given up by the government in favour of associations with social purposes. It does not substitute the so-called 8 per thousand and it does not increase or decrease due taxes.

Pass the word!

Help us advertise this message with your colleagues, friends and relatives. You may download information from our site www.ccm-italia.org or pass by our office to get flyers.

HOW YOU CAN SUPPORT US

- **Bank transfer to the checking account:**

COMITATO COLLABORAZIONE MEDICA specifying as the reason for payment Campagna Sorrisi di madri africane.

BANK ACCOUNT NUMBER: 1735 **SWIFT/BIC CODE:** BCITITMX **IBAN:** IT82 0033 5901 6001 0000 0001 735

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